

Local and Urban Governance

Carlos Nunes Silva *Editor*

Local Government and the COVID-19 Pandemic

A Global Perspective

 Springer

Local and Urban Governance

Series Editor

Carlos Nunes Silva, Institute of Geography and Spatial Planning, University of Lisbon, Lisbon, Portugal

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Carlos Nunes Silva
Institute of Geography and Spatial
Planning
Universidade de Lisboa
Lisboa, Portugal

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Chapter 1

Local Government and the Covid-19 Pandemic: An Introduction



Carlos Nunes Silva

Abstract This introductory chapter aims to outline some of the key features of the local government response to the sanitary, social, and economic challenges raised by the Covid-19 pandemic, as well as its implications on intergovernmental relations and on multilevel governance. It is based on a review of the literature and on findings from research and policy reports and serves as a background for what follows in the other chapters of the book. It ends with an outline of the book.

Keywords Local government · Local governance · Covid-19 pandemic · Policy response

1.1 Introduction

The outbreak of the Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2), that causes the Coronavirus Disease 19 (COVID-19), a highly contagious disease and, so far, the most disruptive infection outbreak of the twenty first century, motivated an extraordinary response by all tiers of government, including local government. Contrary to previous epidemics in this century, which impacted mostly in less-developed countries, the Covid-19 pandemic affected all sorts of countries. The SARS-CoV-2 first reported in Wuhan, China, in December 2019, spread to different parts of China, and gradually also to other countries. Soon the main areas affected shifted from Asia to Europe, and to North and South America.¹ In fact, the

¹For a timeline of the Covid-19 pandemic, see the WHO: World Health Organization (timeline): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-16>

On 30 January 2020, the World Health Organization declared a Public Health Emergency of International Concern (PHEIC), and on February 11, 2020 announced an official name for the disease that was causing the new 2019 coronavirus outbreak, COVID-19 in abbreviated form. On

C. Nunes Silva (✉)

Institute of Geography and Spatial Planning, Universidade de Lisboa, Lisboa, Portugal

e-mail: cs@campus.ul.pt

entire world was confronted in the first quarter of 2020 with unprecedented sanitary, social, and economic challenges. For the first time in this global age, a public health issue launched the world in a state of uncertainty, questioned long-held assumptions, and made more visible a whole series of inequalities in cities, in other human settlements, and in the capacity of the State and subnational tiers of government to respond to a national emergency and to a global extreme event. The policy response to this crisis was multilayer and involved institutions from local to global levels.²

The book aims to fill some of the gaps still existent in the knowledge about the response of local government to this health crisis. It is therefore focused primarily on the responses at the local level. And as will be seen in the following chapters, whatever the prevailing national political culture, local government showed once again, in the first year of the Covid-19 pandemic, the value of the local public action, based on proximity to citizens, and how important this has been to address effectively and efficiently the social and economic impacts of this global sanitary crisis. The impact of the Covid-19 pandemic on local government, the changes it forced in the organization and functioning of local government, almost everywhere, and in its relation with central government, and with community organizations, seems to be, 1 year after the OMS declared the Covid-19 a pandemic, on 11 March 2020, another mega global trend affecting local government, in addition to economic globalization, democratization, decentralization, digitalization, climate change, and ecological transition, to mention just few of the other global mega trends that have impacted in recent decades and continue to affect the development of local government around the world.

Local government is unequally developed in the different regions of the world, as shown in Silva (2020), which is reflected in its rather uneven level of autonomy and capacity to intervene. This in part results from the level of administrative decentralization prevailing in each country and from the disparate degrees of financial autonomy, which vary because of specific historical processes. These structural differences are reflected in the response of local government toward the impacts of the Covid-19 pandemic, which correlates positively with the geography of local government autonomy and financial capacity. And a similar perspective emerges from the analysis of the possible response to the social and economic impacts in the postpandemic recovery process, reflecting to some extent the existent Geography of local government.

11 March 2020, the WHO informed that the COVID-19 could be characterized as a pandemic (Silva 2021).

²The World Health Organization issued numerous policy guidances since the start of the pandemic. Among the earliest reports and guidelines, on how cities should cope with the disease, were these WHO (2020a, b, c). Also OECD and CEMR issued numerous policy analysis and recommendations in the initial stages of the pandemic and afterwards, as for example in OECD (2020a, b, c) and CEMR (2020b). The same can be said of the IMF and World Bank (The IMF and COVID-19 (Coronavirus): <https://www.imf.org/en/Topics/imf-and-covid19>; World Bank – Projected poverty impacts of COVID-19 (coronavirus): <https://www.worldbank.org/en/topic/poverty/brief/projected-poverty-impacts-of-COVID-19>)

In addition to the already identified socially unequal impacts of the pandemic, there is a risk of new social divides being created by the postpandemic recovery policies, as well as divergence in the level of recovery between countries. This will be different in areas of population growth or in shrinking cities, in areas of emigration or in those of immigration, and will also differ according to the nature and importance of the urbanization process, and along other pre-existent conditions.³ And if in the response of local government there will be an increasingly more extensive use of digital mobile tools, the evidence examined suggests this will take place at different speed. In addition to the structural characteristics of local government, to the socio-economic conditions, and level of digitalization, the nature of the political system, democratic or authoritarian, will also affect the role citizen can play in the local government policy-making process toward the postpandemic recovery.

This introductory chapter aims to outline some of the features of the Covid-19 pandemic, and its implications for the local government response to the sanitary, social, and economic challenges raised by the pandemic, as well as its effects on intergovernmental relations. It is based on a review of the literature, and on findings from research and policy reports, and serves as a background for what follows in the other chapters of the book. In the following points, the chapter identifies key facets of the Covid-19 pandemic and explores its impact on intergovernmental relations. It ends with a summary of the book, chapter by chapter.

1.2 Brief Outline of the COVID-19 Pandemic

The impact of the pandemic in the city is unprecedented and its scale and implications are still to a large extent not well understood (Kunzmann 2020). However, the evidence already shows that the impact is greater than that of the severe acute respiratory syndrome (SARS) in 2003 and greater than other epidemics in the recent past. Nonetheless, the Covid-19 revealed to be less deadly than initially thought, although more contagious, and uneven in its impact on different social groups, affecting unequally ethnic minorities in some countries (Garg et al. 2020). It brought with it the third and perhaps the greatest economic downturn and the most profound

³Numerous analysis and reports already call attention for these inequalities in the impact and in the capacity of recovery: UNICEF (2020). COVID-19 and Migrant and Displaced Children. What Local Governments Can Do. New York: The United Nations Children's Fund [<https://unicefmigrationanddisplacement.exposure.co/covid19-and-migrant-and-displaced-children-nbsp>]; IFRC (2020). Practical Guidance for Risk Communication and Community Engagement for Refugees, Internally Displaced Persons, Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic. International Federation of Red Cross and Red Crescent Societies [<https://media.ifrc.org/ifrc/document/covid-19-rcce-practical-guidance-migrants-refugees-idps/>]; UN (29 April 2020). Leave No One Behind. Racial Discrimination and the Protection of Minorities in the COVID-19 Crisis. Statement by the United Nations Network on Racial Discrimination and the Protection of Minorities. [https://www.ohchr.org/Documents/Issues/Minorities/UN_Network_Racial_Discrimination_Minorities_COVID.pdf]

financial and social crisis of this century, regardless of the country' level of socio-economic development, well above the events of the 9/11, in 2001, and the global financial crisis of 2008 (OECD 2020a). With confinement and other restrictive measures, consumption contracted significantly in most countries and the national economies stagnated. The literature review indicates a major loss in income too, even if socially differentiated.

Nonetheless, in high- and middle-income countries, the health system proved to be in general more responsive than in low-income countries and cities. In these latter countries and cities, a large part of their fast-growing populations lives in informal urban areas, which lack proper housing conditions, as well as basic urban services, such as safe drinking water and sanitation. The informal urban settlements of the Global South are among the urban areas that were least prepared for the Covid-19 pandemic (Corburn et al. 2020). Besides inadequate and insecure housing, these areas lack completely or have insufficient provision of safe drinking water, toilets, sewers, waste collection, and other basic urban services. These areas are often overcrowded which made physical distancing and self-quarantine difficult or even not viable. These poor living conditions acted as facilitation mechanisms for the spread of the disease, with the burden falling again on the urban poor in these cities and countries. It can be notwithstanding an opportunity to rethink the way cities and other human settlements are planned and governed, namely in the Global South.

In countries marked by deep regional divides, as is the case of Italy, the Covid-19 crisis deepen and made worse the pre-existent inequalities, as shown in Rubinelli (2020), which was visible not only in the way the contagion spread in the North and in the South of the country, but visible also in the way central and local government reacted, and ultimately in the unequal social and economic consequences of the sanitary measures adopted, deepening the differences in absolute poverty and in the risk of poverty for employed workers, between the North and the South of the country.

This emergency crisis also exposed much deeper structural problems in contemporary societies. The prevalence in recent decades of many people living with insecure income and insecure housing tenure, with little saving capacity, meant that a significant part of the population, even in developed countries, could not simply afford to follow some of the public health recommendations during this first year of the pandemic.

Besides the loss of income, women had to address increased needs at home. As the pandemic negatively affected the informal economy, this had also a negative impact on women workers in the informal sector, which represents a large proportion of the entire labor force in this sector in many regions of the world. Gender inequalities increased, and even more so in the case of informal settlements, as found in Latin America (Franco et al. 2020), and in other regions. Women were more exposed to the disease, due to the type of activities and occupations, and many of them experienced an escalation of gender-based violence.

The Covid-19 pandemic thus amplified existent inequities. Exposed and aggravated the social inequalities that currently characterize towns, cities, and other human settlements, in both developed and developing countries, exacerbating inequalities in the access to urban infrastructure. The differences in the social

determinants of health, in the housing conditions, on access to safe drinking water, sanitation, food security, for instance, and to secure income, determined the level of response from the community to the public health measures, namely the reaction to the containment measures, full lockdown, and social distancing. Homelessness and food insecurity further exposed individuals to Covid-19 infection.

The pandemic and the subsequent lockdowns implemented by national and local governments had severe and unequal economic and social impacts, and helped to expose hidden social and economic divides, as already referred. People living in conditions of socioeconomic vulnerability were not always able to stay confined at home and to adhere to social distancing measures, and this was cause of more severe impact on the health of these citizens. This was particularly more acute with young people living on the streets, as shown by Hunter et al. (2020) in the case of Harare, Zimbabwe. In other words, the COVID-19 pandemic impacted disproportionately low-income families who lived already in very precarious circumstances, but also middle-class families. The impact has also been different on indigenous peoples, or First Nations, due to the social and economic inequities that affect them in general. The persistence of these inequities and the disempowerment of these communities placed them at a higher risk of contagion.

The pandemic was also a force behind changes in lifestyles, witnessed during the first year of the pandemic. Lockdowns, both national and local, were responsible for new working practices, including the generalization of remote work, online teaching, online conferences, social networking, among other aspects, and whose long-term impacts on local governance are still unknown.

And impacted also differently in local government financial resources (CEMR 2020a), among other aspects, even if it is still too early to conclude about the real financial impact resulting from the response of local government to the pandemic.

1.3 The Response to the Emergency Crisis: Incremental and Disruptive

Most studies published during the first year of the pandemic have been mainly focused on the urban consequences of the restrictions associated with the pandemic, the nonpharmaceutical public health interventions, as reflected in the analysis published, among others, in Batty (2020), Poom et al. (2020), but increasingly also focused on the challenges for the governance of cities and regions, as in the studies of Bailey et al. (2020), Kleinman (2020), and McGuirk et al. (2020), or in review papers, as in Brail (2021), and Collins et al. (2020). This stream of the literature on the Covid-19 pandemic also raised new questions, not only about the consequences it had on the forces that drive the urban dynamics, accelerating pre-existing conditions and trends (e.g., move from the center to the periphery in some cities), affecting economic sectors differently, intensifying structural and

systemic inequalities, but new questions also about the governance of the city itself, which have not yet been fully discussed in all its dimensions.

One of such findings presented in these studies do suggest that the Covid-19 pandemic exposed the inadequacy of the emergency crisis response infrastructure in many countries and cities. While health professionals around the world battled bravely to face the disease, with the risk of their own lives, in numerous cases the physical, human, and institutional infrastructure were not enough to guarantee an effective response by public administration entities, which in part may have undermined the efforts made to contain the outbreak of the Covid-19. There was in most places a lack of data and place-based knowledge on key social issues, which further complicated the response toward the pandemic, namely in the case of vulnerable communities. In some countries, as was the case in Italy, the initial phase of the emergency crisis showed a lack of coordination between the political and scientific spheres, and between these two and the media, as Ruiu (2020) shows, highlighting the difficulties encountered in the process of communicating the uncertainty around what was then a relatively unknown threat, by public administration in all tiers of government, and by the scientific community as well.

However, this initial unpreparedness was soon replaced by increasingly well-organized responses by central and local governments, and by the collaboration of both tiers with civil society organizations toward supporting those directly affected by the disease, and their families, namely the unemployed, but also all other underprivileged social groups. On another front, central governments in some developed countries, together with the pharmaceutical industry invested, immediately after the outbreak, in the search of a vaccine and treatments for the new disease.

As the economic crisis expanded, affecting different sectors, a wide range of responses by government and community organizations emerged, including those greatly admired by their solidarity nature. It is the case of the waiving of housing rents for those who lost their income, due to unemployment or to forced closure of their activity, namely in public housing, or rent moratorium in private rented housing (OECD 2020k). In fact, the social crisis derived from the pandemic fostered the development of support and solidarity actions by organizations within the local community, most of the times in association with local government. They provided all sorts of support, including financial resources to those in need. Most of these were short-term emergency measures but some of them developed into more permanent forms. As Franco et al. (2020) show, there was an intense activity by local community organizations in the more deprived areas, targeting the lowest-income families, areas in which neither central nor local government was able to reach effectively through their formal policy approaches.

All these raise questions on the adequacy of past incremental local public policies. The size and complexity of the challenges seem to require approaches previously considered inadequate. Part of the local response during the emergency points out toward new modes of local and urban governance, more disruptive and less incremental than before the pandemic, and more attentive of local peculiarities. For instance, if the public health policy recommendations on the response toward the Covid-19 that have been issued, both pharmaceutical and nonpharmaceutical type of

responses, were broadly similar in all countries, the capacity of governments, and of local government, was highly varied across the world. As Degroot and Lemanski (2020) argue, if this is a global virus, its impact has been uneven. By adopting universal recommendations, regarding physical distancing, personal protection, containment, complete lockdowns, travel restrictions, testing, tracking and quarantine, mitigation and control, public health authorities failed to recognize these inequalities in the capacity of governments, and of local governments, to address the health, social, and economic challenges of the Covid-19 pandemic.

In addition to these inequalities in the capacity of public administrations to deal with the pandemic, the evidence in Dryhurst et al. (2020) suggests a considerable variation across cultures on the perception people had of the risk associated with the Covid-19 pandemic and through that on people preventive health behaviors, which somehow affected the effectiveness of the governmental response to the pandemic. And as Wong and Jensen (2020) recall, public trust in the authorities is a critical element for an effective and efficient risk management, which however in the case of the Covid-19 pandemic was ambivalent, in the sense that the responsibility of risk management was not centralized but dispersed across the multitiars of government and across the entire society, which may have lead the common citizen to underestimate the risks associated with the pandemic reducing therefore its own individual actions to control it.

Restriction on the use of public spaces was one of the key policy measures adopted with the aim of reducing the transmission of this virus, along with confinement and social distancing. The long-term effects of these restrictions on the planning and design of future public spaces by local government planning departments, or on the transformation of the existing ones, remain to be seen, as well on citizens' perceptions and relationship with urban public spaces. The extreme experience of the Covid-19 pandemic may indeed lead to the explicit introduction of health criteria into the planning and design of new urban public spaces by local government.

The lockdown policy implemented in most countries introduced restrictions also on public urban transport services, with the level of services permitted during the lockdown differing from country to country and sometimes within the same country. Social groups were affected differently. Among them, the poor, the women, and the poor women, were more severely affected (Franco et al. 2020), in particular the poor women workers in the informal sector in developing countries, as shown in Shah et al. (2021).

The lockdown policy restricted bus and metro services, where they existed, which in several cases was responsible for crowding and reduced physical distancing. These policy measures also affected social groups differently, with women workers, namely those working in the informal sector, being severely limited in their potential employment prospects in cities of developing countries. The increase in the practices of soft mobility, experienced by many cities and other human settlements, may well constitute a new trend in urban mobility soon, requiring new local government policies in this field.

The food consumed, both in quantity and quality, was affected by the lockdowns, as low-income groups experienced a significant or complete loss of income, as Ruszczyk et al. (2020) show.

A whole range of new digital technologies have been applied in the surveillance, monitoring, and prevention of Covid-19, as well as in the mitigation of its impacts, thus augmenting the potential of traditional health policy tools. It has also been an opportunity for a wide-ranging use of information and communication technologies in local public policy, transforming more extensively local government in local e-government and urban planning into urban e-planning.⁴ Platforms such as the Johns Hopkins University's Center for Systems Science and Engineering, which aggregate data from different sources, allowed public health agencies access to data in real-time for monitoring the Covid-19 pandemic. Big Data allowed the development of modeling studies of the Covid-19 activity, which made possible a better global response than would have been the case if these tools and resources did not exist. The use of new digital technologies improved communication and the dissemination of information on Covid-19 health issues and made the response more effective and reduced the risk of the spread of the disease. However, the digitalization of key processes seems to have ignored in some cases the digital divide, which overlaps long-held social divides, namely the gender and the age divides in the access to information and communication technologies.

The Covid-19 pandemic is global, but the response to it has been largely a national and local one, as already noticed by numerous authors. The virus spread globally very quickly, making this a global pandemic in few weeks. However, countries followed different approaches and policy responses as already noted. Different countries have different governance cultures and different local governance systems. In other words, although the medical treatment of this disease is universal, and follows the indications of the WHO, the response to the health and sanitary emergency was far from being universal, as it resulted to a large extent of a combination of the country political and governance culture, with the science-based guidance from the WHO, and other similar international partners, such as the European Center for Disease Prevention and Control (ECDC) or the Center for Disease Control and Prevention (CDC) in the USA, on this particular disease, all combined with the varied nature and capacity of the respective local government system, and with each local community social behavior.

⁴See the Special Issue of the International Journal of E-Planning Research, vol. 10 (2), 2021, online since August 2020. See also the editorial preface of this special issue (Silva 2021).

1.4 Central – Local Relations and Multilevel Governance

The response to the Covid-19 crisis was decided, in most countries, in a highly complex institutional environment. Although the pandemic was a global one, as referred before, the responses to it were local, dependent of the local governance culture, and of the socio-economic, political, and cultural contexts. Political culture, decentralization, and central-local relations, differ among countries, well reflected in the diverse governance models and in the role assigned to local government in the fight against the Covid-19 pandemic (Bouckaert et al. 2020). Therefore, the policy decisions taken in each country made a difference in the outcome, despite the institutional and governance commonalities that may exist among them.

The pandemic impacted and changed relevant patterns of multilevel governance, oscillating from territory-based type of management to a more functionally oriented governance of the pandemic, as was the case in federal states (Kuhlmann and Franzke 2021), but also in unitary states. It represented a radical challenge for local governance systems around the world, as it required rapid response, from a wide variety of actors to a whole series of problems and challenges, some pre-existent and some others newly created or readjusted. This is particularly more complex in federal states, as the cases of Germany (Kuhlmann and Franzke 2021) or the US (McDonald III et al. 2020) illustrate well.

The pandemic crisis impacted on intergovernmental relations, not only through the health and sanitary norms issued by central government but also through central government funding of subnational tiers of government, as reported in the following chapters of this book and by other researchers too (Benton et al. 2020). The lockdown measures affected the organization and functioning of local government but mainly its financing. If the transfer from central government budget was not significantly affected, in most developed countries, due to the constitutional and legal guarantees, the same cannot be said of the own-source revenue portfolio of local governments (e.g., local taxes, fees, user charges, and so on), as Benton et al. (2020) show for the US case, with prospects being even more negative if the postpandemic recovery is longer than expected, in sectors such as tourism, which is important for the budget of numerous cities. Even with all these financial constraints, local government everywhere proved to be an essential partner in the multilevel response toward the impacts of the pandemic. For instance, in developing countries, as Rusczyk et al. (2020) show, despite the very limited financial capacity, local government was indispensable in the organization of the response to the needs of the poor.

The losses experienced in the local government revenue, during the first year of the pandemic, and the short-term adjustments that have been implemented, for instance, freezing or canceling nonessential acquisitions, postponing capital investment, renegotiating existing contracts, staff reductions when possible, among many other measures, seem to call for reform of the local finance system in numerous countries, turning it more resilient to extreme crisis through the diversification of the

sources of local government revenues and through a greater share of the national budget.

Besides the financial dimension, the other two main types of tension in central-local relations during the pandemic were related to the centralization of the policy decisions, which in most cases limited the capacity of local government to act directly, or even to cooperate with central government, and to the tendency seen in numerous cases for adopting a one-size-fits-all type of policy measures to fight the pandemic, usually unaware of important local circumstances, as pointed out, among others, by McDonald III et al. (2020). Also cause of discomfort in central-local relations has been the lack of clarity in some of the decisions issued from central government or the nontimely information about some of the decisions.

On the contrary, the evidence available seems to point out for a rather positive perception of local-local relations developed in the context of the response to the impacts of the pandemic, which in numerous cases were just informal arrangements between neighboring local authorities to meet specific and temporary needs.

In Europe, the prevailing administrative culture in each country – Napoleonic, Anglo-Saxon, German, Scandinavian or Central-Eastern European – with its different levels of organizational, functional, and financial local autonomy, conditioned the response of local government toward the Covid-19 pandemic (Kuhlmann et al. 2021; Parrado and Galli 2021), as the cases examined in this book illustrate, differences that are responsible to some extent for the mosaic of local government types of response that can be observed in Europe. A similar contrast can be found in America, overlapping the contrast between the North, USA, and Canada, democratic and decentralized political regimes, and Latin America, where several countries have experienced long periods of political and administrative centralization during authoritarian political regimes. These political and administrative conditions shaped somehow the way local government responded to the sanitary, social, and economic impacts of the Covid-19 pandemic, a pattern that is likely to be observed again in the postpandemic recovery approaches.

The transition to democracy at the national level, that took place in numerous African countries since the 1990s, was not always followed by the implementation of a true form of local self-government, and this explains in part the different response capacity existent at the local level. The difference in subnational tiers of government in African countries, from mere forms of administrative deconcentration to true forms of local self-government, and the different degree of organizational, functional, and financial autonomy of local government, when compared to more developed countries, explain also the differences found between the cases examined in this book.⁵ Diversity in the nature and unevenness in the capacity of local

⁵For a more detailed perspective of the conditions experienced by local government in Africa in its fight against the Covid-19 pandemic see, among others, the following reports: ADB (2020); OECD (2020d, e); UN-HABITAT (2020).

government systems can also be found in America,⁶ both South and North, in Asia and in Oceania, as shown in Silva (2020).

In East Asian countries, such as China, Japan, and South Korea, the response to the Covid-19 pandemic had slightly different characteristics from that found in Europe or in America, as well as differences on the outcomes of such policies, despite the numerous commonalities existent among all these countries.⁷ China revealed a strong government control approach to the Covid-19 pandemic (Shaw et al. 2020), although with extensive local government engagement too (Gong et al. 2020), while South Korea, in the same study, appears as having a much more transparent and democratic approach to the Covid-19 pandemic. Gao and Jianxing (2020), for instance, argue that in China the tier of local government responsible for the management of public health emergencies, the province, by relying excessively on the traditional administrative system, saw their capacity to respond to the Covid-19 outbreak somehow limited, which would not have been the case if they had relied more on the coordination of multiple stakeholders. In contrast with South Korea, in the beginning of this pandemic, the Chinese authorities restricted the public access to early warning on social media (Fu and Zhu 2020), contrary to the transparency that is necessary for early detection and containment of any pandemic.

1.5 Prospects: Continuity and Rupture

As we reach the end of the first year after the outbreak of the Covid-19 pandemic, the long-term social, economic, and spatial implications of the Covid-19 pandemic for cities and other human settlements are still unclear. Some tend to see these implications positively while others have a more pessimistic view. The digitalization of city life, a process accelerated during the first year of the Covid-19 pandemic, is likely to continue soon, transforming daily life, the working conditions, urban mobility, shopping behaviors, health services, and schools.

The previous social divides within cities may be aggravated because of the digital divide. It may also change the way local government acts, its priorities, as well as how citizens get engaged in the local governance process. A proper system of citizen participation in all stages of the local public policy process, namely citizens from socially marginalized groups, is clearly necessary as the response to the Covid-19 pandemic showed. Open and transparent data on public health issues ought to be available in all cases. A new attitude toward the role of the State or public sector is expected to come out after becoming obvious that without the response of the public

⁶For a more detailed perspective of the conditions experienced by local government in Latin America in its fight against the Covid-19 pandemic see, among others, the following reports: OECD (2020i, j).

⁷For a more detailed perspective of the conditions experienced by local government in Asia in its fight against the Covid-19 pandemic see, among others, the following reports: OECD (2020f, g, h).

sector, the health, social, and economic consequences of the pandemic would have been overwhelmingly more devastating.

It seems most likely that the Covid-19 pandemic will have lasting impacts on cities, towns, and other human settlements for the decades to come and there seems to exist also good reasons to admit that the policies that have been adopted, by both central and local government, will not be enough per se for restructuring the current urban systems, namely in informal urban areas. However, it can also be an opportunity, as suggested by the numerous proposals for informal settlement upgrading, as referred by Gupte and Mitlin (2020) in the case of Nairobi.

The overall pattern of the local policy response does show elements of continuity, notwithstanding the fact that there appears to be also elements of rupture in the design of local government policies. In fact, deep entrenched characteristics of the local political and administrative system seem to have resisted and will probably remain or will even be reinforced in some instances. It is the case of central-local relations and the level of local government organizational, functional, and financial autonomy.

In sum, the implications that the Covid-19 pandemic had so far on local governance systems should be used to explore the feasibility of new governance practices and the use of new technologies in the organization and operation of local government in the future. For that we need reliable, real-time, and finer grain data, including from nontraditional data sources, capable to support a new generation of local governance models, and perhaps also new forms of public communication when dealing with relatively unknown issues, as was the case with the Covid-19 pandemic.

1.6 The Book

The book “Local Government and the COVID-19 Pandemic – A Global Perspective” explores, through selected case studies, in Europe, Africa, America, Asia, and Oceania, a sample of the local government responses to the sanitary, social, and economic impacts of the Covid-19 pandemic. It has 30 chapters and adds new data and new insights to the literature in this field.

The book seeks to answer, among others, the following research questions: What strategies, plans, policy measures, and actions have been adopted by local government to control and shape the spread of the COVID-19 pandemic locally? What strategies, plans, policy measures, and actions have been adopted by local government to tackle the impact of the COVID-19 pandemic on health, on society and on the local economy? How have local government strategies, plans, policy measures, and actions toward COVID-19 impacted on the effects of the pandemic? What local government strategies, plans, policy measures, and actions are being designed, in different countries worldwide, for the post-COVID-19 crisis?

The book explores these research questions through case studies in 20 countries in all continents: Africa (Lesotho, South Africa, Tanzania, and Zimbabwe); Asia

(India); Europe (Croatia, Czech Republic, Finland, Germany, Greece, Italy, Poland, Portugal, Russia, Slovakia, and Spain); Middle East (Turkey); America (Brazil, Mexico); Oceania (New Zealand). Besides these, few other countries are also addressed in comparative analysis in some of the chapters (e.g., comparison in Europe, America, Africa, and metropolis in several continents). The book is written by 61 authors, based in 19 countries.

Besides this initial chapter, whose aim is to introduce the collection of essays that make up the book, describing the overall development of the Covid-19 pandemic during the first year, from March 2020 to March 2021, and offering an overview of the local government response toward the impacts of the pandemic in the major world regions, setting thus the scene for the following chapters, the book has four main parts. The first part, with four chapters, provides an introduction and comparative perspective of the responses to the pandemic by local government in different geographies. In the following two parts, with eleven and five chapters, respectively, the book offers evidence and insights on the response of local government in European countries with different administrative and local governance cultures. This is followed in the last and fourth part, with nine chapters, by an analysis of cases in the American continent, Africa, Asia, and Oceania.

In the first part, in Chap. 2 – “Renaissance of Public Health as a Determining Factor of Urban Governance”, Maria de Pilar Tellez Soler and Remy Sietchiping, both from UN Habitat, offer an overview and introduction to the linkages between local government and health issues. The chapter shows how important are the impacts of COVID-19 on the daily lives of citizens, and how it affected the urban economic system, and a range of other local sectors, a process that seems to call unequivocally for a re-examination of local and urban governance traditional approaches. The authors explore the way policy responses, such as quarantine and confinement, transformed the access to essential services, to information, to the work environment, urban transports, for instance, and how health issues are, after all, driving local and urban governance in this context of emergency, arguing that the limited capacity to respond to the COVID-19 epidemic that most cities revealed during the first year of the pandemic is the outcome of leaving public health issues behind in the public policy priorities for too long. However, the current experience has exposed local governments to the evidence that a proper approach to public health ought to be at the center of the local and urban governance process as a precondition for a resilient society, and this will most probably have effects on the way cities and other human settlements are governed and planned in the future.

The remaining three chapters in this first part offer a comprehensive perspective of a group of countries or cities. In Chap. 3 – “Local actions to combat COVID-19 crisis: Contextual insights into local institutional responses to COVID-19 in Europe and the United States”, Ari-Veikko Anttiroiko and Arto Haveri discuss the local government responses to the crisis in five Western political-administrative contexts, those of the United States, the United Kingdom, France, Germany, and Nordic countries, arguing that the design of responses to the COVID-19 crisis is a multilevel policy and governance issue, which involves institutions from local to global levels. In doing this, the authors assess the degree to which the responses in each of these

countries reflect the peculiarities of the respective political-administrative context, or instead, if they tend to be convergent, because of processes such as the EU integration and globalization. The findings collected, as we will see, point toward the convergence in the type of local government responses to the Covid-19 crisis.

Rafael H. Forero and Remy Sietchiping, both from UN Habitat, in Chap. 4 – “Metropolises Overcoming the Covid-19 Pandemic: An urgent call for territorialising global agendas at sub-national levels”, show and argue that intermunicipal cooperation and central-local collaboration, in its multiple forms, contributed effectively for the response to the challenges of the Covid-19 pandemic in metropolitan areas across the world. Articulation and compromise between different public authorities and between these and private or community stakeholders optimized the resources and allowed a maximization of the policy outcomes. Based on the evidence on the response of metropolitan areas to the Covid-19 pandemic, in different regions of the world, the authors argue that the way toward sustainable urban development requires going beyond political-administrative borders and across the urban-rural continuum.

In the following chapter – “The Political Economy of COVID-19 Pandemic: Lessons Learned From the Responses of Local Government in Sub-Saharan Africa” – Abraham R. Matamanda, Verna Nel, Nelson Chanza, Lucia Leboto-Khetsi, and Fortune Mangara, from South Africa, and Partson Paradza from Botswana, dissect the political economy of government strategies to fight the Covid-19 pandemic and its sanitary, social, and economic impacts, in four sub-Saharan countries – South Africa, Zimbabwe, Tanzania, and Lesotho. Among other issues, the attempt to eradicate the informal sector in some of these countries, using the pandemic as an excuse, or cases of corruption with international aid received for the response to the Covid-19 crisis, are some of the problems that require additional consideration. It is clear in this analysis that the marginal communities, living in informal settlements and living from informal economic activities, were among the most vulnerable and less resilient during this first year of the pandemic.

The second part of the book has eleven chapters, two focused on Germany, a federal state, with its own administrative culture, and nine focused on five Southern European countries – Portugal, Spain, Italy, Greece, and Croatia – all embedded to some extent in the Napoleonic administrative culture, although with different degrees of decentralization. These varying conditions allow comparison of the effects of these determinants – administrative culture and nature of the state (unitary, regionalized, and federal) – on the response of local government to the Covid-19 crisis. The case of Germany is dealt with in two chapters. In the first of these two “German Local Authorities in the COVID-19 Pandemic. Challenges, impacts and adaptations“, Jochen Franzke examines the challenges, institutional impacts, and responses of German local authorities to the COVID-19 pandemic, how they have contributed to combat the Covid-19 pandemic, and to what extent the German model of municipal autonomy has influenced this response, in five aspects: organization; staff; local finances; local politics; and citizen’s participation. This is followed in Chap. 7 “Momentum of Federalism? National, State, and Municipal Responses to

the Covid-19 Pandemic in Germany”, written by Sascha Krannich, by an outline of the various political responses and measures to handle the Covid-19 pandemic on the federal, state, and municipal levels in Germany, on issues related to migrants and refugees, seen as vulnerable groups. As a federal state, the evidence provided in these two chapters allows interesting insights on the advantages and limitations of a federal system, as well as on the complex interplay between the federal government and the 16 member states and with local governments.

The following chapters deal with European countries that, on one side share elements of the Napoleonic administrative culture, but on the other side have a different form of State (e.g., unitary state or quasi-federal state or state with autonomic regions). In the first of these chapters – “Local Government response toward COVID-19 Pandemic in Portugal” – the role of the Portuguese local government in the response to the Covid-19 Pandemic is examined, as well as the impact the pandemic had on central-local relations, and the strategies devised for the economic and social recovery in the postpandemic period, being Portugal one of the most centralized countries in the European Union.

Similar aims are sought in the following chapter focused on Spain, the neighboring country, which has a different vertical organization of the State. As Ramon Galindo Caldés and Marc Vilalta Reixach show in “Local Government response to COVID-19. Some insights from Spain”, central government had a predominant role in the public response to the COVID-19 crisis during the first months, but this changed, and rapidly the meso level – the Autonomous Community – and the local tier – the municipality – became essential layers of government in controlling local outbreaks and in alleviating the social and economic effects of the crisis. The authors analyze the changes in the organization of local government, policy tools used by local government to control and stop the spread of COVID-19, as well as the local policies aimed at tackling the social and economic consequences of the pandemic. In the following chapter “Administrative boundaries and COVID-19. The case of Catalonia, Spain”, Ramon Galindo Caldés, Joan Tort Donada, and Albert Santasusagna Riu examine the different policies adopted in Spain to limit the spread of COVID-19 based on regional, provincial, or local administrative boundaries. As the authors show in this chapter, focused especially on the Autonomous Community of Catalonia and its neighboring regions, in particular Aragon, in many cases, including within the same region or metropolitan area, the boundaries were imprecisely defined, or subjects of long-held historical conflicts, among other issues that impacted negatively on the implementation of the policies intended to fight the pandemic, due to the lack of horizontal and vertical cooperation between different administrative units and levels of government.

Italy, one of the first European countries to be deeply affected by the pandemic in its first wave, is addressed in the book in four chapters. The first of these four, “Covid-19 and multilevel territorial governance. Transcalar patterns, frictions of competencies and planning conflicts in Italy”, written by Teresa Graziano, explores the effects of the Covid-19 pandemic on the reshaping of the long-entrenched relations among the diverse set of actors involved in multilevel territorial governance in Italy. Teresa Graziano dissects the frictions and conflicts of competencies that

emerged during the sanitary crisis in central-local relations, highlighting de/recentralization patterns, transcalar/multilevel governance dynamics, as well as inter-regional and/or intermunicipal cooperation practices that have been reshaped, reinforced or reduced, by the Covid-19 pandemic in Italy, through examples in four contrasting Italian regions from the point of view of central-local competences: Marche, Campania, Calabria, and Sicilia.

The following two chapters deal with the region of Lombardy. In Chap. 12 – “Local and National Government response toward COVID-19 Pandemic in Lombardy, Italy” – Sara Belotti analyzes the role played by national and regional government in Lombardy, the Italian region that was at the center of the pandemic in its early days in 2020, to reflect on the role that the different institutional tiers must play in the context of emergency and health crisis, as well as on postcrisis recovery. Renzo Riboldazzi in Chap. 13 – “The 2020 Pandemic Governance in Italy and Lombardy: Institutional Conflict in Health Emergency” – deals also with the response of central and of local government in Lombardy, the Italian region most deeply affected by the pandemic in the first wave, and which served as reference for many other countries in Europe and elsewhere, and to international organizations as well, in the first months of the crisis. The lessons taken from this case may avoid similar institutional deadlocks in future emergency crisis as this one.

Finally, in Chap. 14 “Reorganisation of businesses, processes and the development of policies for safely emerging from the Covid-19 pandemic in Italy”, Anna Trono and Valentina Castronuovo examine the impacts of the pandemic in the tourism sector, which has practically shut down, a situation that will likely continue in the short-term, and assess the extent to which the measures taken by central government, and implemented by local government, will promote the recovery of this important economic sector.

Two other countries in Southern and South-East Europe are also examined in the book. Anastasia Stratigea, Andreas Alexopoulos, Spyros Sapounas, and Angeliki Bistaraki in “Coping with COVID-19 Pandemic in Greece – A Joint Effort at the National and Urban Level” examine issues of urban and regional resilience to external shocks, and the policy responses against COVID-19 pandemic in Greece, highlighting efforts in the cities of Piraeus, Trikala, and Larisa, taken as examples of city response, identifying similarities, city-specific initiatives, interactions with central government policies, and the level of mobilization of local communities. Finally, Dana Dobrić Jambrović, from Croatia, examines and discusses in Chap. 16 – “Covid-19 Crisis Management in Croatia: The Contribution of Sub-national Levels of Government” – the activities of the Republic of Croatia related to the COVID-19 pandemic along three phases, during the first year of the pandemic, identifying the crisis management strategies and mechanisms implemented by Croatia, the organizational and functional adjustments required for the management of the crisis, and the measures taken by local and regional tiers of government to fight the pandemic.

The third part of the book deals with Central and Eastern European countries, in five chapters, two on Poland, one on Slovakia, other on the Czech Republic, and the fifth on Russia. Together these five chapters provide a well-informed account of how

relatively recent local self-government systems, implemented as part of the political transition in the early 1990s, reacted to this extreme emergency challenge.

In the first of these five chapters – “The impact of the COVID-19 pandemic on local government units in Poland” – Mariusz W. Sienkiewicz and Katarzyna A. Kuć-Czajkowska explore and discuss the reaction of central and local government in Poland to the rising number of infections, which required, among other aspects, changes in the organization and functioning of local government, as well as in local finances and in municipal activities. In the second chapter on Poland “Presidential Elections in Poland during the Covid-19 Pandemic: An Unexpected Challenge for Political Actors and the Relationship between Central Government and Local Government”, Tomasz Kaczmarek and Łukasz Mięka present and discuss the election campaign and the elections for the office of the President of the Republic of Poland, which took place during the Covid-19 pandemic. The authors examine central-local government relations and conflicts around this political event, as an example of the adaptation strategies that major political actors had to make to face the unexpected circumstances brought by the pandemic.

In Chap. 19 “Local self-government and governance during Covid-19 pandemic in Slovakia”, Ján Buček focuses on the rising of the local self-government role in the fight against the pandemic and on the retreat from a more centralist approach applied at the beginning of the pandemic and examines and discusses the most frequent measures adopted in selected cities in Slovakia. And in Chap. 20 “Anti- and post-COVID-19 measures taken by the Czech Government in relation to the spatial distribution of COVID-19 indicators”, Vit Pászto, Karel Macků, and Jaroslav Burian introduce and summarize the most important policy measures taken by the Czech Central Government to fight the disease and consequent social and economic impacts. Although most of the actions of central government have been nationwide, the chapter provides a focus on the geography of differences and similarities in the local and regional response to the pandemic.

In the last chapter of this Part – “The Role of Regional and Local Governance in Dealing with the Socioeconomic Consequences of the COVID-19 Pandemic in Russia” – Olga Glezer, Evgeny Antonov, Sergey Safronov, Alexander Sheludkov, Kirill Strakhov, and Maria Zotova explore the extraordinary decentralization of power that took place in the beginning of the pandemic, from federal government to regional authorities, which were free to define and implement policy measures toward the Covid-19 pandemic and its consequences. The authors examine and compare the regional differences and explore how these differences reflect the trade-off between the spread of the disease and economic, social, and political considerations, which differ from region to region.

In Part IV, comprising nine chapters, the book explores, examines, and discusses the response of local government to the Covid-19 pandemic in other regions of the world: in Turkey, Mexico, Brazil, South Africa, India, and New Zealand.

Eda Ünlü-Yücesoy, Özge Sivrikaya, Görsev Argın, Büşra İnce, Alkım Almıla, and Almıla Akdağ Salah in Chap. 22 – “Local Governments in Networked Space: Changing social media networks of local governments during the COVID-19 pandemic in Turkey” – examine the use of social media, especially Twitter, by local

government to communicate with citizens during the Covid-19 pandemic in the Marmara Region in Turkey, highlighting the effective, inclusionary, and exclusionary use of social media by local government.

In the following chapter – “Jalisco versus COVID-19: Local governance and the response to the health, social, and economic emergency” – Katia Magdalena Lozano Uvario and Rocio Rosales Ortega explore the response of the Jalisco state in Mexico, one of the first to implement precautionary measures related to the Covid-19 pandemic, some of which differed from the policy strategy adopted by the federal government. The authors dissect the strategies implemented at the state level, namely in the areas of health and economy, and the negotiations between the different stakeholders engaged in this process. The next two chapters are focused on Brazil. In Chap. 24 “Local governments and the meanings of social distancing: Implementation deficiencies in the times of COVID-19”, Paulo Nascimento Neto explores policy measures adopted as part of the strategy for combating the virus in Brazil, whose Federal Constitution considers that the three federal levels can take action on this issue, and examines the strategies adopted for legitimizing social distancing policies in Brazil, using the city of Curitiba as a case study. In the following chapter – “Small-scale farming and alternative food alliances in the context of COVID-19 crisis in Brazil” – Felipe da Silva Machado explores and discusses the challenges to regional farming systems, in the globalized and urbanized context of Brazil, and the alternative food alliances that have emerged in the context of the Covid-19 pandemic.

This is then followed by two chapters on the local government response to Covid-19 in Africa, a continent already dealt with in chapter five. In Chap. 26 “The South African Local Government and Municipal Planning Responses to COVID-19”, Verna Nel and Martin Lewis examine the public response to the pandemic, starting with the initial response entirely controlled by central government, and focusing then primarily on the responses of local government to Covid-19, given its constitutional mandates, and specifically around municipal planning services. The authors show that while some municipalities performed well, others have been affected by corruption, maladministration, and lack of capacity, characteristics that have affected local government in the recent past in the country, facts correlated with the governance capacity of local government in South Africa. In the next chapter – “The Impact of Covid-19 on Urban Form and Governance: Early Experiences from the City of Cape Town” – Daniël J. du Plessis examines the changes in the demographic structure and social interaction patterns, in the economic and technological factors that affect land use patterns, and the corresponding governance responses in the city of Cape Town, in South Africa, as a result of the Covid-19 pandemic, suggesting that changes in the city structure and in city functions, due to the pandemic, are complex and variable from place to place, which seems to point to the need of further research in the postpandemic period.

The next two chapters deal with the case of India. In Chap. 28 – “Sub-national Political Culture and Covid-19 Pandemic: Governance Response towards Life and Livelihood Vulnerabilities of Urban Poor in India” – Tathagata Chatterji, Souvanic Roy, and Atanu Chatterjee examine the impact of the pandemic on the urban poor,

tied to the informal economy, and show how India's governance apparatus has sought to mitigate the crisis, a response that varied from state to state in the country, due to variations in provincial-state level political cultures. This is exemplified through the analysis of two states – Kerala and Odisha – both relatively successful in reducing transmission of the pandemic, although with differences in their policies, Kerala as an example of “pluralist” governance, and Odisha an example of the “managerialist” mode of governance. Falguni Mukherjee in Chap. 29 – “Technological interventions during the COVID-19 pandemic in India”, examines this type of actions implemented in India at national, state, and local levels to fight the Covid-19 pandemic, used for contact tracing, tracking, monitoring, and managing crowds, and for strict enforcement of quarantine and lockdowns, showing how some of these policy measures aggravated social inequities and deepened digital divides in Indian cities, while at the same time reinforced the government agenda for building a Digital India, which is intended to allow the possibility to govern remotely in the future.

Jeff McNeill and Andy Asquith in Chap. 30 – “End of the World: New Zealand's local government and Covid-19” – examine one country that differs from most of the others examined in the book, because of its geography but also of the policy decision taken by central government in the early stage of the pandemic. The chapter explores this initial successful policy response and focus also on the experience of three territorial authorities, and its differences in both impacts and approaches to recovery, highlighting the tensions between different tiers of government to implement policy toward the impacts of the Covid-19 pandemic.

In sum, while several countries in the world, at the time of writing, are struggling with the pandemic, still with very low percentage of its population vaccinated, and when new variants of the virus are detected, and for which the effectiveness of the existent vaccines is still partially unknown, the evidence collected and examined in the book allows us to draw preliminary conclusions and to learn from each other's experience of fighting the Covid-19 pandemic at the local level, adding new evidence and new insights to the growing international library on the responses of local government to the impacts of the Covid-19 pandemic, although it is still soon to say how long these impacts will persist and what exactly needs to be done for the recovery in each specific local context. There are signs of a global economic recession, different from country to country, and from sector to sector, which suggests the recovery will take place at different speed in each country, and in each locality, thus enlarging the pre-existent gaps among countries, cities, and other human settlements, as well as in the different sectors. In this case, it is particularly evident the existence of problems in the tourism and hospitality sectors, as well as in the micro, small, and medium size enterprises. The recovery will therefore require different types of action from local governments. Again, also in this case, the political and governance culture will condition the local government response, as the following chapters show.

The book “Local Government and the COVID-19 Pandemic – A Global Perspective”, the outcome of the collaborative endeavor of its authors, is a contribution to the ongoing efforts to monitor and critically evaluate the impacts of the pandemic on

local government organization and functioning as well as on the response of local government to the sanitary, social, and economic impacts of the Covid-19 pandemic. It offers new empirical evidence, collected in five continents, and new critical insights on central-local relations and on the need of further reforms in subnational tiers of government for the postpandemic world. It provides valuable and detailed information, which will be useful for researchers, planners, and policy makers, namely for the design of policy responses in future health or environmental emergencies.

Further research needs to be done, in these same case-studies but also in numerous other cases in all continents. The variety of local government systems across the world makes it difficult to expose, in a single volume, the collection of highly diverse responses of local government to the impacts of the Covid-19 pandemic. The evidence and the insights offered along the next chapters may thus be seen as a starting point for the development of a more comprehensive research agenda on the future response of local government toward extreme events, which is, indeed, one of the aims of the collaborative research project, launched by the IGU Commission on Geography of Governance, on March 2020, on which this book is based.

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Carlos Nunes Silva, Geographer, PhD, Professor Auxiliar at the Institute of Geography and Spatial Planning, University of Lisbon, Portugal. His research interests focus mainly on urban and metropolitan governance, the history and theory of urban planning, urban planning in Africa, urban e-planning, urban planning ethics, local government policies, local e-government, and research methods. He is member of the Editorial Board of “Planning Perspectives”, the editor of the book series “Local and Urban Governance”, the founding editor-in-chief of the “International Journal of E-Planning Research (IJEPR)”, and Chair of the International Geographical Union Commission on “Geography of Governance”.

Part I

Chapter 2

Renaissance of Public Health as a Determining Factor of Urban Governance



Maria del Pilar Tellez Soler and Remy Sietchiping

Abstract The impacts of coronavirus disease 2019 (COVID-19) on urban environments and the daily lives of their inhabitants are still unfolding. The spread of the virus in the urban system has affected a range of linked areas. Policy responses such as quarantines and lockdown have transformed access to essential services, information, means of livelihood, and transport, and the concept of public health is emerging as an important facet of urban governance. Society needs an urban governance framework that addresses the fragility of health systems and avoids improvisation in decision-making. The limited capacity to respond to the COVID-19 pandemic in cities results from the neglect of public health issues by both governments and communities.

This chapter assesses the role of urban planning, policy, and participation in achieving public health goals. Using case studies and data, we also analyze how, with the emergence of COVID-19, governments and communities have had to connect the rights and responsibilities related to public health with the exercise of, and guarantee to, the right to the city. The authors posit that public health is currently driving local governance. One of the findings is that public decisions on health matters, which are meant to guarantee the health of all citizens, are made in an ad hoc manner. Additionally, the authors found that during the COVID-19 pandemic, health has motivated and guided decisions on urban management. Decisions are often informed by the results of epidemiological surveillance such as mobility models, the prominent role of information communication and technology as the means to provide and access services in the improvement of housing, public space, and sanitation, including in the models of production and urban work. We provide recommendations on how public health could effectively support urban governance for a resilient society.

Keywords Local and urban governance · COVID-19 · Public health · Participation · Urban policy planning

M. del Pilar Tellez Soler (✉) · R. Sietchiping
UN-Habitat, Nairobi, Kenya
e-mail: maria.tellezsoler@un.org; remy.sietchiping@un.org

2.1 Introduction

This chapter presents strategies that local governments have adopted to reorganize urban buildings and public services. The strategies have used new models of urban planning and decision-making in the light of public health objectives and essential functions in response to the COVID-19 pandemic in order to guarantee the physical, psychological, and social well-being of the population. The objectives of this chapter are: first, to demonstrate that local governments have contributed to the mitigation and prevention of the pandemic through multilevel urban governance exercises, articulated with scientific communities, for decision-making concerning the management of cities and the use of public space in line with the objectives and essential functions of public health; second, to present common experiences of cities and countries in which public space has been rethought to prevent and control the COVID-19 pandemic; third, to describe the relationship between Sustainable Development Goal (SDG) 3 and SDG 11 that has been created with the COVID-19 pandemic.

A study of this issue is warranted because the response of local governments to the sudden spread of COVID-19 is an important tool to prevent future virus outbreaks, and also to guarantee that in all contexts the general population enjoys a state of physical, psychological, and social well-being. It is important to show how restrictive health measures have limited access to and the use of public space and in this way have undermined the right to the city.

Studying this issue is also justified because public health governance encourages developments that favor the creation of adequate physical, social, and economic environments for health and equality through the relationships between actors in the health sector, planners and managers of urban areas, communities, and social-economic sectors that will have to be maintained in the post-COVID era.

One of the central questions addressed in this chapter is: in what ways has the COVID-19 pandemic influenced local governments in the management of public health, in decision-making on the management of cities, and in the use of space and public buildings? The dynamics and rapid spread of COVID-19 have motivated local governments around the world to adopt biosecurity and health measures in urban spaces and in city planning. These measures respond to scientific and academic criteria in public health that this chapter intends to demonstrate.

Another important question that arises is: how have decisions on the management of cities and the use of space and urban equipment been taken in the context of COVID-19? We will show how the organization and planning of cities and territories in the context of the pandemic is one of the ways in which local governments have helped to reduce infections and prevent the spread of the virus. The organization and planning of cities and territories have been adapted to new models of urban governance that, as will be evident in the article, includes the scientific community in decision-making.

A third research question is this: How has the COVID-19 pandemic linked SDG 3 to SDG 11¹? The COVID-19 pandemic has created a relationship between healthy living and well-being that is intrinsic to sustainable cities and communities. The dynamics of organization, management, and planning of urban spaces should no longer only be carried out from the perspective of a safe inclusive, sustainable and resilient settlement but, in times of COVID-19, and after it, also in terms of a healthy settlement.

In what ways have the biosecurity measures implemented in the management of cities affected the right to the city? Lockdowns, restrictions on the use of space and public buildings, and all the other decisions that have been taken to prevent and control the spread of COVID-19 have restricted the rights of citizens. Many local governments prioritized ensuring the access to sufficient medical care for all at any time and place and sacrificed social interaction and access to the city's services and goods in favor of maintaining a stable health system.

Another important question for this chapter related to the considerations is the new paradigm of urban governance should draw from public health issues related to the COVID-19 pandemic? The responses of local governments to the COVID-19 pandemic include decision-making models related to the management of cities and urban facilities oriented by the objectives and essential functions of public health. Therefore, this sort of decision-making should be preserved in the post-COVID future, in favor of a constant improvement in the health conditions of each individual.

To gain better insights into the research questions outlined above, we applied a largely qualitative research methodology, using an inductive approach. This started with the collection of data through observation of the construction of relationships, categories, and theoretical propositions. The data collection and study method used was an interpretive one, since the study of the phenomenon (urban governance under the focus of the objectives and essential functions of public health) was guided by the analytical construction of the categories created.

In establishing and predefining the categories, the descriptive system of qualitative research and the process of abstraction were used because the unit of analysis (urban governance under the focus of the objectives and essential functions of public health) was revealed in the course of the process of observation and description. The sources of information used were both primary (such as local regulations) and secondary (such as reports and press releases) from national and local governments and nongovernmental organizations. The research instrument most used was the data analysis of cases in cities such as Bogotá, Lima, México City, Buenos Aires, Nairobi, Freetown, Athens, and Madrid, and countries such as Colombia, Chile, México, Spain, and Israel. All of them were chosen for having common experiences in the use of public space to prevent the pandemic or mitigate its effects, and in the

¹SDG 3 targets good health and well-being and SDG 11 targets inclusivity, safety, resilience, and sustainability.

implementation of urban governance models developed with the scientific community for the management of cities.

The information used presented two specific drawbacks in the development of this chapter. On the one hand, the well-known infodemic² (World Health Organization et al. 2021) that exists in academic circles and in the world at large regarding issues related to COVID-19, and on the other hand the temporality of the measures, decisions, and units of analysis studied, since each of them responded to a dynamic and stage of the pandemic that evolved according to the collective progress made by people against the virus.

This chapter shows that the nature of the response of local governments to the pandemic has involved rethinking their management and planning models. This requires a reflection on mechanisms and models of urban public health governance that, through collective efforts with the scientific community and civil society, human settlements are, in addition to being inclusive, safe, resilient and sustainable, healthy spaces. Such spaces prioritize models of proximity to health services and guarantee the use of public space under healthy practices that contribute to a state of physical, psychological, and social well-being.

Local governments have relied on new urban governance models oriented to the objectives and essential functions of public health in the management of cities as a tool to provide an effective response to COVID-19. To demonstrate, this chapter will now address the relationship between public health and urban governance, providing examples of cities that have used public space to control and mitigate the pandemic and government authorities that have used decision-making models developed with the scientific community. And finally, to explore the way in which new biosecurity measures implemented in the management of cities have undermined the right to the city.

2.2 Public Health and Urban Governance

2.2.1 *The Need to Connect Urban Governance with Public Health*

More than 95% of all COVID-19 cases have been in urban areas, and nearly 1430 cities in 210 countries have been affected by the virus (United Nations Population Division 2018). Governments have adopted home confinement, hygiene measures, and social distancing, which have greatly impacted the urban poor, who are estimated to number a billion urban dwellers living in informal settlements and slums. Conditions of poverty and vulnerability have increased in informal settlements due to the pandemic. Isolation measures have prevented income generation, especially

²*Infodemic* is an overabundance on information online and offline. It includes deliberate attempts to disseminate wrong information to undermine the public health.

because many are informal laborers, and they have increased the risk of health impacts due to poor or no access to social security and the lack of basic health services, clean water, and adequate waste management.

The operation and planning of cities have been significantly affected by the pandemic prevention, control, and mitigation measures taken by different government authorities to prioritize essential functions and public health objectives.

Measures that limit freedom of movement and restrict the use of public space and access to urban services have been guided and recommended by the scientific community that supports public health decision-making in cities, motivating new governance models that lead to collective cooperation, and cross-sectoral partnerships between different sectors of society and levels of government. Knowing and protecting people's health and ensuring efficient and timely care for the health service have become the cornerstone for decision-making related to the functioning of cities and citizens' rights.

Thus, the new models of governance in the context of the pandemic include the involvement of the scientific community in decision-making and making the regulatory provisions related to the functioning of cities and their urban systems sufficiently scientific to demonstrate the effectiveness of the restrictive measure to be taken.

In 1966, the United Nations adopted the International Covenant on Economic, Social, and Cultural Rights, which establishes the right to physical and mental health with a focus on the provision of health services. In 2000, at the initiative of the WHO, General Comment No. 14 was adopted, referring to an extension of the approach to the social determinants of health.

The state of health, the public health situation which must be known and sought by the authorities, is not only the absence of any disease but also is a situation in which all inhabitants are in a state of physical, psychological, and social well-being.

Public health therefore proposes an approach to intervention by authorities in the health system, not only in medical care services, but also in actions to prevent the spread of endemic diseases and outbreaks. The actions should be complemented by schemes to effect a prompt response to affected communities and crises of the health system (Santoro 2016) through open cooperation partnerships with the civilian population.

Getting to know the health of the population and working for its improvement is the purpose of public health (Navarro 2019), which has *five objectives*: prevention, protection, promotion, response, and guarantee (Franco 2006).

- (i) **Prevention** involves joint actions by government authorities and civil society to create urban and environmental conditions that improve the physical and psychological health of inhabitants (Labori 2012). Prevention also means strengthening institutional capacities through partnerships with research centers and the scientific community in general, in order to have sustainable diagnostic information on the epidemiology and semiology of cities and states (Jarillo and López 2007).

- (ii) **Protection** is aimed at government authorities developing public policies adaptable to climate change that allow them to safeguard the population from any calamity or disaster (Coronel and Páez 2017).
- (iii) **Promotion** seeks to promote healthy behaviors through campaigns to generate habits and to consolidate spaces that improve inhabitants' health (Coronel and Páez 2017).
- (iv) **Response** seeks to make states and cities resilient enough to be prepared for disasters, calamities, and crises in the health sector that are unpredictable (Santa María and Albarracín 2018), as the general rule of public health is to prevent diseases and be prepared to deal with them and thus ensure that there is a comprehensive health service (Muñoz et al. 2021).
- (v) **Public health services are comprehensive.** They not only provide medical care but also have a preventive intervention approach to improve health conditions with structural health changes in the dynamics of cities: primary intervention in the asymptomatic phase of a pathological patient relating to epidemiological and serological studies (Barrientos et al. 2017); a secondary intervention that corresponds to screening campaigns in the environment of pathological patients (Benavides et al. 2017); and a tertiary intervention that is the provision of a health care service (Ramírez et al. 1998).

A comprehensive health service such as public health is achieved by observing the essential functions of assessment, development, and assurance.

The essential function of **assessment** is a component of the preventive approach that public health has because it involves monitoring activities and epidemiological conditions to obtain reliable diagnostics for decision-making related to the management and improvement of communities (Labori 2012).

The essential role of **development** helps decision-making regarding healthcare and promotion based on social participation and cross-sectorality, so that public health management promotes healthy behavior and the reduction of harm in all sectors that motivate lifestyle changes (Muñoz et al. 2021). The development function also involves a commitment to modernization and technology that health systems require to take advantage of all human, technological, and scientific capabilities (Labori 2012).

Finally, the essential role of **assurance** contributes to the guarantee that citizens have a comprehensive, resilient and sustainable health system in the face of crises and disasters (López and Rodríguez 1998). To this end, scientific monitoring schemes are required to ensure systems meet and are subject to basic standards, building partnerships with research centers, academic institutions, and civil society to meet public health objectives (Muñoz et al. 2021).

Public health is a social practice of an interdisciplinary nature that promotes the improvement of a community's health, making, through multilevel governance methods, the models of health management optimal and integral to preventive, primary, secondary, and tertiary interventions.

Thus, public health in practice means: (i) presenting an effective intervention scenario for the improvement of the environmental, economic, social, demographic, and urban conditions to create a healthy context; (ii) an intervention in the asymptomatic phase of any disease as a prevention approach that includes disease- and risk-screening campaigns; and (iii) an intervention to cure, rehabilitate, and address the needs of pathological patients and their primary group to reduce the foreseeable and unpredictable damage of an endemic disease or outbreak.³

This requires states to ensure compliance with the essential functions of public health (Muñoz et al. 2021) in their territories, strengthening the institutional capacities needed to meet the demand for equitable access to services and ensuring the organization and financing of different sectors that contribute to the quality, equity, and efficiency of health services. These, as mentioned above, are not only limited to medical care but also include early disaster prevention and response schemes and the control of endemic outbreaks.

The essential functions of public health include activities related to evaluation, development, and assurance activities (Navarro 2019). Evaluation involves statistical and epidemiological monitoring of the behavior and health of the population, bringing in resources from outside the sector to carry out semiological and epidemiological monitoring and research to guide decisions to be made regarding healthcare.

These decisions are part of the essential development function (Labori 2012), which has as its focus and pillar the participation of civil society in health promotion networks and cross-sectoral alliances that base the planning of all the organizational systems on scientific evidence.

A social organization based on scientific evidence permeates the essential assurance function (Muñoz et al. 2021); the participation of the scientific community in public health is a demonstration of the quality of the system and is a strategy to implement solutions that help to reduce impacts, creating public administration alliances with different study and research centers. With the participation of the entire health system, this prevents the spread of disease, damage, and endemic outbreaks.

The prevention of disease spread and health damage, as well as the protection of the population from disease, is one of the main objectives of public health (Navarro 2019), and includes promoting healthy behaviors and ensuring access to quality health services, disaster response, and assistance for affected communities.

By meeting the objectives of public health, in addition to the absence of disease, states and cities can achieve a state of physical, psychological, and social welfare through the establishment of urban conditions to ensure the health of the inhabitants.

Urban well-being is achieved when “the city guarantees, on the spiritual and material levels, individual freedom and the benefit of collective action” (Sennett 2019), where places, objects, goods, public space, and health are taken into account

³It refers to the group of people receiving a patient’s perceptions of the disease and symptoms they have.

in the planning of the cities (Aragón 2020), and the perspective of urban design is oriented to the well-being and happiness of its inhabitants (labCDMX 2021) by developing proximity policies that allow the greatest possible use of public space, ensuring it is green, spacious, with equitable access to its infrastructure and with eco-friendly alternatives for transport and movement of citizens.

Urban well-being is a way of interpreting SDG 11, which seeks cities to be inclusive, safe, resilient and sustainable human settlements, where residents have access in their homes to basic services, green areas, and safe public space, and where planning and urban organization are appropriate to foster adaptation to climate change, reducing environmental impact, and improving response to disasters.

Urban well-being also conceives of food security as a key pillar of city management, where “food supply is guaranteed and consumed in a responsible manner in healthy eating schemes disseminated by the state or health authority to have a healthy population to deal with the effects of the COVID-19 pandemic”.

The health emergency has indivisibly linked SDG 11 with SDG 3 and has succeeded in raising awareness of the importance of public health as an objective in city management, leading to the rebirth of public health as a determining factor in urban governance.

Public health is conceived as the knowledge of the state of health that government authorities should have with respect to their population (D’Agostino et al. 2020) and as the management of a comprehensive health model that should promote the WHO’s health concept (Navarro 2019), where health is, in addition to the absence of any disease, the implementation of a welfare state.

The welfare state has three components: the state of physical and psychological well-being and the welfare state (Draibe and Riesco 2006). The physical welfare state, in addition to the absence of any symptoms, is the confidence of citizens in a comprehensive health system that warns of transmission diseases and has the infrastructure and sufficient capacity to have a contingency plan (Herrero 2016).

The state of psychological well-being refers to the emotional stability of each individual, which is decisively influenced by the environmental, social, and urban conditions (Ballesteros and Argelia 2006). Lastly, the welfare state supports the idea of social health interventions (Aragón 2020), in which government authorities implement plans responsible for the distribution of income, access and use of healthy public space, and seek sustainable housing with approaches to the provision of services in urban settlements that are safe, resilient, inclusive, sustainable, and healthy (Aragón 2020).

In context of COVID-19, restrictions imposed on cities to contain the pandemic and prevent its spread have significantly affected other rights of individuals, such as the right to the city, which has been restricted; it has been limited to the access to and use of public space and urban goods and services, impacting people’s social welfare status, as their urban area has been restricted in order to strict comply with measures that promote public health objectives.

Public health objectives are: (i) to prevent an epidemic, disease spread and health damage; (ii) to protect the population from environmental damage; (iii) to promote

healthy behaviors in the population; (iv) disaster response and assistance to affected communities; and (v) to ensure access to quality health services (Navarro 2019).

Meeting public health objectives involves operationalizing the essential functions of evaluation, development, and assurance (Jarillo and López 2007).

The essential evaluation function ensures that government authorities have the operational capacity, through partnerships and cooperation with civil society, to monitor the health status of the population and make epidemiological diagnoses that allow them to guide their decisions in the care of the community (Muñoz et al. 2021).

The essential function of development involves decision-making related to the state of health of the population to be taken by government authorities. The development function obliges the authorities to plan their management with truthful information about the health status achieved through citizen empowerment and the mobilization of different sectors of civil society for the provision of a comprehensive health service (Jarillo and López 2007).

The essential role of assurance corresponds to the prevention and prompt response that the authorities must have in the face of a possible crisis in the health sector, through the adoption of internal rules that pursue the fulfillment of public health objectives and the linkage of the largest possible cross-sectoral staff to the provision of health services and preventive approaches to public health (Santoro 2016).

As a mainly urban pandemic, profoundly impacting the functioning of cities and affecting the rights and living conditions of citizens, COVID-19 has made clear the need to establish strong ties between public health and urban governance and the consequent obligation to link urban planning and policy to public health as an objective to be achieved to ensure the welfare of citizens.

2.2.2 Urbanization and the Governance of Urban Public Health

The world's population is going through a process of rapid urbanization that increases the percentage of people living in urban areas, the size of cities, and the total area occupied by urban settlements. Urbanization is closely related to the three dimensions of sustainable development: social, economic, and environmental.

The urbanization process is a generator of health advantages and disadvantages. Segregation and unhealthy environments, urban expansion and informal settlement growth, car use, pollution, climate change, insecurity, sedentary living, unhealthy eating, and social isolation are some things that impact the health of city dwellers. On the other hand, cities offer advantages for the health of their populations by facilitating access to basic services and sanitation, infrastructure and health care professionals, public space, access to labor markets and income-generating opportunities for meeting needs, and access to urban services.

The urbanization process should benefit health. Urban health should be seen as a fundamental objective in the management of cities to reduce the disadvantages of urbanization that have a negative impact on the health of its inhabitants through urban policies that address the social determinants of health, such as poverty, public services, adequate housing, violence, road safety, climate change, mobility, migration, geo-referenced information on health, employment, natural disasters, and by human action or inaction, with a special focus on the most vulnerable populations.

Achieving healthy urbanization requires effective governance of public health. Inclusive or exclusive governance of social, economic, and environmental determinants of health in decision-making on urban policies and plans can increase or reduce the life expectancy of city dwellers.

Urban public health governance requires a political commitment to decision-making based on technical and geo-referenced information on the city's health patterns. It also requires the active participation of the scientific community and its interaction with actors in the social and economic sectors to cobuild urban policies and plans that ensure the health of all by taking advantage of urbanization.

Urban public health governance should focus on how people live in the city, on economic and environmental social determinants that affect or improve living conditions, such as housing, public space, access to safe drinking water, modes of transport and road safety, efficient solid waste management systems, security, proximity to service infrastructure, and food security.

Urban policies with a focus on public health should benefit the entire population in cities, especially urban poor people living in informal settlements, where living conditions are often poor, threatening the health of communities.

Urban public health governance fosters urban development that favors the creation of adequate physical, social, and economic environments for health and health equity through better relationships between the health sector and urban planners and managers, communities and the social and economic sectors.

The urban impact of the COVID-19 pandemic has highlighted the need to incorporate public health into city management. It is an opportunity to improve urban governance models by giving a leading role in city design and planning to public health, with the participation of all levels of government and all actors in society, with special attention to the scientific community, in order to achieve a balance between public health, the functioning of cities, the right to the city, and urban sustainability.

2.3 The Governance of Public Health During a Pandemic

The perception of an individual state of urban well-being (Aragón 2020) related to public health has been accentuated in the community with the emergence of COVID-19. As demonstrated below, urban planning and urban systems during the pandemic have been subordinate to the public health objectives of disease prevention, damage protection, and disaster response.

The spread characteristics of the virus and its corresponding mutations make social interactions and gatherings a focus of contagion that health authorities must avoid in order to ensure the stability of the health system, which has had to be strengthened with staff with different expertise and from different professions to mitigate and prevent the pandemic.

The Cities4Health association emphasizes that only urban leaders can change the course of the pandemic through knowledge and scientific evidence that allows them to implement better tools that strengthen the health system and essential services, and allows them to have urban programs to prevent the virus and promote healthy habits.

Actions to prevent the virus and promote healthy habits in addition to restrictions on the freedom of locomotion, in compliance with the public health objective of “prevention”, have been implemented in the strategies of states and cities for the design and planning of cities. They make public space a place where people can promote good physical health with the establishment of new cycle routes and spaces where pedestrians are prioritized, and enjoy environmental conditions favorable to physical, social, psychological, and urban well-being, for example, with the practice of reducing the emission of polluting gases.

The promotion of a sustainable, green, eco-friendly, and close public space is the realization of SDG target 11.7, which promotes the notion that public spaces offer opportunities to improve the health and quality of life of a city’s inhabitants: “target 11.7 will contribute to the achievement of the SDG 3 noncommunicable disease target (ensuring healthy living) by providing spaces for people to be physically active”.

2.3.1 Adaptability and Promotion of Sustainable Transport

To prevent crowds of people on public transport services and avoid the massive spread of the COVID-19 pandemic, local governments have adapted road networks to become safe spaces for nonmotorized transport such as cycling and walking.

The creation and adaptation of roads for the exclusive use of bicycles motivate citizens to change their modes of transport for those that are more sustainable and healthy, and to reduce the use of motor vehicles. This reduces the flow of passengers in the transport system, avoiding a massive spread of the virus, and is in line with target 2 of SDG 11, according to which local governments must promote access to an accessible, affordable, and sustainable transport system.

The creation or adaptation of infrastructure for the use of bicycles and walking will encourage people to adopt healthy lifestyles with regular physical activity, helping to achieve SDG 11 through SDG 3, as “active public transportation can help achieve the disease-related goal by providing safe, comfortable and attractive spaces for walking and cycling” (Kristie 2021).

Table 2.1 summarizes the examples of Bogotá in Colombia, Lima in Peru, and Paris in France in relation to the adoption of spaces for bicycles to be used and physical activity by pedestrians to be undertaken.

Table 2.1 Measures adopted for the transformation and promotion of sustainable transport in the context of COVID-19 pandemic

City	Action adopted
Bogotá	117 new kms of bike lanes were created.
	Four pedestrian zones were created for Bogotá's open-air business strategy.
Lima	The city's road network was modified by creating 50 new kms of bicycle routes connected to hospitals which were equipped with bicycle parking facilities.
	Invested in road infrastructure, separating the road from bicycle lanes and creating traffic lights on all routes.
Paris	The vehicular road and parking bays were adapted to create 650 km of new bike lanes.
	Created a financial grant to purchase and repair bicycles.

Source: Authors' compilation based on the referenced information of each case

Between March and December 2020, the Mayor of Bogotá, Colombia, established 117 kms of new cycle route that increased the network in the city to 474 kms.

Public space was also modified to allow for some economic activity that, with security protocols, allowed citizens to circulate and carry out activities that counteract the negative effects on the welfare state caused by lockdown. One example is the "Open Pit Bogotá, Colombia" (Secretaria de Desarrollo Económico 2020) strategy that pedestrianized several areas where vehicles used to circulate so that bars and restaurants could operate there in compliance with the measures of biosecurity.

Other cities have also converted public spaces to preserve the physical and emotional health of the inhabitants during the pandemic. For example, between March and November 2020 in Lima, Peru, more than 50 kms of cycle paths were created, expanding the network to 227 km and connecting it with hospitals so that people have close access to health care facilities. The city has invested in road infrastructure that separates bicycle lanes from the road and has strengthened the cycle route network throughout the city. All hospitals in the city were provided and equipped with parking infrastructure for more than 20 bicycles.

In Paris, the mobility model and planning were also rethought in favor of the use of bicycles and walking as an alternative and way to get around. Since March 2020, an investment and organization plan has been drawn up which will establish 650 km of cycle routes (Gutierrez 2020) throughout the city, organizing them along routes similar to the Paris Metro network. In the same vein, the RER Vélo project has been launched; this is a network of cycle paths to commute to the city center, which features a financing mechanism of up to EUR 500 in subsidies to buy an electric bike or a refund of up to EUR 50 to repair an old bicycle (Alderman 2020).

2.3.2 Flexibility in the Use of Urban Equipment

To ensure the institutional capacity to face the health emergency caused by the spread of COVID-19, local governments have made unconventional use of the equipment their city has to expand the capacity of health services and in this way

Table 2.2 Unconventional functions granted to urban facilities

City	Equipment used	Function granted
New York	Icahn Stadium	The stadium parking lot was used as a mortuary with a capacity for 5000 bodies.
Annapolis	Fedex field	It was used as an interim testing laboratory for COVID-19 detection.
Ontario	Brewer hockey arena	It became processing and storage center for tests and vaccines against COVID-19.
Mexico City	Racetrack Rodríguez brothers	It became an exclusive hospital for intensive care for COVID-19.
Gales, U. K	Principality Stadium	It became a hospital hostel.
Athens	Unoccupied public buildings	Administration buildings were adapted as temporary homes for people who had no way of confining themselves.

Source: Authors' compilation based on the referenced information of each case

fulfill target 8 of SDG 3: achieve universal health coverage through the availability and proximity of an integral health service provider and with sufficient capacity to meet patient demand.

Table 2.2 summarizes the common experiences of cities that used public equipment to transform them into scenarios that contribute to the mitigation of the pandemic.

In the United States, since April 2020, the local governments of New York and Maryland have made human resources available to adapt stadiums, parking lots and hospitals to meet the demand for places to care for the sick. Since April 2020, the parking lot at the Ichahn Stadium in New York has been a mortuary site with a storage capacity of up to 5000 bodies; in Maryland the FedEx Field Stadium was adapted as a storage and processing center for COVID-19 tests (Thompson 2020). In the United States, ten National Football League stadiums and approximately 40 buildings for sports and recreation have been converted into public hospitals (Thompson 2020). Similar things have occurred in Ontario, Canada, where the Brewer Hockey Arena became a processing and storage center for a COVID-19 tests and vaccines.

In March 2020 in Mexico City, the Racetrack Rodríguez Brothers was converted into a hospital equipped with 192 intensive care units. In Cardiff, Wales, the Principality Stadium became a hospital hostel with 2000 beds for people requiring COVID-19 treatment. In Barcelona, Spain, Philadelphia and New Orleans in the United States, and Gales in the United Kingdom, stadiums have been used as medical equipment storage, testing, and vaccine centers.

In Athens, Greece, in the first stage of lockdown between March and April 2020, public buildings and other suitable venues were used as temporary homes for street dwellers and vulnerable and marginalized people who did not have anywhere to go overnight when mandatory lockdowns and quarantines were introduced (Cities for Health 2020).

Table 2.3 Informal settlements intervened to reinforce the capacity of response to the pandemic

City	Informal urban settlement intervention	Form of intervention
Buenos Aires	Villa 20	Strengthening of basic infrastructure, water and electricity, food security, care, and health posts for COVID-19.
Nairobi	Kibera	Installation of disinfection stations, epidemiological barriers, awareness campaigns on distancing, and other measures.
Freetown	Aberdeen Olorshoroh Kroo Bay Susan's bay Culvert Goderich Grafton Hastings Rokel-john	Provision of drinking water and intervention in 250 homes in extreme vulnerability; provision of food and promotion of face mask use for 2 months.

Source: Authors' compilation based on the referenced information of each case

2.3.3 Basic Services for Informal Settlements

The imperative to prevent the spread of COVID-19 obliges urban managers to guarantee the sustainable housing of their entire population by providing households with resilient infrastructure and access to basic services to promote SDG 11, target 11.1.⁴

Table 2.3 summarizes experiences of cities that have intervened on informal settlements in order to make them more resilient to the effects of the pandemic.

In Buenos Aires, at the start of the pandemic between March and June 2020, the City Housing Institute implemented an intervention plan in Villa 20, an informal urban settlement that houses 30,000 people. This was a cooperative exercise between nongovernmental civil organizations. Key elements included the following:

1. Strengthening household infrastructure.
2. Strengthening water and electrical infrastructure to ensure access to water, sanitation, and light services.
3. Delivery of hygiene kits to the entire population.
4. Testing and patient care centers established in the vicinity of the Villa.
5. Constant disinfection of public spaces.
6. Implementation of measures to support food security.

⁴This refers to the goal of safe and affordable housing that seeks to ensure access for all people to adequate, safe, and affordable basic housing and services and to improve slums.

The intervention plan allowed the population of Villa 20 to accept the measures given by the Argentine health authorities and improved housing conditions in an area characterized by overcrowding and limited public space. As a result of the intervention, numbers of new cases of infection by the virus and the mortality rate related to the virus decreased significantly in Villa 20. The experience of the Buenos Aires city's response to the pandemic in Villa 20 shows that "community participation and strengthening links between public agencies and ward groups and organizations create social capital and foster community resilience, which can help improve community response to unexpected risks".

In Nairobi, Kenya, interventions were made in the Kibera informal urban settlement to ensure that the inhabitants can comply with the strict biosecurity measures of handwashing, mask wearing, and lockdowns. In Kibera, the Nairobi City Council collaborated throughout 2020 with different NGOs and trained personnel to establish disinfection points and to disinfect urban public transport services inside and outside the settlement (Jones 2020).

The detection of a positive case of COVID-19 in Kibera leads to the local government placing personnel for the disinfection of surrounding areas where the patient is located, and this patient is provided with nonperishable food so that they and their family can quarantine (Jones 2020). Local artists have also put information and murals on walls of the area with paintings, graffiti, and messages to remind people about and to promote the correct use of masks.

In Freetown, Sierra Leone, where 27 informal urban settlements are officially recognized (Perea and Salas 2018), the management of and response to the pandemic have necessitated a collective response. One of these was implemented in June 2020 by the Freetown City Council with the NGO United Hands to diagnose the most vulnerable people. It consisted of identifying homes with people over 65 years of age in order to provide them with food for 2 months and masks so that they could isolate themselves if necessary, in order to contain the spread of the virus (Manos Unidas 2020).

In the urban settlements of Freetown, there has also been an effort to install drinking water access points so that people can wash their hands and access water resources. The suppliers have been solar-powered water supply plants and were installed by the Freetown City Council with technical and financial assistance from the International Organization for Migration.

Mitigation and efforts to control the pandemic have not only affected the planning and design of cities in terms of public health objectives, but also the health of urban systems has been contingent on strict compliance with new biosecurity measures. These measures limit the free movement of people and their use and enjoyment of public spaces and have been recommended and raised in governance models that include the scientific community in decision-making, but they have also limited peoples' rights to the city.

2.3.4 *Multilevel Governance Models*

The exponential development of the COVID-19 pandemic set an unprecedented global goal in which all civil society actors linked to public health management participated in collective actions that sought to monitor the health status of the population to protect and improve it (D'Agostino et al. 2020).

The first of the response schemes of the pandemic was the articulation of decision-making regarding care, control, prevention, and mitigation of the pandemic between the different levels of government. National governments motivated, in a descending vertical scale, the decision-making related to the management of the pandemic and allowed local governments to develop decision-making models articulated horizontally and vertically for the development and movement of cities, understanding the role of being the front-line level of government that had to take effective measures to respond to the pandemic.

Local governments convened the actors from different sectors of the population, particularly the scientific community and those responsible for the provision of urban services, to articulate decision-making in the management of cities in the context of COVID-19, interacting with different levels of government in the implementation of national care and prevention policies in the territory according to the specific dynamics of the cities concerned.

For the application of national measures in each city, local governments had to articulate all sectors of the city and with this multilevel articulation it has been possible to make more accurate decisions in the context of each city since the dynamics and behavior of the pandemic are not the same in all states, and neither are demographics and territorial realities.

The collective actions that have been developed around the world to mitigate and control the pandemic have made the social practice of public health an interdisciplinary approach, “collaborative networks without restriction of access” (Navarro 2019), in which the state joins civil society to find comprehensive solutions that respond and assist the people affected by the virus which, with the evolution of the pandemic, now mean entire communities.

The very nature and notion of public health goes beyond the limits of state action (Barragán 2007). This means that one of its characteristics is the integrity of the systems and resources that intersectorally cooperate and contribute to the prevention of endemic diseases and outbreaks, coupled with the protection of health against common and environmental damage, and promotion of healthy behaviors, to ensure access to quality health services and disaster response with assistance to affected communities (Franco 2006).

All these public health objectives are carried out within a framework of cooperation and partnerships that intensified in March 2020 when states were forced, given the characteristics and speed of spread of the virus, to expand their health care capacity, to implement social health interventions and to make decisions regarding the urban “metabolism”.

The management of the pandemic forced governments to rely on different sources of information, which, over time, became more open and they formed a team of professionals from the scientific community to monitor the health status of the population and, through prevention tools, to recommend to the competent manager decisions regarding health status and health promotion among the population.

Table 2.4 summarizes some examples of multilevel governance models in which decision-making regarding city management was guided by the objectives and essential functions of public health and suggested by the scientific community.

In Chile, when COVID-19 struck in March 2020, the executive branch formed an Advisory Council of the Ministry of Health to guide the country's health authority in implementing public policies that mitigate the impact and damage of the pandemic (Resolución 59 Exenta 2020).

The Advisory Council is an independent advisory body established by the Government, made up of Ministry of Health officials and academic experts, consisting of professionals in the following areas:

1. A surgeon, specialist, and Magister in Public Health.
2. A specialist surgeon and Magister Infectology and Medical Sciences.
3. A specialist surgeon and Magister in Epidemiology.
4. A specialist surgeon and Magister in Epidemiology and Microbiology.
5. A surgeon doctor specializing in public health and family medicine.
6. A medical surgeon who specializes in paediatrics.
7. The Head of Infection Control Associated with Healthcare at the Ministry of Health.
8. The Head of Health Planning at the Ministry of Health.
9. A member of the Chilean Academy of Medicine.
10. The Minister of Health.

The Advisory Council meets once a week and, after assessing the situation and context of the pandemic in Chile, generates Minutes containing the determining criteria for decision-making. Minutes are sent to all board members who specialize in specific topics related to the pandemic, such as free modes of transport for the population, prohibitions on assembly and agglomeration, and cessation of work and school activities.

Recommendations are sent to the President of Chile on legal mandates in the country to have a common structure where, before addressing the particular situation, for example the return to school classrooms, a demographic identification is made of those who will be subject to the new standard, demonstrating the results of the mathematical models applicable to the situation to prevent and control the spread of disease and highlighting international backgrounds and the national measures they propose. A brief description of the constitutional and legal tools that legitimize the recommendations is made in the national legislation.

While the Advisory Council meetings are private, the recommendations, Minutes, and information on the professionals on the council are accessible on the Ministry of Health website.

Table 2.4 Scheme and composition of the new multilevel governance models

Country	Decision-making structure	Composition
Chile	National level: Advisory Council of the Ministry of Health	Interdisciplinary team of ten members meets once a week and prepares minutes with recommendations directly to the President who converts them into a national decree
	Local level: Metropolitan Region of Santiago de Chile: Health Commission of the Metropolitan Regional Council	Interdisciplinary team in charge of proposing alliances between the government, scientific, and academic institutions. In charge of preparing action plans to distribute resources for the pandemic
Israel	National level; COVID cabinet	Government team is made up of all the ministers in charge of creating monitoring commissions made up of professionals who, with scientific evidence, recommend decision-making to local authorities. The recommendation is presented by the commission created and the ministry in charge of the issue, e.g., back to school: Reactivation commission and Ministry of Education
	Local level: Tel Aviv: External Emergency agency and internal agencies of the city council	The city council was articulated with representatives of the operators of the response services (fireman, police, and aqueduct) and with the professional associations of doctors in the city
Cuba	National level: Advisory council	Interdisciplinary team made up of the scientific community, academia, and different levels of government and NGOs, in charge of developing forms with technical recommendations for the management of the pandemic
	Nivel local: Camagüey: Consejos populares	These popular councils are made up of community members, health professionals, and members of the academy
México	National level: The undersecretary of prevention and health promotion	Professional specialized in epidemiology, who advises and directly accompanies the executive in taking decisions regarding the national management of the pandemic
	Local level: Puebla: community pact and economic reactivation plan	It develops workspaces with professionals from different areas who analyze the measures decreed by the national government and recommend the way to implement them in Puebla
Spain	National level; the director of the coordination center for health alerts and emergencies of the Ministry of Health	Professional specialized in epidemiology, who advises and directly supports the executive in taking decisions regarding the national management of the pandemic

(continued)

Table 2.4 (continued)

Country	Decision-making structure	Composition
	Local level: Madrid: Committee of experts of EMASAP	Collegiate body made up of expert doctors and managed by the scientific association of health care professionals and other sectors interested in improving public health services in Madrid, issues gazettes where it makes epidemiological reports and, according to the results, establishes recommendations
Colombia	National level: Researcher at the global Infections analysis Center at Imperial College London and Director of the National Institute of health	An epidemiology and serology professional, who advises and directly accompanies the government in making decisions
	Local level: Metropolitan areas of Bucaramanga and Aburra Valley. Unified control and command posts	Control and command unification posts, in which a certain situation is analyzed and decisions are made according to the dynamic and behavior of an emergency

Source: Authors' compilation based on the referenced information of each country case

In local governments, the spread of the pandemic and the implementation of the measures decreed by the National Health Authority have led to local government-coordinated intersectoral global groups in charge of supporting and recommending decisions that need to be taken regarding the implementation of the provisions at the national level and the planning and management of cities.

That is the case in the Metropolitan Region of Santiago de Chile. In May 2020, the Metropolitan Regional Council created the Health Commission (Law 19175) to analyze and formulate proposals about programs, projects, and other initiatives related to the management of the pandemic in the region, and to propose to the Metropolitan Regional Council the general criteria for the ways in which the resources granted by the national government (ventilators, beds, vaccines) are distributed in the city. The Health Commission is made up of an interdisciplinary team of health professionals who are members of the medical associations of Santiago de Chile (Coresantiago 2021).

In this way, Chile required that the essential role of public health services in assessing the pandemic was implemented on the basis of thorough mathematical models that the professionals of the Advisory Council recommended in order to guide the implementation of solutions that prevent contagion.

The most effective solution to combat COVID-19 is the establishment of herd immunity in the world's population. This requires institutional efforts, cross-sectoral partnerships, and international cooperation that allow states to monitor the progress of the pandemic, study the composition of vaccines, decide on the pharmaceutical company that will provide the doses and organize vaccination programs and plans for the population in the territory.

The nation that has implemented, at the time of writing, the most advanced vaccination program in dose rate per million people has been Israel (BBC News Mundo 2021), which distributes an average of 150,000 doses of vaccines to its population per day. Israel has achieved a complex and successful vaccination plan thanks to the scientific cooperation scenarios that, from the beginning of the pandemic, were organized by the health authority.

In March 2020, the Prime Minister of Israel formed a “COVID Cabinet” composed of all ministers who support its management, a prominent epidemiologist, and cabinet leader and appointed by the Prime Minister (Ministry of Health of Israel 2021). The cabinet functions as an entity attached to the Ministry of Health and is the body responsible for assessing health measures that are put in place before being sanctioned by the prime minister.

For the evaluation of the measures, the COVID Cabinet has several monitoring commissions which, based on the information and scientific studies carried out, recommends to the local authority the measures to control the pandemic.

These include an infection-monitoring commission, evolution and contagion monitoring commission, vaccination monitoring commission, and reactivation monitoring commission. Each commission is led by the Minister of Health and has a multiparticipant character because each includes between one and three members of the Organization for Health Maintenance, three representatives of the collegiate body of doctors of Israel, and leaders of civil organizations, including a representative for each religion who coexists in the territory designated by the relevant leader or religious authority.

Israel’s experience demonstrates a governance model that not only analyzes the scientific community’s recommendations for decision-making on the city’s functioning and urban metabolism, but also listens to and channels religious organizations’ perceptions of the pandemic and how to control and prevent disasters.

Since March 2020, in areas covered by local governments such as in Tel Aviv, for example, the administration scheme has been organized in a way that the execution of the measures decreed by the COVID cabinet are carried out in the territory in a coordinated manner with different sectors of civil society. The Tel Aviv City Council has created the External Emergency Agency (Tel Aviv Mayor’s Office 2020) constituted by representatives of the city police force, the Fire Department, representatives of the city’s health staff associations, and the legal representative of the city’s hospitals and health care centers.

The external emergency agency is in charge of organizing and planning the way in which the measures decreed by the COVID Cabinet will be implemented in Tel Aviv. For this, the city council has organized itself in a specific way solely and exclusively to attend to the pandemic with the following internal agencies (Tel Aviv Mayor’s Office 2020).

1. The Operations agency: in charge of the logistics of the vaccination processes, epidemiological fences, and patient transport.
2. The Engineering agency: in charge of guaranteeing the distribution of the water resource.

3. The Administration agency: responsible for documenting management and human resources.
4. The Information agency: in charge of the processes of transparency in the management of the pandemic.
5. The Communication agency: in charge of managing the data of the figures.
6. The Education agency: in charge of implementing programs for education on the pandemic.
7. The Social services agency: in charge of monitoring and managing medical and mortuary services.

Between March and June 2020, members of the Orthodox community resisted compliance with the health measures imposed, such as the imposition of the hub and the restriction of crowds (Ministry of Health of Israel 2021). Therefore, the COVID Cabinet had to interact with its most radical leaders to educate the community in the dynamics and risks of COVID-19 and to hear the proposals and ideas the community has to make on the measures imposed so that they align with its religious and social practices.

Other countries also support the decision-making processes in bodies made up of different health professionals or nongovernmental organizations that contribute and support the management of the country. One example is Cuba, whose advisory board is composed of the Ministry of Public Health, representatives of the Pan-American Health Organization and the World Health Organization, the Director of the Health Promotion and Disease Prevention Unit (PROSALUD), the Director of the National School of Public Health (ENSAP), and the Director of the Communication Faculty of the University of Havana.

The advisory council was created between March and April 2020 with funding from the Canadian Embassy in Cuba. It sets out recommendations to the executive government on restrictions to mobility and lockdowns and has the power to develop and implement pandemic prevention projects, such as basic care literacy in schools.

At the local level, in cities such as Cuba's Camagüey, since June 2020 the local government has arranged the formation of popular councils (González 2020), distributed by geographical areas of the city and constituted by citizens who want to participate in managing COVID-19 in the territory. The popular councils interact with the Provisional Government Council of Camagüey (González 2020) in workshops that discuss the way in which national restrictions will be adapted to the city.

The establishment of cross-sectoral partnerships with civil society for mitigation and decision-making related to urban development in the context of the pandemic promotes capacity building in the population by achieving citizen empowerment that meets the objective of promoting public health. In several countries and cities, decision-making regarding the functioning of cities has been motivated and/or recommended by citizens not linked to administration, epidemiology professionals, and civil associations of the medical body and economic sectors.

In Mexico, the Undersecretary of Prevention and Health Promotion (PhD in epidemiology) advises the President. In Spain, the executive branch is the Director of the Health Alerts and Emergencies Coordination Center of the Ministry of Health.

In Colombia, an epidemiologist and researcher at the Global Infection Analysis Center at Imperial College, London together with the Director of the National Institute of Health, set out the health recommendations to control the pandemic.

Advisers agreed to assist governments in taking decisions from the beginning of the pandemic, having the highest academic qualifications, PhDs in epidemiology, and they were involved in individual dynamic models that control the transmission of the virus and prevent deaths in the population to take measures that prevent the collapse of the health system and human loss of life.⁵ These individual models were shared daily.

As a result of the compartmental models carried out in countries such as Colombia and Spain, decision-making on the prevention and mitigation of the pandemic has been decentralized. That is, the decisions on how the city should operate and the rights and obligations of people relative to the conditions of the pandemic in each of the regions have been delegated to subnational authorities.

Decentralization in decision-making is one of the ways in which states can ensure the essential role of public development health, as decisions such as confining, prohibiting social and economic activities, and limiting the use of public space are taken into account with regard to the particular epidemiological conditions of the pandemic in each territory and because of their demographic density.

In Mexico, local governments have developed mechanisms to adapt the sanitary measures imposed by the national government in a consistent way with their demographic conditions and the context of the pandemic in the territory. In Puebla, for example, local government has developed two citizen cooperation programs, in which different sectors and members of civil society participate in the discussion of the measures to be imposed and propose strategies to mitigate the effects of the pandemic (Government of Puebla 2020).

The community pact is a program that brings together different members of the industrial, economic, and productive sectors of the region to discuss, propose, and approve strategies to get resources to finance the equipment and means of protection of the so-called white army, a collegiate body made up to all health staff in the territory (Matínez 2021). The economic reactivation plan brings together distinguished professionals from areas related to public health to discuss the measures decreed by the national government and suggest their implementation to the local government, orienting all measures to the economic and productive reactivation of the region (Matínez 2021).

In Colombia, the central government coordinates with its advisers on national pandemic mitigation actions such as the purchase of vaccines and serological tests, among others, and with the subnational authorities the decision-making regarding the provision of urban services through the Ministry of the Interior. The Ministry reviews and endorses the measures that each mayor and/or governor will implement. Each subnational authority is autonomous and has an advisory team that orients

⁵The dynamic models refer to those where the population is placed in a series of sectorially organized compartments according to propagation dynamics based on their speed.

decision-making based on technical and scientific studies to prevent and control the virus.

In the metropolitan areas of Colombia's Bucaramanga and the Aburra Valley, there are checkpoints and unified commands that analyze the path of the virus in the territory and that, according to mathematical models and projections in real-time, guide the administrative authority responsible to limit the use of public space and strictly confine people. Unified command posts constantly interact with civil organizations made up of health personnel and economic guilds and ensure that the recommendations made by them become regulatory public health measures for urban areas.

In December 2020, 12 scientific medical associations in the Santander region of Colombia expressed concern about the high rate of contagion in the region and the low hospital capacity (Maldonado 2020). They called on the local administrative authorities to declare an emergency in the territory and to take drastic measures to restrict public space. Their statement also called on civil society to observe the measures decreed by the country's health authority and made 16 recommendations to prevent contagion over the Christmas period. These included prioritizing virtual meetings, constant hand washing, and to assessing the risk inherent in daily meetings and activities.

This led to the issuance of regulations on curfews and mandatory lockdown during the Christmas period, including restrictions on the use of public space.

In Spain, which also decentralized decision-making to its autonomous communities on the functioning of cities, the central government has implemented the guidelines of the European Union with the advisory bodies or advisors of each municipality. For example, in Madrid, the City Council has an advisory team called the committee of experts which is managed by the scientific association of health professionals and other sectors interested in improving the services of Public Health of Madrid, EMASAP. Three delegates from the Ministry of Health, Consumption and Social Welfare also participate; delegates from the Ministry of Health participate as consultants, but do not sign press releases or recommendations made by EMASAP.

EMASAP issues weekly epidemiological reports of the Community of Madrid that evaluate the pandemic situation and the actions to be taken.

All the decisions that the COVID-19 pandemic has forced central governments and subnational authorities to make—not only with regard to the essential functions of public health but also in fulfillment of their objectives—have significantly affected people's right to the city.

2.3.5 Technological Governance to Mitigate the Pandemic

The pandemic has motivated local governments to use to the fullest extent possible the technological tools that globalization and scientific advances offer to contain and respond to it.

Table 2.5 Technological designs to mitigate the effects of the COVID-19 pandemic

City	Engineered technology
Seoul	Smart management system: Data capture system to control infections and carry out epidemiological fences
Shanghai	Alipay health code; assistance robots to treat infected people and drones to disinfect the streets
Asturias y Canarias.	Coronavirus makers: Production of tools in 3D printing

Source: Authors' compilation based on the referenced information of each case

Table 2.5 shows some city experiences in which local authorities used technology to respond to the pandemic.

In Seoul, South Korea, in the second half of 2020, a system was developed that gathers official data on the citizens from the local authority, which is filtered and cross-referenced according to search criteria for positive cases of COVID-19. The Smart Management System platform was developed with the goal of making Seoul a 100% smart city. It has software capable of digitizing the entire chain of virus tracking in citizens through personalized monitoring of each inhabitant, showing the places they frequent, to better understand their exposure to the virus and the transmission route into the territory (Sanghoon 2020).

The development of digital applications for the control and mitigation of the pandemic was a constant in the response of governments to the health emergency. In 23 countries, 45 mobile applications were developed to monitor cases, symptoms, prevention, and care (Galindo et al. 2020).

In Shanghai, for example, between March and April 2020, the Alipay Health Code application was developed. Data captured and data entered by the user generate a QR code that informs health authorities about the risk level of each citizen and compliance or not with mandatory lockdowns (Mozur et al. 2020). Shanghai was a pioneer in the use of robots to transport medicines and take the vital signs of patients and in the use of drones for cleaning and disinfecting public roads.

The Spanish cities of Asturias and Gran Canarias have, since May 2020, worked on a technological initiative to produce protective equipment for health staff, printing artificial respirators with three-dimensional technology (Lozano 2020).

2.4 New Biosecurity Measures Affecting the Right to the City

The right to the city is conceived as the enjoyment and use of the equipment, public buildings, and services offered by the management of the territory. It includes forms of self-management of natural and material resources of common use and is manifested as the right to have rights in the city.

It has been demonstrated during the pandemic that despite the fact that a citizen can access health services, he or she has limited enjoyment of other inalienable rights, such as freedom of movement, the right to use and enjoy a healthy public space, the right to engage in economic activity or to have access to safe housing that is close to basic services. This violates its welfare state which must seek public health and limits the concept of the right to the city.

The social approach promoted by the WHO to public health, assumes that health is not only part of the bionatural order that takes place in the individual sphere, but also by its very nature is a result of the complex and changing relationships and interactions between the biological individuality of each and its environment and living conditions in respect of economic order, the environment, cultural, and political conditions. That is, people get sick and die according to their living conditions, such as housing, food, work, education, and mobility.

These social determinants of public health occur mainly in the urban context because more than half of the world's population live in urban areas and about half of them are in settlements with fewer than 500,000 inhabitants, while about one-eighth live in 33 megacities with more than ten million inhabitants (UN-Habitat 2020). This social approach to public health makes it necessary to focus the management of cities on improving living conditions to reduce health risks and vulnerabilities, on giving people spaces to participate in the design and development of urban policies and seeking cross-sectorality, consensus and synergies in decision-making to ensure public health through the design and planning of cities.

Having access to healthcare is not enough to ensure the notion of public health (Santoro 2016). The promotion of healthy behaviors, urban design, territorial planning, and urban policies plays key roles in public health; public space – in particular green space – adequate housing, access to basic services, access to the Internet and related technologies, formal work, and the level of education are fundamental aspects and privileges for the protection of health during the pandemic, from which the urban poor have been excluded (Herrero 2016).

Prevention in public health goes beyond the guarantee of the health service as it touches on the areas of territorial order and urban goods and services. It requires that when decisions are made in the face of urban policies, the plans and regulations made are founded on public health objectives.

The pandemic has highlighted the relationship between public health and the state of well-being in urban areas which, in order to fulfill the objective of prevention, allows equitable access to public spaces, organized and managed in such a way that its use improves the physical health conditions of the population, providing for concrete actions that improve the environmental situation. Examples are the promotion of sustainable public transport alternatives with renewable and nonpolluting energy sources, the consolidation of road routes for bicycle and pedestrian users, the creation of eco-friendly infrastructure that promotes physical activity in green spaces, and the guarantee of basic sanitation and sustainable housing (Navarro 2019).

This demonstrates how the pandemic has highlighted the relationship between SDG 11 and SDG 3, where cities have an approach that seeks to promote healthy environmental habits and conditions for the inhabitants.

2.5 Conclusions

The COVID-19 pandemic disproportionately affects large urban centers and more populated areas, and existing social, economic inequalities, and spatial segregation have become more visible and accentuated.

The pandemic has forced states to strengthen their institutional capacities for the continuity and delivery of health care services and to coordinate with civil society organizations on different cooperation schemes that implement measurable strategies for the prevention, control, and mitigation of the virus and its corresponding mutations, together with strategies to keep the city alive, guaranteeing services and enabling the development of economic and social activity.

Partnerships made by governments at different levels with civil society, economic guilds, and the scientific community have been supported by information that has been provided, analyzed, studied, and collected by epidemiologists or professionals in the field. Their input advises and accompanies decision-making in governments regarding care, control, prevention, and mitigation of the pandemic and for the planning and design of the ways cities function.

Shaping urban development around mandatory health measures that are for the common good, but that limit the right to freedom of movement, to use and enjoy a healthy public environment and space and to engage in economic activity, means that urban designers and government authorities must take into account the objectives of public health in urban planning and urban policy design. In particular, this is prevention, creating scenarios that promote and facilitate healthy habits such as good food, physical activity, responsible consumption of resources and environmental protection, the use of sustainable transport, the circular economy, the availability of adequate housing and the guarantee of essential basic services, the use of renewable energy, access to the Internet and related technology, education and medical services.

Post-COVID scenarios are an opportunity for change and will focus on proximity, adaptability, and flexibility in cities where people—and their health—should be at the heart of urban planning, governance, and legislation. The pandemic has emphasized the need to reorient cities to be places that protect life and the planet, and strike a balance between public health, sustainability, economy, and the right to the city.

In this context, since the health crisis requires an adjustment and updating of urban policies to exercise the right to the city according to the challenges imposed by the new normal, this should take place by accelerating the transformations that the SDGs and the New Urban Agenda already propose and that the pandemic has confirmed are necessary and urgent.

The analysis here has shown that public health in urban areas in the COVID-19 world requires: (i) urban policies that promote mixed land use to make proximity a fundamental pillar of urban planning; (ii) adequate housing policies for the poorest and most vulnerable; (iii) policies that strengthen rural-urban ties; (iv) policies that promote the development of sustainable transport infrastructure; (v) urban economic policies that recognize the value of informal work, and provide opportunities to navigate formality in generating income and decent work; (vi) policies for the protection and conservation of areas with ecological value and biodiversity protection; (vii) effective climate action policies; and (viii) policies that promote solidarity and social cohesion.

These public health-based urban policy challenges to create cities resilient to health and climate emergencies require multilevel urban public health governance, where not only different levels of government but also the scientific community participates in the development of policies and plans for the functioning of cities so as to ensure the health of all citizens and access to urban goods and services. It is also where the scientific community interacts with communities, economic guilds and professional bodies, civil society organizations, and government authorities and together they design the urban policies needed to close the gaps and inequalities that occur in the right to the city.

In the “new normal”, Goal 11—making cities more inclusive, safe, resilient, and sustainable—is more necessary than ever in order to achieve a strong connection with SDG 3 to ensure healthy living and promote well-being for all.

Experiences so far with pandemic care have left us with guidelines to identify gaps where urban public health governance is needed to achieve healthier, safer, more equitable, inclusive, and sustainable cities. These are not necessarily new, but in the context of the new normal, addressing these gaps can open a window of opportunity to find solutions and ways forward.

Urban public health governance is a scenario to enable and promote the change we seek, and to control the predatory, segregated, and exclusionary urban development model.

The new paradigm of urban governance based on public health should focus its attention on generating urban policies to reduce inequalities. The lockdown made clear the urban overcrowding of our cities and the problems with hyper-density or shallow suburban areas, but without access to public services, shops, and dependent on motorized transport. It also highlighted the low rate of public space per capita, the sidewalks that are indicators that vary from neighborhood to neighborhood. Urban policies are therefore required to regulate urban densities, the coverage and quality in public services, security and housing tenure, access to the Internet and information technologies, quality in public space, green areas, and reducing gender inequalities in care, violence, and safety in public space.

Urban policies are required to make proximity an opportunity, with a regulatory framework, for urban planning that promotes the polycentric city, in which the greatest number of issues are resolved in the vicinity of inhabitants and motorized mobility levels are minimal – vibrant neighborhoods with mixed-use areas where

health services are integrated and education, markets, and work are only 15–20 min away on foot.

Urban policies need to reprioritize decent housing as a right in terms of access, stability, and markets, and to reformulate design parameters by reaffirming the connection between housing and public and community space, to revalue the role of balconies and rooftops by their role in the health crisis as spaces for social connection.

In addition to these aspects, the new paradigm of urban governance in the postpandemic era should seek to follow the following recommendations.

- Coverage and quality of public services: perhaps one of the clearest lessons during the emergency is that urban policy is needed for the equitable distribution of public space and flexibility in their use, such as multifunctionality, to ensure coverage and strengthen the community's role.
- Public space for healthy cities: generate policies to increase public space that incorporates green areas, protect and increase biodiversity and integration of nature as structuring elements of cities, for example transforming road corridors into green corridors for pedestrians or parking areas in parks. Reduce exclusionary spaces and generate more spaces for people.
- Healthy mobility: urban policy is required to promote proximity, pedestrian traffic and bicycle infrastructure, leaving low-occupancy public transport for longer journeys, and for the most vulnerable people who cannot use other means of transport. In addition, it facilitates online teleworking and study and flexibility of schedules.
- Healthy and sustainable production and consumption: regulatory policies and frameworks are required to promote the green economy, diversification of the urban economy to avoid dependence on a single sector, support the microeconomy of proximity trade and networks between urban and rural areas to ensure food sovereignty.
- Integrating the virtual dimension of public space and digital equity into urban policy to have technologies and the Internet for all. Tele-work, remote study, and medical care through digital tools again resignify the role of technology in urban development and the right to the city; it is necessary to generate regulatory frameworks to reduce the digital divide in cities and incorporate the Internet as a public service.
- Climate action: considering that environmental conditions have improved as a result of this crisis, it is necessary to generate urban policies and regulatory frameworks for greenhouse gas reduction, energy efficiency, recycling, and sustainable construction.
- Decentralization and distribution of development: with cities at the forefront of dealing with the crisis and the solutions, legislation is needed that decentralizes skills and finance to achieve this, impacting the redistribution of development to intermediate cities.

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Maria del Pilar Tellez Soler, Lawyer, Magister in Urban and Metropolitan Studies, Specialist in Urban Strategic Thinking, international expert in territorial development with emphasis on metropolitan and regional management and public policies. With 20 years of experience in the Colombian government sector, she supports the development of normative and regulatory frameworks and leading public policy and planning strategies and projects. She is currently a consultant for the Policy, Legislation, and Governance Section of UN-Habitat, advising on the development of global normative frameworks for the development of urban policies and regulations, city systems, and metropolitan development processes. She has dedicated a large part of her professional practice to

planning and territorial development, and in recent years has been focused on metropolitan development. She has participated as coauthor in UN-Habitat publications such as *Subnational Urban Policy: A Guide* (2021), *Metropolitan Institutions* (2020), *Metropolitan Observatories* (2020), and *Metropolitan Management and Planning Methodologies* (2020) and has been speaker at different international forums on urban and territorial development.

Remy Sietchiping is the Chief of Policy, Legislation, and Governance Section within the Urban Practices Branch of UN-Habitat. He is currently overseeing the development of strategic programs of UN-Habitat including National Urban Policy, legislation, governance, urban-rural linkages, smart cities, and metropolitan planning. He has coordinated global, regional, and country projects and programs for UN-Habitat in Africa, Asia, and Latin America. He previously worked on land, climate change, urban, and territorial planning. Dr. Sietchiping has over 25 years working experience in the UN system, academia, private and public sector, and NGOs in Australia, Cameroon, Ethiopia, Jamaica, and worldwide. He holds a PhD in Geography from the University of Melbourne, Australia, and MA and BA Degrees in Urban Economic Geography and Law from the University of Yaoundé, Cameroon. He has coauthored books, written articles in peer-reviewed journals, articles in Conference proceedings, community development articles, and contributed to important flagship reports (e.g., climate change, water resources management, and street addressing policies).

Chapter 3

Local Actions to Combat Covid-19 Crisis: Contextual Insights into Local Institutional Responses to Covid-19 in Europe and the United States



Ari-Veikko Anttiroiko and Arto Haveri

Abstract The design of responses to global COVID-19 crisis is a multilevel policy and governance issue, which involves institutions from local to global levels. This chapter discusses the local government responses to the crisis in five Western political-administrative contexts, those of the United States, the United Kingdom, France, Germany, and Nordic countries. Our aim is to identify typical local response strategies and assess the degree to which they reflect the peculiarities of their political-administrative contexts. The chapter provides basis for assessing the nature of the variation of local COVID-19 response strategies and their converging tendencies. The results of the analysis show that local responses in different contexts indicate a fairly high degree of convergence, which can be assumed to be to a large extent the result of the EU integration and globalization.

Keywords Local governance · Local government · Local response · Institutional response · Administrative tradition · Public policy · United States · Europe · Britain · Germany · France · Nordic countries · Pandemic · COVID-19

3.1 Introduction

The Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) commonly referred to as COVID-19 started to develop from Wuhan, China in the late 2019, and became within a few months a globally spread epidemic. The governments have addressed the issue since the early 2020 with varying degrees of success and failure. The crisis appeared to be of different caliber than SARS, MERS or other postwar epidemics. As this crisis called for drastic collective efforts relating to health, social life, politics, and economy, it became a test for both national and local governments' capability to handle such a crisis.

A.-V. Anttiroiko (✉) · A. Haveri
Tampere University, Tampere, Finland
e-mail: ari-veikko.anttiroiko@tuni.fi

Varieties in cultural and societal conditions, political and administrative traditions, and government systems can be assumed to diverge policy measures taken as a response to COVID-19. Such differences are visible in international comparison but can also be seen within one country. This is apparent when thinking about the development of administrative traditions such as the British managerialism, French statism or German *Rechtsstaat* administrative culture as well as differences in local government systems in federal countries such as the USA and Germany.

Yet, there are obvious converging tendencies in motion, one of them being caused by globalization, the other by macroregions such as the European Union, and third by learning from best practices (e.g., Pollitt 2007). In the same way, as the notion of bureaucracy converged public administrations to a degree, the New Public Management did much the same during the last decades of the twentieth century. The NPM was introduced in Anglo-American countries but spreads throughout the Western world, each country having its own take on it. The impact of NPM is still visible, even though its criticism has decreased its popularity and made it plausible to claim that public administrations in the West have entered the post-NPM era. It is also worth reminding that during the time of crisis, converging tendencies increase due to the uncertainties, which make policy-makers keener on both expert advice and applying widely accepted success recipes (cf. Maor and Howlett 2020; Maor and Jones 1999).

This chapter discusses the institutional aspects of diverging and converging tendencies affecting local responses to COVID-19. We use distinguishable Western administrative traditions as major institutional reference points, especially in terms of the systems of local government. The research problem is formulated as follows: to what extent the administrative traditions in American, British, French, German, and Nordic contexts affect the local government's responses to COVID-19 crisis and to what extent such responses have started to resemble each other due to the impact of converging trends?

3.2 Methodology

Understanding the variety of institutional responses to the crisis requires understanding of politics, policy, and public administration of the given polity (Greer et al. 2020; Dunlop et al. 2020; Weible et al. 2020; Kavanagh and Singh 2020). At its core, discussion about local policy responses to COVID-19 falls into public policy research (Anderson 2011). As our discussion includes several administrative contexts and local responses, we need to address the precondition for a meaningful comparison.

Comparative public policy emerged in the 1970s as an interdisciplinary study of how, why, and to what effect government policies differ across institutional settings and contexts (see Gupta 2012; Rose 2005). Systematic comparisons of public

administration systems not only allow for assessing the effects of different environments upon policies, but also for finding out why organizational structure may matter in generating results that are relevant for society (Peters 1988).

Methodologically, this is a descriptive study relying on an evaluative and comparative setting. The ultimate challenge of comparative research is the difficulty to find common variables and to deal with contextual variations, which implies a need to reduce complexity into meaningful conceptual schemes and typologies (Wong 2016; Brans 2002, 425). Another methodological challenge is the availability of accurate data sets in different contexts, which applies to our research setting to a degree. Nevertheless, we attempt to compare identified policy responses and assess how they reflect diverging and converging tendencies in the given contexts. Due to such research setting and especially the novelty of the phenomenon under investigation, our approach leans toward theoretical and qualitative orientation advised by institutionalist insight (cf. Hall and Taylor 1996, 947).

Regarding qualitative comparative analysis (QCA), it helps to balance the breadth of analysis provided by quantitative data with the depth of case study knowledge provided by qualitative analysis (Hudson and Kühner 2013). Our unique methodological challenge is the difficulty to hold constant the influence of the sets of contingent factors related to the pandemic. Another important methodological point is our interest in institutional responses per se rather than the key actors' use of institutions to maximize their utility (Scharpf 2000; Wong 2016.) An additional nuance is the inclusion of administrative traditions and culture in an *explanans* in our research setting (cf. Schedler and Proeller 2007).

In order to keep the research setting manageable, our analysis of local responses to COVID-19 focuses on how such responses reflect two opposing categories, i.e. divergence and convergence, as an indication of the direction of institutional change (Beckert 2010). *Divergence* in local responses is associated with differences in histories, societal conditions, cultures, and local contingencies, while *convergence* may be increased directly or indirectly through institutional intermediaries by functional reasons or utility maximization (e.g., converging elements related to pandemic and related crisis management), fashions or pressures, or a range of institutional mechanisms, such as internally driven emulation, transnational networking, international harmonization, or externally driven penetration imposed by an influential entity (cf. Bennett 1991; Pollitt and Bouckaert 2017). Thus, variation in local governments' responses to COVID-19 in the given contexts is supposed to reflect the administrative traditions of five political-administrative contexts, while decreased variation would suggest that there are converging tendencies that increase the similarity of local institutional responses.

3.3 Local Administrative Traditions and Systems in Five Western Contexts

National responses to COVID-19 vary between countries depending on historical conditions, capacities, political culture, governance style, and a range of other features. Governments themselves are under contextual and national pressures as well as critical contingent factors, which make the situation extremely complex (Weible et al. 2020; OECD 2020; Kauzya and Niland 2020; WHO 2020.)

If we look at the issue how political regimes or administrative traditions affect government responses to COVID-19, differences between East and West seemed to have been most pronounced (Anttiroiko 2021; Anderson et al. 2020). Especially East Asian countries have been influenced by Confucianism, which has its impact on bureaucracy, intergovernmental relations, and administrative processes (Drechsler 2018). Regarding Western countries, public administration as a discipline has been dominated by Western models, which include Europe, the USA, and so called white Commonwealth countries or CANZ states with their shared Greco-Christian-Enlightenment-Scientism legacy that is intertwined with capitalist mode of production as well as consumerism. Yet, it is debatable whether we can speak of a cohesive Western model of public administration or not, as there are many rather different variations of it (cf. Drechsler 2018). Taking into account such differences in administrative traditions, it is worth considering whether they imply differences in capacities to cope with unexpected threats to society. In order to be able to drill deeper into this, we need to make sense of Western approaches to public administration and to local government in particular. The administrative traditions in the context of local government are often studied in two dimensions, the vertical and the horizontal. The *vertical* dimension elaborates relations between the State and the local governments, which direct attention to the function and role of local government in the entire public administration system, while the *horizontal* one focuses on the local inter- and intragovernmental relations, thus depicting the distribution of powers in local government (e.g., Bennett 1993; John 2001; Wollmann 2008). Our primary interest is in local government as an institution in its context with special reference to intergovernmental relations, as especially national government and policies condition in various ways local institutions. It goes without saying that the distribution of power in local government might also be an important variable affecting the response of local authorities. However, our data allow only a few remarks on this issue.

Based on the above dimensions, local government systems in Europe are usually categorized into four, five or even six different systems according to different state traditions (e.g., Hesse and Sharpe 1991; Norton 1994; Lidström 1999; Loughlin et al. 2010; Kuhlmann and Wollmann 2014). Usually, the groupings identify the Napoleonic tradition, which covers France (Larat 2018) and several other countries in the Mediterranean Europe, the British system of public administration being rather unique in European context (see e.g., Loeffler and Boivard 2018), the Germanic or Central-European model (see e.g., Wegrich and Hammerschmid 2018), and the

Scandinavian or Nordic administrative tradition, which consists of five Nordic countries (e.g., on Sweden, see Wockelberg and Ahlbäck Öberg 2018). A special case in the Western context is the United States. It is an influential country within an Anglo-American group with a rather exceptional administrative system (Peters 2010; Riggs 1998). An interesting question is how public institutions within these traditions are equipped to cope with major external shocks, such as COVID-19 (Dunlop et al. 2020).

The origin of modern local government institutions emerged in the medieval Europe and sophisticated in the early modern times. They were deeply affected by the European revolutionary movements between the 1780s and the 1840s. Due to these developments, local government started to be constitutionally recognized as an institution. At the same time, the idea of monitoring local governments' decision for legality and guiding local governments by higher level entities was a generally recognized requirement that remains effective still today (Norton 1994). It is worth reminding that the countries and country groups discussed above have their differences in this respect, for in the United States, local government is created by state constitutions and in the UK by ordinary legislation enacted by the national government, whereas in countries like Sweden, Denmark, Germany, and France, local governments are created and protected by national constitution (Shah 2006).

The result of the development referred to above was the emergence of distinguishable models of local government, as documented in the influential work of Humes and Martin (1969). Such models form integral parts of the Western administrative traditions (Hesse and Sharpe 1991; see also Lidström 1999; Wayenberg and Kuhlmann 2018). Let us take a snapshot of some of the special features of local government in the countries discussed in this chapter.

To start with, in the United States the federal government has a role to play, yet it is largely the state and local governments that determine local actions. Local actions, in turn, are essentially determined by local leadership and culture, conditioned by the state-level legislation. The US has witnessed the resurgence of the state due to their active role that reflects a long-lasting distrust in the federal government (Anderson 2011). Taking into account the diversity of US political institutions, it is not surprising that there are different subtypes of government entities at the state level, those of commonwealths and states, even though the use of the former expression reflects today only the history of a few states as British colonial possessions (there are also two US territories referred to as commonwealths). Such differences are more pronounced and politically and administratively significant at the local level. Namely, an illustrative feature of US local government is that there are different systems that reflect differences in history and cultural peculiarities. The primary local level entities are counties (sometimes divided into townships) and municipalities. The US local government systems can be classified into five types, of which council-manager and mayor-council are the two most common. The US system of local government includes also special-purpose units, such as school districts, with their own boards and functions.

The British system varies to a degree depending whether we speak of England, Wales, Scotland or Northern Ireland. As a result of the local government reforms in the UK, local governance is based on fairly large local government units. In fact, in terms of budget and staff, the UK local government belongs to the strongest local government systems in Europe, which, on the other hand, has rather limited autonomy. British local government gained a general competency as late as in the 1990s. Its characteristic feature is the emergence of committees and boards that served special functions, as in the case of school boards. Lastly, some of the vital services used to be nationally organized, most notably in the healthcare due to the role given to the National Health Service (NHS) in the mid-1970s. However, after a long-lasting criticism and the resurgence of localism and decentralization, the tide started to turn, taking the integration of local government and NHS services onto the scene. Finally, the 2012 Health and Social Care Act (HSCA12) transferred public health from the NHS to local government and Public Health England (PHE), which was among the most significant extensions of local government powers and duties during the last two decades (Riches et al. 2015) (Orr and Vince 2009).

Of European systems of local government, the French system has been one of the most centralized. However, after the reforms culminated in the 1980s, it was effectively regionalized and decentralized. The decentralization law of 1982 and related legislation altered the balance of power between the state and local authorities by providing greater local autonomy. French system has three basic subnational administrative formations: *commune*, *département*, and *région*. A characteristic feature of France is the small average size of the basic units of local government, i.e., municipalities (*communes*), and the importance of departments in service provision. The *communes*, which were set up after the Revolution of the 1789, form the lowest tier of the French administrative hierarchy. There are nearly 35,000 *communes* in the country. They have historical roots in the villages, which became the basic administrative units, having municipal council as the major decision-making body and mayor with the executive power. Another important aspect of French system is municipal collaboration (*intercommunalité*), which has become important in the establishment of utilities and providing infrastructure services. Departments have responsibilities in such areas as health and social services, certain local college buildings and facilities, local roads, and infrastructures. Regions were created soon after the World War II and transformed into self-governing regional authorities in 1982, their responsibilities revolving around planning, economic development, and a few duties in the area of vocational education and schools.

In the Central and Northern European group, Germany has a tradition that emphasizes nation building and legality, which was eventually moulded into federal system that gave the states and larger cities a special role on the governance scene. It is worth emphasizing that formally the system is built upon the Federal and the State levels, which implies that local government is part of the State. This is important also because each State has its own local government setting (this includes Berlin and a few other city-states that perform both state and local government functions). In the German federal system, the Federation provides standards and guidance to 16 *Länder* or states, which in turn have set rules to local governments, those of urban and rural

districts and at the lowest level of towns and municipalities. Local government systems vary depending on the state, including such as magistrate, mayoral, North German and South German systems. In the German administrative system, local autonomy enjoys constitutional protection but forms nevertheless an integral part of the hierarchically ordered federal system. The local level consists of two tiers, the upper tier including almost 300 districts (sometimes translated as counties) and 107 district-free cities (*Kreisfreie Stadt*), and the lower level consisting of almost 11,000 cities and municipalities.

The other subgroup of the Central and Northern European group consists of five fairly small Nordic countries. They all have a strong commitment to democratic rule, consensus thinking, and openness and transparency in governance. The Nordic model has been described as a single model with five exceptions. Besides, the Nordic model itself is gradually changing due to various internal and external pressures (Kettunen and Petersen 2011; Brandal et al. 2013). Nordic countries built their systems on local self-government that evolved together with state-led welfare society project with a reflection of strong social democratic sentiment. It is noteworthy that Sweden reformed its system from the 1960 onwards by merging municipalities and setting up a regional council (*landsting*) system with major responsibility in healthcare. Denmark followed suit in 2007. Norway reorganized regions in 2017 (healthcare is not in the responsibility of regions, though) and in Finland the decision on the regionalization of social and health services was made in 2021. Iceland as a sparsely populated small island country relies in public service provision primarily on multipurpose municipalities. Thus, in the four major Nordic countries, nationally decided public policies are largely implemented by the two-tier local government system. It is, however, important to keep in mind that there is considerable degree of freedom in organizing statutory duties at regional and local levels. In addition, there are actions local authorities can take if deemed appropriate as democratic self-governing communities.

3.4 Local Responses to COVID-19 in Five Western Contexts

In this section, we will drill deeper into the local response strategies in five distinct political-administrative contexts, those of American, British, French, German, and Nordic. The first task of the analysis is to identify the initial situation and the national framework, which form the context for local actions. This is done briefly, though, for the timelines of COVID-19 in different countries have been presented thoroughly elsewhere. The second task is to identify typical local response strategies and assess the extent to which they illustrate the peculiarities of each given political-administrative context.

3.4.1 *Local Responses to COVID-19 in the USA*

The United States is usually seen to have a presidential system, which emphasizes the role of president as the leader of the country, even though his power in policy-making is limited in some respects (Fabbrini 1999). Under the leadership of the president, federal agencies have designed a wide range of actions to address the COVID-19 crisis (<https://www.usa.gov/coronavirus>). As a federal system, the USA has devolved considerable power to the states. Just like the federal system, the state governments include three major branches of government. Each state is led by the governor, who is in a key position in determining the state-level responses to COVID-19. At the lower administrative levels, both counties and municipalities have some power to design measures deemed appropriate. Such measures were possible for any local authority with sufficient competence (the powers and tasks of local entities vary to a degree depending on the type of entity and on the state), including declarations of emergency, school closures, lockdowns, recommendations for wearing masks and the like.

Throughout the year-long corona crisis, the role of the state governments has been decisive, which became clear in April 2020 when the President announced that states would have primary responsibility for containing the virus, with the federal government in a “back-up” role (Altman 2020). Responses at the state level are governor-led processes, as the governor, while not the only leader in the state structure, is a directly elected leader and the CEO of the state. There were even states, such as Georgia, which granted exceptionally great power to the Governor during the COVID-19 crisis to suspend laws, take operational control of civil forces and order evacuations, which manifests the idea of concentrating power to a chief executive at the time of crisis – as had been done both in Roman empire and Italian city states centuries ago. In general, indecisiveness or unwillingness to take drastic measures by the federal government, increases latitude of actions at the state, county, and municipal levels (Blau 2020). In some cases, governors indeed took severe actions in order to combat the virus, as exemplified by the actions taken by Gavin Newsom, Governor of California, who was the first among his peers to issue a shelter-in-place mandate in the latter half of March 2020 (Castillo 2020).

Local governments are at the forefront of responding to the COVID-19 pandemic. Local authorities are able to engage in core public health activities such as conducting public health surveillance, issuing stay-at-home orders, and issuing isolation and quarantine orders. They can also design policies that affect social and structural determinants of health such as housing and economic security (ChangeLabSolutions, 2020). Some local government actions especially in California were by US standards proactive. For example, school closure in the city of Elk Grove in Sacramento, the banning of public gatherings and closing bars in Santa Clara County, and shelter-in-place order in six [San Francisco Bay Area](#) counties in March were among the first ones of their kind in the country, and some of them taking place before the drastic actions of the State of California (See CSG’s COVID-19 Resources for State Leaders at <https://web.csg.org/covid19/executive-orders/>).

Under the Trump's presidency, a hasty attempt to reopening the economy around April–May became visible when the President supported some governors' acts of reopening the economy even if the states did not meet the criteria set up by White House's Guidelines for Opening Up America Again (<https://www.whitehouse.gov/openingamerica/>). Experts believed that such moves were too early. While the COVID-19 became surprisingly a politicized issue, the outcomes do not seem to follow party lines. To shed some light on the state level challenges, let us take a quick glance at California. Governor Gavin Newsom had plans for quick reopening of the economy in the spring of 2020. His rapid ease of restrictions led to a new surge in cases, which eventually led to another statewide shutdown. This experience demanded a more sophisticated and manageable approach to the opening of the economy. The Governor unveiled a new plan in the latter half of August 2020 to rekindle a California economy decimated by the pandemic. The California Department of Public Health (CDPH) prepared a *Blueprint for a Safer Economy* framework, which is a four-tier system in which counties must show consistent success in improving their coronavirus situation before allowing businesses greater flexibility to reopen and group activities to resume (See the Blueprint for a Safer Economy at <https://covid19.ca.gov/safer-economy/>). The second wave meant in California stricter rules, including stiffened mask order and limited curfew in Tier 1 counties (93% of the population lived in Tier 1 counties during the last months of 2020). Table 3.1 presents one example, San Francisco County that represents Tier 2 (Substantial risk, which implies that a few nonessential indoor business operations are closed).

One of the underlying tensions in American society has been roughly between public health and the economy. Some Californians criticized government for viewing people's freedoms as dangerous and seeing them as untrustworthy and unable to make decisions for themselves. This relates to Americans' low trust in government and their negative attitudes toward government regulation. That said, in spite of the occasional hostility among local populations toward corona-related precautions and restrictions, Americans have in general sufficient understanding of the *raison d'être* of actions that aim at mitigating COVID-19 transmissions (Czeisler et al. 2020). There are, however, signs of a previously mentioned political division regarding the attitude toward and responses to COVID-19 crisis. For example, a national poll shows that Democrats report consistently wearing a mask 68% of the time, while Republicans reported doing the same only 34% of the time (Bell 2020).

A particular dividing issue is the economy. Shutdowns have killed the sales and other tax revenues that are the life's blood of local government operations. Some cities entered the pandemic unprepared to manage the financial implications of recession, not to speak of the near-total shutdown. Due to such dramatic changes, some cities and counties are close to bankruptcy (California Policy Center 2020). This has created occasional tension between the state and local governments. The cases in point were two Central Valley cities, those of Atwater and Coalinga. For example, in May, the city council designated Atwater as a "sanctuary city for business," allowing all businesses to reopen irrespective of the state-level shutdown orders. Consequently, the state withheld the federal emergency coronavirus relief

Table 3.1 Examples of Tier 2 requirements concerning San Francisco County, November 2020

Activity	Status	Special guidance
Amusement parks	Closed	Guidance for amusement parks and theme parks
Banks and credit unions	Can open with modifications	
Bars (where no meals provided)	Closed	Guidance for restaurants, wineries, and bars
Bookstores	Can open with modifications – Max 50% capacity	Guidance for retail
Childcare	Can open with modifications	Guidance for childcare
Churches	Can open indoors with modifications – Max 25% capacity or 100 people, whichever is fewer	Guidance for places of worship and cultural ceremonies
Clothing and show stores	Can open with modifications – Max 50% capacity	Guidance for retail
Concert venues	Closed	
Convenience stores	Can open with modifications	Guidance for retail
Government services	Can open with modifications	
Gyms and fitness centers	Can open indoors with modifications – Max 10% capacity - + climbing walls	Guidance for gyms and fitness centers
Hair salons and barbershops	Can open indoors with modifications	Guidance for hair salons and barbershops
Higher education institutions	Capacity for indoor lectures limited to 25% or 100 people, whichever is less. Some courses in certain indoor settings (labs etc.) may be open at regular capacity. Conduct student activities virtually when possible.	Guidance for higher education
Hotels and lodging	Can open with modifications - + fitness centers (+10%)	Guidance for hotels and lodging
Libraries	Can open with modifications – Max 50% capacity	Guidance for retail
Movie theaters	Can open indoors with modifications – Max 25% capacity or 100 people, whichever is fewer	Guidance for movie theaters and family entertainment centers
Nightclubs	Closed	
Restaurants (dine-in)	Can open indoors with modifications – Max 25% capacity or 100 people, whichever is fewer	Guidance for restaurants, wineries, and bars
Retailers	Can open with modifications – Max 50% capacity	Guidance for retail
Schools	Schools may reopen fully in-person instruction. Local school officials will decide whether and when that will occur.	Schools guidance, schools FAQ, and cohorting FAQs
Shopping malls	Can open indoors with modifications – Max 50% capacity – Closed common areas – Reduced capacity food courts (see restaurants)	Guidance for shopping centers

Source: Official California State Government Website at <https://covid19.ca.gov/safer-economy/> (Tier 2 as of November 23, 2020)

funds from the city. The idea behind the sanctuary city resolution was to allow businesses to open, while at the same time taking sufficient safety precautions, such as applying social distancing, wearing masks, and taking care of sufficient hygiene (Branson-Potts 2020; McEwen 2020).

3.4.2 British Local Government – A Functionally Organized Complexity

The Government of the UK is formally the central government for the Great Britain and Northern Ireland, sometimes referred to as Westminster. While England is directly subject to the central government of the UK, since the introduction of the devolved system in 1999, Scotland, Wales, and Northern Ireland have been responsible for many domestic policy issues, including health issues (Sargeant and Nice 2020). The national case discussed here is thus primarily about England.

Especially in the early stage of the coronavirus crisis, the role of the Government of the UK was decisive. A turning point of government responses to the virus was 23 March 2020, when the Prime Minister announced a nationwide lockdown, which lasted until the end of June. The summer looked fairly promising, as the business started to reopen, and restrictions were eased. However, in July–August the number of cases started to rise in whole Europe. Situation started to get worse in September and reached new heights by the end of 2020, including the news of coronavirus mutation. Due to the worsened situation, the Government announced on 31 October a new stay-at-home order.

When it comes to the responses to COVID-19, they were seemingly centrally organized, backed up by scientific advisory groups greatly influenced by Government Chief Scientific Adviser (GCSA) and Chief Medical Officer (CMO) for England. According to the government, the general rule has been to follow the guidance on staying alert and social distancing. There was some degree of flexibility with restrictions, as in many cases details were decided locally. Areas with exceptionally critical situation were able to impose additional local restrictions and provide specific guidance on how to protect different groups during the outbreak (GOV.UK 2020c).

The COVID-19 contain framework is a blueprint that sets out how national and local partners work with the public at a local level to prevent, contain, and manage outbreaks (GOV.UK 2020a). One of the cornerstones is NHS Test and Trace (NHSTT) system that aimed to control the spread of coronavirus in England. Even if the initial responses have been centrally planned, there is explicit reference to the relevance of local players in crisis management. Thus, the overarching aim is to empower local decision-makers to act at the earliest stage for local incidents and ensure that a swift national support is readily accessible where needed (GOV.UK 2020a, b). Regarding local players, the Directors of Public Health (DPHs) are

accountable for controlling local outbreaks, working with Public Health England (PHE) and local health protection boards, supported with resource deployment by Strategic Coordination Group led by council chief executives, and local boards to communicate and engage with communities (GOV.UK 2020a). As a part of this setting, we must mention upper tier local authorities (UTLAs), i.e., unitary metropolitan councils and county councils, which lead local outbreak planning, within a national framework, and with the support of such players as NHSTT, PHE, and DPH. All such actions to address outbreaks of COVID-19 are undertaken in partnership with local communities (GOV.UK 2020a).

As mentioned, local governments had a minor role in the early months of the crisis. Let us use Leicester as an example. According to Sir Peter Soulsby, Mayor of Leicester, the situation started to look alarming after the national government started testing people around the end of the long-lasting lockdown period. First available figures showed worrisome trend in Leicester, and soon after this, the Secretary of State for Health made an announcement of the outbreak. Soulsby continues, “This announcement took the Leicester municipality by surprise, as there had been no dialogue upstream of the national decision-making process. It took almost 11 days for the local authorities to clearly understand what this outbreak amounted to, and the national organization for public health only provided us with vague figures and a very brief report.” The process was not as transparent as it could be. More importantly, Soulsby claims that the national authorities failed to take into account local expertise and knowledge possessed by the municipality. Quick responses during the first months may understandably be centralized, but this should not lead to a conviction that the prolonged crisis should be handled solely by central government (Bauquet 2020).

If we drill deeper into the operational level of COVID-19 responses at the local level, it seems that the initial phase with some degree of chaos and fearful atmosphere was actually conducive to agility, collaboration, and citizen-centered approach, while the prolonged process brought with it reverse elements, marking a sliding back into silos and negative behavior. Figure 3.1 highlights such a development during the first six months of the COVID-19 crisis in the City of York (Cox 2020).

Cox (2020) observed the actions, behaviors, and relationships that occurred from the beginning of the crisis. She identified three interconnected causal loops – information, resource, and power loops – that illustrate some of the system behavior patterns that led to silo working and stifled collaboration between councils and citizens. She concludes that trust was among the most important factors behind the evolution toward vicious cycle, characterized by in-group versus out-group division. An illustrative case is the change in the flow of information, for “[a]t the beginning of COVID-19, councils shared information with staff, partners and communities quickly to ensure the safety and wellbeing of residents. With time, as bureaucratic structures were reinstated around communications processes, the flow of information from the councils to communities slowed down. This in turn, deepened silos and lowered trust between the council, partners and communities.” (Cox 2020).

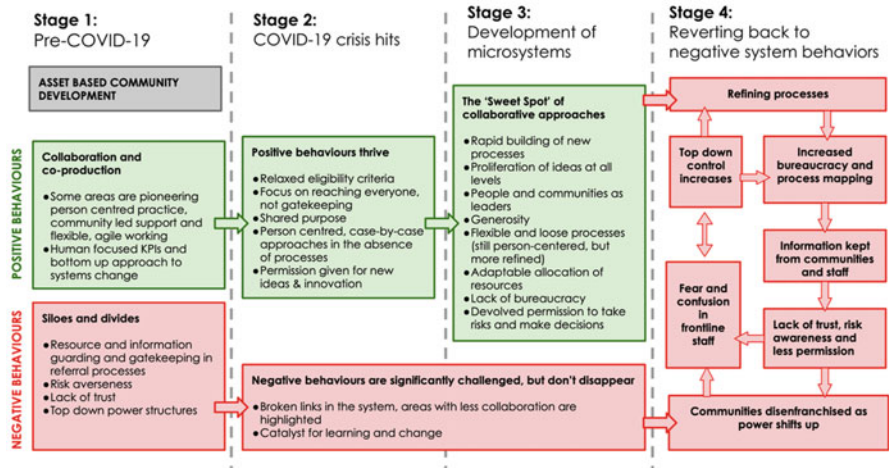


Fig. 3.1 Four phases of first six months of COVID-19 timeline: the case of City of York Council. (Source: Cox 2020)

3.4.3 Regionalization Tendencies in France

During the first wave of the COVID-19 epidemics, France experienced the outbreak in March–April 2020 like most of the other European countries. After a fairly stable situation throughout the summer, things started to get worse in August–September 2020. The number of confirmed cases had a new peak in the early November. For obvious reasons, France gradually tightened its restrictions on public and private gatherings, hoping it will be enough to contain the disease and make it possible to avoid the possible second national lockdown. Due to the severity of the outbreak in urban areas, French government paid attention primarily to major cities and urban areas. To smarten up its responses, it introduced a three-tier alert system. A special feature of the French alert system was that it focused on metropolises or city districts rather than the entire areas of the respective departments. Thus, the heightened and maximum alert statuses have been designated mainly to cities and their immediate surrounding areas rather than larger administrative districts.

Another move that resembled many other European countries was a gradual increase in the role of local and regional governments in combating the pandemic. This has been characterized as regionalized or localized approach, which explicitly deviated from traditional centralized approach in which solutions were decided in Paris, as was the case when the decision on national lockdown was made in March 2020. Nationally decided stringent measures may be effective, but at the expense of political legitimacy, cohesion, and the toll paid by non-COVID-19 patients both socially and health-wise (cf. Rosenbaum 2020).

A French regionalized approach focuses on second-tier administrative entities, that is, on departments. By the end of 2020, more than half of the departments were classified as “red zones” – high levels of infections – that dispersed throughout the country. In such a situation, the national government looked upon the self-governing regional and local authorities to fight the spread of the virus and take decisive actions to suppress local outbreaks. Prime Minister Castex emphasized that it is up to local health authorities and elected representatives to initiate additional risk reduction measures, notably on wearing a mask, gatherings in public spaces, or the opening hours of certain shops (Rich 2020).

The above does not mean that the health strategy as a whole was regionalized. It continued to be national in many respects. However, policy implementation benefits from consultation with regional and local professionals in the field as well as with local politicians and administrators concerning the engagement of local support. The traditional orientation in France was largely that regional health agencies followed the given instructions provided at the top without having their say in the process. If official policies and orders are disconnected from the local reality and procedural requirements, it is seen to hamper the attainment of goals. It is one of the reasons to devolve decision-making power to regions and localities (Rich 2020).

3.4.4 Local Governments’ Responses to COVID-19 in Germany

In the German administrative system, local autonomy enjoys constitutional protection but forms nevertheless a part of the hierarchically organized federal system. Local autonomy gives a certain degree of latitude in determining the responses to COVID-19 crisis. For example, the district of Heinsberg decided to close public spaces including schools and libraries, as early as February 26, 2020, while Berlin, Schleswig-Holstein, and Saarland closed bars and other leisure venues on March 14. In the latter half of March, the entire state of Bavaria declared a state of emergency, which faced considerable criticism from the German Association of Towns and Municipalities and many major politicians. Saarland was also early with its curfew order. All these measures preceded the federal state announcement of nationwide regulations on March 22, which included stay-at-home order and restrictions on social gatherings (Jowett 2020).

As the situation got worse by the mid-March, the federal government considered it necessary to suspend some constitutional rights. The overwhelming majority accepted such a move, taken into account the exceptional situation. However, since the beginning of April serious interrogations were raised, and pressures increased for the courts to review the restrictions on fundamental rights and to dismantle them as quickly as possible. Initially, most of the administrative courts found government’s actions judicially justified. Yet, on April 28, the Saarland

Constitutional Court, as the first German constitutional court lifted the strict stay-at-home order for which there was no sufficient legal justification. The legal system thus started to play a role in crisis management (Franzke 2020).

All German first and second tier local authorities were deeply affected by this crisis. There were some notable differences in their conditions and responses. For example, by the end of April, besides major cities, large part of pandemic hotspots were in Southern and Western Germany. At that time the federal state of Bavaria was most affected. This differentiation can also be found at the county level with the pandemic hotspots found in Bavaria, Baden-Württemberg, and North Rhine-Westphalia. There are thus obviously regional disparities in the impact of COVID-19 and the challenge it poses to local governments (Franzke 2020). A particular consequence of this was that the Federal Government took a proactive view of the collaboration with the states and the largest cities (Robinet-Borgomano 2020).

In the COVID-19 pandemic, the responses of German local authorities can be divided into two main categories, the one based on their role in the administrative machinery of the country as stated by the law, the other being the local choices based on their role as self-governing entities. Regarding the first, local authorities have a duty to implement the laws, ordinances, decrees, and administrative regulations passed by the federal states. In the case of COVID-19, the legal basis for this is the Protection against Infection Act (*Infektionsschutzgesetz*). It is worth emphasizing, however, that the entire system is characterized by a cooperation between the federal, the state, and the local levels. Many processes are consultative, to a degree, which means that the Federal Government and the states consult local authorities and their associations whenever seen necessary. Thus, even if the Federation has most of the legislative and policy-making competences, the policy implementation and administration are mainly in the hands of the states, which in turn delegate most of these functions to local authorities (Plümer 2018). Regarding actions the local authorities take as self-governing bodies, there is generally legal provision for all such actions that are deemed necessary to combat the COVID-19 crisis (Franzke 2020).

3.4.5 Nordic Style Local Government Intervention

The Nordic region makes no exception in severity of the COVID-19 crisis. What is characteristic to their approach is the strong reliance on information and recommendations from the health authorities. While they have many similarities, each country has followed their own policy, which resulted in notable differences in their responses. Denmark, Norway, and Finland were quick to adopt distance work and online schooling and impose travel restrictions to and from coronavirus hotspots. Sweden, however, took less drastic measures to prevent the spread of the virus and relied largely on people's own responsibility. It raised international interest with a comparatively lax approach. Consequently, the cumulative number of COVID-19 infections and deaths was much higher in Sweden than in any other Nordic country (Norrestad 2020; Strang 2020).

Strang (2020) claims that differences in reactions to the COVID-19 crisis reflect different administrative traditions. First, Finland and Sweden have comparatively small ministries and autonomous administrative authorities, while politicians in Norway and Denmark are more directly in charge of the administration. Second, variations of responses among the Nordic countries emerge also when discussing the role individual freedoms and constitutional protection of civic rights play in determining COVID-19 policies and measures. Such aspects have had less pronounced role in Sweden and Denmark than in Norway and, to a degree, in Finland. This may have something to do with Norway and Finland being younger democracies and more legalist in their orientation than Sweden and Denmark (Strang 2020).

The biggest amazement in the responses to COVID-19 in the Nordic region has been Sweden's deviation from the otherwise careful and responsible Nordic style. Strang (2020) points to a few factors that may explain Sweden's policy. First of all, Swedish people have in general a high degree of self-confidence. It takes a lot of courage and an exceptionally high self-esteem to act differently than practically any other Western and Northern European country. The other primary reason behind Sweden's approach is possibly the economy, for it has had from the outset much more decisive role in public and political debates in Sweden than in other Nordic countries. In any case, it seems that the Nordic group is not as homogenic as one might assume. That said, it should be noted that Sweden started slowly moving toward tighter restrictions in November and December 2020 as the country was not able to protect itself from the second wave with the help of herd immunity, as expected by the state epidemiologist (Krisinformation.se 2020). There is a particular matter worth closer attention here. Namely, Sweden's failure had a lot to do with the treatment of the elderly, and in the Swedish system municipalities are responsible for the care of the elderly. According to an interim report on this matter, major problem that caused such a high COVID-19 case-fatality among the elderly was due to structural shortcomings, including such factors as fragmented organization, problems with staffing, insufficient regulatory framework, and decision-making problems (Government Offices of Sweden 2020).

As the central governments of Nordic countries do not have service machineries of their own, they need to operate through municipalities and regions. This implies that the implementation of central government's orders and policies relating to public services rests largely on the shoulders of local and regional authorities, which actually places them at the heart of national efforts to tackle the COVID-19 crisis. They run public hospitals and healthcare and day care centers as well as local schools, which are critical institutions in local emergencies. Local and regional governments have comprehensive mandate, and as a rule, are entitled to take actions deemed appropriate for safeguarding or improving the welfare of their residents (Mäkinen 2017). Regarding COVID-19, they have power to cancel events if needed, give face mask recommendations, and provide guidance for ordinary people on what to do in case of infection, just to mention a few examples. Some local authorities have ordered also mini-lockdowns and given quarantine orders. In general, Nordic intergovernmental relations operate in unison. The general impression is that Denmark's policy has been in general most strict, including lockdowns in several

municipalities in December 2020, while Finland and Norway have adopted slightly milder approach. As mentioned earlier, Sweden's policy has been most lax. An illuminating example of the last one is the city of Uppsala, which started to prepare actions due to the surge of COVID-19 cases during the last months of 2020, applying a kind of hands-off approach to local "lockdown." This means that the compliance with the city-wide guidance for keeping distance and avoiding public transport and large social gatherings was basically voluntary (Duxbury 2020).

This kind of crisis puts local government's capacity to the test, not only in terms of the institutional capacity and capabilities but also of the preparedness for such a crisis and of the agility, flexibility, and resilience of the health care systems. There is also a more long-term twist in that such tasks may make local governments overloaded and vulnerable vis-a-viz central government interventions and reforms, as hypothesized by Haveri (2015), which may result in a cumulative process toward an ever narrowing role for local government. This is a point of view that is worth taking into account when considering the capacity of local governments to manage large-scale health crises such as COVID-19. The regionalization trend in the Nordic countries can be seen as an antidote to such a problem, though its side effect may be a continued silo effect.

3.5 Discussion

If we look at the five previously described Western governance contexts and their local government systems and traditions, despite their apparent historical and cultural peculiarities, these traditions resonate surprisingly little with the local government responses to the COVID-19 crisis. This hints that there are underlying converging tendencies that have been shaping for some time both intergovernmental relations and the fundamentals of local governance in the Western world. The EU is generally assumed to have such an impact on the EU member states, which together with transnational networks and institutions of global governance, such as the WHO, may have influenced local levels primarily through national filters. Such an assumption gets support from prior research (Knill 2001). It is important to keep in mind that a range of contingent factors, including Trump's presidency in the US and the Brexit in the UK, require contextual explanatory factors that go beyond the scope of this chapter. In any case, the previously mentioned convergence can be identified both at local and intergovernmental relations, which we will discuss briefly next.

As the pandemic is a crisis that requires national-level attention, the top-down view that prevailed during the first months of the crisis is understandable. Lockdown and stay-at-home orders were essential part of the responses in the first wave of the spread of the virus, which reached almost the level of public panic in March–April 2020 (see e.g., Nicomedes and Avila 2020). Even if the situation was more severe in terms of infections and total number of deaths later in the autumn, the case fatality rate decreased. The second wave seemed to have been affected by a pandemic fatigue or collective exhaustion with coronavirus restrictions, fairly low case fatality

rates, and the anticipation of the availability of coronavirus vaccine. The latter was likely to ease societal pressures to a degree and justified a kind of wait-and-see approach. It is important to emphasize that the surge of infections throughout the Western world and the news of a new variant of the virus at the end of 2020 kept governments at bay.

Ambiguity of the situation created a peculiar condition for government responses, the kind that resembles multiobjective optimization challenge at the intersection of public health, political power, public acceptance, social dynamics, economic impacts, legality, and ethical considerations. A particularly powerful reminder of the reality was the increased awareness of the social, economic, and political toll of stringent measures. Governments became generally willing to directed actions to virus hotspots and focus on partial lockdowns and locally tailored restrictions. This pushed further regionalization and localization tendencies in COVID-19 policy. Interestingly, such a development can be seen as a continuation of long-lasting decentralization trend that is generally assumed to result in improved legitimacy and effectiveness, while its occasional countertrends in the West have risen primarily from concerns of equality, economies of scale, and the need for policy coordination.

The power and responsibilities are to a degree devolving toward regional and local levels practically in all major Western democracies. The President of the United States emphasized the role of the state governments in handling the crisis. The French government committed itself explicitly to regionalization. In the Great Britain, this can be seen in devolved system with responsibilities vested to four countries and further to local players such as DPHs and UTLAs in the COVID-19 contain framework. In Germany, the entire system relies on the role of the States. Besides, the Federal Government has explicitly emphasized the need to collaborate with the states and the largest cities. This is supplemented by de facto devolution in the Central and Northern parts of Europe, as evidenced by the high degree of local autonomy. These are curious observations against the fact that crises are generally associated with the perceived need to centralize power.

Another important point is that the presence and influence of centralizing tendencies do not vary according to administrative traditions. While it is plausible to assume that local responses are more in the hands of executives in strong mayor systems than in committee systems, for example, the large number of exceptions in each political-administrative context and variations in factual systems within each country make the responses to the COVID-19 crisis look fragmented. Due to the increased complexity associated with the conditions of late modernity and the related potential pitfalls in crisis management in terms of conflicts, uncertainties, disintegrating tendencies, and legitimacy issues, we may hypothesize that there is widely perceived need to highlight the role of local leadership, vertical and horizontal integration, and community engagement in responding to global health crises such as COVID-19. As concluded by Sharifi and Khavarian-Garmsir (2020, p. 8), “top-down and multilevel governance approaches should be combined with strong, democratic, and integrated city-level governance to enable effective and nimble response to pandemics.” Beside administrative logic, the forces that push toward this direction point to an urge for paradigm shift in government-civil society

relationship and the fundamental principles of democracy, epitomized by demands for direct citizen participation in political agenda setting, decision-making, and policy implementation (Kövéér 2021).

Lastly, it seems that the legitimation of local and regional authorities has remained high in the crisis. Central governments have been openly criticized in various occasions for handling the situation either too slowly and carelessly or too harshly without respecting human rights or without a sufficient consideration of economic impacts, whereas local and regional governments have received milder criticism. A survey conducted in France showed that local authorities have been able to face their responsibilities in the current health crisis better than the State, the European Union, or the WHO (Institut Montaigne 2020). This matter got new nuances also due to the increased role of cities as virus hot spots and also as primary instances to fight the pandemic. Indeed, local authorities in the West are likely to maintain their legitimacy and may even emerge stronger in the post-COVID-19 world. There are also signs that in spite of occasional tensions and the impact of silo mentality (Cox 2020), the current crisis serves actually as a kind of large-scale future laboratory that teaches us new ways of working together and of benefiting from smart solutions tailored to uncertain times (Cretu 2020; Lloyd and Randle 2020).

3.6 Conclusion

Western administrative traditions do not seem to explain the differences of local government responses to COVID-19 pandemic. Initially such processes are led by central governments, but in the case of prolonged crisis also governance style changes. One of the most striking features of government responses during the two waves of COVID-19 in 2020 and early 2021 is the clear tendency to devolve responsibility to state, regional, and local levels. Some of these trends may be due to contingent factors but are more likely to reflect converging tendencies in governance and administrative logic, underpinned by gradual changes in the patterns that shape government-civil society relationship and the nature of democracy.

Similarities of local policies in fighting COVID-19 can be explained by both regionalization and internationalization. This may be thus about the impact of global news and the influence of regional institutions such as the EU and international organizations like the WHO, part of their influence mediated institutionally by national governments. It may be that the recommendations given by the WHO increased convergence in responses among Western countries. There are some evidences to the claim that the processes of EU integration and globalization have advanced convergent trajectories of policy development across historically and culturally different countries.

We also find it intriguing that devolution, regionalization, and localization have become such a widely adopted principles in Western countries, which seem to mainstream the idea of subsidiarity. Such a tendency is backed up by the popularity of decentralization, which is a long-cherished aspect of administrative reforms in

Europe. Related to this, COVID-19 crisis has also a recognizable urban dimension, which inherently highlights the role of city governments in crisis management. Even if the role of metropolitan areas was not visible during the first wave of the crisis, the second wave had somewhat different outlook, for large cities started to stand out as key players beside national governments, echoing the propagated idea of metropolitan revolution.

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Ari-Veikko Anttiroiko is an Adjunct Professor at the Faculty of Management and Business of Tampere University, Finland. He holds a PhD (Administrative Sciences) and MPhil and Licentiate (Philosophy) degrees. Anttiroiko's research interests revolve around local public governance, local economic development, public sector innovations, and city branding. He has conducted and directed several research projects on various aspects of local capacity-building and development, collaborated with academics and experts all over the world, conducted expert work in Namibia and Vietnam, and contributed to the World Bank's project on Shanghai with a focus on the building of global city brand. Anttiroiko's academic contributions include in a nutshell some 40 monographs and a number of articles, chapters, and conference papers. He has memberships in several editorial boards of international journals. His major edited work is *Electronic Government: Concepts, Methodologies, Tools, and Applications*, published in six volumes in 2008. His coedited books published in the first half of the 2010s include *Innovations in Financing Public Services*,

Innovations in Public Governance, Innovative Trends in Public Governance in Asia, and Organizational Innovation in Public Services, followed by a series of authored books, including *The Political Economy of City Branding* (2014), *New Urban Management: Attracting Value Flows to Branded Hubs* (2015), and *Wellness City: Health and Well-being in Urban Economic Development* (2018). His most recently published coauthored book is titled *The Inclusive City: The Theory and Practice of Creating Shared Urban Prosperity* (2020).

Arto Haveri, PhD, is a professor of Local Government Studies at the Faculty of Management and Business, Tampere University, Finland. He has more than 20 years of experience as full professor and academic expert. His main research interests lie in the areas of local government and governance, public sector reforms, metropolitan governance, and regional development. He has served in many academic leadership and various expert and advisory positions in national and international organizations. His latest articles include: Haveri A & Anttiroiko A-V (2021) "Urban Platforms as a mode of governance". *International Review of Administrative Sciences*. <https://doi.org/10.1177/00208523211005855>

Chapter 4

Metropolises Overcoming the COVID-19 Pandemic: An Urgent Call for Territorializing Global Agendas at Subnational Levels



Rafael H. Forero H and Remy Sietchiping

Abstract To a large extent, inter-municipal cooperation mechanisms and collaboration between local, subnational and national governments as well as between their numerous sectoral institutions have proved to be effective in managing the COVID-19 pandemic. Territories that implemented solutions in an articulated manner and made consensual decisions between the public, private and social sectors have optimized the way they use their resources and maximized results during the pandemic. Using several data from various sources coupled with analyses and desk review, we demonstrate how pandemic mitigation, adaptation and recovery strategies adopted through a territorial approach, going beyond political-administrative borders and across the urban-rural continuum, is the first step on a path to a more sustainable future from cities. Using the COVID-19 lens, the chapter outlines how metropolises are responding to pressing challenges of sustainable development. The chapter concludes with a series of lessons learned during more than a year of pandemic, which also serve as recommendations that would contribute to increasing understanding of the negative impacts caused by COVID-19, as well as highlighting the opportunity to use the pandemic to build back better and pursue sustainable development goals.

Keywords COVID-19 · Metropolises · Pandemics · Sustainability · Governance · Sustainable Development Goals (SDGs)

R. H. Forero H (✉) · R. Sietchiping
UN-Habitat, Nairobi, Kenya
e-mail: rafael.forero@un.org

4.1 Introduction

If there is an obvious lesson to be learned from the COVID-19 pandemic, it is that no country and no city can face alone the most pressing crises of the twenty-first century. What started in December 2019 as a local epidemic in a Chinese metropolis quickly turned into a global socio-economic and political crisis to which neither national governments nor local authorities knew exactly how to respond. In just in a few weeks, the main cities of the world slowed—almost to a complete stop—the flows of people, goods and services. National borders were closed, blocking international trade and tourism, and in a couple of months, modern urban life as we knew it had completely changed. Meanwhile, the virus advanced without respecting geographical, political or administrative borders, as is the case with other issues such as the effects of climate change, the weakening of democracy and growing inequities, all of which have been exacerbated by the pandemic.

In the months following the declaration of COVID-19 as a global pandemic by the World Health Organization (WHO), national governments and local authorities debated whether to maintain closures and restrictions to preserve public health or reactivate urban life to avoid increasing the economic deterioration and social unrest caused by the limitation of peoples' freedoms. These dilemmas, added to the few resources and capacities available to respond to the crisis, caused a weakening of intergovernmental cooperation and a revival of nationalist sentiments in different countries. Attitudes were permeating other social sectors and diminishing collective action and citizen responsibility towards common goods. In response, the United Nations Secretary General made an urgent call¹ to strengthen existing cooperation mechanisms and global solidarity, and this was fortunately adopted by several world leaders and quickly turned into an international campaign.

Despite this, the absence of a global consensus among nations on how to better address the crisis meant that cities began to play a fundamental role and became protagonists of the response and early recovery. Many of the world's major metropolises² were ahead of their countries in implementing mitigation, adaptation and recovery measures and, at the same time, they tried to coordinate their action plans with other neighbouring cities, towns and regions, naturally following the call for collective action. This was not always easy, and on some occasions, cities needed to act in opposition to higher levels of government or without their support. Some cities saw a decrease in their resources, competencies and functions due to recentralization policies implemented by national governments. A report³ recently

¹ <https://www.un.org/en/un-coronavirus-communications-team/above-all-human-crisis-calls-solidarity>

² See, for instance, how the Lombardy region in Italy or Catalonia region in Spain was the first to respond, pressing their national governments to respond as well. That was also the situation with Wuhan and China; Seoul and South Korea; New York and the USA; Bogota and Colombia; Buenos Aires and Argentina; Sao Paulo and Brazil; among many others.

³ *Cities and Pandemics: Towards a more just, green and healthy future*, in particular Chapter 4 'Clarifying urban legislation and governance arrangements'. Available at <https://unhabitat.org/cities-and-pandemics-towards-a-more-just-green-and-healthy-future-0>

published by UN-Habitat, which are analysed various strategies implemented by national, subnational and local governments during the first year of the pandemic, illustrates these situations. The report also highlights how governments and local authorities that are used to cooperating with their neighbours, that is those cities where there is metropolitan governance, have been able to better address the crisis, to the extent that they have been able to quickly coordinate their actions, benefiting more people in less time and with better results. Indeed, such evidence suggests that metropolitan governance has maximized the response of cities to COVID-19.

From that perspective, this chapter seeks to answer two main questions: (i) What has been the role of metropolitan governance in the context of the COVID-19 response? (ii) What are the lessons learned by metropolises during the pandemic about the implementation of global development agendas? To answer them, we start with an analysis of two databases built by UN-Habitat; the first includes global and regional metropolitan growth trends based on the United Nations World Urbanization Prospects,⁴ and the second⁵ consists of almost 200 governance arrangements implemented during the first year of the pandemic by national, subnational and local governments around the world. A literature review of specialized reports published during the last year is also carried out, addressing, from different perspectives, several approaches and responses to the pandemic, as well as its impact on meeting global sustainable development agendas. Finally, the analysis draws on some of the conversations held by representatives of 94 cities during the initiative #BeyondTheOutbreak⁶ implemented by United Cities and Local Governments (UCLG), Metropolis and UN-Habitat in 2020.

This chapter is divided into four sections, including this initial introduction. In the second section, some of the most important challenges of sustainable development are presented and discussed in the light of current global urbanization trends, emphasizing the recent and accelerated phenomenon of “metropolization” and finding some initial links with the challenges imposed by the COVID-19 pandemic. In the third section, the discussion continues in more detail, exploring the specific role of metropolitan governance in the COVID-19 response, as well as analysing the most common policy problems addressed by world’s metropolises during the first year of the pandemic. The fourth section concludes with a series of lessons that are considered to be useful to navigate the post-pandemic scenarios within the framework of the SDGs’ Decade of Action, and to meet the most pressing challenges of sustainable development from cities.

⁴https://qrc0.de/UN-Habitat_GlobalDatabaseOfMetropolis2020

⁵This data set was initially prepared to inform the ‘Governance’ chapter of the [Cities and Pandemics Report](#) released by UN-Habitat in 2021.

⁶<https://www.beyondtheoutbreak.uclg.org/>

4.2 Sustainable Development Challenges Are Global and Metropolitan

Moving towards sustainable development implies understanding, on the one hand, where and how people live, and then how their needs and their ways of life impact the territories they inhabit and the resources that our planet has. Only by understanding the linkages between planet, people, prosperity and peace, we can have a more complete understanding of the challenges posed by the implementation of the 2030 Agenda for Sustainable Development and its 17 Goals (SDGs), as well as the cooperation mechanisms (or partnerships) that are required to take advantage of those links and achieve the ultimate goal of sustainability. This approach is also known as the 5Ps of sustainable development, and it is used by international organizations, governments and local organizations to easily understand and classify the 17 SDGs, their 169 targets and 231 monitoring indicators (United Nations [2020a](#), [2015b](#)).

In the twenty-first century, people live mainly in cities. According to the United Nations ([2019](#)), the turning point in the global urbanization process occurred in 2007, when more than 50 per cent of humanity lived in urban areas. Currently, the figure is estimated to have risen to 56 per cent, or approximately 4.5 billion people. Within urban areas, 60 per cent of people are estimated to be living in metropolitan areas today—a third of humanity. The rapid increase in these figures led to sustainable urbanization becoming one of the purposes of the 2030 Agenda, through SDG11: “Make cities and human settlements inclusive, safe, resilient and sustainable”. Achieving this goal is particularly important in order to comprehensively address sustainability challenges, not only because most of the world’s population lives in cities and those who do not are impacted by them—especially rural populations living within their metropolitan spaces—but also because at least 10 other SDGs include an urban component and are directly related to the targets of SDG11 (United Nations [2018](#); UN-Habitat [2020c](#)).

Consequently, we will not achieve effective climate action (SDG13) if we do not improve transport systems, protect and safeguard natural heritages, and improve air quality and waste management (SDG 11.2; 11.4; 11.6). Similarly, we will not achieve sustainable cities if we do not pursue, among other things, the ideal that all people have the same rights to economic resources, access to basic services and ownership of land and other goods (SDG 1.4; 6.1; 6.2); if we do not improve agricultural production capacity in developing and least-developed countries (SDG 2.a); if we fail to reduce epidemics, communicable diseases, traffic accidents and, in general, all premature and preventable deaths (SDG 3); if we do not eliminate all forms of violence against women and girls (SDG 5.2); if we do not improve energy efficiency (SDG 7.3); if we do not create more decent and productive jobs (SDG 8.3; 8.5); if we do not develop resilient infrastructure (SDG 9.1); if we do not reduce the

generation of waste (SDG 12); and if we do not promote peaceful and inclusive societies, with effective institutions, that facilitate access to justice (SDG 16).⁷

As all these goals straddle local political–administrative jurisdictions and municipal borders, it is impossible to comply with them without efficient cooperation systems, especially in large cities. This is one of the most important lessons that the COVID-19 pandemic left us; it made us understand that no city alone can address issues and prevail in such a crisis. The same can be said of climate change; the excessive consumption of natural resources and the implications of this for the entire planet are undoubtedly a global problem, which requires an approach that is much more than the sum of local isolated efforts. The weakening of democracy and the phenomenon of migration are also illustrative of why cooperation and collective action are required to address the challenges of sustainable development. This need is actually present at all scales, from the global, which certainly requires a strengthening of the current international cooperation system, to the local, which requires local authorities and governments capable of working with their neighbours to coordinate actions and implement projects jointly. At the subnational and local scales, this capacity is also known as metropolitan governance and implies, at least, institutional solutions, decision-making mechanisms and collective actions between two or more local governments, with the active participation and contribution from the private and social sectors (UN-Habitat 2020b; GIZ & UN-Habitat 2015).

Metropolitan governance maximized cities' response to COVID-19. This is pointed out in the report *Cities and Pandemics* released by UN-Habitat one year after the pandemic was declared by the WHO. The report highlights that “*metropolitan and regional governance partnerships have been especially valuable during the pandemic (. . .) evidence suggests that metropolitan areas with institutionalized governance frameworks are more likely to coordinate their actions*” (UN-Habitat 2021a: 128–129). Although metropolitan governance was first implemented in large cities, in recent decades it has become an increasingly frequent solution to the problem of urban land expansion that generates agglomerates of all sizes and characteristics along developed, developing and least-developed countries (OECD, 2020; UN-Habitat 2016). Nowadays, in fact, metropolises are not only characterized by the conurbation phenomenon, but also characterized by economic, social and environmental interdependencies.⁸

The number of urban agglomerations or metropolises and their percentage with respect to the total number of cities are increasing rapidly, as well as the number of metropolitan inhabitants in all world regions. According to UN-Habitat (2020a), a

⁷The complete list of the SDG targets and indicators is available at https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202020%20review_Eng.pdf

⁸On March 2020, the United Nations Statistical Commission endorsed a global recommendation for cities' international comparison, in which metropolises are defined as the total extension of the city, meaning including the suburban, peri-urban and rural surrounding territories that are socio-economically linked: <https://unstats.un.org/unsd/statcom/51st-session/documents/BG-Item3j-Recommendation-E.pdf>

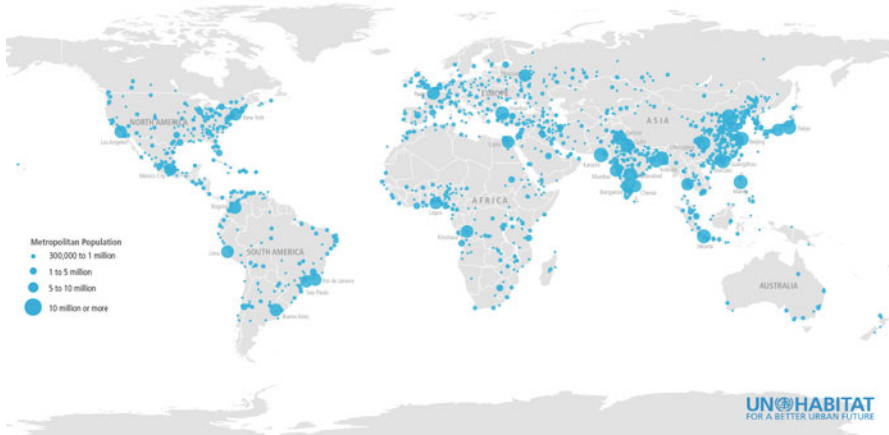


Fig. 4.1 Map showing metropolises with 300,000 or more inhabitants in 2020. (Source: UN-Habitat 2020a)

third of humanity lives in 1,934 metropolises (Fig. 4.1) with more than 300,000 inhabitants, that is approximately 2.6 billion people—60 per cent of the global urban population. From those metropolises, only 85 are termed big or large cities, 34 have more than 10 million inhabitants, and 51 have between 5 and 10 million people. While the most representative groups correspond to intermediate and small cities, 494 metropolises with between 1 and 5 million, and 1,355 metropolises with between 300,000 and 1 million people. More than half of the metropolises and metropolitan inhabitants are located in the Asia Pacific region; the smallest number of metropolises and people living in these types of cities are in Eastern Europe. Other regions of the world have figures more similar among themselves regarding both the number of metropolises and metropolitan inhabitants.⁹

The projections of these figures indicate that in the next 15 years the world's metropolises will have almost 1 billion additional people and, in the same period, the number of these types of cities will rise to 2,363. This growth will occur mainly in Asia Pacific, Africa and Latin America and the Caribbean, all regions where most of the countries are classified as developing or less developed, and which have the greatest challenges for the implementation of the 2030 Agenda. They are also regions where the negative effects of the COVID-19 pandemic meant a setback in the achievement of the SDGs, especially in those related to poverty, education and health, effects whose impact begins to be calculated even in a couple of decades back (United Nations 2020c).

⁹The UN-Habitat Global Database of Metropolises was built from the United Nations World Urbanization Prospects, that is, based on figures and reports sent by national statistical offices to the United Nations Population Division. The data booklet containing the main analyses of these global and regional metropolitan trends is available at <https://unhabitat.org/global-state-of-metropolis-2020-%E2%80%93-population-data-booklet>

Metropolises are becoming the most common and characteristic type of human settlement of the twenty-first century; they are where a large part of humanity lives and where there are significant challenges for the achievement of the SDGs. This implies the need for a clear relationship between metropolitan management and governance, and the implementation of the 2030 Agenda and other global development agendas. That is, sustainable development challenges are global and metropolitan, in the sense that the way in which these specific types of cities are managed will affect the quality of life and the sustainability of the major part of global population for decades to come. It is therefore worth spending some time to understand the different strategies with which metropolises around the world faced the multiple crises unleashed by the COVID-19 pandemic and the lessons this contains for the future.

4.3 Metropolises Overcoming the COVID-19 Pandemic

4.3.1 *The Role of Metropolitan Governance*

Local and regional governments were the first line of response to COVID-19 since they are the closest to the territory and the communities. Nonetheless, their individual human and financial resources were not sufficient to address the pandemic effectively (United Nations 2020c). Optimizing the response became an urgent need that could only be addressed collaboratively between neighbouring territories and by articulating actions at the regional and national levels. According to UN-Habitat (2021a), those territories with metropolitan governance systems and, in particular, where they have been institutionalized, were able to better coordinate their actions and maximize their responses. In these cases, not only horizontal cooperation between local governments and sectoral authorities but also vertical cooperation with higher levels of government was essential, as well as networking with other metropolitan stakeholders, that is a multilevel governance approach.

From nearly 200 governance arrangements analysed¹⁰ in 80 countries (Fig. 4.2) where local, subnational and national governments intervened, 73 had specific participation from subnational levels, whether metropolitan or regional. A similar number (69) corresponded to arrangements implemented only at the municipal level, while only the minimum (14) were carried out exclusively from the central level, or bilaterally between the national and municipal levels (5). This suggests that the vast majority of actions to address the pandemic required governance mechanisms that had the participation of local and/or subnational governments. This does not differ from the urbanization trends previously mentioned, where metropolises are becoming the most representative type of city and their management requires the joint work of these levels of government.

¹⁰A detailed analysis of the governance data set is available in the Chapter 4 of <https://unhabitat.org/cities-and-pandemics-towards-a-more-just-green-and-healthy-future-0>

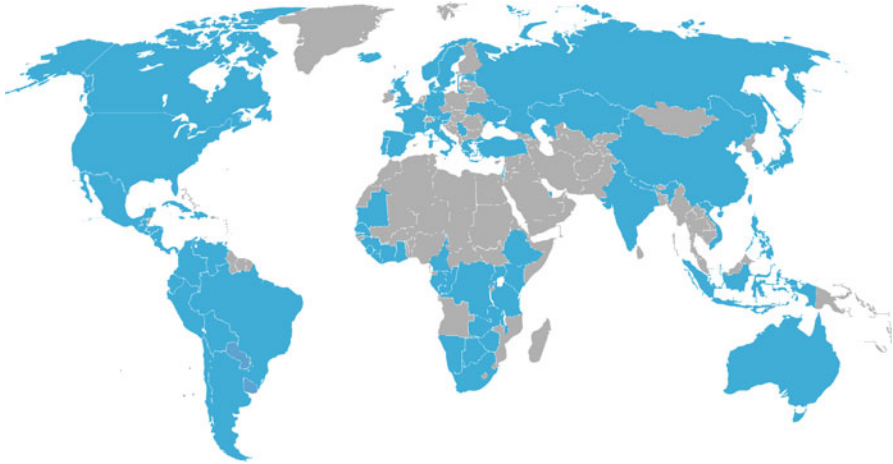


Fig. 4.2 Map showing countries in where governance arrangements were analysed. (Source: Authors with information of UN-Habitat 2021a)

Regarding the governance arrangements that involved actions at the metropolitan level, the fewest (7) correspond to institutional mechanisms that existed before the pandemic, while the rest were mechanisms created at some point during the crisis. From the latter, 17 had the principles of improving citizen participation and strengthening local democracy, for example, by implementing digital platforms to share information and assign different types of aid, or creating intersectoral committees with the participation of multiple levels of government for decision-making. It should be noted that in a few cases (9 out of 80), the arrangements that were implemented at the metropolitan level were actually defined by higher levels of government, in particular the national level, with the participation of various ministries, and in some cases even the respective presidential office.

Metropolitan governance played a facilitating role during the pandemic. It served as a “hinge” for local governments to work together more effectively, reaching a larger population with their actions, in less time, and optimizing resources and results. Metropolitan governance also facilitated the connection between cities and regional and national governments, configuring true multilevel governance systems, whose forms of horizontal and vertical cooperation allowed (i) the recognition of common problems and their political spaces; (ii) deliberation and public debate to find solutions; and (iii) the inclusion of problems and their solutions on the political agenda (ONU-Habitat 2021b). Overcoming the most common challenges in cooperation between different levels of government, sector authorities and public, private and social sectors was instrumental in implementing comprehensive public policy responses to COVID-19 from the metropolises.

4.3.2 Policy Responses from Cities and Regions

Flatten the curve of the virus, maintain the population's access to public services, stop the growth of territorial inequalities, reduce the negative effects on local economies and promote cohesion to avoid a profound social crisis were just some of the challenges that cities and regions of all sizes around the world had to respond to, formulating new policies or adapting the existing ones to the emergency (UCLG, Metropolis and LSE Cities 2020). Innovation and timely responses, as well as the exchange of knowledge and experiences, have turned the most common practices. Documenting lessons from territories that were hit first and hard by the pandemic became a fundamental process to inform decision-making. Thus, for example, cities where the virus arrived late already knew they would have to go through long and strict quarantines and had a few additional weeks to prepare. Many cities also had access to some preliminary results on the actions implemented, their degree of effectiveness and feedback on those that were not adequate or respected by citizens.

Although the particularity of each local context always required an adaptation of public policies, the construction of a global community of local and subnational governments to share information, experiences and solutions was of great help. During 2020, 94 cities and regions from 50 countries came together in a series of live learning experiences organized by UCLG, Metropolis and UN-Habitat aiming to build a community “Beyond the Outbreak”,¹¹ which addressed, among other things, the challenges imposed by the pandemic on issues such as housing, mobility, digital technologies, migration, culture, local finances, informality, local economic development, women's leadership, public workers, accessibility, peace, democracy, safer cities, food systems and the role of local and regional government associations.

According to UCLG, Metropolis and UN-Habitat (2020), the issues discussed include housing-related inequalities and vulnerability that increased and became especially evident with COVID-19; the increase of up to 60 per cent in emergency calls related to domestic violence during the pandemic; the need to ensure equitable access to public goods and services for the disabled and the elderly; the provision of safe and reliable public transport, while ensuring the health of providers and users; the inclusion of migrants in aid programmes and their protection against the increase in hate speech, discrimination and violence; permanent job losses and other economic losses due to health restrictions; the danger to the lives of public servants who continued to do their job to work for the safety and well-being of all citizens; the digital divide that implies new forms of inequity, as well as privacy and security in digital environments; increased violence, civil unrest and crimes due to loss of income, isolation and high levels of stress and anxiety; the weakening of democracy, for example, due to the postponement of local and national elections, or the declaration of “state of emergency” that has often given rise to a flexible interpretation of the laws and has generated cloudiness in processes that should be transparent and open; the reduction in all forms of cultural activities; the increase in hunger and

¹¹ <https://www.beyondtheoutbreak.uclg.org/>

diseases caused by nutritional disorders; and the additional financial pressure caused by the pandemic and the loss of local resources.

One of the main results of the discussions between municipal, metropolitan and regional governments was a decalogue —a political charter— for the post-pandemic period, which aims to transform governance systems so that they respond more efficiently to the communities that need it the most. The decalogue includes recommendations related to the guarantee of the provision of public services, financial support, global models of production and consumption, climate change, the renewal of democracy, gender equality, the protection of public servants, culture, intergovernmental cooperation and the future of multilateralism (UCLG, 2020). It is worth mentioning that this political declaration adopts the 2030 Agenda as the framework for transformation, reaffirming the need to focus the efforts of the next 10 years, the Decade of Action,¹² in the territorialization of the SDGs at the local and subnational levels and in the internationalization of metropolitan spaces (UCLG and Metropolis, 2020; UCLG and UN-Habitat, 2020; Metropolis, 2019). The New Urban Agenda and the Paris Agreement (United Nations 2015a, 2016), as well as other global development commitments with thematic or sectoral emphasis, are important accelerators for those territorialization processes.

4.4 Ten Lessons for a Decade of Action

The different ways in which metropolises around the world addressed COVID-19 reaffirms that there are no magic formulas to tackle this type of crisis. In fact, prescriptive and purely normative approaches were highly criticized during the pandemic and, instead, new analytical and territorial approaches, adapted to local contexts and built in a participatory manner with citizens and companies, were not the most common, but they were the best received. The role of metropolitan governance was key to facilitate local governments to work together more effectively, reaching a larger population with their actions, in less time, and optimizing resources and results. As shown in the analyses included in this chapter, important lessons can be distilled from the way metropolises approached the pandemic regarding the principles and values that emerged and that shaped new forms of governance. Other lessons are more related to the changes that COVID-19 implies for urban policies and the general management of metropolises. And a last group highlights the impact of the pandemic on global development agendas. All of them can be understood as hints left by 2020 for this and future generations to advance towards more sustainable societies and, especially, to achieve significant progress during the remaining 10 years to the agreed deadline to implement the 2030 Agenda and its 17 SDGs.

¹²<https://www.un.org/sustainabledevelopment/decade-of-action/>

4.4.1 Governance Lessons

i. Cooperation: Collective action must be at the centre

No country or city, regardless of its political and socio-economic context, was able to tackle the crisis on its own. Some tried and this resulted in the renaissance of nationalistic sentiments and diminished social responsibilities.¹³ However, as the pandemic progressed, more national governments and local authorities understood that they depended not only on their peers, but also on multiple social actors to design and implement mitigation, adaptation and reactivation measures. Many cities and countries were able to cooperate with their neighbours and achieve collective action within their territories, which caused greater recognition and compliance with the measures adopted, as well as the optimization of actions and resources. Cooperative work took a long time to start and there are some countries and cities that still do not do it efficiently, increasing the negative effects of the pandemic in their territories. Strengthening existing cooperative systems, both globally and locally, has never been more urgent.

ii. Participation: Consulting is not enough

The weakening of democracy persisted during the pandemic. The protest and popular movements continued their work in many metropolises and countries where they had been present before the arrival of COVID-19.¹⁴ In some cities, new marches began due to the impacts caused by the restrictions imposed to curb the virus.¹⁵ This seemed at first to be counterintuitive or irresponsible but is really a symptom of the lack of social agreements in many parts of the world. The most vulnerable communities and, especially young people, take to the streets even risking their health and lives in massive agglomerations because they feel that their needs are not being addressed and their ideas not included in the actions of the governments that, in theory, represent them. Listening to and consulting with the discontented population is the first step to addressing this issue, but it is not enough. Local, subnational and national governments must address the exposed needs, reach agreements with all social actors and include specific solutions in public policies, plans and projects. International organizations must advocate more strongly for the

¹³Some interesting reading in this regards can be accessed at <https://link.springer.com/article/10.1007/s11366-020-09696-2>; <https://www.cambridge.org/core/journals/nationalities-papers/article/global-nationalism-in-times-of-the-covid19-pandemic/3A7F44AFDD6AC117AE05160F95738ED4/share/dab1646d2bccff4ce7e07f4b33817474a3f3f95b#>; and <https://ideas4development.org/en/covid19-nationalism/>

¹⁴<https://carnegieendowment.org/2020/12/21/worldwide-protests-in-2020-year-in-review-pub-83445>; <https://www.ft.com/content/6e95f7d8-508b-40db-9d0d-4fb561cbfa48>; <https://www.euronews.com/special/worldwide-protests>

¹⁵https://en.wikipedia.org/wiki/Protests_over_responses_to_the_COVID-19_pandemic

strengthening of democracy , respect for human rights during the protest and in general during the pandemics or similar crises,¹⁶ and the achievement of social agreements that build sustainable communities.

iii. Metropolises: Some approaches to urbanization could be outdated

As has happened with other viruses, epidemics and pandemics in the past, COVID-19 advanced without recognizing political-administrative borders and local jurisdictions. Similarly, the restrictions on movements between urban centres and their neighbouring towns and regions affected, on the one hand, the economy of peri-urban and rural communities that depend on cities to generate income and, on the other, food security in many cities, in both cases decreasing the quality of life and undermining the subsistence of numerous populations.¹⁷ The negative effects of climate change, socio-economic inequities and the weakening of democracy do the same, to mention just a few of the most pressing sustainable development challenges. During the pandemic, it became clear that those places where neighbouring local and regional governments with integrated management systems based on functional relations and territorial interdependencies, across jurisdictional boundaries and the urban-rural continuum, are better prepared to respond. COVID-19 shone a light on metropolitan governance as a necessary approach to advance towards sustainable urban development. Municipal management disconnected from its surroundings, perhaps useful at some point in the last century, now looks outdated.

4.4.2 *Policy Lessons*

iv. Inequity: The most affected are still the same

Women and girls,¹⁸ children and young people,¹⁹ the elderly,²⁰ the disabled²¹ and the poorest people, including those living in slums and informal housing in cities of developing and less developed countries, and, in general, the most vulnerable communities, were the most affected by the multiple crises unleashed by the

¹⁶<https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>

¹⁷<https://urbanpolicyplatform.org/policy-legislation-and-governance-webinar-series/>

¹⁸Detailed analyses available in https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

¹⁹Detailed analyses available in https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf

²⁰Detailed analyses available in: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

²¹Detailed analyses available in https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

pandemic. For instance, violence against women and girls increased due to long quarantines. Children and youth without Internet access were unable to continue studying. Lockdowns and movement restrictions within and outside of cities prevented many people from accessing their work activities, especially those who depend on informal economies for their daily subsistence. In short, instead of bringing with it a large number of new problems, COVID-19 exacerbated existing and often invisible problems, resulting in an increase in socio-economic inequities at global level. This caused a setback in the partial achievements reached before the pandemic on SDGs implementation, especially in goals related to health, poverty and education.²² COVID-19 showed that it is urgent to put greater emphasis on reducing socio-economic inequalities around the world if we want to build more sustainable societies. The international community must find formulas for a more equitable distribution of wealth and economic resources.

v. Prosperity: We need multidimensional visions for urban development

Governments at all levels are reviewing their medium- and long-term development visions because of the pandemic and its negative effects. International organizations have been emphatic in highlighting that such visions must mainstream principles and commitments included in the global development agendas, addressing sustainability challenges in an integrated manner and taking advantage of their linkages. It has also been insisted that shared responsibility, solidarity, cooperation and collective action be essential guiding principles.²³ Metropolises of all sizes and typologies must use this momentum to participatively adopt visions of shared prosperity that go beyond the usual goals of infrastructure and productivity, and include, above all, the environmental, equity, social cohesion and quality-of-life dimensions. These new visions must be built jointly between governments, companies and communities, and they should guide the design of urban policies and the implementation of territorial development plans, programmes and projects, which, in turn, should be able to be constantly monitored by the community. In addition, their progress must be reported to the relevant national authorities and be part of the monitoring framework of global commitments.

vi. Digitalization: We should be cautious

COVID-19 gave new impetus to the digital revolution. Metropolitan and national authorities around the world used digital and information technologies to maintain the continuity of public services, implement aid programmes and, of course, monitor the health of their populations and the advance of the virus. Many companies did the same to ensure business continuity, and new economic ventures were generated based on remote work. Schools and universities transitioned to online education.

²²<https://unstats.un.org/sdgs/report/2020/>

²³https://www.un.org/sites/un2.un.org/files/sg_report_socio-economic_impact_of_covid19.pdf

Virtual rooms became the new classrooms, campuses, offices and institutional buildings. However, a large part of the world population did not have access to this new virtual reality; in fact, millions of people still do not have a basic Internet connection.²⁴ Children and young people could not continue their classes, companies went bankrupt and people lost their income due to not being able to access remote work modalities, and some public services were suspended because not all cities have the capacity and infrastructure necessary to “go digital” effectively. During the pandemic, the so-called *digital divide* contributed to the increase in socio-economic inequalities, reminding us that not all the world is prepared to face an accelerated digital revolution.²⁵ In the post-pandemic era, international organizations and governments at all levels must collaborate to ensure digitalization is a gradual and equitable change, reducing the digital divide in their territories and, in general, avoiding a repeat of the Industrial Revolution in leaving millions of vulnerable people behind.²⁶

vii. Recovery: Metropolises change the future

It is now a commonplace to point out that cities were on the front line of the response to COVID-19 and that they have had the highest number of positive cases.²⁷ The so-called global metropolises were, and in many regions of the world continue to be, the most affected, but they are also the ones that have led the design and implementation of recovery strategies and plans.²⁸ It is also well known that metropolises are engines of productivity attracting thousands of people searching for new opportunities. Their accumulation of social capital makes metropolises engines to generate ideas, knowledge and innovation, which, when well-managed, can accelerate the production of sustainability solutions. However, to make the most of their capacities, it is necessary to urgently adopt management approaches that address the territorial complexity of the metropolises, integrating policy response with their governance, planning and financing systems.²⁹ In this sense, the promotion of a new “metropolitan discipline”³⁰ that understands cities from the linkages and interdependences with their surroundings, and trains urban practitioners and decision-makers around this principle, is essential for an effective recovery that allows us to build back better from the pandemic and shapes a healthier, greener and fair urban future, thus, a more sustainable one.

²⁴<https://unctad.org/webflyer/digital-economy-report-2019>

²⁵<https://unctad.org/es/node/2368>

²⁶<https://news.un.org/en/story/2021/04/1090712>

²⁷https://www.un.org/sites/un2.un.org/files/sg_policy_brief_covid_urban_world_july_2020.pdf

²⁸<https://www.youtube.com/watch?v=BgX60Hci5XQ>

²⁹<http://urbanpolicyplatform.org/metropolitan-management/>

³⁰An interesting Inaugural Book on the Metropolitan Discipline is available in <https://www.cippec.org/wp-content/uploads/2021/02/TELLme-Inaugural-Book-1.pdf>

4.4.3 *SDG Lessons*

viii. SDG Territorialization: Subnational levels are key for advancing sustainability

Metropolises are becoming the most representative type of city of the twenty-first century to the extent that they concentrate most of the global urban population—one third of humanity.³¹ In addition, the quality of life of the surrounding rural populations also depends on the effectiveness of the local, metropolitan and regional governments that intervene in the management of these urban agglomerations. This became particularly evident during the COVID-19 pandemic when restrictions on the flows of people, goods and services through the urban-rural continuum put entire regions in a bind. International organizations must strengthen the role of these subnational levels in the implementation of global development agendas through technical and political support.³² For their part, regional and metropolitan authorities must articulate their territorial plans, projects and actions with the targets defined in the SDGs, and periodically report to the international community the results and progress achieved.³³ The need to review medium- and long-term development visions for the post-pandemic³⁴ era sets an ideal scenario for such territorialization of the SDGs at subnational levels.

ix. New Urban Agenda: City diplomacy is key for the future of multilateralism

Direct cooperation between cities, the exchange of knowledge and lessons learned and feedback on urban policy implementation were very useful to better confront the pandemic,³⁵ as was the articulation with other levels of government, including the national level, which is the natural level for multilateralism and the legal subject of global development agendas such as the 2030 Agenda and its 17 SDGs. However, as demonstrated during the pandemic, only the inclusion of subnational levels in the global governance and cooperation system will achieve a comprehensive and adequate approach to the challenges of sustainability.³⁶ Traditional multilateral organizations should include international networks of subnational governments in global decision-making scenarios; correspondingly, these networks must understand the global cooperation system as an opportunity to make their voices heard and ensure that development agendas meet their needs. In the post-pandemic era, the New Urban Agenda agreed by local, metropolitan and regional governments, and enacted by the United Nations with a 2036 horizon,

³¹<https://unhabitat.org/global-state-of-metropolis-2020-%E2%80%93-population-data-booklet>

³²<https://www.youtube.com/watch?v=yK6GA2uDhA0&t=7499s>

³³https://www.metropolis.org/sites/default/files/resources/GOLD-V_Metropolitan-Areas_2020.pdf

³⁴<https://www.metropolis.org/call-rethink-our-metropolitan-spaces>

³⁵<https://www.youtube.com/watch?v=hwaUJun7I98>

³⁶<https://www.uclg.org/en/node/31076>

becomes a significant instrument to reduce the distance between national and subnational governments in the complex ecosystem of international cooperation, and to advance towards sustainable development.³⁷

x. COVID-19: The global pandemic is an urgent call for action

World leaders urgently call for *a new social contract and a new global deal for a new era*.³⁸ COVID-19 demonstrated that indifference, non-action and omission cannot be the values that prevail in our societies. The numbers of deaths, of infected people and those made vulnerable by the pandemic, are not just statistics, and they are, above all, people, families and entire communities that suffer and are devastated by the crisis. However, the figures offer a lesson in perspective —although today the crisis does not pose an imminent threat of extinction for humanity, it is possible a similar crisis in the near future could do so. New pandemics, a climate catastrophe and the decline of democracy may be just around the corner if we do not prioritize actions that provide equity in our societies, as well as harmony with the planet and the other species with whom we share it. Cities, and metropolitan areas in particular, have a transcendental role in building a fairer, greener and healthier future,³⁹ but local governments do not have the capacity to do this alone. Subnational and especially national levels must increase their commitments to sustainability. All must work together. A paradigm shift is urgently required to ensure, for example, universal health insurance,⁴⁰ universal basic income⁴¹ and universal adequate housing.⁴² Whole-of-society and whole-of-government approaches become fundamental conditions for achieving such change. If we do not take the COVID-19 pandemic as proof that our current development models are unsustainable and require urgent structural changes, then we would not have learned anything from this first warning at all.

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³⁷<https://www.un.org/press/en/2020/gaef3538.doc.htm>

³⁸<https://www.un.org/sustainabledevelopment/a-new-social-contract-for-a-new-era/>

³⁹<https://news.trust.org/item/20210527144910-3fpmh>

⁴⁰[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

⁴¹<https://www.undp.org/blogs/case-universal-basic-income>; <https://news.un.org/en/tags/universal-basic-income>

⁴²<https://unhabitat.org/programme/housing-rights>

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Rafael H. Forero H works as a Policy, Governance and Metropolitan Expert at UN-Habitat and is a Research Associate at Andes University of Colombia. Rafael works on governance, urban policy and metropolitan management at global level. In 2010, he joined to UN-Habitat where he has held several positions and participated in UN global and local projects in regions such as Latin America, Europe, Africa and Asia. He has authored and contributed to several publications, and he has been lecturer, instructor and visiting professor at universities in Argentina, Colombia, El Salvador, Italy, Mexico, Paraguay and the USA. Currently, he is part of the UN-Habitat Policy, Legislation and Governance Section where he leads the global portfolio on metropolitan management. In 2019, he was appointed as the first Research Associate of the Andes University of Colombia. During 2017–2018, he led the Urban Safety, Governance and Legislation portfolio of UN-Habitat for the Andean Countries. In 2014, he started the Programme of Metropolitan and Urban-Regional Integration of UN-Habitat in Colombia. He is Engineer, with a Master's Degree in Development, and a Post-Degree in State, Public Policies and Development. Specialist in project management, he is also an international consultant and researcher on public policies, urban and territorial development, and sustainable development.

Remy Sietchiping is the Chief of Policy, Legislation and Governance Section within the Urban Practices Branch of UN-Habitat. He is currently overseeing the development of strategic programmes of UN-Habitat including National Urban Policy, legislation, governance, urban–rural linkages, smart cities and metropolitan management. He has coordinated global, regional and country projects and programmes for UN-Habitat in Africa, Asia and Latin America. He previously worked on land, climate change, and urban and territorial planning. Dr. Sietchiping has over 25 years of working experience in the UN system, academia, private and public sector and NGOs in Australia, Cameroon, Ethiopia, Jamaica and worldwide. He holds a Ph.D in Geography from the University of Melbourne, Australia, and MA and BA Degrees in Urban Economic Geography and Law from the University of Yaoundé, Cameroon. He has co-authored books, written articles in peer-reviewed journals, articles in conference proceedings and community development articles, and contributed to important flagship reports (e.g. climate change, water resources management and street addressing policies).

Chapter 5

The Political Economy of COVID-19 Pandemic: Lessons Learned from the Responses of Local Government in Sub-Saharan Africa



Abraham R. Matamanda, Verna Nel, Nelson Chanza, Lucia Leboto-Khetsi, Fortune Mangara, and Partson Paradza

Abstract Pandemics occur in political spaces usually defined by contestations and conflicts. These conflicts influence governments' responses to address pandemics. We argue that responses to curb COVID-19 are nested in politics best articulated through political economy theory as there are individuals who appear to advance their interests through decisions and strategies aimed at addressing the pandemic. Based on a desktop study grounded in a case study design, we explore the political economy of government strategies to combat the COVID-19 pandemic and its effects on socioeconomic development in sub-Saharan Africa, and particularly on local governments, drawing lessons from South Africa, Zimbabwe, Tanzania, and Lesotho. Emerging from the study are cases of corruption that involve state capture of donor funds characterized by national and local governments using the pandemic as a cash cow to attract funds from donors. Largely, the local governments have sanctioned the informal sector, which for long has been marginalized and criminalized; hence, the pandemic has been a good excuse to "eradicate" this sector. State violence towards certain groups of people has been noted under the guise of policing offenders contravening the imposed lockdown policies, while miscommunication and one-sided communication are also an inherent issue in managing the pandemic. Local governments have played a limited role in combating the pandemic as evident from their failure to address the socioeconomic needs of the poor, especially residents in informal settlements. We conclude that responses to pandemics should

A. R. Matamanda · V. Nel (✉) · L. Leboto-Khetsi
University of the Free State, Bloemfontein, South Africa
e-mail: NelVJ@ufs.ac.za

N. Chanza
University of Johannesburg, Johannesburg, South Africa

F. Mangara
North West University, Potchefstroom, South Africa

P. Paradza
Ba Isago University, Gaborone, Botswana

be informed by a human needs approach that recognizes human rights, especially for the marginal communities and individuals who tend to be side-lined despite their greater vulnerability.

Keywords Political economy · COVID-19 · Sub-Saharan Africa · Local government · Local and urban governance · Lesotho · Zimbabwe · South Africa · Tanzania

5.1 Introduction

The novel coronavirus (COVID-19) has not spared sub-Saharan Africa (SSA). From Wuhan, China, it spread to Europe, the UK, and other countries of the global North and in late February spread to SSA. COVID-19 has added to the heavy burden of disease already present in the region such as endemic malaria, Ebola, cholera, HIV/AIDS, and tuberculosis and a rising incidence of noncommunicable illnesses such as diabetes, and cardiovascular and pulmonary disease (Nyirenda 2016). Furthermore, despite many experiences of multiple epidemics, the health systems in SSA remain weak (Lone and Ahmad 2020).

The novelty, contagiousness, and rising number of fatalities have spurred medical research as well and investigations on the non-medical strategies to contain and combat COVID-19 in various areas. Other research includes leadership and governance responses to the pandemic (Binagwaho 2020) and the socioeconomic impacts of the pandemic on the informal economy and poor and marginalized communities, particularly those in informal settlements (Battersby 2020; Van Belle et al. 2020) as well as structural inequalities and segregation in pandemic control (Finn and Kobayashi 2020).

There is a growing body of literature that situates epidemics and by implication this pandemic, in the context of social justice. This is critical in understanding how and to what extent government policies and actions recognize the needs of the poor (Teixeira da Silva 2020). Finn and Kobayashi (2020) stress that future research on spatial inequalities and other state responses to COVID-19 should consider the history of previous oppressive policies enacted in the name of pandemic control, the legacies of which extend beyond immediate responses (Pepinsky 2020). In this regard, the responses of the governments to the pandemic become critical. This chapter contributes to this scholarly body of work, focusing on central state and local government responses to the COVID-19 pandemic in SSA. It adopts a political economy perspective to explore governmental responses at national and local levels to the pandemic in SSA using four case studies, namely Lesotho, South Africa, Tanzania, and Zimbabwe. It seeks to understand the extent of COVID-19 infections and mortality (as of end of March 2021), the central and local state responses to the pandemic, and their effects and implications on the citizens. We argue that Africa's responses to curb disease pandemics are situated in political economy discourse as certain individuals take the opportunity to benefit from the actions aimed at addressing the pandemic. Specifically, we seek to answer the following questions:

1. What has been the extent of the COVID-19 pandemic in SSA?
2. What strategies and actions do local government use to respond to the COVID-19 pandemic?
3. How have local governments formulated policy responses to COVID-19 and what are their interests?
4. Who is most at risk and do the strategies address their needs?
5. In what ways can local governance assist vulnerable groups?

The findings reveal a lack of concern regarding human rights, corruption, and a weak local government. Existing marginalized people and the poor, particularly those in the informal economy and living in slums/informal settlements, remain the most affected by the pandemic and local and national government actions. In many cases, the control measures have been worse than the pandemic in SSA, where far fewer deaths were reported than anticipated (Oppong 2020). The following section situates the chapter in SSA, and the political economy and the section thereafter describe the methodology. The four case studies are presented, followed by a discussion and conclusion.

5.2 Conceptual and Theoretical Issues

5.2.1 *Politics and Local Governance in SSA*

Poverty in SSA is multidimensional, and while it is rooted in colonial legacies, postcolonial governments have perpetuated it (Guest 2004; Maathai 2009). Poor governance stifles sustained development in the region as Mills et al. (2019, p. 3) noted, “Across Africa, the record shows that the continent ‘big men’ simply do not get things done as well or in as sustained a fashion as democrats.” Authoritarian rule is prevalent as the “big men” use a Machiavellian approach in governing their countries (Kalu et al. 2018). Through populism, the political elites manipulate people and often use security forces to victimize political opponents to advance their interests while purporting to serve the public interest at both the national and local levels (Melber 2018). Clientelism and patronage along with state capture, corruption, and embezzlement of state funds are common practice, such as the allegations against former South African President Jacob Zuma and the Guptas (Isaksson and Bigsten 2017; McGregor and Chatiza 2020). It is observed that the governments are largely in the clutches of the politicians who influence decision-making at the national and local levels. For example, in Zimbabwe, the ruling ZANU-PF party has managed over the years to maintain a firm grip on the governance of major cities in the country much to the detriment of the electorate (Matamanda 2020).

Subnational governments are the frontline respondents to the COVID-19 pandemic globally. Not only are they central in the implementation of nationwide COVID-19 measures, but they are also considered laboratories for bottom-up and

innovative recovery strategies. In South Africa, whereas the local government is required to be at the forefront, providing the much-needed basic services such as water, distributing personal protective clothing, and food parcels and/or vouchers, the economic response is not as apparent. Sections 152(c) and 153(a) of the South African Constitution mandate local government to promote social and economic development. The White Paper on Local Government (1998) elaborates this duty. In this regard, the local government is responsible for taking active steps to ensure that the overall economic and social conditions of the locality are conducive to the creation of employment opportunities. The health sector across the region is characterized by neglect leading to inadequate infrastructure. Often governments depend on donor agencies to supply medical facilities and expertise. The brain drain in the health profession has been high as experts leave the region seeking greener pastures in the West (Masanjala 2018). Ironically, the political elites can afford medical assistance abroad; thus, there are no incentives to investing in their local health system (Liedong 2017), which compromises the public health situation (Paintsil 2020). Given the neglect of SSA health systems, it becomes difficult for governments to plan and respond appropriately to epidemics. There is a lack of concern for human rights and, critically, the lack of accountability among the authorities (Tomori 2019). The more vulnerable groups are at larger risk because of their lack of safety nets, while policies to respond to the pandemics may not recognize their needs (Wagstaff 2002; Ajayi and Smith 2019).

5.2.2 Political Economy and Disease Epidemics

Political economy research focuses on how political forces influence the economy. It considers the notion of distribution of economic gains in society since decision-makers with particular interests formulate economic policies. Thus, political economy considers the interests and incentives, ideas, and institutions that are associated with decisions (DFID 2009). Governments are among the institutions that make decisions at different levels that include national, provincial, and local levels (Amundsen et al. 2018). Interests and incentives are inherent in decision-making, and with regard to disasters, decisions may be made to serve the interests of certain groups. Disasters require different forms of relief and welfare services mainly targeted at vulnerable and affected communities. However, such resources may not reach the intended beneficiaries due to the actions taken by the governments in the appropriation of aid. Instead of being impartial and basing decisions relating to aid and disaster support on a rational basis, governments at times engage in partisan tendencies that benefit others while disadvantaging certain individuals and groups (Gollwitzer et al. 2020; Merkley et al. 2020). Ferguson (2015, p. 20) postulates that the “politics of distribution” encompasses the “general processes of distribution that unfold in contemporary societies and the sorts of claims and counter-claims that can be made about these processes.” The politics of distribution reveal how access to relief resources during and postdisasters emerge as a central claim to status and

authority in societies (McDonnell 2020), and how the interests of the distributors of aid and emergency resources may be solely to retain power instead of benefiting the needy. Local authorities can be entrusted with the task of distributing aid and managing the crisis within their areas of jurisdiction. The values that guide decision-making are also critical as these indicate what the decision-makers prioritize when responding to disasters. When institutions (mainly local governments) respond, they use a set of rules and laws that determine the incentives for elites while oppressing certain individuals and groups (DFID 2009). Lastly, the political economy brings into perspective the role of institutions in shaping policy, which in this case is the responses to disasters and epidemics.

5.3 Methodology

This desk review research adopted a case study of four countries (Zimbabwe, Lesotho, Tanzania, and South Africa) that were purposively selected to explore the political economy of the responses to COVID-19. First, South Africa has the highest number of cases in Africa and the government has implemented many measures aimed at “flattening the curve.”¹ Some of these regulations have been decried as irrational and only satisfy the concerns of particular individuals and groups. Second, Zimbabwe is characterized by several socioeconomic and political problems that have been exacerbated by the pandemic. The history of policymaking in Zimbabwe is largely characterized by partisan politics and clientelism; hence, it is informative to explore how this government has responded to the COVID-19 pandemic. Third, Lesotho is the last African country to report the COVID-19 case in Africa: It recorded its first COVID-19 case on May 12, 2020, and by July 7, 2020, there were no COVID-19-related deaths in the country. However, Lesotho has recently been grappling with political challenges that motivate its inclusion in this analysis. Lastly, Tanzania has been included because it has multiple neighbors, and any actions or inactions would easily affect other neighboring countries. Interestingly, Tanzania stopped recording COVID-19 cases in April 2020 after positive cases were recorded when samples were taken of pawpaw and goats, but in February 2021 the president announced that the country had to take heed of the COVID-19 pandemic, which was a reality in the country (Eyewitness News 2021). Data were collected from reviewing published literature including books, legislation, and other official documents, published reports, and from electronic media. Content analysis was used to analyze the data that were coded and categorized into relevant themes on local government responses in these countries.

¹Reducing the peak of an epidemic to reduce the demand for healthcare resources at any one time.

5.4 Tanzania

5.4.1 *The COVID-19 Situation in Tanzania*

Tanzania recorded its first confirmed COVID-19 case on March 16, 2020. On March 23, 2020, the Government of Tanzania issued a travel advisory notice to its citizens to avoid nonessential travel to COVID-19-affected countries. On March 24, 2020, Tanzania released guidelines for mandatory quarantine of travelers entering the country through airports, ports, and road crossings. Among the guidelines were the mandatory 14-day quarantine period and the procedures for handling returnees at points of entry and at quarantine centers (The United Republic of Tanzania 2020).

From the official data that were last released on April 29, 2020, the country had recorded 509 cases with 21 deaths. Since then, the COVID-19 statistics have not been released. However, by May 27, 2020, independent sources believed that there had been more than 400 deaths in Dar es Salaam alone and between 16,000 and 20,000 cases nationwide (Burke 2020). The president argued that releasing the data was causing unnecessary panic to the public. There are no clear data on the COVID-19 statistics after President Magufuli dismissed the efficacy of the tests used. The government complained about what it argued to be a faulty testing system where samples of fruit and goat reportedly tested positive. The Health Minister, Umyu Mwalimu, in May 2020 announced that they would resume issuing the COVID statistics after improvements at the national laboratory. As of end of March 2021, however, there have not been any formal statistics issued and the COVID situation in the country has remained under-reported. It can be argued that this could be a deliberate strategy to cover up on what was described by the US Envoy as “extremely high” cases of the virus and report lower figures.

5.4.2 *Tanzania’s Unusual National and Local Government Response to COVID-19*

Tanzania’s president shocked the world when he declared the country “coronavirus free,” a development that he attributed to prayers and fasting by the country’s citizens. Addressing Catholic congregants during one of the Sunday services in the capital Dodoma, the president was quoted as saying:

I want to thank Tanzanians of all faiths. We have been praying and fasting for God to save us from the pandemic that has afflicted our country and the world. But God has answered us. . . . The works of the devil will always be defeated in Tanzania because Tanzanians love God and that is why even the corona has been defeated by God. (BBC News 8 June 2020)

This claim was given after the government had stopped releasing COVID-19 statistics. In its failure to enforce lockdown measures recommended by the WHO, the Tanzanian government argued that it was more concerned about the economic impact of the lockdown, particularly on the vital tourism industry. Through his

populist policy, the president has allowed churches and mosques to remain open. Tanzania has been accused of politicizing the response where the coronavirus in the country was treated as a security risk and not a public health issue. As the Chair of SADC in 2020, Tanzania was expected to lead a regional strategy to contain the pandemic. Ironically, South Africa called a SADC meeting in May 2020 to discuss COVID-19, and Tanzania did not participate. Tanzania also failed to attend a virtual East African Community meeting on the regional response to coronavirus (Houttuin and Bastmeijer 2020).

In downplaying the threat of the virus, the president encouraged the use of local and [home remedies](#) such as drinking ginger and lemon tea, and steam therapy—known as *kujifukiza/kupiganyungu* in Swahili—as a way to prevent infection. At one time, the president even sent a plane to fetch Madagascar’s traditional remedy for the virus. The president appointed a new deputy health minister after the previous one questioned the use of steaming therapy to manage COVID-19. Following the sudden death of his predecessor, the president appointed a new Constitutional and Legal Affairs minister, who was given an unusual assignment of [investigating the activities of the national laboratory](#) and its handling of COVID-19 testing. Both these new appointees had defended Magufuli’s response to the virus (Mwai and Giles 2020). Ironically, the President of Tanzania, John Magufuli, reportedly died of COVID-19 complications on March 17, 2021 (BBC News 2021)

5.4.3 Local Governance Issues for COVID-19 Management in Tanzania

Despite the growing criticism about the country’s stance on COVID-19, it can be argued that Tanzania’s position has attracted some favor from the general public. It has been reported that a large share of the citizenry applauded the president for loosening the restrictions arguing that opening up the economy created jobs and business opportunities for the people. Critics believed that this populist position was intended to win the minds of the general public before the general elections planned for the end of 2020 (BBC News 2020).

Analysts cited the country’s repressive laws that restrict freedom of expression and press. In April 2020, a lawyer was arrested for distributing masks to journalists and talking about the importance of the news media’s role in informing the public. The government also reacted by fining three media organizations for what is referred to as “transmission of false and misleading information” about the government’s response. A local newspaper had its online publishing license suspended. Tanzania’s neighboring countries expressed concern about the failure to observe recommendations given by the World Health Organization (WHO) and were worried that downplaying the pandemic could seriously impact the whole region. For example, at one time, Nakonde District in Zambia, which borders Tanzania, had the most cases in the country, higher than the country’s capital, Lusaka. Kenya also imposed

stringent testing measures on Tanzanian truck drivers after over 50 of them tested positive for the virus in a single day. Disturbed by the COVID-19 denial, the US Embassy in Tanzania warned against the risk of the high spread of the disease. The government dismissed these fears and instead summoned the US Envoy (Burke 2020).

In Tanzania, the local governance around the response to the COVID-19 pandemic has been questioned. Writing in *The Conversation*, Aikande Clement Kwayu argues that COVID-19 has revealed, rather than informed, President Magufuli's governance style. The administration acted as if it were not dealing with a public health calamity but a war. A top-down approach was used that had not been transparent in engaging various groups including government loyalists and critics, while civil society organizations have been side-lined. However, faith-based organizations have fully embraced the government's position to keep the places of worship open. The official leader of the opposition in parliament was snubbed when he offered to work with the government to fight the virus. The country ignored the scientific bases of the disease, and the advice of health professionals was disregarded. The management of the virus has been at the whim of the president himself. This reflects the country's leader whom analysts describe as being autocratic, taking an idiosyncratic stance, and making unilateral decisions (Kwayu 2020).

Local government response to COVID has generally been a reflection of the central government's stance. The Regional Administration and Local Governments office responsible for governing health issues within local districts was removed from the prime minister's office to the president's office. This structural change means that local government matters fall directly under the president's office. Nevertheless, there have been notable cases where local governments used social media platforms to encourage their citizens to be COVID-sensitive. For example, the City of Dar es Salaam discouraged unnecessary movement of people within and outside the city, while encouraging traditional treatment of the disease by steaming and using ginger and lemon (Mwainyekule and Frimpong 2020).

5.5 Zimbabwe

5.5.1 *The COVID-19 Situation in Zimbabwe*

Zimbabwe recorded its first COVID-19 case on March 20, 2020, while the first COVID-19-related death was recorded on March 23, 2020. The rate of infection remained relatively low since then with most infections being those of individuals who had traveled abroad. The low figures that were initially being reported by the government raised alarm as many people felt the government was falsifying figures to form an impression that they had the situation under control. These allegations came as no surprise considering similar incidences that had happened in the past.

Concerning the 2008–2009 cholera pandemic, Cuneo et al. (2017, p. 256) recount that:

When the outbreak began to surface amid Zimbabwe’s economic crash, ZANU-PF initially suppressed information about it. When it became difficult to hide the burgeoning disaster, ZANU-PF fabricated data and refused offers of assistance by local physicians.

Since the beginning of July 2020, there has been a sharp increase in infections and mortality. In particular, Harare and Bulawayo recorded a steep rise in infections of 1584 and 996, respectively, as of August 4, 2020, while the national tally as of August 6 was 4 339 cases and 84 deaths. Although the government attributed this surge in infections to citizens returning from South Africa, Botswana, and the United Kingdom, there is some controversy with these figures as some proponents saw it as a move to implement a national total shutdown following the relaxation of this lockdown in June 2020. In particular, an anti-government demonstration was planned for July 31, 2020, by the opposition to protest against corruption and the deteriorating socioeconomic situation in the country. Critics argue that the government was falsifying numbers to keep citizens in their homes, thereby avoiding an impending crisis (Murwira 2020). There was a sudden surge in the rate of infections and deaths following the festive season that coincided with the second wave of the pandemic and outbreaks in southern Africa (News24 2021). This can be linked to the significant number of Zimbabweans who work in South Africa (which has been a hot spot of the pandemic in the region) and returned for the festive holidays and the relaxation of the lockdown rules, which eventually resulted in an increased rate of infections and deaths during January 2021. According to Worldometers (2021), Zimbabwe’s total reported cases were 36839 on March 31, 2021, and deaths 1542.

5.5.2 National and Local Government Responses to COVID-19 in Zimbabwe

On March 21, 2020, the Government of Zimbabwe enforced a 21-day lockdown characterized by the closure of all businesses save for essential services that included banks, health facilities, and grocery shops. Certain businesses in the formal sector had the leeway operate provided they followed the necessary precautions outlined by the WHO. Some registered informal traders were allowed to operate through provisions of Statutory Instrument (SI) 136 of 2020. However, as most informal enterprises are unregistered, they could not operate in the lockdown. To make matters worse, illegal vending sites in urban areas were destroyed during the lockdown period without prior notice. Over the years, local authorities in Zimbabwe’s cities, especially in Harare, have been fighting battles with illegal traders who resisted attempts to demolish their vending sites (Matamanda et al. 2020). Chirisa et al. (2020) indicated that the government used the epidemic as an excuse to get rid of the informal traders. This attack on vendors has been a persistent trend where the government often criminalizes informal traders. It blamed them for

the outbreak of the 2018 cholera outbreak in Harare (Kamete 2017, 2018). This reveals the government's tactics of shifting the blame for their poor governance.

Some legislation is deemed to be based on populism, for example, the SI 96 of 2020 granted moratorium on residential evictions due to default on rental obligations from April until the end of the national lockdown. This provision only applied to residential properties and did not include commercial properties that caused an outcry. Households whose livelihoods depended on rental incomes were affected by this decision. In June 2020, the moratorium was lifted although the national lockdown was still in place by then. The government centralized all the planning and response strategies and side-lined other stakeholders, especially human rights groups. Planning and coordination are the responsibility of the Permanent Secretary for the Ministry of Health and Child Care working with heads of other ministries. The Minister of Finance responsible for mobilizing resources to fight COVID-19, tried to use the pandemic to "beg" for funds from IMF, the World Bank, and the international community, as well as pleading for the removal of sanctions and debt relief (Dongozi 2020).

Treasury released USD2 million for urgent and immediate health-related imports (duty-free) and with relaxed procurement regulations to speed up the procurement of COVID-19 goods and services (Ncube 2020). Corruption marred the use of these funds as evident from the implication of the former Minister of Health and Child Care in the *Covidgate*. The first family was also implicated in the *Covidgate*, which involved the endorsement and facilitation of a procurement deal for COVID-19 medical supplies with a two-week-old company that had failed the security checks (Ndoro 2020).

To cushion the vulnerable groups against the COVID-19-related social shocks, Treasury allocated ZWL200, million per month for three months that was to be distributed by the Social Welfare Department under the cash transfer program targeting one million households (Ncube 2020). It was not clear how the beneficiaries were to be chosen, with fears of abuse of the facility by the ruling party for political gain. It remains vague who exactly benefited from these cash transfers. A ZWL17 million COVID-19 Youth Relief Fund was introduced by the Ministry of Youth, Sport, Arts, and Recreation. The list of beneficiaries and the criteria used to select them to remain a secret; hence, the fear that this youth fund would be used for political gain (Tshuma 2020). It has also been noted that the government efforts have been focused more on certain urban regions while neglecting others. This was evident in Harare where the water supply services were improved in affluent suburbs such as Hatfield, Mt Pleasant, and Borrowdale, while the same was not done in the high-density residential areas where the poor reside (Mavhunga 2020). Especially neglected were the informal settlements where the residents struggle to access portable water, yet hygiene was encouraged as a solution to curb the spread of the virus.

5.5.3 *The Political Economy of the National and Local Government Responses to COVID-19 in Zimbabwe*

Most of the strategies implemented did not meet the needs of the vulnerable groups who include the elderly, single parents, child-headed families, people living with chronic diseases, and the disabled. During the initial stages of the lockdown, the government banned the informal sector and the public transport system. This was observed during the first week of the lockdown in March 2020 when the Ruwa Local Board, City of Harare, and Chitungwiza Municipality undertook a blitz that targeted all the informal businesses in these areas. These blitzes were undertaken under the banner of cleaning up the city and limiting the spread of COVID-19, while in actual fact these local governments had seen an opportunity to deal with the informal traders whom they have always regarded as a nuisance in the city (Gukurume and Oosterom 2020). By so doing, it impacted individuals whose livelihoods depended on informal trading and small-scale farmers who could not sell their products, some of which ended up rotting (Scoones 2020). The produce of small-scale farmers who tried to travel to markets during the early days of the lockdown was confiscated and destroyed by municipal police and members of the security forces who were enforcing the lockdown regulations.

Thousands of youths who were employed in the public transport sector were rendered jobless by the lockdown. This was a result of the decision by the Harare City Council to ban all commuter buses, which were privately owned, and the dominant mode of public transport in Harare, and reintroduce the state-owned buses. This move was meant to revitalize public transport in Harare, which had become informalized for some time already. While providing transport services, it had numerous problems associated with it, for example, touts (Muchadenyika 2018), loss of potential income for the city (Chirisa 2017), and increasing road accidents in recent years (Saunyama 2017). Hence, the COVID-19 pandemic became a good excuse for the city of Harare to ban the *kombis* for good (Chingwere 2020). Yet, this decision to ban the *kombis* was not well thought through, as the state-owned buses are inadequate. The result has been escalated transport woes for urban commuters who have to spend more time waiting for alternative transport or resort to walking longer distances (Zvaraya 2020). The majority of the commuters pool private cars, where, in most instances, they will not be observing social distancing or the necessary health protocols for preventing the spread of the virus should one of the commuters be infected (Jimu and Matonhodze 2020). The same has also affected people living with chronic diseases who now face travel restrictions. Chingono (2020) indicates that pensioners are among the hardest hit vulnerable groups as they need to travel and get their monthly pension benefits. Vulnerable groups are also forced to breach the lockdown regulations as they look for food, water, and other basic commodities and consequently face brutality from the security personnel enforcing the regulations (Dongozi 2020).

5.6 South Africa

5.6.1 *COVID-19 Situation in South Africa*

The first COVID-19 case in South Africa was reported on March 5, 2020. As of March 31, 2021, a cumulative total of at least 1,548,150 confirmed cases with 52,897 deaths have been reported in South Africa. This is roughly triple the number of confirmed cases compared to the next highest number of cases in Africa (Morocco) (Worldometer, 26 April 2021). The Western Cape Province was the most affected during the first wave of infections, but this changed during the second wave from December 2020 when the Eastern Cape and KwaZulu-Natal Provinces were gravely affected along with the most populous province, Gauteng.

5.6.2 *National and Local Government Response to COVID-19 in South Africa*

On March 15, 2020, President Cyril Ramaphosa declared a national state of disaster in terms of the Disaster Management Act, 2002, just days after the WHO announced COVID-19 as a global pandemic. Most government responses were largely informed by WHO recommendations and the knowledge of the coronavirus at the time. The South African government announced 21 days of lockdown from March 26, 2020, in which citizens across the country were required to stay indoors while most businesses had to close except for critical services such as medical facilities, banks, fuel retailers, and grocery stores. Any sales of precooked hot food were also banned. At this time, it was not clear whether spaza² shops could continue to operate. It seems the government was not concerned about this formerly marginalized sector although it is significant in sustaining many poor households. About 120,000 spaza shops contribute over R100–200 billion per year to the South African economy, while the informal fast-food market is worth an estimated R80 billion per year (Slater 2020). People in the informal economy lost their sources of income leading to widespread hunger (De Coning 2020). Some 24389 security forces—police supported by the army—were deployed, to enforce the lockdown regulations confining people to their homes. Within the first seven days, security forces arrested more than 2000 people for allegedly flouting the regulations and domestic violence skyrocketed (Human Rights Watch 2020).

The Department of Trade and Industry introduced regulations against price gouging and export control measures on essential goods. The government also introduced measures for COVID-19 emergency procurement and the maximum prices for the personal protective equipment it will procure (IMF 2020). On March

²Small shops selling convenience goods in low-income areas.

17, the Human Settlements, Water and Sanitation Department announced that it would increase the provision of water and sanitation measures in high-density informal settlements and rural areas by procuring the country's entire supply of water tanks (Human Rights Watch 2020; PMG 2020a). The pandemic has thus exposed the longstanding inequalities in service delivery among the poor who lack access to basic services and the continuing, yet unfulfilled, promises by the government to deliver such services. Although there have been ongoing promises of providing water and sanitation in those areas that lack them, the provision of such services remains uneven, with some municipalities performing better than others (International Budget Partnership 2020; StatsSA 2019). Furthermore, there were reported cases of demolitions of informal settlements in Cape Town (SABC News 2020), while the Minister of Human settlements proposed displacement of some informal settlers to "de-densify" high-density areas (PMG 2020a). This is an indication of the populism mantra where the government says one thing, while their actions contradict their promises. This situation echoes the Zimbabwean case where the pandemic has been taken as an excuse to deal with informal settlements.

The South African government introduced an ZAR800 billion emergency intervention to support SMMEs, provide tax relief, unemployment aid, and support for black entrepreneurs that supply critical medical products and various forms of loan funding and tax incentives to help support vulnerable businesses during the lockdown. In terms of responding to the impact of COVID-19 on local economies in metropolitan municipalities, the first emerging theme is the promotion of economic inclusivity, supporting redistribution, and growing economic participation. Specific interventions to assist workers laid off were created through the Unemployment Insurance Fund and a new 6-month COVID-19 grant was also created to cover unemployed workers that do not receive other grants or UIF benefits. The number of food parcels for distribution was increased, and this was buoyed by charities and public donations (PMG 2020b). A "Solidarity Fund" was created to access private contributions, and support municipal provision of emergency water supply, increased sanitation in public transport, and food and shelter for the homeless. The revenue administration accelerated reimbursements and tax credits, allowing small and medium enterprises to defer certain tax liabilities, and a full rebate of customs duty and tax was permitted for essential goods. A four-month skills development levy tax holiday was also been implemented (IMF 2020).

Local governments in South Africa have been under increasing criticism for their inability to provide and maintain basic services and are seldom able to facilitate social and economic development (Auditor General 2020; Hlati and Maziwisa 2020). Under the National State of Disaster, municipalities were required to prepare and implement COVID-19 response plans and to provide sufficient water, clean and disinfect public facilities and close all public places other than food markets and those needed for essential services. They were also expected to disseminate information and distribute food parcels (De Visser and Chigwata 2020).

As Visagie and Turok point out (2020), the metropolitan municipalities performed better than their rural counterparts and their residents were generally better off. As a result, the national and provincial government has had the onus of

providing additional grants and aid to residents of rural areas. Nonetheless, urban townships³ and informal settlements in cities appear to have a higher prevalence of COVID-19 than their suburban counterparts. This can largely be ascribed to the overcrowding of dwellings and lower immunity due to multiple stressors such as unemployment and poverty (Harrisberg 2020).

Johannesburg, Cape Town, Tshwane, and eThekweni were among the most proactive local governments with actions to assist informal (food) traders and ratepayers (Hlati and Maziwisa 2020). According to the Department of Planning Monitoring and Evaluation (DPME 2020), municipalities also extended their water services in conjunction with the Department of Human Settlements Water and Sanitation. Although there is limited information on the performance of other local governments, the discussions in Cooperative Development and Traditional Affairs parliamentary portfolio committees indicate ineptitude and corruption (PMG 2020c).

5.6.3 The Political Economy of Government's Responses to COVID-19 in South Africa

The National Coronavirus Command Council (NCCC) comprising key cabinet ministers and the president as its chairperson was set up to coordinate disaster responses and advise the cabinet. Despite the President's stance on corruption and misuse of funds to deal with the virus, corruption was widespread with allegations of politicians and officials seeking to illegally benefit from the funds allocated to ease the impact of COVID-19 and to provide personal protective equipment (Corruption Watch 2021; Reuters 2021).

In the Eastern Cape, it was alleged that tender corruption has been rife. Initial reports indicate that a company contracted to conduct a door-to-door campaign with a cost of R4.8 million failed to prove any form of outreach (Zulile 2020). Several arrests were made related to corruption and fraud, which involves ZAR 170 million in UIF funds, intended for workers who lost income due to the national lockdown (South African Government 2021). The money was allegedly fraudulently paid into the bank account of one worker. Inaction or delayed action in providing relief to poor households could lead to starvation and deaths not directly related to the virus, given the high levels of food insecurity in the country (Visage and Turok 2020).

KwaZulu-Natal's COVID-19 emergency spending was centralized under the provincial treasury after the controversial purchase of ZAR 22 million of blankets by the social development department. None of the purchases was made directly from manufacturers, but from middlemen, who added their mark-up to benefit businesspeople close to senior officials (Harper 2020). In Gauteng, serious allegations of corruption in the purchase of personal protective equipment of R125 million

³Large dormitory housing estates developed on the periphery of towns for non-white residents under colonial and apartheid governments.

involving the provincial Member of Executive Committee for Health Premier Makhura were confirmed (Koko 2020). Cases of fraud have been linked to the ANC as it allegedly abused the COVID-19 funds and are accused of using COVID-19 as a political tool. While many have sought to fraudulently enrich themselves, it is the poor and marginalized that remain the most vulnerable to COVID-19 or its socioeconomic impacts.

The NCCC has faced much criticism and the government has faced several legal challenges to the ban on alcohol and cigarettes. There were also complaints that the NCCC is undemocratic and not transparent as it was set up without any relation to the Constitution (Davids 2021).

5.7 Lesotho

5.7.1 COVID-19 Situation in Lesotho

Lesotho was the last African country to record COVID-19, with the first case recorded on May 13, 2020, by which point speculation had risen given the close proximity of the country to South Africa, which in contrast had recorded 40% of the cases in Africa. The number of cases started to increase from July 2020 as shown in Table 5.1.

The reporting of the cases in Lesotho has been questioned, and it may be argued that the government has downplayed the epidemic due to political instability. Since February 2020, the parliament in Lesotho has been engrossed in issues around the former prime minister who was charged with murdering his first wife. This issue took priority among the political elites and decision-makers to the neglect of the coronavirus. Additionally, the absence of COVID-19 cases in Lesotho before its initial reporting has been attributed to lack of testing, confirmed through the donation of 20,000 testing kits by the Chinese government and billionaire Jack Ma—which would have come with conditions benefiting the donors (Marques 2020). Thus, humanitarian assistance ostensibly to combat the COVID-19 epidemic is in reality politically driven benefiting certain individuals and governments.

Table 5.1 COVID-19 cases in Lesotho

Date	Tests	Positive	Recoveries	Deaths
May 13, 2020	256	1	0	0
June 21, 2020	2137	20	2	0
July 14, 2020	6033	256	48	3
August 1, 2020	8606	700	171	14
February 19, 2021	59, 408	10, 455	3,260	285
March 31, 2021	77,329*	10,686	6,267*	315

Source: (Worldometer 2020; 2021) (date of data for tests and recoveries March 26, 2021)

5.7.2 *National and Local Government Responses to COVID-19 in Lesotho*

On March 29, 2020, despite not having recorded a single COVID-19 case, the Lesotho government implemented a 21-day national lockdown to safeguard the kingdom from the potential spreading of the virus from South Africa, which surrounds Lesotho. The national lockdown included the cessation of foreign trade and the closure of all nonessential services. Table 5.2 profiles the laws and regulations that the country produced about COVID-19.

The National Emergency Command Centre (NECC) and District Emergency Operation Centres (DEOCs) were formed to deliberate on action plans regarding the socioeconomic impacts of the pandemic. In April, three local medical specialists were selected to lead the country's fight against the pandemic, and on July 10, 2020, in the wake of 184 cases and 1 death, three WHO-funded epidemiologists were appointed to increase the capacity of existing team. Additionally, from May 2020, the country received support amounting to USD 5,74 million from the World Bank for the COVID-19 Emergency Preparedness and Response Project. The project sought to train health practitioners on prevention, control, contact tracing, and case management, to procure PPE and medical supplies plus ICU and isolation resources as well as additional training of human resource at institutional and community levels. By February 8, 2021, 1997 health staff had been trained through this project (Di Giorgio 2021).

The Commissioner of Police appealed that the police respect citizens' rights given their history of defying these rights, yet within a week, social media posts showed police flogging civilians including women on the streets (Monitor Civicus 2020). Those in charge defied lockdown regulations. Though the sale of liquor was prohibited, the Minister of Police was captured on CCTV obtaining alcohol from a

Table 5.2 COVID-19 responses in Lesotho

Declaration of COVID-19 State of Emergency Notice, March 27, 2020	Legal Notice No. 26 of 2020	Enforce the first 21-day national lockdown and allow only essential services to operate
Public Health (COVID-19) Regulations, April 7, 2020	Legal Notice No. 31 of 2020	Clarifying operating hours for businesses and transport operators
Public Health (COVID-19) Regulations, April 22, 2020	Legal Notice No.38 of 2020	14-day lockdown regulations and designate border posts for cross-border traveling. Also stipulates fines for lockdown contraveners
Public Health (COVID-19) Regulations, May 6, 2020	Legal Notice No. 41 of 2020	To stipulate lockdown regulations that curtailed citizen movement and restricted cross-border
Public Health (COVID-19) (Amendment) Regulations, May 19, 2020	Legal Notice No. 46 of 2020	Prevention of introduction and spread of COVID-19, the opening of some education institutions, and fumigation of public places

Source: Government of Lesotho (2020)

Chinese liquor store in Maseru prompting an investigation (Molise 2020). In a conversation with Mr M Matome (personal communication, July 20, 2020), it became apparent that some security personnel are using this time to drive their agendas:

I have been selling alcohol undercover during the lockdown because I have no other means of income. The soldiers and police sometimes come and confiscate my merchandise, other times they beat us up. The other day they demanded that if I wanted to keep my merchandise, I should pay them M2000 after-sales. Others negotiated to bring confiscated liquor to me so that I could sell for them.

Many Basotho confined in South Africa as a result of the national lockdown were also included in the resilience plan, with about M4 million budgeted for their assistance (NECC 2020). In liaison with the SA government, these citizens were allocated specific health outlets where they could access medical assistance. However, many Basotho—including those who normally work in South Africa—faced a dire need for sustenance. Consequently, the Lesotho government pledged M15 million to secure food assistance for vulnerable groups. Local chiefs, community councilors, and district authorities have been tasked with working together to identify members of communities that should be prioritized in the dissemination of the food aid. In December 2020, the government facilitated border post testing to thousands of Basotho who would be coming home from South Africa. It is said that approximately 13 000 people entered the country legally during that month, with thousands more entering illicitly in fear of their outdated or nonexistent passports. Only 39 000 of these people were tested, with at least 100 positive cases recorded at border posts each day. By January 2021, the lockdown regulations were once again tightened as the country's COVID-19 statistics rose at an alarming level. A plan was implemented to test at least 2000 citizens per day countrywide, but this too, fell short due to a lack of resources (Charumbira 2021). Failure to mention informal traders in the economic activities guidelines in January 2021 indicates a lack of strategy to support informal traders during this pandemic, added to no clear mandate to aid business owners and vulnerable communities in need of food security.

Community councilors are currently sensitizing communities about the importance of social distancing, sanitizing, and reporting suspected cases of COVID-19, especially in light of illicit border crossings. District command centers have received COVID-19 mitigation funding but have failed to allocate some support to the local councils. Councilors have therefore complained about lack of communication, personal protective equipment (PPE), and other resources on the fight against COVID-19. This is but one of the apparent instances of centralized financial accountability in the country, which limits the input of local government in among other things, mitigation of the COVID-19 pandemic. Furthermore, councilors have mentioned the need for capacity building in contact tracing, community distribution of PPE, and transport means to facilitate the isolated passage of emergency cases to health facilities. Moreover, though public sanitation stations have been installed in some public bus stops, these too usually run out of sanitizer due to financial constraints. The greatest challenge in addressing local government shortcomings

seems to be a dearth of platforms that allow the voices of community councilors to be heard, and constructive action to be taken thereafter.⁴ In terms of civil society, some NGOs like *Help Lesotho* have integrated COVID-19 education into their initiatives, especially to benefit those with limited access to information. They also periodically distribute food packages to some poor communities, while also offering psychological support through *WhatsApp* groups for its members to lessen the stigmatization of the pandemic (Help Lesotho 2020).

5.8 Discussion

The emerging analysis illuminates the interests of the respective national and local governments in responding to the COVID-19 pandemic by showing how decisions are made with the view to benefit certain individuals while sanctioning others. As explained by DFID (2009), decisions are made by certain institutions with particular interests and by falsifying statistics related to the pandemic. It is confirmed from the foregoing discussion that the government at both levels, local and national, have formulated and implemented COVID-19 response strategies based on the interests of the economic and political elites, with little regard for the welfare of the citizens. In Lesotho, it seems the central government was more concerned with political issues and failed to prioritize the epidemic, while in Tanzania and Zimbabwe the central governments were falsifying figures to give an impression that they have the situation under control. This culture of falsifying figures during a disaster seems to be inherent in SSA and may be a governmental strategy to cover up their mismanagement, poor governance, and high levels of corruption and instead make an impression of being competent and proactive. The governments thus chose to neglect their mandate of informing the citizens and choose to misinform them to maintain their public support as illustrated by Melber (2018) that the political elites simply care about their interests while purporting to be serving the public interest.

Governments tend to centralize decision-making and marginalize other stakeholders. This centralization of decision-making confirms the argument by DFID (2009) and Ferguson (2015) that politicians use their power and authority to influence decision-making and formulate and implement legislation that benefits them. For example, in Tanzania, some media houses deemed to be a threat to the government lost their licenses on the pretext that they were reporting false information. Likewise, in Zimbabwe, the imposed lockdown had some political connotations as the central government was trying to disrupt the intended political demonstrations orchestrated by civil society requesting the president to address the country's economic woes. The South African government has used the epidemic to close its borders and thus deal with its longstanding issue with (illegal) migrants from neighboring Zimbabwe and Mozambique. Notwithstanding the "closed"

⁴Interview conducted on February 19, 2021, with a town planner working in Maseru municipality

borders, many Basotho were still able to cross to and from South Africa with relative ease, unlike immigrants from Zimbabwe trying to cross the Beitbridge border post into South Africa

Additionally, many local governments have used the epidemic to sanction certain individuals and sectors. It was stressed that the informal sector and informal residential communities have suffered much of the brunt of the responses. As Ajayi and Smith (2019) pointed out, vulnerable groups remain marginalized as policies to respond to pandemics fail to recognize their needs. The analysis shows that instead of addressing the needs of the poor—whose livelihoods depend on the informal economy—local governments in Zimbabwe have tried to use the pandemic as a good excuse to eradicate the informal sector. Although the South African national government has allocated funds to assist SMEs, it has not been clear who received these funds. This has been much the same case for Zimbabwe and Lesotho where the funds set aside for social protection have been embezzled by some local authorities, mainly by political and economic elites. The obtaining situation confirms the notion of politics of distribution postulated by Ferguson (2015) where the finding tends to benefit certain individuals predominantly on a partisan basis as elaborated by McGregor and Chatiza (2020).

The epidemic in SSA has created an opportunity for national governments to source external funding from donors and international community, mainly to replenish the leaking begging bowls. Notably, the Zimbabwean and Lesotho governments have tried to use the epidemic as an excuse to beg for funds from the IMF and World Bank to address the country's longstanding economic woes. At the local government level, it has been observed that there has been massive mismanagement of funds through the different tenders, especially in South Africa. This has been evident from the PPE tender scandal in the Gauteng Province. Consequently, the local government responses to the COVID-19 epidemic in SSA have also resulted in some state capture where the decision-makers have announced some relief packages that never materialized. In South Africa and Zimbabwe, where the respective national governments have set aside funds to benefit the vulnerable communities, the beneficiaries of such relief funds either remain vague or never receive the money. At the local level, some authorities, for example, premiers from selected provinces in South Africa have manipulated such tenders such that they are awarded to companies in which they have a stake thus directly benefiting from these tenders.

There have also been instances of politics of distribution where relief is directed based on a partisan basis at the local level. When such COVID-relief funds were availed, they are often captured by a few political elites as evident from the inflated tenders in South Africa and the Zimbabwe's *Covidgate* scandal, which are an indication of how a few individuals get to benefit from the relief funds as pointed out by Ferguson (2015). This also presents an opportunity for some international players such as China who then use the relief assistance for political gain, as evident in Lesotho where the Chinese and Alibaba foundation have donated testing kits and equipment that often come with several terms and conditions. Political affiliation has been identified as the litmus test for who gets to benefit at the local level where the political leaders reward their patrons while sanctioning those who oppose them. A

typical example has been the move taken in Harare to put a firm grip on the informal economy owing to the rising association of individuals in this sector to civil right organizations who are often in opposition with the government.

5.9 Conclusion

Although national and local governments make decisions to respond to disease pandemics, the political economy is inherent in such responses where the interests of a few elites are prioritized. Subsequently, such pandemics become an opportunity for governments to misuse public funds, “deal” with some individuals and groups opposing them, while the vulnerable groups remain entrenched in poverty and misery. Dealing with disasters—including pandemics—requires decisive leadership, transparency, and accountability concerning why and how decisions are reached. The South African government may be an exemplar as evident from the continuous press conference that has been held during this pandemic.

Given the increase in natural and health emergencies globally, effective legislative frameworks, which support vulnerable groups during and after disasters, should be a product of an inclusive consultation process to promote transparency. A holistic approach to policy formulation and implementation, which includes everyone despite their political affiliation, is needed. As importantly, transparency on the spending of government funds (taxpayers’ money or grants/loans) is essential with independent auditing of spending and investigations of misuse.

Respect for human rights instead of self-enrichment is essential. This should include an acceptance of and support for the informal economy and housing rather than discrimination against the poor. There is a need for effective social protection systems to safeguarding the poor and vulnerable groups from falling into poverty, as well as supporting businesses and overall economic resilience. Women, children, and people with disabilities, the marginalized, and the displaced, all pay the highest price in disasters and are at risk of suffering devastating losses from COVID-19. A long-term solution would be to make these vulnerable groups self-reliant: this requires synergies between government, nongovernmental organizations, civil society, and affected people.

The major contribution of this study is to shed light on the political economy of government and local government responses to COVID-19 in SSA, adding to the growing body of knowledge on responses to the increasing frequency of disease pandemics. Critical insights are also provided, which may be relevant for policy analysis. While contributing to the growing scholarly work on COVID-19 in SSA, this study does not capture the voices of the victims of the pandemic, which is also critical to understand how the pandemic has affected them and how they have been assisted or disadvantaged by the government and other stakeholders’ actions. This is an area for further research that would be made possible once the lockdown restrictions have been relaxed as it is not possible to undertake such as study during the current situation.

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Abraham R. Matamanda is a Lecturer in the Department of Geography, Faculty of Natural and Agricultural Sciences, Bloemfontein Campus, University of the Free State. Abraham holds a PhD in Urban and Regional Planning from the University of the Free State, in South Africa. He also holds a BSc (Hons) in Rural and Urban Planning and an MSc in Social Ecology both obtained from the University of Zimbabwe. Abraham's research focus is on informal urbanism, human settlement planning, urban political ecology and economy, climate change adaptation in urban areas and urban form, and morphology. Abraham has published widely on issues related to urban planning, and his recent publications include a book he co-edited titled "Urban Geography in Postcolonial Zimbabwe: Paradigms and perspectives for sustainable urban planning and governance," published by Springer Nature (2021). Abraham has also authored and co-authored the following articles published in internationally peer-reviewed journals. The following are some of Abraham's recent articles that he has authored and co-authored: Mugabe's urban legacy: A postcolonial perspective on urban development in Harare, Zimbabwe; Politics and the legacy of street renaming in postcolonial Zimbabwe; The planning profession questioned: evidence from the role and practice of planners in Zimbabwe; and Elitist domination and its import: survey of four decades of perpetuation of inequalities in Zimbabwe.

Verna Nel qualified as a town and regional planner at Wits University and later obtained an MSc and a PhD through UNISA. She began her career at the Johannesburg Municipality and later worked in a private firm and national government before joining the Centurion Town Council. In 1998, she was appointed chief Town Planner at the municipality. She managed the City Planning function of the City of Tshwane from July 2001 to June 2008. She served on the South African Council for Planners from 2014 to 2021. In 2009, she moved to the Urban and Regional Planning Department of the University of the Free State. Her research interests include spatial and urban resilience and spatial governance both applied in various contexts (e.g., local economic development; the effect of mine closure on communities) and participated in the South African Planning Education Research Project. Recent publications include two edited books: *Urban Geography in Postcolonial Zimbabwe: Paradigms and Perspectives for Sustainable Urban Planning and Governance* and *Space and planning in secondary cities: Reflections from South Africa*. Papers include *Towards an understanding of proactive upzoning globally and in South Africa*; *A thriving coal mining city in crisis? The governance and spatial planning challenges at Witbank, South Africa*; *A*

Better Zoning System for South Africa; and SPLUMA, Zoning and Effective Land Use Management in South Africa.

Nelson Chanza holds a PhD in Environmental Geography. He is currently a Research Fellow in the Department of Urban and Regional Planning, University of Johannesburg. Before this, he worked as a Senior Lecturer in the Department of Geography at the Bindura University of Science Education. His research contributions are largely in the fields of local knowledge applications in disaster management and climate science, in particular, the use of community-based knowledge in climate change impact assessment, adaptation and mitigation strategies that are understood and used by local communities. His research interests are in exploring the sustainability science discourse through examining the interface between climate change, disasters, and society.

Lucia Leboto-Khetsi obtained her Bachelor of Arts in Urban and Regional Planning from the National University of Lesotho, and both her Honours in Spatial Planning and Masters in Urban and Regional Planning from the University of the Free State (UFS), South Africa. She is currently a PhD candidate under the Department of Urban and Regional Planning at the UFS. Her current research aims to establish ways through which township housing revitalization can lead to sustainable local economies by means of collaborative planning approach. Her other research interests include local governance, COVID-19, urban planning, African issues, and climate change. As an emerging scholar, she has co-authored publications including the “Ecological Risks of the Postcolonial City: Experiences from Harare, Zimbabwe” and “The planning profession questioned: Evidence from the role and practice of planners in Zimbabwe.” She is also a member of the South African Council for Planners (SACPLAN) and the South African Planning Institute (SAPI).

Fortune Mangara is the co-founder of Future African Cities Institute. He holds a BSc Honors in Rural and Urban Planning, which he obtained from the University of Zimbabwe. Fortune is also a graduate from the North-West University, Potchefstroom, South Africa, where he graduated with his MSc in Urban and Regional Planning. Fortune is currently a PhD Candidate in the Department of Urban and Regional Planning at North-West University, Potchefstroom, South Africa. His research interests are, but not limited to, urban conservation, informality in cities, and green infrastructure. Fortune’s recent publications include *Informal Settlement Upgrading Strategies: The Zimbabwean Experience* and *The Ecological Politics Surrounding the Downsizing and Downgrading of Public Park: A Reflection on the History of Change of the Harare Gardens in Zimbabwe*.

Partson Paradza is a holder of a Ph.D. and master’s in real estate from the University of Pretoria in South Africa. He also obtained a Bachelor of Science Honours Degree in Rural and Urban Planning from the University of Zimbabwe in Zimbabwe. Currently, Partson is pursuing an MBA in Construction and Real Estate at the University College of Estates Management, United Kingdom. From 2011 to September 2016, he worked as an Estates Officer in the Department of Public Works. From September 2016 to February 2018, he worked as a Town Planning Officer in the Department of Physical Planning in Zimbabwe. Partson started his academic career in February 2018 when he joined BA ISAGO University, Botswana, as a lecturer in the Department of Real Estate. Partson is a member of the African Real Estate Society (AfRES), the Pula Institute of Town Planners (PITP) as well as a candidate member of the Royal Institution of Chartered Surveyors (RICS) and a student member of the Compulsory Purchase Association as well as the Chartered Management Institute (CMI). His research interest includes property valuation for expropriation, real estate, planning education, and social housing.

Part II

Chapter 6

German Local Authorities in the COVID-19 Pandemic: Challenges, Impacts and Adaptations



Jochen Franzke

Abstract This study evaluates the challenges, institutional impacts and responses of German local authorities to the COVID-19 pandemic from a political science point of view. The main research question is how they have contributed to combat the COVID-19 pandemic and to what extent the strengths and weaknesses of the German model of municipal autonomy have influenced their policy. It analyses the adaptation strategies of German local authorities and assesses the effectiveness of their actions up to now. Their implementation is then evaluated in five selected issues, e.g. adjustment organization and staff, challenges for local finances, local politics and citizen's participation. This analysis is reflecting the scientific debate in Germany since the beginning of 2020, based on the available analyses of political science, law, economics, sociology and geography until end of March 2021.

Keywords Germany · Municipalities · COVID-19 pandemic · Resilience · Coordination · Administration · Local and urban governance · Local politics · Local finance · Local community

6.1 Introduction

The main research question of this study is to find out how local governments fit into the German policy against the COVID-19 pandemic within the multilevel federal governance system. It shall be worked out how the German model of municipal autonomy has contributed to this result. The study is based on a general literature review, including political and administrative analyses as well as economic and sociological studies. Some international comparative studies are also included. Searching academic databases using search strings describes, summarizes, evaluates, clarifies and integrates similar results and approaches (Fettke 2006). This can help to

J. Franzke (✉)
University of Potsdam, Potsdam, Germany
e-mail: franzke@uni-potsdam.de

structure and build on the rapidly increasing knowledge on the impacts of the COVID-19 pandemic on local governments (see also Kuhlmann/Franzke 2021).

This chapter consists of three sections. In the first, the role and competencies of German local authorities within the federal multilevel governance in general and in the policy of combating a pandemic are analysed. The starting point is the current legal and political framework of the German model of local autonomy and their competencies for containing the corona infections. This is followed by a description of the general local strategies in the pandemic. Their implementation is then evaluated in five selected issues, e.g. adjustment organization and staff, challenges for local finances, local politics and citizen's participation. The most important findings of this study are summarized in the conclusions.

6.2 German Local Authorities Action in the Corona Crisis

6.2.1 Framework

Multilevel Federal Political–Administrative System German federalism is traditionally based on permanent cooperation between the federal and *Länder* levels. The federal level enacts most of the laws, but mostly the *Länder* are responsible to implement them additionally to their own laws by their administration. German federalism is characterized by a close interlocking of the federal and *Länder* executives (“executive federalism”), with relative powerlessness of *Länder* parliaments. The German local authorities do not form their own political level as they are part of the respective *Länder* administrations (For more details, see Kuhlmann and Wollmann 2014: 72ff.)

Typical for federal states is a multilevel governance system with two different major ideal types of coordination and organization in the subnational space (see Hooghe and Marks 2001, 2003; Kuhlmann and Wollmann 2011: 489; Kuhlmann 2015).

In the multi-purpose model (“ideal-type multilevel governance I”), all territorial functions fall to the local or regional governments acting a politically responsible all-purpose institution. This model represents a territorially based mode of political–administrative steering with the subnational governments by defining the common good for their territories and thus to subordinate multiple single-purpose actors with specific interests below the given territorial rationality. It emphasizes the role of decentralized governments for horizontal coordination and harmonization of potentially conflicting policy goals.

However, the single-purpose model (“ideal-type of multilevel governance II”) represents a vertical, function-based administrative organization, in which more centralized coordination predominantly links up the different levels. It institutionally separates political accountability and administrative execution as well as privileges vertical coordination across levels. It is premised on functional rationality and relies more on centralized decision-making rather than local discretion.

Local autonomy in Germany is constitutionally protected. The upper local level in Germany currently consists of 294 counties¹ and 107 county-free cities.² The lower one consists of 10,790 municipalities, of which about a third still have their own administration.³ The German local governments are traditionally characterized by a broad “multifunctionality” rooted in the scope of their tasks and the “general competence clause” laid down in Article 28 of the Federal constitution (Kuhlmann and Wollmann 2014: 75). Because of the combination of genuine local government and delegated state task, in Germany a “local administration-centred integrationalist model” (Wollmann 1999: 196) is established. Local government tasks in Germany are territorial-based, multifunctional and extraordinarily broad including town planning and development, social and cultural tasks such as public services and utilities. Delegated state tasks are typically focused on public safety and order. Finally, German municipalities are traditionally “strongly engaged in the local economy and providing public services either by local government units and personnel (in house) or through municipal companies” (Kuhlmann and Wollmann 2014: 75). Some of these competencies of German local self-governments proved to be very helpful in the COVID-19 pandemic, especially the sovereignty to decide independently about their organizational and personnel structure (see Franzke and Schaap 2021).

Intergovernmental Pandemic Governance in Germany When dealing with any disaster, including pandemics, political-administrative crisis management in Germany is including all measures for the prevention, detection, management and follow-up of this disaster. Effective and efficient crisis management contains the creation of conceptual, organizational and procedural prerequisites “that support the return of an exceptional situation that has occurred to normal as quickly as possible” (Ministerium des Inneren und für kommunale Angelegenheiten Nordrhein-Westfalen 2016: § 1).

In times of peace, based on Art. 91 and 35 of the Basis law, in Germany only the *Länder* and local governments have the right to impose emergency measures—temporally and locally restricted—and execute them in their own discretion. But, if the federal level decided to declare an internal emergency according to the German constitution that the federal government would win more interventions powers towards the subnational levels. But the federal government up to now did not decide to declare an internal emergency (see Kersten and Rixen 2020: 34ff.). Alternatively, it opted at the beginning of the pandemic to make use of the Federal Law on the Prevention of Infection (*Infektionsschutzgesetz*, IfSG), especially its general clause

¹The counties are both institutions of local self-government and by the head of county authority (‘Landrat’) the lower state administrative authority in most of the German federal states.

²The German county-free cities carry out municipal and county tasks together by its own administration.

³All other German municipalities belong to “Association of Municipalities” (“Amt or Verwaltungsgemeinschaft”), in which the administrations of all member municipalities are centralized and certain municipal tasks are concentrated.

(§ 28). But this “by no means clearly worded clause” (see Kersten and Rixen 2020: 36) was and is still extremely controversial. Therefore, it was redrafted firstly on 27 March 2020, when the Bundestag proclaimed an epidemic situation of national scope in Germany and passed a specific law to protect the population.⁴ Regardless, the federation has for a long time no legal means to impose pandemic emergency measures (such as shutdowns and lockdowns) on the whole country.⁵ The execution of this law exclusively falls to the *Länder* and local governments, which have the right to impose necessary protective measures to the extent and for as long as it is necessary to prevent the spread of the diseases.

Against this background, the German COVID-19 containment strategy was mainly based on executive orders by the *Länder* and local governments imposing lockdowns, contact bans, shutdowns and closures of public or private facilities, and so on. However, the predominance of the subnational actors in the pandemic does not mean disconnected and completely discretionary actions—quite on the contrary. According to the principles of a “unitary” and “cooperative” federalism (see Behnke and Kropp 2020), intense coordination and collaboration across all levels and jurisdictions were extensively practised during the pandemic. In this process, the Robert Koch Institute (RKI) as upper federal agency and research institute responsible for disease control and prevention took over the central coordination role in the exchange of information between the federal and *Länder* governments during the pandemic.⁶

For this purpose, the German federal system possesses some institutionalized joint decision-making patterns, some of which involve the *Länder* only (horizontal collaboration), while others involve the federal and the *Länder* level (vertical collaboration). Drawing on these well-trained intergovernmental mechanisms, special summits of the Federal Chancellor and the 16 *Länder* prime ministers since March 2020 try to achieve nationwide standards in pandemic containment.⁷ 21 of such summits had taken place by the end of March 2021. All in all, the pandemic governance in Germany shows a certain pattern with repeated re-balancing of localized or discretionary and intergovernmental or uniform containment regulations. It oscillates between decentralization, when the number of infections fell or

⁴This law has up to now been substantiated in further amendments at 19 May 2020, 18 November, 2020, and 29 March 2021.

⁵Very lately, in April 2021 a uniform federal regulation (called the emergency brake) was passed by Bundestag and Bundesrat, which makes binding specifications for the *Länder* and the local authorities as to which measures they must take at which level of incidence in the pandemic.

⁶With its 1080 employees including 450 scientists, it is subordinate to the Federal Ministry of Health.

⁷A special meeting of federal and local government representatives because of the pandemic took place on 9 October 2020. The chancellor and the mayors of 11 German cities met to discuss “a common strategy” to keep the pandemic even with increasing numbers of infections under control. The federal government promised to support the cities with expert teams from the RKI and the Bundeswehr if the number of infections rises above 25 per 100,000 inhabitants in a week. The cities commit themselves to strengthen their health and regulatory authorities too.

were low (between May and September 2020) and unitarization, when the number of infections increased (March/April and since end-October 2020).

The German policy is pursuing three basic goals in their actions since the corona crisis began: (1) protect health and maintain the efficiency of the German health system by slowing down infection processes (flatten the curve); (2) cushion the negative consequences of the pandemic for citizens, employees and companies by providing comprehensive support for citizens, stabilizing the economy and protecting jobs; and (3) manage the pandemic in international cooperation especially within the European Union (Presse- und Informationsamt Bundesregierung 2020). The primary challenge in the COVID-19 pandemic has been to slow its spread so that the German healthcare system is not overwhelmed or unable to act. So far, this has been fortunately prevented, but at times the system reached its limits.

Germany's General Preparedness for a Pandemic Before 2020, Germany had had a wide range of experiences with successful containment of pandemics like SARS in 2003, Ebola, EHEC, bird flu in 2006 or swine flu in 2009. Finally, it was able to successfully overcome them. Based on these experiences, with the German National Pandemic Plan of 2017 a general framework of preparation for any new pandemic was established (Robert Koch-Institut 2017). Some municipalities even carried out projects to test their preparedness for a pandemic.⁸ Unfortunately, only in 51% of all German public authorities an emergency plan for serious disruptions of administrative operations existed when the pandemic began (see Boston Consulting Group & Hertie School 2020: 12).

In general, the German health systems appeared to be fairly well prepared for the COVID-19 crisis. Relevant key indicators show that, in public health capacities and financial support, Germany ranks significantly higher than the European average (see OECD & European Observatory on Health Systems and Policies 2019, OECD & European Union 2020). However, the pandemic also revealed weaknesses in the system, especially because of underfunding and understaffing of the public health sector. The privatization and commercialization of hospitals since the 1990s within the New Public Management paradigm exacerbate these problems. Therefore, the 401 local health authorities had to start the fight with COVID-19 still weakened. The number of doctors, working at these departments, had fallen by about 1/3 between 2000 and 2018 due to staff cuts, a shortage of skilled workers and vacant positions to 2500 (according to Bundesverband der Ärztinnen und Ärzte des Öffentlichen Gesundheitsdienstes 2020). When the COVID-19 pandemic began, the number of employees in the health departments was 17,000. Their technical equipment and digitalization were also inadequate, especially when it comes to tracking infection chains, barrier-free cooperation between the health departments and other institutions such as the laboratories or the RKI (see Bayer 2020).

⁸For example, in the city of Dortmund a generic emergency plan and adaptive process models to protect local government in the event of a pandemic (GenoPlan) have been developed between 2009 to 2011. As part of an emergency plan concept for an influenza pandemic, solutions were developed to ensure the functionality of the administration in the event of a pandemic.

The Course of the Pandemic in Germany Until End-March 2021 In the wake of the worldwide corona pandemic, the German political and administrative system, health system, economy, welfare state and also society have come under massive pressure since the beginning of 2020. As a globally networked country with a strongly export-dependent economy, but also as an important member state of the European Union, Germany's crisis management is facing the greatest challenge since the end of the Second World War 75 years ago. The course of the pandemic in Germany up to the end of March 2021 can be roughly divided into the following four phases (Kuhlmann 2020):

- *First Phase:* From the detection of the first German COVID-19 case on 28 January in Bavaria until 17 March 2020, when the infection risk in Germany was rated for the first time as “high” by the RKI, the pandemic management was predominantly a local or at least a decentral one. Besides cancelling mass events with more than 1000 participants by the *Länder* governments, no country-wide containment measures were considered necessary. During this phase, the subnational administrations managed the pandemic on their own discretion according to the IfSG. Besides contact tracing and domestic quarantining, local health authorities enacted punctual containment regulations, such as school closures or shutdowns of facilities. The county of Heinsberg in North Rhine-Westphalia (NRW), for instance, as the first German COVID-19 hotspot, was the first county to enact the closure of schools and kindergartens on 26 February 2020.
- *Second Phase:* From mid-March 2020 on, more intergovernmental coordination of containment measures and a uniform national strategy of containment was seen as appropriate including some centralizing attempts in federal legislation. “Speaking with one voice” became the predominant narrative of an increasing number of containment measures, including the suspension of almost all fundamental rights and civil liberties. With the “joint guidelines to slow down the spread of the coronavirus” adopted on 16 March 2020, the federal and the *Länder* governments attempted a harmonized proceeding in pandemic containment across the entire country. A few days later, the Federal Chancellor and the *Länder* Prime Ministers reacted on the first wave of COVID-19 decided on the first nationwide shutdown in German history, which came into force on 23 March 2020. The social contacts were limited, all schools and kindergartens were closed, and contact bans were imposed and subsequently extended. In general, this phase was a “race to the top” regarding the *Länder* responses to the pandemic (Eckhard and Lenz 2020: 7).
- *Third phase:* With the numbers of cases, hospitalizations and deaths decreasing and then remaining stable on a very low level over spring and summer, the pendulum swung back again, towards more subnational discretion and variance. Debates and decisions regarding pandemic regulations became more diverse and less coordinated. The *Länder* North Rhine-Westphalia (NRW) and Bavaria represented two extremes here, with the former standing for a more permissive approach and the latter supporting a stricter one. The federal chancellor and *Länder* prime ministers decided on 15 April, an initial package of measures, which should make it possible to withdraw individual restrictions on the

population. Smaller shops as well as car, bicycle and booksellers should be allowed to open from 20 April, and schools should gradually open by 4 May in compliance with the corona hygiene regulations. On the other hand, the distance requirement and the contact ban were extended until 3 May. Large events should be prohibited until at least end-August. In addition, a recommendation was made to wear everyday masks in public transport and retail. The *Länder* could decide autonomously about possible deviations from the general rule and to stipulate more relaxed or stricter rules for their respective territories. Thus, variation occurred in the concrete details of containment lifting in the different *Länder* and cities, with some of them enacting stricter and some looser rules. In general, it became increasingly difficult to reach uniform solutions across the *Länder*. On 6 May, the Federal Chancellor and the *Länder* Prime Minister decided to further relaxing restrictions for business, outdoor and recreational sports, visits to clinics, nursing homes and facilities for the disabled.⁹ The contact restrictions were extended to 5 June, but members of two households are allowed to meet. Up to an upper limit of 50 new infections per 100,000 inhabitants per week, the *Länder* are now largely responsible for further easing. The summer followed a relatively quiet phase with low incidence level all over Germany. Although it was known that a second corona wave would follow in autumn, too little was done in that phase to be better prepared for it. This mainly concerned the development of strategies for schools, kindergartens and care communities.

- *Fourth phase:* From the beginning of October 2020, the occupancy of intensive care beds with COVID-19 patients rose rapidly and the number of deaths in connection with COVID-19 also grew. The most difficult phase of pandemic control in Germany to date began. For a long time, the *Länder* governments concentrated on averting a second lockdown, while the Chancellor pressed for stricter measures, but could not prevail. So, they lost time in combating the second wave of the pandemic. On 14 October, the Federal Chancellor and the *Länder* Prime Ministers agreed on new measures within the COVID-19 hotspot strategy. The measures are recommended for an incidence value in a group of 35 per 100,000 inhabitants or should be introduced as a rule from one in 50. Unfortunately, the effects of these decisions were too limited, the number of infections continued to rise across Germany. On 27 October, the 7-day incidence for 100,000 inhabitants in Germany reached 87 cases, some days before, the number of deaths associated with COVID-19 had exceeded the number of 10,000. Therefore, the Federal Chancellor and the *Länder* Prime Minister decided on a second lockdown, also known as the “breakwater or lockdown light” against the second wave of infections, which provided for renewed Germany-wide restrictions on public life and social contacts. This was inevitable because many health authorities could no longer guarantee full contact tracking, the number of infected people doubled about every seven days and the number of intensive care

⁹Until end-August 2020, no further meeting of the Federal Chancellor and the *Länder* Prime Ministers on corona took place.

patients about every ten days. From 2 November 2020, all social contacts with other people outside the members of the own household should be reduced to an absolutely minimum. Therefore, staying in public is only permitted with members of the own household and with one other household, but with a maximum of 10 people. Citizens are asked to refrain from unnecessary private trips and visits, including visits from relatives. Institutions and facilities allocated to recreational activities will be closed. Events for entertainment are prohibited. Restaurants, bars and cafes will be closed again. In contrast to the first lockdown in spring, schools and kindergartens are to remain open. The *Länder* decide on the necessary protective measures. For the companies, businesses, self-employed, associations and institutions affected by the temporary closings, the federal government will grant extraordinary economic aid to compensate them for financial losses. This measure also proved to be insufficient. On 13 December, Chancellor Merkel and the *Länder* Prime Ministers agreed to a hard lockdown to be imposed from 16 December 2020, including closing kindergartens and schools. A few days later, the second wave of COVID-19 reached its peak. The third wave of COVID-19 began in Germany in mid-February and reached its peak on 20 April 2021. The lockdown measures decided in December 2020 remained all the time in effect—with a few easing—especially in schools until this chapter went to press. The vaccination campaign in Germany began at the end of December 2020 and accelerated significantly from March 2021.

One of the first typical features of fighting the pandemic in Germany appears in these four phases—a swinging pendulum between decentralism, looser coordination across levels and more local discretion in times of low infection rates towards intergovernmentalism and joint decision-making with rather centralizing and unifying impetus in times of high infection rates.

Public Acceptance of COVID-19 State Crisis Management In the course of the pandemic, it became increasingly clear in Germany that in addition to a successful pandemic management by the democratic state, its acceptance by the population also plays an important role. According to the last available “CORONA monitor” of the Federal Institute for Risk Assessment from end-March 2021, the majority of the surveyed considered the measures in force to be appropriate.

By the end of March 2021, the population’s assessment of measures to contain the spread of the coronavirus decreased compared to the first wave a year earlier. However, approval remained at a high level, especially with regard to approval of the home office regulations (93%), distance regulations (91%), the mask requirement (90%) and the quarantine measures (89%). The approval of the cancellation of events (78%) and the closing of cultural institutions (60%) or the catering trade (50%) are significantly lower. About 15% are still concerned about their own economic situation, but 36% are about social relationship (see German Federal Institute for Risk Assessment 2021).

During the pandemic, up to now the state crisis management was positively assessed by a clear majority of Germans, including the shutdowns. During the crisis, positive assessments of government action against COVID-19 rose. According to the weekly YouGov surveys, the proportion of respondents, regarding the German government acting very or fairly good, rose from 51% in March to 70% (during first shutdown until end-May 2020). This maximum value remained until mid-August, since then it has dropped significantly to 55% in November 2020 and another dramatic drop to just 21% on 24 March 2021 (according to YouGov 2021). The monthly surveys of the Allensbach Institute for Demoskopie show a similar picture, which gives a very high value for the evaluation of the federal government work with “very good” or “good” for the period from April (with 75%) to August (with 78%), afterwards show a clear drop to 63% by the last survey in mid-November (see Frankfurter Allgemeine Zeitung, 18.11.2020). The trend towards less support for government measures to combat the pandemic is generated by those who consider them too drastic and those who consider them to be insufficient. A survey by the University of Freiburg in February 2021 shows a clear differentiation between the measures to get the health consequences of the pandemic under control and the measures to contain the economic consequences of the pandemic. The former was considered suitable by 52% of the surveyed, and the latter only by 32% (Wagschal et al. 2021: 8 f.).

6.2.2 German Local Government Action

This assessment also corresponds to the self-perception of public service executives. According to the up to now largest survey on the corona crisis in German public administration, carried out by the Boston Consulting Group and the Centre for Digital Governance of the Hertie School in June and July 2020, 97% of the public administration executives surveyed believe that “Germany has so far coped well with the COVID-19 pandemic, even in an international comparison” (Boston Consulting Group & Hertie School 2020: 7 f.). Despite the heavy burden the pandemic is putting on most organizations, the public sector proved to be very adaptable. The majority of the facilities did quickly and effectively react to the changed framework conditions. Approximately 46% of them believe that the efficiency of their organization even has increased during the pandemic. In the crisis, German public administration proved that it is not rigid and inflexible, but can act and learn quickly.

In the following, a closer look shall be taken on the activities of local governments in the course of the pandemic up to the deadline of end-November 2020. All German counties and county-free cities as well as the other municipalities are directly and indirectly affected by the corona crisis (see Franzke 2020). The municipalities see themselves as the “backbone of fighting pandemic“(Next: Public 2020). However, regional differences can be observed, but they differ strongly in the course

of the pandemic. In general, the German local authorities have two main tasks in pandemic containment: (1) they have to implement a multitude of rapidly changing laws, ordinances, decrees and regulations passed by the *Länder* within the framework of the IfSG. (2) In addition, local authorities may take their own measures to combat the pandemic on site (e.g. by general decrees) together with all its stakeholders, especially in the hotspots.

Municipal action in the COVID-19 pandemic is mainly based on three strategies (see Pöhler et al. 2020, 4ff.). (1) The *structural adjustment strategy* was adopted when it became clear that standard administrative procedures are not enough to solve the associated administrative tasks in the pandemic. Organizational and personnel adjustments had to be quickly implemented to cope with the crisis successfully. Meanwhile, some of the changes have solidified due to the ongoing pandemic. Some municipal departments such as the health or public order one have been working under extreme constant stress since March 2020. Unfortunately, regular operation in many local authorities' departments because of the pandemic rules is still impossible. The long duration of the pandemic but leads to problems of the adaptation strategy, because some local services have only been available to a limited extent for more than a year. (2) Through the *network strategy*, innovative action in the pandemic was shaped thanks to improved interaction and communication between relevant actors and stakeholders in the local administrative environment. The exchange of data on the health and social consequences of the pandemic between neighbouring communities was particularly important. According to the governance approach, this strategy involves various local actors: local municipal utilities and companies, which mostly no longer belong to the core administration and enjoy more autonomy. The other local state actors include the police, fire brigade and job centres. Some municipal services are offered in autonomous institutions of inter-municipal cooperation (such as water and wastewater associations), for which this approach also applies. Finally, the various local civil society actors should not go unmentioned. All these networks aim to provide better and above all faster access to information, knowledge and resources in the pandemic. (3) Since effective crisis management involves not only coping with the pandemic itself but also analysing it retrospectively and drawing conclusions to be better prepared for future crises, a *reflection strategy* was also pursued. With the help of this strategy, the diverse learning experiences are already taken into account during the pandemic.

Naturally, activities of local authorities during the corona crisis are extremely diverse and affect nearly all areas of municipal action. Therefore, five complexes were selected to describe the challenges and adjustments for the local governments more in detail, dealing with the adjustment of organization and staff, challenges for local finances, local politics and citizen's participation. These are now to be analysed in detail.

6.3 Organizational Adjustment of the Local Governments

By specific measures, those organizational units of the local governments that are particularly important at this time were expanded relatively quickly during the pandemic and provided with more resources. This includes organizational adjustments of core administration to minimize the infection risks for employees, citizens and customers, the creation of local corona crisis teams, strengthening local health authorities, public order and youth welfare offices, local licensing authorities and municipal companies.

- Organizational adjustments of core administration: operational–organizational regulations had to be issued very quickly by the local authorities in order to ensure their ability to act in the corona crisis. This includes (1) functional adjustments of the municipal buildings, especially the town halls, in order to minimize the infection risks for employees, citizens and customers. All offices had to be reconstructed according to the new strict distance and hygiene corona rules. The situation worsened during the shutdowns when almost all offices with contact to people were closed (e.g. citizens’ offices, municipal libraries, adult education centres and archives). Office hours of departments were cancelled, and the town hall was closed to the public. After the end of the first shutdown at the beginning of May, the town halls were reopened for the public with new regular opening hours, now including strict distance and hygiene rules. Citizens are asked to continue to address their concerns when possible, by email or phone. With the second shutdown at the beginning of November 2020, city halls were closed again to the public. (2) To compensate for the restrictions on direct personal contact between staff and citizens, many municipalities quickly expanded their digital services for citizens and companies, in terms of both internet presentation and activities in social networks. Many municipalities have also set up additionally a “Corona telephone hotline” or “COVID-19 Bot”.¹⁰
- Creation of local corona crisis teams: in order to support the main administrative officers (heads of county administrations and municipal mayors) and to ensure internal coordination, specific corona crisis teams have been formed in all counties and county-free cities in Germany since mid-February 2020.¹¹ The crisis

¹⁰Due to the high demand for information on the actual interpretation of the containment ordinances, the emergency care of children and the local regulations for the opening of schools and day-care centres. Inquiries from the local economy tend to relate to details of the federal and state aid programmes.

¹¹The personnel composition of the corona crisis teams varies. Here is an example of the composition of the crisis team in the Rhein-Kreis (North Rhine-Westphalia): Office for Security and Order, Health Office, School Office, Youth Office, Social Welfare Office, Personnel Office, Controlling Department, Local Authority, Press Office and all other heads of the county administration departments. Permanent members are also the medical director of the rescue service, the county fire brigade chief, the county control centre and the county liaison command of the Bundeswehr. Depending on requirements, additional external experts are involved, e.g. from the municipalities, the hospitals or the police (Homepage of the county, accessed on 23 April 2020).

teams had to take over several functions. (1) It primarily bundles and coordinates all county activities, especially preparing decisions to contain the pandemic, drawing up process plans and developing scenarios for next steps. (2) For doing so, it brings together all available information about the pandemic situation in the county or municipality, evaluates it and distributes it within the administration and to others, including the public. (3) It organizes the temporary transfer of employees within local administrations during the pandemic, mainly to the health department. (4) It is responsible for the coordination with the *Länder* government crisis team, especially by data exchange, digital or telephone meetings. Overall, 86% of the German Public organizations established during the pandemic a crisis officer or team, 92% of which were still active in July 2020 (according to Boston Consulting Group & Hertie School 2020: 12). Since end-April 2020, the counties began to shut down the staff resources of the crisis teams. Many of the tasks were returned to the responsibility of the local specialist administrations. The crisis teams remained active in the local infection hot spots. Since October 2020 during the second and the immediately following third COVID-19 wave, all of them were reactivated.

- Strengthening local health authorities: As lower health authorities in the German *Länder*, they are part of the administrations of the counties or county-free cities and headed by a health officer (“*Amtsarzt*”), which “has more to say than the Federal Minister of Health” (Der Tagesspiegel, 12.4.2020). Their workload in the pandemic is particularly high, especially in infection hot spots. In the meantime, this has become a constant burden for the staff of most health authorities. The lower health authorities had to satisfy the high need for information of the citizens about the as yet unknown COVID-19 virus, register local infection cases and transfer the information to the RKI, follow infection chains and check the compliance of patients showing only mild symptoms of COVID-19 with the home quarantine. After all, the health authorities also had to provide expert advice to the municipal administration, like all other local politicians, in this complex policy area (see Frankfurter Allgemeine Zeitung, 17.4.2020). During the corona crisis, the local health authorities got additional staff,¹² including temporary employees from other branches of the local administration and students for health professions. In addition, an extremely large amount of overtime was worked. The federal and *Länder* governments agreed on 15 April 2020 to employ around 20,000 people in the health authorities to help them to better deal with the crisis. According to the survey of two municipal umbrella organizations, the health authorities in 13 German *Länder* (excluding the city states) were increased until August 2020 by around 5900 employees during the pandemic (see Deutscher Städtetag 2020b). Finally, the Bundeswehr began to assign soldiers to support particularly stressed health authorities, both to track contacts and to carry out tests. Unfortunately, the inadequate digitization of the health authorities remains a

¹²Specially to follow-up chains of infection, because tracking of contact persons in particular is very time-consuming and resource-intensive.

weak point. With the nationwide introduction of the digital programme “Sormas” for pandemic management, the situation should be significantly improved in Spring 2021.

- Strengthening municipal public order and youth welfare offices: together with the police, which is in Germany mostly part of the *Länder* administration, the municipal public order offices (“Ordnungsämter”) had to take on new tasks in the course of the CORONA pandemic at short notice. Above all, this concerned compliance with the quarantine provisions, the exit restrictions and the corresponding catalogue of fines that the *Länder* had imposed for violations of Corona regulations. Especially during the shutdowns, this meant a lot of effort that had to be done additionally to the normal tasks. To this end, the offices have been reinforced in some cases. Especially during the shutdowns, the local youth welfare offices (“Jugendämter”) must ensure that family violence does not increase, since the previous early warning system for reporting abnormalities by schools or kindergartens is no longer available.
- Secure employability of local licensing authorities: the operations of the lower building supervisory authorities (“Bauaufsichtsbehörden”), other local licensing authorities (“Genehmigungsbehörden”) like local building inspectorates, vehicle registration offices and road traffic authorities have also been restricted during the pandemic, especially the shutdowns. In some cases, the offices were temporarily closed completely or only for the public. As a result, participation and processing deadlines for the approval procedures can sometimes not be met, which not only results in delays, but also legal risks, e.g. building permits granted under these circumstances could subsequently prove to be unlawful (According to *Der Tagesspiegel*, 21.4.2020). The processing of open approvals of local licensing authorities is regulated differently in each German *Land*. Some offices are still open, others are closed to visitors. Purely digital vehicle registration has been possible in Germany since 1 October 2019, but so far only possible in a few vehicle registration offices. In some cases, long-waiting lists have formed, and there will probably not be a return to normal operations before the end of the pandemic.
- Stabilize municipal companies: municipal companies¹³ have also been affected by the crisis albeit to varying degrees (see EY 2020). Within the shutdowns, many of them had to close, such as cultural facilities (e.g. theatres and museums), spas and sports facilities and therefore no longer have ticket revenue. Exhibition companies, operators of stadiums or event halls, regional airports and their local suppliers are also badly hit. The corona distance and hygiene rules result in significantly lower numbers of users than in the past. Municipally owned facilities, however, have so far been affected by the crisis only to a limited extent.

¹³In Germany, municipal companies are independent administrative units spun off from direct local government administration to fulfil public purposes with various legal forms. The sole or majority sponsor is mostly the founding municipality, which exercises the right of management and is represented in the organs of the municipal company. Within the framework of inter-municipal cooperation, municipal companies and businesses exist offering services for several municipalities.

Naturally, energy consumption is falling for many industrial and commercial customers during the corona crisis. Numerous network companies have therefore suspended investment measures and are limited to maintenance work. The sales departments are experiencing a decline in demand (see *Ibid.*). Many customer centres had to be closed at least temporarily.

6.4 Adjustment of Local Government Staff

The most important personnel adjustments concern temporary staff transfer to other departments, the diffusion of work at home and spreading of short-time work in municipal companies.

- Staff adjustments: The COVID-19 pandemic also necessitates short-term adjustments by the municipal staff. Many employees voluntarily take temporary new tasks, especially in the health departments. When offices were temporarily closed (see above), it was first checked whether the technical requirements for arranging a home office to maintain the operational business exist. Alternatively, some municipal employers also ordered overtime, insofar as necessary work had to be carried out or important work for the general public had to be carried out continuously. Finally, the possibility of exemptions for employees who have to look after their children was expanded because during the first lockdown schools and day-care centres had been closed. Every third municipal employee was entrusted up to now with new tasks during the pandemic. It cannot yet be said which of these personnel changes will be permanent. At the same time, every second employee stated that its personal workload was higher or significantly higher in the pandemic (see Next: Public 2020: 9).
- Diffusion of Home office: the sudden transition to work at home during the first lockdown in Germany affected according to a survey app. 37% of local employees (see Next: Public 2020: 10).¹⁴ This is significantly less than for federal employees (67%) and 55% for federal employees. Especially in medium-sized and small municipalities, it is difficult for the administrations to adapt the organization accordingly. For more than half of them, it was the first working at home. The surveyed hardly seen any motivation problems during work at home, but new challenges in particular because of technical difficulties, communication deficits in the exchange with work colleagues and in the compatibility of work and family (see *Ibid.*). Unfortunately, the technical equipment of the employees was often inadequate, only slightly more than half of them had a business laptop available, so two thirds of the employees in their work at home had to resort to private equipment in order to remain able to work. Just as many of them struggled with server and network problems. At the start of the pandemic, an

¹⁴This is significantly less than in the *Länder* administrations (55%) or federal administration (67%) (see Next: Public 2020: 10).

average of 47% of employees are able to work from homework; that number increased until July 2020 to 73% (according to Boston Consulting Group & Hertie School 2020: 12).

- Short-time work introduced in municipal companies: in order to mitigate the negative consequences of the crisis, the instrument of short-time work¹⁵ (“Kurzarbeit”) is also used for municipal companies. The trade unions Verdi and dbb and the Association of Local Employers’ Associations (VKA) achieved on 16 April an agreement, regulating the short-time work (TV COVID) for the period from 1 April until 31 December 2020, later prolonged to end 2021. (Der Behördenspiegel 2020). The aim of the agreement is to protect employees against layoffs, receive holiday entitlements and secure income (including possible special payments during the pandemic) at a high level. This should also serve the continued existence of municipal facilities and create a good starting point for the post-corona period. In addition, all employees receive a one-time special payment to alleviate the special burdens during the corona pandemic in December 2020. For the vast majority of areas of public service in the municipalities, however, short-time work is not important, e. g. for the municipal core administration, hospitals, nursing facilities, childcare and social and educational services.

6.5 Challenges for Local Government Finances

The pandemic is having multiple impacts on municipal finances, both in earnings and expenses and in short and long term. Many municipalities will not be able to cope with this without the support of the states and the federal government.

- The corona pandemic immediately leads to serious financial burdens in all German municipalities due to falling income, rising expenditure and problems with budget stabilization (all data according to Bundesvereinigung der kommunalen Spitzenverbände 2020). For the municipalities, a decline in tax income of 9.8% is expected for 2020 compared to 2019. A drastic drop is to be seen in the most important source of income for many municipalities—the business tax (“Gewerbsteuer”), which decrease by almost 24 per cent due to the first lockdown.¹⁶
- Further municipal revenue losses are expected from income tax (−7,4%) and shrinking fee, respectively, purchase income due to changed user behaviour and

¹⁵The short-time work allowance in Germany is currently 60% or 67% (for employees with children) of the net wage difference, which is paid by the Federal Employment Agency for 12 months. Both an increase in short-time work benefits and an extension of their benefits are currently being discussed.

¹⁶The costs of the second lockdown since November 2020 are not yet included.

restrictions in the pandemic and lost revenue due to the closure of municipal facilities like libraries, swimming pools and theatres, and kindergartens. Finally, pandemic-related additional expenditure burden municipal budgets in particular in the health sector and infection protection. This includes unplanned costs for the corona crisis teams, for local COVID-19 test stations, for the purchase of protective clothing and face masks for the municipal staff and for expanding IT. It is becoming apparent that municipal social spending will soon increase significantly. The municipalities alone will incur at least two billion euros in additional costs for accommodation for recipients of basic security for jobseekers. The cities and municipalities “also support many local companies as well as a large number of privately funded institutions and associations with their own measures and means. In this way we want to prevent important structures for urban society from breaking down” (Deutscher Städtetag 2020b) (See also Deutscher Städtetag 2020a). This takes place because in the pandemic self-employed persons and short-time workers got easier access to state social benefits. Additional social expenditures will come to local authorities because of two trends associated with the pandemic: (1) large-scale loss of employments, especially in the low-wage sector. (2) The transition to new employment, both after unemployment or finishing school or training, is made more difficult under pandemic conditions. The bottom line is that the municipal financial balance will deteriorate by an estimated 5 billion euros compared to 2019. In view of the financial reserves brought in by the municipalities and the extensive stabilization measures taken by the federal and *Länder* governments, only a small deficit is to be expected in 2020 year, despite the enormous effects of the crisis. Investments will remain stable in 2020.

- Secure municipal hospitals funding: hospitals are the key service providers in order to keep the crisis manageable and one day to overcome it. In terms of numbers, the municipal hospitals make up almost a third of all hospitals in Germany (483 out of 1619) (according to Deutscher Landkreistag and Deutscher Städtetag 2017). But these provide almost half of the beds (453,842 beds in all hospitals, including 217,827 in publicly funded hospitals). Municipal hospitals still play an important role in rural health care to this day. During the lockdowns in the pandemic, many municipalities have increased existing capacities by setting up emergency supply capacities in hotels or event halls. The municipal hospitals had to reduce their predictable interventions and treatments, especially during the lockdowns, in order to be available for the care of COVID-19 patients and for emergencies. As a result, their income dropped drastically. Fortunately, the federal government pays the hospitals for the above-mentioned measures a lump sum, but this does not cover the total cost. Under these circumstances, their funding for 2021 is no longer guaranteed. The municipalities expect financial compensation from the responsible states or the federal government (see GKV-Spitzenverband 2020).

6.6 Challenges for Local Politics

Local policy in Germany was during the pandemic really paralysed, especially during the shutdowns (between March and May and since November 2020). Unfortunately, no preparations had been made to ensure the local parliaments be able to act in a pandemic. Rapid adjustments were necessary in order to regain the ability to ensure the control of the main administrative officials and their local administration by the local parliaments and to prepare and conduct local elections even under pandemic conditions.

- Making local councils able to act: in the beginning of the pandemic, the functionality of the local councils was particularly at risk. Unfortunately, no precautions had been taken to keep local councils operational in a pandemic. In the first lockdown, only in a few municipalities' meetings of these voluntary municipal representative bodies (municipal councils, town council meetings and district councils) have taken place. Above all, the legal requirement of attendance due to the corona regulations was an insurmountable obstacle, so that many meetings of local parliaments or their committees had to be cancelled. Under these circumstances, important municipal decisions could therefore not be made properly. In consequence, a large number of decisions were made by administrative officials by the legal means of urgent decisions, which is disputed. Though they generally informed the local council group leaders, it was urgent to maintain the functioning of local democracy even in the pandemic. Therefore, many *Länder* parliaments passed "municipal emergency laws" in order to keep the municipal parliaments capable of acting even in the pandemic.¹⁷ With the end of the first shutdown in May 2020, most municipalities restarted their local political life. The smaller main committees met first, followed by the (larger) local parliaments. In order to be able to maintain the safety distance required in corona times, some of them must be relocated to larger rooms or outdoor places. Their rules of procedure must also be adjusted. There is controversy what the access of the public to local councils' meetings under pandemic circumstances is concerned, especially if an internet live stream is sufficient to meet this legal requirement. Under these circumstances, the regulations for the council meetings in the municipalities in Germany are currently very different, but a largely normal activity of the local councils has been restored and continues to function even in the second lockdown since the end of November 2020.

¹⁷For example, the Brandenburg Landtag passed in April 2020 a "municipal emergency law", which allows municipal representatives to meet for a limited time via video and telephone conference to reduce the risk of infection with COVID-19. In exceptional cases, local councillors can transfer decisions to the (smaller) main committees or take decisions in written circulation. In order to ensure the public nature of the local decision-making processes, the discussions of the municipal councils are transmitted in the livestream on the municipal homepage or in a separate room of the city hall. The law is limited until end of June 2021.

- Securing local elections: the corona pandemic also affected local elections deeply. Fortunately, only a few local elections had to be organized during the pandemic, inter alia: at the end of March 2020 in Bavaria (second round with run-off elections) and in September 2020 in North Rhine-Westphalia (Kersting 2021).¹⁸ The preparation and conduct of these elections encountered many difficulties. Drawing up a list of candidates for local councils or direct elections of mayors proved difficult under pandemic conditions because nomination meetings were not possible in the traditional way. Given the ban on meetings and the blocking of contacts, especially during the shutdown, communication among party members must be organized in a new way. Unfortunately, the federal party law and the *Länder* electoral laws so far provide that binding decisions can only be taken in face-to-face meeting. Due to the pandemic, the legal requirements for participating in local elections in September 2020 in NRW have been simplified by the Landtag. Parties, voter groups and individual applicants got 11 days more to submit their proposals. The number of supporting signatures required for parties and voter groups, not previously represented in municipal councils, has been reduced by 40%. Municipalities were given the opportunity to enlarge the electoral districts. The local election campaign itself also changed in the pandemic. Direct communication with voters on the streets or visiting them at home was nearly impossible. The pandemic was creating new election campaign methods (especially online and in social networks) and by more intensive using traditional methods like advertising materials, leaflets and posters. In the case of local elections under pandemic conditions, two trends that had already been observed continued. First, the number of postal voters continued to rise. Second, voter turnout surprisingly continued to increase compared to the last local election before the pandemic.

6.7 Challenges for Local Community

Local civil society also had to adapt in a variety of ways to the changed framework conditions of the pandemic. Especially affected was the way local civil society organizations can work in the pandemic, activities to secure local direct democracy activities and the citizen's participation in local planning.

- Adaptations of local civil society: triggered by the pandemic, local public life was severely restricted, affecting seriously the activities of the whole civil society with all its diverse associations, initiatives and networks. Over 90% of the surveyed in the Saarland in May 2020 stated that their activities were severely restricted or could no longer take place at all (see Gross et al. 2020).¹⁹ This affects both

¹⁸It concerns the election of the municipal and district representatives as well as the mayors and district administrators.

¹⁹A survey in the *Land* Saarland in May 2020 on the effects of the COVID-19 pandemic on civil society clubs and associations.

internal club events such as training, rehearsals, working groups, general meetings and public organization activities such as sporting events, performances or club celebrations. More than 43% of the surveyed confirmed that their association is taking measures to cope with the COVID-19 crisis locally, e.g. through active dissemination of behavioural information, distribution of protective masks or organising neighbourhood help. In another, nationwide survey in April 2020, the situation of local civil society associations in the corona crisis is assessed by most respondents as stable (Krimmer et al. 2020: 4). But, some branches of the non-profit sector are facing an existential threat, especially youth, educational, cultural institutions, self-help organizations, religious communities and others. This has mainly to do with the elimination of collections, the loss of fees and charges in commercial businesses. More stable are organizations with a greater proportion of income from membership fees. The surveyed often draw a parallel between the current situation and the phase of increased immigration of refugees in 2015/16. Fortunately, due to the crisis the spontaneous engagement increased (Krimmer et al. 2020: 4), especially from sports, leisure and social clubs, migrant organizations and many others. The crisis is forcing non-profit organizations to digitally transform their engagement and work contexts in record time, which is described both as “overwhelming and positive experience” (Krimmer et al. 2020: 5, see also Synthese- und Vernetzungsprojekt Zukunftsstadt et al. 2020).²⁰ The numerous measures in the new federal non-profit and association law, which modify the legal framework for non-profit organizations in a crisis-friendly manner, are also seen as positive (Krimmer et al. 2020: 5).

- Securing Local Direct Democracy: the pandemic also has a major impact on local direct democracy, which is well documented for the *Land* NRW (see Mehr Demokratie NRW 2020; Roth 2020). From mid-March 2020, restrictions for information events and signature collections for citizens’ initiatives started and lasted for several months. Numerous citizens’ initiatives were therefore not able to continue or to start new ones. Nevertheless, with 24 new initiatives and eight proceedings their number in NRW remains at a consistently high level. On the other hand, there has been a significant decrease in local referenda (only two), in which citizens are called to the ballot box to vote. Similar trends can also be found in other German *Länder* (see Lassiwe 2020). Some observers see the impact of the pandemic on local democracy as negative and even speak of a “lost year for citizen participation” (see Berlin Institut für Partizipation 2020). Many of them have therefore extended the deadlines for collecting signatures for citizens’ initiatives. It has been shown that local direct democracy is possible with a certain amount of additional effort, even in times of pandemic.

²⁰The online organization of local civil society is experiencing a significant boost in the corona crisis. Either the local civil society organizes itself in this way or the municipality provides much more online offers than before. Many of these online projects have emerged since end-February 2020 in order to bundle local aid and support offers for special population groups, particularly affected by the pandemic. Problems are seen primarily with data security and protection.

- Citizen's participation in local planning: Considerable difficulties arise in the practical implementation of legally required participation procedures on municipal land-use planning and other local plans. Traditionally, drafts of plan blueprints must be publicly displayed by the local authority for at least 30 days. In the pandemic, the problems relate in particular to the early public participation according to the Federal Building Code and the analogous public interpretation of plans. Even in times of the pandemic, citizens must have the opportunity to inform themselves about plans and to comment them. By the planning security law, passed in record time, in federal parliament offers some practical solutions limited until end-March 2021 resp. end-December 2025 (Deutscher Bundestag 2020).²¹ This is to prevent a standstill in planning, approving and building. It primarily relies on digital innovations under pandemic conditions (Becker 2020). The need for such a law is significant, but its effect is controversial. The widespread fear is that exclusively digital public participation without analogue modules and supporting accompanying measures would thus result in a far-reaching "exclusion of certain social groups and milieus convey" (Kuder 2020: 10). In local practice, these fears have not yet been confirmed.²²
- Innovative trends in citizens' participation: a new form of citizen participation was introduced by the city of Augsburg, which in November 2020 formed a "Citizens" Advisory Council Corona for the first time nationwide, which is composed of the mayor, five city councillors, six experts from the city administration and ten citizens selected by lottery (see KOMMUNAL 2020). In some German cities, the corona crisis has led to an increase in online town meetings experiments, as traditional face-to-face events are currently not possible. The citizens' need for information and communication continues to be very high. Barrier-free technical data solutions that are free of charge for the citizen must be found. For example, in the city of Tengen (Baden-Wuerttemberg) with 4670 inhabitants, a presence citizens' meeting planned for March has now been held online.

²¹ See law to ensure proper planning and approval procedures during the COVID-19 pandemic (Planning Security Act—PlanSiG) of 20 May 2020. It serves to create digital alternatives that are in keeping with the form of mandatory discussion meetings, oral negotiations and application conferences. So, online publication and consultation were allowed for a limited time.

²² The new digital way of getting information online the municipal website is mostly unproblematic, more difficult is still in many municipalities to get traditional access to planning documents in the pandemic. Questions about municipal planning can still be asked by phone. In the corona crisis, municipalities can extend the design periods for these planning documents beyond the statutory minimum period of 30 days. The public must be informed of this. Procedures that have not yet started should postpone the start of public interpretation to a point in time after the end of the pandemic restrictions.

6.8 Conclusion

As this study shows, the German political–administrative system proved to be stable, resilient, adaptable and, above all, capable of action in the COVID-19 crisis. The vast majority of the population has supported the joint course of the German federal and *Länder* governments in the pandemic so far. Nevertheless, political and administrative steering during the crisis remains very difficult because of the variety of health, social, political and economic conflicting goals and under constantly changing uncertain framework conditions. Almost 12 months after COVID-19 reached Germany, there is no end of the pandemic to be seen. The human losses from the pandemic are still high, which shows the data of 31 March 2021 as the editorial deadline for this study: 132 COVID-19 cases per 100,000 inhabitants and 76.342 people, who died in connection with COVID-19. The start of vaccinations in Germany at the end of December 2020 and their high pace gives hope that the crisis will be overcome in 2021.

It has been proven that the German counties, county-free cities and all other municipalities managed to implement the decisions of the federation and the *Länder* mostly quickly and effectively. At the same time, many of them used their local autonomy to contribute to curb the local spread of COVID-19. By doing so, the decentralized structure of German administrations has passed another test.

In general, the German local governments have proved to be viable actors or backbones in managing the changing challenges of the pandemic up to now. On the one hand, this is due to the high level of commitment shown by their executives and employees during the crisis; on the other hand, it can be traced back to their institutional anchoring within the German multilevel governance system granting them with a territorially comprehensive mandate to bundle (almost) all services related to territorial pandemic management under one roof and the responsibility of powerful local leaders. Therefore, they were able to quickly, sometimes incrementally adapt their organizational and personnel structures to the changing pandemic situations. This includes the shift of staff to the local services, which were directly involved in crisis management, such as health departments and departments for local safety and order, for youth welfare and for local social services.

Political control of the containment of the pandemic was with the chief administrative officers, who were supported by specific established corona crisis teams, especially during the shutdowns. Organizational and personnel adjustments were made both in the local core administrations and in the local municipal utilities. These affected all departments, but above all the health offices, which quickly had to take on a multitude of new tasks in the pandemic. One of the most important successes of local governments in the pandemic was their ability to avoid any crash down of local service delivery even in the difficult situations of the shutdowns in March/May and since end-October 2020, which concerns specifically the local services of general economic interest (energy, water, waste disposal, public transport, and so on.).

Of course, a variety of problems have also arisen with local action to contain the pandemic. Some have meanwhile been contained through learning processes in the administration, others continue to hinder the anti-corona management. Especially, the missing digital preparedness and the resulting service constraints during the shutdowns have had a negative impact on local corona management. Many local building supervisory boards and other licensing authorities could not be provided their full service during the pandemic. Many local health authorities are overloaded due to numerous reasons, which are mostly not only in the responsibility of local governments. It was more difficult to ensure the functioning of local politics, especially the participation of the democratically elected local parliaments, in the corona pandemic. There was hardly any preparation for such a case. The legal requirements for local decision-making in alternative ways to traditional face-to-face meetings proved to be inadequate. Similar challenges had to be overcome with the community participation. Finally, problems also arose because the local bureaucratic anti-corona rules were sometimes too complex and over-regulated, do not fitting with regulations in the neighbouring municipalities.

The corona crisis is not yet over, but hopefully soon under control. Then, a reflection and evaluation of the diverse experiences of local governments in the pandemic will be necessary in order to draw conclusions to be better prepared for future crises.

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Jochen Franzke is Senior Lecturer at the University of Potsdam, member of the International Commission on Accreditation of Public Administration Education and Training Programmes (ICAPA), Board Member Institute of Local Government Studies, University of Potsdam and Co-editor of the book series “Palgrave Studies in Sub-National Governance”. His research is focused on local governance and democracy and participation, local administrative reforms, public administration transformation in East Germany and Central Eastern Europe, and the role of subnational and local level authorities in European integration. His latest publications include *Multi-level responses to COVID-19: crisis coordination in Germany from an intergovernmental perspective*, *Local Government Studies* 2021, (together with Sabine Kuhlmann); *Local Integration of Migrants Policy, European Experiences and Challenges*, Palgrave Macmillan 2021 (together edited with José de la Fuente); and *The Future of Local Self-Government: European Trends in Autonomy, Innovations and Central-Local Relations*: Basingstoke: Palgrave Macmillan (together edited with Tomas Bergström, Sabine Kuhlmann and Ellen Wayenberg).

Chapter 7

Momentum of Federalism? National, State, and Municipal Responses to the COVID-19 Pandemic in Germany



Sascha Krannich

Abstract This chapter outlines the various political responses and measures to handle the COVID-19 pandemic on the federal, state, and municipal levels in Germany. Here, I take also a look at measures toward migrants and refugees as specific examples of vulnerable groups who are particularly affected by federal and state responses during the pandemic. In addition, I discuss to what extent the concept of federalism was rather beneficial or more debilitating in this political process of finding the right responses and measures. I refer to legal provisions—passed by the federal German government and by 16 member states and various selected cities and municipalities—as well as publications of leading research institutions, which had major impacts on political decisions, and media reports between the beginning of March 2020 and early March 2021. For lack of space, I focus only on the most relevant responses and measures. The findings refer to the following central points: The pandemic politicized Germany enormously and provoked an extremely active legislation of federal and state governments and local entities. While most of the political responses were successful until late summer 2020, federal and state governments struggled to find the right measures during fall and winter 2020/2021. Overall, federalism was so far more an advantage than a disadvantage to manage the pandemic crisis politically.

Keywords COVID-19 · Germany · Policies · Federalism · State · Local government · Local and urban governance · Measures and responses

S. Krannich (✉)
Giessen University, Giessen, Germany
e-mail: Sascha.krannich@histor.med.uni-giessen.de

7.1 Introduction: The COVID-19 Pandemic as a Challenge to the German Polity

To approach and analyze political responses to the COVID-19 pandemic in Germany, it is important to consider the outstanding constitutional role of the vertical separation of powers in the German political system: the formal principle of federalism. Federalism has a long history in Germany, which goes even back to medieval times, and became an integral part of the DNA of German political culture.¹ According to the constitution of the Federal Republic of Germany from 1949, federalism divides power between the federal, state, and municipality levels, and therefore should protect the interests of the 16 German *Länder* (member states) and numerous *Kreise* and *Gemeinden* (counties and municipalities) vis-à-vis the federal government (GG 20, Grundgesetz/German Constitution 2020).

The public health system is also federally organized and is based on the principle of subsidiarity in Germany. Here, the federal ministry of health (federal level), the state ministries of health (state level), and the *Gesundheitsämter* or *Gesundheitsbehörden* (public health departments) of the municipalities (local level) are the central executive entities for health-related issues, including during a pandemic.² The infection protection law (*Infektionsschutzgesetz, IfSG*), however, is a federal law. It regulates competencies and cooperation of federal, state, and communal agencies as well as physicians, hospitals, scientific institutions, and other health-relevant facilities. In November 2020, the German parliament (*Deutscher Bundestag*) changed the *IfSG* to empower the federal government to take specific actions to protect people in the pandemic, particularly exit and contact restrictions, closing of small businesses, and prohibition of public events (see *IfSG 2021*). It became an important institutional tool to face the pandemic in Germany.³

There are advantages and disadvantages of a federal system. Broadly, I hypothesize the following main advantages: Clearly positive impacts on the protection of

¹First federal traditions in Germany developed during the fourteenth century in the Holy Roman Empire when strong territorial rulers (princes and dukes) restricted the power of the Kaiser, which was ratified in the Golden Bull of 1356. These developments accelerated after the reformation in the sixteenth century, and forms of federalism became crucial in the foundations of the Kaiserreich in 1871 and the Weimar Republic in 1933 (see Eckart/Jenkis 2001, Funk 2010).

²There are different structures and titles of the health departments in the municipalities, depending on the particular state. They are in charge of health services, for instance, pediatric services, epidemiology, health promotion, hygiene control, or environmental medicine.

³The law changes in the *IfSG* were part of the Bundestag resolutions called “Drittes Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite” (third law to protect the population in a pandemic) (§ 28a *IfSG*). The law determines possible policy actions to protect against COVID-19, such as contact restrictions, closing of businesses, or interdictions of sport events. Executive order laws for “Besondere Schutzmaßnahmen zur Verhinderung der Verbreitung der Coronavirus-Krankheit-2019 (Covid-19)” (particular protection measures to prevent the dispersion of COVID-19) have to be limited in time and need a general justification (§ 28a Abs. 5 *IfSG*). Actions depend on actual infection numbers, for instance, the critical value of 50 new infections per 100,000 inhabitants inside a county within seven days (*IfSG 2021*).

the freedom of citizens through the competition of different state powers (federal vs. state) as well as better decision outcomes in complex decision-making situations, because there exist more deliberation and discussions (between different power entities), and more pressure for justification of the decisions prevail during political processes. In addition, federal entities provide a regional adequate, flexible, and efficient allocation of public goods and services. In contrast, supposed disadvantages are the following ones: a slow decision-making process (among different representatives of the federal, state, and local levels) and therefore relatively high costs. Furthermore, a regional fragmentation of the law and political decision-making processes—which intentions and contents can differ from state to state and from municipality to municipality—can be difficult to understand and confusing for its citizens (Behnke 2020: 13, Papier 2020). These different regional political approaches and laws even led to the common labeling of German federalism as *Flickenteppich* (rag rug) and *Kleinstaaterie* (scattered regionalism) by its numerous critics (Papier 2020: 8).

In the following, I will briefly outline the various most important COVID-19 occurrences and their following political responses and measures to handle them on the federal, state, and municipal levels in Germany. I will take a following specific look on migrants and refugees as examples of vulnerable groups during the pandemic. Afterward, I will discuss to what extent the concept of federalism was rather beneficial or more debilitating in this political process of finding the right responses and measures. In this regard, can we even speak about a momentum or revival of federalism? Or rather about a downfall or failure of federalism during the pandemic in Germany? Here, I will refer to legal provisions—passed by the federal German government and by 16 member states and various selected cities and municipalities⁴—as well as publications of leading research institutions, which had major impacts on political decisions,⁵ and media reports in the time frame from March 9, 2020, to March 8, 2021. Therefore, this chapter looks only to the occurrences in 2020 and the beginning of 2021. When I finished writing this chapter on April 2021, the pandemic was still going on in Germany.

Consequently, considerations and final conclusions of this paper could be different at a later point of the pandemic. For lack of time and space, I will not describe political responses and measures toward the pandemic in detail, but focus only on selective highlights to illustrate and discuss the political course and the exceptional position of federalism in Germany during the pandemic.

⁴These political institutions include institutions, which were in charge of making important decisions regarding the pandemic, particularly ministries of the national government, ministries of state governments and national and state health-related institutions and organizations.

⁵During the pandemic, federal and state institutions were seeking advices from leading research institutions in Germany to make better science-based decisions. These research institutions included mainly the Robert Koch Institute in Berlin (RKI), the German National Academy of Sciences Leopoldina in Halle/Saxony-Anhalt, and epidemiologists and other relevant researchers from other institutions, such as the Charité—Berlin University of Medicine, which were also the leading medical advisory boards of the German government during the pandemic.

7.2 A Babel of Political Actions? Different Federal, State, and Municipal Responses to the Pandemic

Firstly, I will specify the responses and measures enacted and conducted by the federal government and the state governments together in unity, because these were the first and most important actions. Furthermore, they were nationwide legal for a specific amount of time and demonstrate federalism in practice. Secondly, I will describe the responses and measures enacted and conducted solely by state governments, and therefore legal only in specific states where they were enacted. Here, we can see clear differences in political actions between various states. Thirdly, I will illustrate responses and measures of certain municipalities that conducted specific legal approaches to deal with the pandemic in their communities. Lastly, I will shortly describe what actions were taken regarding migrants and refugees during the pandemic, because these vulnerable groups had to face different (mostly harsher) legal measures than citizens in Germany, although they are harder hit by the pandemic due to their lower incomes, bad housing conditions, and restricted accesses to the healthcare system. In my following descriptions and explanations, I will proceed chronologically from March 2020 to March 2021.

Joint Responses of the Bund and Länder It has been more than one year since the COVID-19 pandemic broke out in Germany at the beginning of 2020. The first regional cases of the COVID-19 pandemic occurred in Bavaria at the end of January, when tourists brought the virus from Tyrol and South Tyrol back home. This first outbreak could be isolated successfully relatively fast on the state and municipality levels. However, only a few weeks later new infections were realized after carnival events in the district (*Kreis*) of Heinsberg in North Rhine-Westphalia and in the district of Göppingen in Baden-Württemberg at the end of February. After that incident, the virus spread across Germany in only four weeks (Neue Zürcher Zeitung 2020). The incident numbers increased fast in March: New infections exceeded the bench of 1,000 on March 8, the 2000 bench on March 10, and the 3,000 bench already on March 12 (Robert Koch Institute (RKI) 2020a). Due to these incidences, on March 12, Chancellor Angela Merkel and other representatives of the federal government met with the *Ministerpräsidenten* (prime ministers) of the 16 states to discuss political measures to stem the pandemic in Germany. They agreed on assembly bans and school and kindergarten shutdowns. Already three days later, on March 15, all schools and kindergartens were closed in every German state. Children of parents, who were working in so-called system-relevant jobs, received an emergency childcare (Behnke 2020: 12). An assembly ban and a first lockdown for stores and restaurants—with an exception for the ones securing daily needs, such as grocery stores and pharmacies—were realized nationwide on March 22 (Bundesregierung 2020a, Bundesministerium für Gesundheit 2020a).⁶ These first measures during the corona crisis clarify that in the German federal system many measures can only be enacted by the *Bund* in close cooperation with the *Länder*.

⁶The lockdown included no strict and general lockdown, where people were not allowed to leave their homes at all (like in Italy or Spain during that time), but a specific no contact provision (Bundesministerium für Gesundheit 2020a).

Already at the beginning of the pandemic in Germany, the federal government established some advisory boards and cabinet commissions to coordinate national actions to deal with the pandemic, including a *little corona cabinet* under the guidance of Chancellor Merkel with ministers of health, finance, economy, interior, foreign affairs, and defense, who met every Monday. The *big corona cabinet* met every Thursday and includes additional members of the cabinet depending on the current issues of the pandemic crisis (Bundesregierung 2020b). The *big corona cabinet* decided a gradual opening of the lockdown after Easter on April 15. The first lockdown lasted about five weeks in total. Stores, restaurants, and other services as well as cultural facilities like museums could gradually open again under certain distance and hygiene conditions. Furthermore, outdoor sports and leisure time activities were allowed, and emergency childcare was expanded in schools and kindergartens. A minimum distance of 1.5 meters should be maintained to each other in public, and contact restrictions were extended until June 5. Major events remained strictly forbidden. In addition, wearing face masks was recommended on public transport (*ÖPNV*) and at retail. At the same time, inhabitants of retirement and nursing homes should be protected without isolation, and the numbers of employees in public healthcare services and capacities of corona tests should be increased (Bundesregierung 2020c). Decisions and resolutions of the federal government on May 6 led to responsibilities for more easing for the member states. In addition, the federal government developed a *hotspot strategy* for tough actions for infection protection in municipalities with particular high incidences. The situation slackened nationwide and numbers decreased distinctly during the summer months, and were constantly below 1,000 incidences nationwide from the end of May to the beginning of September (Robert Koch Institute 2020b, Bundesministerium für Gesundheit 2020a).

When the situation got considerably worse again in October when the 7-day incidence rose dramatically and almost decupled from 14.9 cases/100,000 population on October 1 to 110.9 cases/100,000 population on October 31 (Robert Koch Institute 2020c, d), more and more public voices—particularly of oppositional politicians, the media, and scientists and businessmen—criticized the pandemic management of the federal government. The main criticism was that the federal government underestimated the rising numbers since September and that they did not take appropriate regional actions when the numbers were still comparatively low. After well-grounded science-based criticism of current political measures by the well-known and distinguished German Academy of Sciences Leopoldina, the *Bund* and *Länder* enacted a so-called *lockdown light*, which was extended on November 25 due to the fast-rising numbers. As part of the *lockdown light*, people in Germany were requested to reduce social contacts to an absolute minimum, and meetings in the public were restricted to small groups. Numerous facilities were closed again, including gastronomy, service businesses, and cultural institutions. Schools, nurseries, and wholesale as well as retail businesses remained open, and the obligation to wear a mask in public expanded.⁷

⁷Since then, wearing a mask was also obligated in outdoor public places in towns and cities, and not only in indoor places (like stores, hospitals, and schools) anymore.

After the federal government and the *Ministerpräsidenten* of the *Länder* realized that the *lockdown light* was not sufficient enough to restrict the dispersion of the virus and the numbers rose clearly again⁸, they enacted a second comprehensive lockdown, starting on December 16 (Bundesregierung 2020d). The lockdown should remain until January 10, 2021, but was extended in January at least until February 14, 2021, (Bundesregierung. 2021). The second lockdown lasts at least eight weeks and was much longer than the first lockdown in Germany in March and April 2020.⁹ The second lockdown included the closing of most businesses—except the ones relevant for surviving, such as grocery stores and pharmacies—nurseries, and schools. Schools were changed to homeschooling, and most companies were requested to enable work from home (home office). In addition, the federal government and state governments intensify restrictions of mobility in regions with high numbers of infections. At the same time, compensation rules for affected companies and additional rights to child sickness benefit for parents who have to take care of their children at home. Trips from high-risk areas abroad should be regulated more strictly. Furthermore, they established more measures for infection protection like the obligation to wear medical masks in public transport and in stores,¹⁰ and intensified tests in retirement homes and nursing homes. The background of these steps was not only rising infection numbers, but also the threat that new virus variations could lead to a severe aggravation of the pandemic situation (Bundesregierung 2021).¹¹

Besides these federal responses and measures on the national level in Germany, the federal government acted also in the frame of common resolutions by the member states of the European Union. For instance, member states and the commission of the EU decided to order vaccines against the COVID-19 virus and to start with vaccinations in all EU at the same time after the vaccine is available and deliveries are possible. These vaccinations began in the EU at the end of December 2020, which was criticized by parts of the media, the economy, and oppositional parties, because in their view it was possible to order earlier and more vaccines, like it happened in Great Britain, the USA, or Israel.

⁸The 7-day incidence rose from 137 cases/100,000 population on December 1 to 174 cases/100,000 population on December 15 (Robert Koch Institute 2020e, 2020f).

⁹The second lockdown still existed when this paper was finished on February 15.

¹⁰On November 16, *Bund* and *Länder* decided to issue FFP2 masks (one per winter week) for person of vulnerable groups. The federal health minister Jens Spahn explained, however, on November 30 that the edition of the masks will be delayed until mid-December. Since December 15, person who are 60 years old or older, or who belong to another risk group for COVID-19 illness (about 27 million people in total in Germany), could one time get three FFP2 masks for free in pharmacies (Bundesministerium für Gesundheit 2020b); and since January 2021, two six packs. FFP2 masks are handed out by health insurance companies with an own payment of two euros each (Bundesministerium für Gesundheit 2020c).

¹¹The first corona mutations in Germany were identified on December 24. Different mutations were found in Great Britain (B.1.1.7), South Africa (B.1.351), and Brazil (P.1) for the first time (Robert Koch Institute 2020g).

In addition to these medical policy responses, the federal government took also actions to support the economy, which got hit hard by the corona measures. German companies registered more than 10.1 million employees for short-time work until the end of April, and unemployment rose about 169,000 to 2,813,000 in May 2020 (high increase, but moderate compared to other countries). The GDP in Germany decreased about 5 percent in the entire year of 2020 (Statistisches Bundesamt 2021). Particularly, small businesses, hotels and restaurants, handicraft enterprises, and retailers were hit hard by the lockdown. The first measures of the federal government to mitigate these economic impacts of the pandemic were the auxiliary program passed on March 23, 2020, which included financial support for small businesses and self-employed persons of a total value of 50 billion euros, a protective shield for larger companies of about 156 billion euros, and a rescue fund of 600 billion euros for small and big companies (Bundesministerium der Finanzen 2021). More actions to stimulate the economy are followed in the following months, including the corona economic stimulus plan of about 130 billion euros in June. In total, the federal government spent more than 1,000 billion euros to help the economy during the pandemic in 2020 (Bundesministerium der Finanzen 2021).

These common responses and measures were realized by the federal government and the 16 state governments, which makes clear that during times of crisis federal coordination between *Bund* and *Länder* does not necessarily lead to delayed reactions. However, state governments ensured explicitly possible divergences from certain arrangements, which I will describe in the following point.

Responses of the Länder and Municipalities As part of the change in the infection protection law (IfSG) and the included declaration of an “epidemic situation of national importance” on March 25, the federal ministry of health allocated the enactment of the infection protection regulations completely to the *Länder*. The federal government and the *Ministerpräsidenten* of the 16 states strengthened the role of the state governments during the fight against the pandemic in their resolutions from May 6 to May 26, 2020. Chancellor Merkel declared a “more flexible federalism against the virus” (Die Zeit 2020). The *Länder* should decide about the successive opening of public life based on their own responsibility. Here, they should also consider regional developments of COVID-19 numbers. In this regard, regional state policies diverged during the course of the pandemic and states reacted with different measures at different moments depending on time and place of the outbreak. Similar as the federal government, state governments ask for scientific consultancy to find adequate and effective measures to deal with the pandemic. For instance, on April 3, 2020, the prime minister of North Rhine-Westphalia, Armin Laschet, launched an interdisciplinary expert committee, called *Expertenrat Corona*, consisting of 12 experts of medicine, law, economy, sociology, social work, and philosophy, which should develop strategies during and for a time after the pandemic. These strategies focus solely on the situation in the state of North Rhine-Westphalia, but should be in accordance with the federal law and strategies of neighboring states (Landesregierung Nordrhein-Westfalen 2020). Furthermore, state governments commissioned research studies to investigate the impact of the

COVID-19 virus, such as the study about the outbreak in the North Rhine-Westphalian county of Heinsberg, where more than 15 percent of the inhabitants were infected after carnival celebrations in February 2020 (Deutsches Ärzteblatt 2020).

In addition to the federal law and provisions, the states responded with their own measures. In matters of additional restrictions (*Ausgangsbeschränkungen*), above common enacted measures, Bavaria, Berlin, Brandenburg, Saarland, Saxony, and Saxony-Anhalt decided restrictions on house leaving, which make leaving the own home or entering public space only possible by the existence of “good reasons.”¹² The first of these home leaving restrictions were repealed in Saxony on April 20 (Sächsisches Staatsministerium für Soziales und Gesellschaftlichen Zusammenhalt 2020) and in Berlin on April 22, 2020 (Land Berlin 2020). The restrictions in the state of Saarland, which allow residents leaving the house only for “good reasons,” were repealed with immediate effect by the state court of Saarland (Regierung des Saarlandes 2020). Saxony-Anhalt repealed its restrictions of house leaving on May 4 (Landesregierung von Sachsen-Anhalt 2020). The government of the state of Brandenburg repealed the part of the restrictions concerning public spaces on May 9 (Landesregierung Brandenburg 2020). In Bavaria, residents were only allowed to leave their homes, if they had a “good reason.” In October, home leaving restrictions were released in some Bavarian counties again due to rising infection numbers (Bayerische Staatsregierung 2020).

However, some of these state responses and measures were controversial. The *Landtag* (state parliament) in North Rhine-Westphalia refused an urgent procedure to introduce a “law of epidemic” on April 1, 2020, on the basis of constitutional concerns, and the opposition criticized the government for violating legislative power. The law should enable the state government to pass executive orders that obligate, for instance, physicians, caregivers, and rescue workers to virus-related actions during the pandemic and to confiscate medical material. An alleviated form of this law ended in a legal ordinance by the North Rhine-Westphalian ministry of health on April 4. This legal ordinance regulates entry into in-patient treatment or nursing homes and special housing for disabled people (Landtag Nordrhein-Westfalen 2020). Similar controversies occurred in all state parliaments led by the opposition or even by critical voices inside the coalitions.

Other responses and measures were almost not controversial at all. Each of the 16 German states accepted the “urgent recommendation” of the federal government to wear community masks¹³ in public transport and stores on April 15. In the second

¹²Here, the term “good reasons” is very vague and depends on the precise formulation in the legal provisions changing from state to state and on the interpretation of courts and justices. Mostly, it included essential needs, such as buying groceries, required visits at hospitals or doctors, or to go to work at system-relevant jobs.

¹³In contrast to medical face masks, community masks are not accepted as medical certified masks. They usually consist of cotton fabric and ensure less protection than medical face masks like FFP2 masks (filtering facepiece masks).

half of April, all states decided successively that wearing community masks is mandatory. Some counties and cities introduced mandatory face masks already earlier, including Jena, Potsdam, and Braunschweig. In October, federal and state governments decided to introduce mandatory face masks in public spaces, where people come close together or for a longer period of time, at an incidence of 35 new infections per 100,000 inhabitants per week (Bundesregierung 2020a). The first state, which issued free FFP2 masks to persons older than 65 years, was the city state of Bremen on November 13 (Freie Hansestadt Bremen 2020).¹⁴

While most of the decisions of the federal government were supported unitary by state governments officially until summer 2020, the situation changed in fall. More and more *Ministerpräsidenten* started to criticize the nationwide *lockdown light* in October and the *hard lockdown* in December and questioned the efficacy of the regular meetings of the *Kanzleramt* (chancellery) and the *Ministerpräsidenten*. For instance, the *Ministerpräsidenten* of the states of Baden-Württemberg and Thuringia, Winfried Kretschmann and Bodo Ramelow, criticized the measures during the lockdowns, particularly the restrictions of civic rights and the closing of schools (Frankfurter Allgemeine Zeitung 2020c). However, the basic collaboration between federal and state governments was never really at stake.

Already at the beginning of the pandemic, the federal government and the *Länder* agreed that counties and municipalities were allowed to introduce local restrictions on social and economic life, if there are more than 50 new infections per 100,000 inhabitants in seven days (May 5).¹⁵ Here, municipalities and counties reacted in many cases with self-contained decisions to face the pandemic and local rates of new infections. For instance, the city of Halle in Saxony-Anhalt declared a state of emergency on March 17 (Stadt Halle 2020). The rural district office of Tirschenreuth in a northern part of Bavaria adopted the first local corona-related lockdown in Germany in the district of Mitterteich on March 18 (Stadt Tirschenreuth 2020). Similar restrictions regarding home leaving took place in other German cities and municipalities. These municipal provisions were replaced by state provisions after a short time later. The city of Jena and the county of Nordhausen in Thuringia announced the obligation to wear a community mask on public transport and in public buildings, and invoked inhabitants to produce their own masks (Stadt Jena 2020, Kreis Nordhausen 2020). Other cities and municipalities followed in the following weeks before state governments introduced mandatory face masks nationwide in the second half of April.

In the context of the national *hotspot strategy*, it was intended that municipalities and counties react with local responses to the rate of new infections starting in May. Local responses affect private and public occasions (Bundesregierung 2020a). In this regard, larger political demonstrations and other public forms of protests were

¹⁴In Bremen, the high demand on FFP2 masks led to the fact that 450,000 exemplars were exhausted in only a few hours (Freie Hansestadt Bremen 2020).

¹⁵The county of Karlsruhe in Baden-Württemberg sets the limit already at 35 new infections per 100,000 inhabitants.

prohibited in larger cities like Berlin, Hamburg, or Cologne. In Leipzig, a mass rally of opponents of the COVID-19 measures of the governments and mayors were allowed by the Saxon Higher Administrative Court (*Sächsisches Oberverwaltungsgericht*) on November 7, 2020, despite protests of the city of Leipzig and rising COVID-19 incidences. The mass rally was organized by the *Querdenker movement*, a conglomerate of protesters who deny COVID-19, right radicals, and concerned citizens who feel constricted in their civil rights. Overall, the municipal measures to deal with the pandemic are very restricted by federal and state laws. Therefore, there was relatively little divergence of municipal from federal and state responses.

In total, according to the RKI, in one year between the outbreak of the COVID-19 virus in Germany in January 2020 and January 2021, over two million people infected themselves with the virus and more than 50,000 people have died due to the virus (Robert Koch Institute 2021).

Table 7.1 shows the above described federal, state, and municipal responses to the COVID-19 pandemic in Germany in a brief overview.

Political Responses Toward Migrants and Refugees In addition to the policy responses, which affected people living in Germany in general, there were specific responses to the pandemic addressing migrants and refugees as a vulnerable group (see Knipper et al. 2021). In this regard, it is important to recognize that immigration and integration measures underlie also federal structures in Germany and are not only tasks of the national government. The federal government is in charge for immigration regulations, whereas integration measures depend on the subsidiarity principle and are allocated among the *Bund*, *Länder*, and municipalities (see Hunger/Krannich 2017, Krannich 2018). The first drastic immigration measures and travel restrictions were decided within the first lockdown measures in mid-March, which affected all groups of migrants (labor migrants, family migrants, international students, refugees, etc.), including a travel ban for immigrants from third countries, worldwide travel warning, and restrictions of not necessarily travels inside the European Union.

These responses and measures to stem the COVID-19 pandemic contributed to the decline of migration and led to an aggregation of thousands of stranded refugees at the European Union's borders at the Mediterranean Sea and the Balkans. Only in the Western Balkans, stranded refugees almost doubled to 12,000 people in February and March 2020 compared to the same months in 2019, waiting to enter the European Union (Giesing/Hofbauer Pérez 2020). Many of them are young women with their children and older and sick people who fled civil war and state oppression in the Middle and Near East. They are densely packed in shabby shelters and tents with little food and medication. Therefore, they are particularly exposed to the threat of the virus.

In the same period of time, application numbers for asylum in Germany shrank distinctly about 35 percent from almost 12,000 to under 8,000 (UNHCR 2020a, b), and in April and May even more than 50 percent compared to the same months of 2019 (BAMF 2020). In addition, many labor migrants who already got a job offer in

Table 7.1 Overview about the Main Federal and Selected State and Municipal Responses to the COVID-19 Pandemic in Germany from March 2020 to March 2021

Date	Policy Measures and responses		
	Federal	State	Municipal
March 2020	March 8: recommendation of cancellation of events with more than 1,000 participants; March 17: shutdown of numerous stores; travel ban for immigrants from third countries; worldwide travel warning		March 17: Halle in Saxony-Anhalt declared a state of emergency; March 18: Tirschenreuth in Bavaria adopted first local corona-related lockdown in Germany
April 2020	April 10: 14 days home quarantine for returnees; April 15: resolutions: contacts restricted until May 3, successive opening of schools from May 4, opening of stores under 800 m ² from April 20, no mass events until August 31, community urgently recommended	April 15: All 16 German states accepted the “urgent recommendation” of the federal government to wear community masks in public transport and stores; April 20, 22: Home leaving restrictions were repealed in Saxony and Berlin	
May 2020	Easing for stores and amateur sports outdoor, visits in hospitals and nursing homes, continuation of minimum distance, contact restrictions until June 5, but members of two households are allowed to meet, expansion of emergency childcare in schools and nurseries	May 6: Länder should decide about successive opening of public life based on their own responsibility; May 9: Brandenburg repealed the part of the restrictions concerning public spaces	Municipalities and counties react with local responses to the rate of new infections as part of national <i>hotspot strategy</i>
June 2020			Production stopped in the Tönnies meat factory and introduction of a 14 days quarantine for all employees, and closure of all schools and nurseries in the county of Gütersloh
October 2020	October 28: <i>lockdown light</i> , new nationwide restrictions of public life, and social contacts	State governments decided to introduce mandatory face masks in public spaces	October 5–15: Home leaving restrictions were released in some Bavarian counties again due to rising infection numbers
November 2020		November 13: Bremen first state, which issued	

(continued)

Table 7.1 (continued)

Date	Policy Measures and responses		
	Federal	State	Municipal
		free FFP2 masks to persons older than 65 years	
December 2020	December 13: <i>hard lockdown</i> with nationwide restrictions		
January 2021	January 7: extension of <i>hard lockdown</i> at least until beginning of March		
March 2021	March 3: gradual easing of restrictions depending on incidences (under 50/100,000)		

Sources: Bundesregierung (2020a, b, c, d, 2021); table created by the author

Germany could not move to Germany, because of border closures and restricted immigration regulations.¹⁶ Over half of the foreign workers could not start their new job in Germany in 2020, because of the shutdowns and immigration restrictions. These numbers indicate that the pandemic had a clear impact on migrants and refugees.¹⁷

The main areas of integration are labor, housing, language and education, health, and political and sociocultural participation. All of them are affected by the pandemic. In Germany, rising unemployment due to the pandemic concerns mostly people working in the service and manufacturing industry, where also many people with foreign citizenship and uncertain residence permit status work.¹⁸ This becomes especially evident under the precarious employment, and low-paid and dangerous labor conditions in the meat industry. Most of the employees in the meat industry are from Eastern Europe, especially from Romania and Bulgaria, who are housed in crowded communal accommodation. The most famous scandal in Germany during the pandemic happened in the meat main factory of the Tönnies Company in the Westphalian town of Rheda-Wiedenbrück in the county of Gütersloh in June 2020, where about 1,500 out of 7,000 employees got infected with the COVID-19 virus (Süddeutsche Zeitung 2020a). Most of them are guest workers from Southeast Europe, who work seasonally in the factory conveyed by East European

¹⁶Germany depends on labor immigration to fill gaps on the labor market. About 20 percent of all employees in system-relevant professions in Germany have a migration background, especially in the medical and care industry and service industry (Khalil et al. 2020).

¹⁷However, this refugee-based human crisis accelerated by the pandemic is not solely a European crisis, but can be observed around the globe. In the OECD countries, international migration declined more than 50 percent in total in the first half of 2020 (OECD 2020).

¹⁸These developments led to a high uncertainty and information needs among migrants about consequences of the pandemic for asylum and the labor market (Geißler 2020).

subcompanies.¹⁹ The virus could spread easily due to no distancing rules at work and living places. However, the management of Tönnies blamed the workers who brought the virus from their home countries in Bulgaria and Romania during holidays.²⁰ In this case, the county of Gütersloh responded with drastic measures: an instant production stop in the meat factory and introduction of a 14 days quarantine for all 7,000 coworkers as well as the management and other leading positions of the company. In addition, all schools and nurseries in the county of Gütersloh were closed until August 2020, and virus tests and hygiene measures were introduced in all meat factories, butcheries, and agricultural facilities (where also farm laborers from abroad are employed) in North Rhine-Westphalia and other affected German states (Frankfurter Allgemeine Zeitung 2020a, b).

Furthermore, migrants and refugees are affected by the pandemic particularly hard due to their restricted access to the health system and relatively bad living conditions, which increase infection risk and wrong treatment of sickness (Giesing/Hofbauer Pérez 2020). It was no surprise that several refugee homes became “super spreading events” due to overcrowded housing and bad hygienic conditions. Only in the state of Bavaria, 134 of 3,200 refugee homes were under complete quarantine during the second half of November. In Hermeskeil near Trier in Rhineland-Palatinate, many of the 700 refugees living in asylum were infected with the virus and under quarantine for several weeks (Süddeutsche Zeitung 2020b). A current research study about refugee homes estimates that the infection risk in refugee homes is about 17 percent high (Bozorgmehr et al. 2020).

To improve the bad situation of migrants and refugees during the pandemic, the federal government—in accordance and cooperation with state and local authorities—offers free access to testing and emergency health care in case of infection for all migrants living in Germany, including refugees and undocumented migrants. In addition, federal and state authorities intend to educate migrants about the threat of COVID-19. The federal government implemented a digital campaign in multiple languages on the government’s website and the online platform *Handbook Germany* as well as on various social media in order to communicate and educate migrants about the COVID-19, including preventive measures and treatments (Handbook Germany 2021). In the scope of the current crisis, the German government has been providing information related to COVID-19 in all relevant languages on both its own website and the dedicated online platform of *Handbook Germany*. However, these policy reactions to mitigate the health impact of COVID-19 on immigrants and refugees are certainly not sufficient to reduce incidences and to prevent heavy diseases and deaths among these groups permanently.

¹⁹These East European subcompanies are also in charge of accommodation for the workers, while they do not rent rooms or apartments to the workers, but only beds for 300 euros each per month (Süddeutsche Zeitung 2020a).

²⁰The super spreading event in the Tönnies factory was not the only case in the meat industry. For instance, in May, 151 of 1,200 workers got infected with the COVID-19 virus in a meat factory in the Westphalian town of Coesfeld, or 33 of 1,250 workers in a factory in Oer-Erkenschwick in the Westphalian county of Recklinghausen. Both factories were closed for several weeks after the incidences became public (Frankfurter Allgemeine Zeitung 2020a, b).

7.3 Discussion and Conclusion: Blueprint or Failure of Federalism in Times of the Pandemic?

Can we actually draw the conclusion that the (historically) often criticized German federal system actually worked during the COVID-19 pandemic? This question is not to answer with a clear yes or no, but rather with a differentiated argumentation. First of all, the pandemic politicized Germany enormously, not only on the national, but also on the local level, because a pandemic of this extent needed strong political responses to manage such a crisis. There have never been so many meetings in such a short period of time between the Chancellor and the prime ministers of the states (more than 20 meetings between March 2020 and March 2021) as well as among responsible ministers and local authorities. Furthermore, coordination boards between actors of the health system were established in the frame of the pandemic schedules. Multiple informal meetings and phone calls assured fast and constant exchange between all actors. Furthermore, the permanent consultation by scientific experts from various disciplines—including medicine, public health, economics, and sociology—and the actual inclusion of their scientific insights into political decision-making is a clear indication of rationalization and the willingness of including more socially relevant groups into politics during a national crisis.

Indirectly, the politicization of the civil society and individual citizens had also influenced political decision-makers. Public intellectuals were warning about legal interventions into fundamental rights of citizens and social and psychological consequences of the pandemic. A famous example was the call in March 2020 of humanists, social scientists, and authors—including the philosopher Julian Nida-Rümelin and the novelist Juli Zeh—for a fast ending of restricting basic rights like freedom of assembly, freedom of trade or the right of asylum and a restart of social, cultural, and economic life as soon as possible, and the call for “learning to live with the virus” (Der Spiegel 2020). In contrast, at the same time, the German National Academy of Natural Sciences Leopoldina—which is in charge to consult the *Bund* and *Länder*—defended the political measures like contact restrictions as urgently required. This kind of productive politicization seems to be a good indication during the crisis.

The output of this politicization and public discourse was clearly reflected in numerous debates in the cabinet of the government and the federal parliament, state parliaments, and municipal councils, and an extremely active legislation of federalism (national and state governments): 37 laws and 49 regulations were passed by the federal government, and, in total, 40 laws and 1,160 regulations and directives by the 16 state governments (between March 13, 2020, and January 31, 2021). Baden-Württemberg passed the most state laws, regulations, and directives (184), followed by North Rhine-Westphalia (162) and Bavaria (155). The state of Lower Saxony was the least legislatively active state in Germany during the pandemic (21 legislative measures). In total, these have been impressive legislative processes.

Overall, the criticism, mainly from representatives of the media and the economy, at the beginning of the pandemic in March, that federalism is slow, ineffective, expensive, confusing, and incomprehensible, and therefore can have dangerous consequences for the fight against a virus, did not confirm during the crisis in spring and early summer 2020 when the first wave of the pandemic was stemmed successfully.²¹ As described above, the close coordination between the *Bund* and the *Länder* as well as municipalities worked well. Important decisions were made fast, local restrictions were realized nationwide, and record high economic emergency reliefs were relocated. The permanent exchange between national and local authorities was an important indicator for an intensive search for the right solutions in a new and complex situation. These political measures were received as positive by most parts of the German population reflected by the support and poll ratings of chancellor Merkel and her ruling party CDU (Christian Democratic Party), which rose significantly during the pandemic. Experts (including the media and economy) also valued the coordination and collaboration between the federal government, the *Länder*, and the Robert Koch Institute.

Furthermore, the positive appraisal from abroad for Germany's successful crisis management (for most of the time) of the pandemic refers to the point that the decentralist decision-making process, and the responsibility of the health offices and public health departments, made it possible to purchase hygiene protection equipment considerably faster, expand test and tracking capacities, and thus win a greater actionability (see also Behnke 2020: 15).

The successful management of the first wave of the pandemic indicated that Germany is not suffering under federalism as a *Flickenteppich* with a muddle of uncoordinated local provisions, rather federalism allows to test new and different ways of policies to find locally adapted solutions (see also *Süddeutsche Zeitung* 2020c). This seems to be important, because the infection risk and living conditions in North Rhine-Westphalia and Bavaria are different than in Schleswig-Holstein or Mecklenburg-Western Pomerania. A comparison with neighboring countries shows that probably no democratic central state mastered the pandemic crisis better than Germany during most of the time.

Nevertheless, particularly the course of the pandemic and its political responses in fall and winter of 2020/21 revealed disadvantages of federalism in Germany. First of all, the fragmentation of the legislation—which has also, as described above, the advantages of checks and balances—led to a complexity of applicable laws and regulations of infection protection. This became particularly evident during the *light lockdown* in November and December when different rules existed for different groups of the population, which was also different from state to state. Furthermore, these laws and regulations changed quickly over time, and finally led to the second

²¹The first inconsistent and nonuniform responses and measures on the state and local level in early March confirmed these concerns and critics, and the inconsistent local acts in forbidding mass events were named as negative examples. In contrast, centralist ruled countries—such as China, France, or Spain—were highlighted as more successful, because they acted much faster and stricter at passing travel bans or declaring local quarantines.

hard lockdown in December and January. In addition, the federally decided actions between the *Bund* and *Länder* were not realized uniformly in the states and municipalities, but rather changed or ignored by local authorities with different outcomes (see above).

The big challenge of the state during the pandemic crisis was basically to calculate a balance between freedom and security of its citizens. In a democratic state, the government and the parliament have to manage the very difficult task to legitimize their political actions to protect the citizens in the pandemic, which oftentimes go along with the restriction of basic rights, but have to be based on the constitution. Therefore, political decision-makers have to prove the commensurability of interventions into basic rights of citizens permanently with experts and affected local entities. The interventions into basic rights of citizens were already enormous during the pandemic so far. The German journalist and jurist, Heribert Prantl, brought it to the point that almost every right of the 19 fundamental rights of the constitution of the Federal Republic of Germany (*Grundgesetz*, GG 1-19) is either affected or even dramatically violated by the political responses to the pandemic (Deutschlandfunk 2021).²² Here, federalism can help to provide legal adjustment and restriction of political powers as well as a basic political structure on the principle of subsidiarity (see above), because local entities (states and municipalities) are able to present a substantial counterpart to national entities, and therefore, help to protect citizen rights and intervene, if fundamental rights of citizens and communities are violated by the national government. In addition, competition between different *Länder* can contribute to a rationalization of decisions.²³ It exerts pressure for regional and local and national politicians to present justifications and reasons. This applies also to the political level above, the European Union, where local entities have also to represent the needs and interests of their citizens.

These considerations become especially relevant when state interventions affect vulnerable groups like migrants and refugees who are not represented by national or local entities. As described above, migrants and refugees were hit even harder by the pandemic than regular citizens in Germany due to their temporary and uncertain residence status and their relatively bad working and housing conditions, especially in refugee mass accommodations. In matters of immigration and integration responses toward refugees, federalism in Germany clearly failed during the pandemic so far, because states and municipalities do not cooperate effectively enough to distribute refugees in decentralized accommodations across Germany to supply sufficient integration and German classes online, or to provide special health and emergency care for children and relatives. Health and education supervision as well as language acquisition is essential for sustainable integration of children, especially during a pandemic.

²²These affected basic laws include free movement of persons, freedom of assembly, freedom of association, and freedom of trade (Grundgesetz 2020).

²³A comparison of the pandemic development in Germany with the ones in other Western democracies indicates that decisions and responses made by German politicians were factually not completely wrong. German federalism has been never radical dualistic, but always cooperative and oriented on normative leading principles of equivalent living conditions (see Behnke 2020).

However, it is important to conclude that decentralized entities can better adapt to regional needs and necessities than central ones. They can also react more flexible and short term to changing local needs, because they receive those needs directly on-site instead by centralized communication paths. The fast and regional dynamic of infections calls for a strongly decentralized regulation of infection protection measures. Municipal authorities should be empowered by state authorities to react immediately to the local outbreak of a virus in their community with adequate measures to contain or even prevent a pandemic.

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Sascha Krannich, PhD, is a researcher at Giessen University with a focus on migration, transnationalism, development, and global health as well as coordinator of the interdisciplinary curriculum of the Research Group Migration and Human Rights (FGMM) at Giessen University. He studied political science, sociology, and economics, and received his PhD in 2016 as a scholar of the Friedrich Ebert Foundation at the Graduate School of Politics at Munster University. He published several books and articles, including the books “International Student Migration and Development” (with Uwe Hunger, Wiesbaden: Springer VS, 2020) and “The Reconquest of Paradise? How Indigenous Migrants Construct Community in the United States and Mexico” (Munster: LIT Publisher, 2017). In the frame of his research projects, he conducted research stays at Princeton University, University of California, Los Angeles, as well as universities in Mexico, Georgia, Colombia, Indonesia, and Ghana. Currently, he is conducting a research project on the role of the Tamil diaspora in Germany and the United Kingdom in building the health system in post-war Sri Lanka (funded by the Fritz Thyssen Foundation), and a project about migrant health and COVID-19 in Latin America (with Michael Knipper, funded by the German Research Foundation (DFG)).

Chapter 8

Local Government Response Towards the COVID-19 Pandemic in Portugal



Carlos Nunes Silva

Abstract The chapter examines the role of Local Government, within the framework of the response to the COVID-19 pandemic in Portugal, during the first year of the pandemic. It addresses the following research questions: a) What was the impact of the COVID-19 pandemic in the local governance system, in central–local relations, and to what extent did Central Government decentralize the response to the pandemic and to its social and economic impacts in Portugal?; and b) What sort of policies were implemented to address the issues raised by the pandemic? Despite the constraints on the research process, due to the restrictions on the working conditions, the results presented in the chapter shed light on the role played by the Portuguese municipalities in the response to the COVID-19 pandemic and in the recovery plans.

Keywords Local government · Centralization · Decentralization · Governance culture · Local policy · COVID-19 pandemic · Portugal

8.1 Introduction

The World Health Organization (WHO) declared, on 30 January 2020, the International Public Health Emergency situation of COVID-19 and considered COVID-19 as a pandemic on 11 March 2020.¹ The relatively unknown characteristics and potential consequences of the new virus were in part responsible for the gradual and soft approach taken by national health authorities in most countries in the first weeks. In the case of the European Union, member states followed to a large extent,

¹World Health Organization (timeline): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-16>

C. Nunes Silva (✉)
Institute of Geography and Spatial Planning, Universidade de Lisboa, Lisboa, Portugal
e-mail: cs@campus.ul.pt

although with differences among them, the guidelines issued by the WHO² and by the European Centre for the Prevention and Control of Diseases (ECDC), and other organizations,³ which was also the case in Portugal.⁴

The evolution of the SARS-CoV-2 in Portugal was characterized by a rapid growth in the number of cases in the first days of March, a trend that continued in the following weeks and months.⁵ Until 1 March, 85 suspected cases have been identified. The first two confirmed cases of COVID-19 were reported on 2 March 2020, being associated with recent trips to the north of Italy and to the south of Spain.⁶ On the following day, 3 March, two new cases of COVID-19 were confirmed, both linked to one of the previous cases. The number of new confirmed cases of this disease increased in the following days, reaching the total accumulated number of 642 on 17 March, and 19,685 cases a month later on 17 April. The first death by this disease occurred on 16 March 2020. In this period, there were on average 600 new cases of COVID-19 notified per day according to the Direção-Geral de Saúde (DGS), the national health authority in Portugal.

The declaration of the state of emergency in the following weeks allowed the adoption and implementation of exceptional containment measures, which not only restricted basic civil rights but also forced certain social conducts, seen as the only way to fight effectively the COVID-19 pandemic. The state of emergency, declared for the first time in Portugal since the approval of the 1976 Constitution, was an enormous and unique challenge for the entire Portuguese society. It was a completely new situation for the common citizen, enterprises and workers, the health services, social security institutions and security forces, for Central and Local Government and for other state organs, such as the Parliament, the Courts, the Ombudsman and the President of the Republic.

²World Health Organization. (2020). Strengthening preparedness for COVID-19 in cities and urban settings: interim guidance for local authorities. Genève: World Health Organization [<https://apps.who.int/iris/handle/10665/331896>]

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³OECD (2020). Flattening the COVID-19 peak: Containment and mitigation policies. Paris: Organisation for Economic Co-operation and Development [<http://www.oecd.org/coronavirus/policy-responses/flattening-the-covid-19-peak-containment-and-mitigation-policies-e96a4226/>]

OECD (2020b). Cities Policy Responses. Paris: Organisation for Economic Co-operation and Development.

OECD (2020a). The territorial impact of COVID-19: Managing the crisis across levels of government. Paris: Organisation for Economic Co-operation and Development.

[<https://www.oecd.org/coronavirus/policy-responses/cities-policy-responses-fd1053ff>]

⁴This initial timeline is outlined in the preface to the Special Issue I edited in the International Journal of E-Planning Research (Silva 2021).

⁵John Hopkins Coronavirus Resource Center [<https://coronavirus.jhu.edu/map.html>]. In the WHO website [<https://covid19.who.int/>], the aggregated data reported to the WHO presents different values on the same day.

⁶However, the first cases may have occurred before 2 March. On 21 February, for instance, a case related to a Portuguese citizen that visited a Shoes Fair in Milan, Italy, days before that.

There was a large political consensus, namely between the President of the Republic, the Parliament and the Government, all with an active role in the declaration of the state of emergency.⁷ In the Parliament, the political support to the declaration of the state of emergency was overwhelming, over 90% of the votes, although with a different composition in the voting support in each case.⁸ Despite all the restrictions, the democracy was not suspended during this exceptional period.

In the beginning of March 2020, Central Government defined a ‘National Plan for Preparing and Responding to the New Coronavirus Disease (COVID-19)’,⁹ a strategic tool that would guide the response to the potential epidemic by the SARS-CoV-2 virus. The plan was based on the guidelines issued by the World Health Organization and by the European Centre for the Prevention and Control of Diseases. This plan became the national reference for the response to COVID-19, also for the response by Local Government, even if indirectly in this case due to its constitutional autonomy.

Important to note is the fact that the knowledge available at the time this strategic plan was drafted, regarding the characteristics of SARS-CoV-2, namely its pathogenic behaviour, potential for transmissibility and other aspects, was far less comprehensive than it is one year later after the beginning of the pandemic.¹⁰ The Portuguese national health authority, responsible for this plan, benefited from the knowledge accumulated with the experience obtained in the elaboration of contingency plans for the H5N1 pandemic flu in 2005, for the H1N1 virus pandemic in 2009 and from similar efforts developed later for other threats, as in the case of Ebola, MERS-CoV and the Zika virus infection, as recognized explicitly by the DGS. Given the uncertainties referred before, the measures considered in this national plan and the specific technical guidelines were updated continuously in the following months as new information and knowledge were produced, a path similar to that in other European countries.

⁷The President of the Republic proposes to the Parliament, the Assembly of the Republic (Parliament) approves, the President of the Republic declares it, and Central Government regulates and implements it.

⁸The first state of emergency was approved in Parliament, on 18 March 2020, with no votes against (PS, PSD, BE, CDS, PAN and CH, voted in favour (94%); PCP, PEV, IL and the deputy J. K. Moreira (ex_Livre) abstained (6%).

The second state of emergency was approved in Parliament, with some critics, with the votes in favour of the PS, PSD, BE and CDS-PP (93,5%). The PCP, PEV, CH and the deputy J. K. Moreira (ex-Livre) abstained. The IL voted against. And the third state of emergency was approved in Parliament with less political support than before but, even so, by a large majority. PS, PSD, BE and CDS-PP voted in favour (91,7%). The PEV and CH abstained. The IL, the PCP and the deputy J. K. Moreira (ex-Livre) voted against.

⁹DGS (2020ab). ‘Plano Nacional de Preparação e Resposta à Doença por novo coronavírus’ (COVID-19), 56 pp., 10.03.2020.

¹⁰A simple search on Google Scholar with verbatim search terms such as ‘Covid 19 in Portugal’ one year after the start of the pandemic devolves around 20,000 titles, a proxy of the huge effort the scientific community did in this respect.

The chapter examines the role of Portuguese Local Government in the response to the COVID-19 pandemic in Portugal in the first year of this pandemic. Rather than an attempt to provide a comprehensive and detailed coverage of all types of responses, the chapter offers an exploratory perspective of the response framework at the national and local levels. The analysis is based on desk research, on the use of secondary sources, such as official statistics from national and international sources, official policy documents from public administration institutions, in central, regional and Local Government tiers,¹¹ on the legislation related to the pandemic,¹² on technical reports related to the pandemic and to its social and economic impact. The analysis is centred on the content of legal acts issued by Central Government, Parliament and President of the Republic, official policy documents related to the pandemic, at both national and municipal levels, and a myriad of other documents and written media sources. Despite the constraints on the research process, due to the restrictions on the working conditions, the results presented in this chapter shed light on the role played by the Portuguese municipalities in the response to the COVID-19 pandemic and in the recovery plans.

The chapter aims to address the following research questions: a) What was the impact of the COVID-19 pandemic in the local governance system, in central–local relations, and to what extent did Central Government decentralize the response to the pandemic and to its social and economic impacts in Portugal?; and b) What sort of policies were implemented to address the issues raised by the pandemic?

Besides this introduction, the chapter presents briefly in the next sections the background of the Local Government system in Portugal, the main features of the epidemiologic situation in Portugal during the study period, followed by an analysis of the response of Central Government, and after that by an analysis of the response of Local Government through the example of the municipality of Lisbon. The chapter ends with concluding remarks in the last section.

8.2 Local Government in Portugal: The Context

The current Local Government system was established in the 1976 Constitution as a true system of local self-government after the long dictatorial regime that lasted between 1926 and 1974, in which Local Government was a mere form of local administration, a form of administrative de-concentration.¹³ The system comprises three tiers of local self-government: the administrative region, the municipality and

¹¹ Among others, the several documents indicated as ‘Governo de Portugal’ (from “2020a–2020x” and from “2021a–2021d”); and DGS in the References of this chapter.

¹² Both national and municipal, quoted in the text of the chapter and footnotes. *Diário da República* (INCM 2020; INCM 2021); *Diário da Assembleia da República* (*Assembleia da República* 2020; *Assembleia da República* 2021); *Boletim Municipal - Lisboa* (CML 2020; CML 2021).

¹³ For an analysis of the first two decades (1974–1994) of local government after the dictatorship, see Silva (1995).

the parish. It inherited and adopted the map of municipalities and parishes that existed at the time, and left for a future legislative act the definition and implementation of the third tier, the administrative region. The creation and implementation of these administrative regions in mainland Portugal have been the subject of multiple proposals, and much debate, and of a national referendum in 1998, which was not binding, as less than 50% voted, but in which the No had the majority of the votes.

Apart inheriting the municipal and the parish maps that existed in 1974, the newly established system is entirely original in its main characteristics: directly elected boards, administrative and financial autonomy, decentralization and not only de-concentration from Central to Local Government. In all, four new municipalities were created, one in 1979 and three in 1998, raising the total number from 304 to 308, of which 278 in mainland Portugal, 11 in the archipelago of Madeira and 19 in archipelago of Azores.

In 1974, there were 4025 parishes, a number that rose from time to time up to 4260 in 2013, when a merger reform was conducted in response to the requirements of the bailout programme to which the country was subjected, in the wake of the 2008 international banking and financial crisis, a structural adjustment programme conducted by the International Monetary Fund and by the European Central Bank. The current number of parishes is 3092, a number that is expected to increase, if the current proposals for the re-establishment of some of the previous parishes, merged against the will of the local population, go ahead.

The local democracy is strong and the citizen perception of Local Government has been largely positive, as in the recent Survey of the European Committee of the Regions on Citizens Perception of the role of Local Government in dealing with the coronavirus crisis, published in September 2020 (ECoR, 2020). Both the municipality and the parish have two boards, a deliberative assembly and the executive. The two main parties at the national level, the Socialist Party and the Social Democrat Party, have also been the two main parties in Local Government.

Despite the decentralization that had taken place in the last 45 years, Local Government in Portugal has still a relatively low share of the public resources compared to the European average.¹⁴ The competencies of Local Government are defined by the principle of generality, which means it can do anything for the benefit of their local community provided it is not prohibited by law. However, in specific issues there has been over the years since 1976 a concerted transfer of competencies previously and traditionally in the hands of Central Government. The role of Local Government is thus twofold: firstly, as a local directly elected democratic and politically autonomous entity, municipalities and parishes respond firstly to local citizen needs and aspirations; secondly, they are also called in to deliver locally a myriad of services defined and set by Central Government. And this was so also in the response to the COVID-19 pandemic.

In the public health sector, the governmental responsibilities related to medical treatment continue to belong mainly to Central Government. However, if the social

¹⁴OECD & European Commission (2018).

and environmental determinants of health are considered then the responsibilities and competencies of Local Government, both the municipalities and parishes, are vast and relevant.

The different sorts of inter-municipal cooperation also play an important role in numerous local policy areas, including in those directly related to the environmental and social determinants of health. It is the case of the 21 inter-municipal communities, and the 2 metropolitan entities (Table 8.1), responsible for an increased collaboration between neighbouring municipalities, as became visible once again in the response to the impacts of the COVID-19 pandemic. Municipalities are also engaged in municipal associations with specific purposes, and own 175 municipal enterprises, focused in different sectors and activities. There are 23 special municipal services, in the water, sanitation and public transport sectors.¹⁵

The share of the Local Government in the total public expenditure is still low (12.6%), compared to the average in the European Union (23.3%), despite its positive evolution since 1976 (OECD & European Commission 2018). This is reflected in the different capacities of Local Government, in the different European countries, to address the impacts of the pandemic.¹⁶ The system was also affected by the impact of successive crisis, as the international financial crisis of 2008 and 2009 (Veiga et al. 2015), and shows consistently over the year differences among municipalities (Silva 1995). This led to the austerity policies that Central Government adopted in the context of the bailout programme, from 2011 to 2015. With the change in government, following the parliament election of 2015, there was a gradual shift in the public finance situation. Similarly to the gradual and sustained

Table 8.1 Local Government

	Municipalities	Parishes	Metropolitan entities	Inter-municipal communities
1974	304	4025	0	0
2021—Total	308	3092	2	21
2021—Mainland	278	2882	2	21
2021Azores	19	156	0	0
2021—Madeira	11	54	0	0

Source: Own elaboration

¹⁵Serviços Municipalizados ('Municipal Services'; a kind of technical service for specific sectors, outside the main administrative structure of the municipality, and therefore with some degree of functional autonomy; they were created long before municipalities were allowed by law to create 'Municipal Enterprises').

¹⁶According to OECD (2018), local government expenditure represented 23.3% in the EU-28 in 2017 and only 12.6% in Portugal. This indicates the still high level of administrative centralization that characterizes the country, despite the reforms undertaken since 1974. Notwithstanding this background the Local Government system in Portugal reflects also the main global trends that are currently framing the systems of Local Government across the globe, some of which are examined in Silva (2020).

recovery of the public finance situation at the national level, the municipal financial situation also revealed signs of recovery after 2015, a path interrupted in the second quarter of 2020, being both tiers of government deeply affected financially by the need to address the social and economic impacts of the pandemic. It is still soon to assess all these impacts in the entire Local Government system, and the unevenness of these impacts by sector and geographic area. But whatever the level of these cuts, the response to the local public health issues, and the effectiveness of Local Government contribution in the fight against the social and economic impacts, was certainly affected by the level of resources available.

Municipalities and parishes, besides the formal modes of institutional cooperation with other similar Local Government units, or between municipalities and parishes, tend to engage with a whole series of other local organizations, such as non-profit social or cultural associations, residents' associations, neighbourhood thematic groups, all of them with a more informal connection to municipalities and parishes, but relevant in numerous local governance issues, namely in activities related to the environmental and social determinants of health, or directly in the activities of the National Health Service (NHS), by extending and augmenting locally numerous of these actions.

Despite the potential constraints this highly centralized institutional background may have, in particular in the health sector, the role played by Local Government in the response to the sanitary crisis was relevant, and in many aspects of the response to the social and economic crisis it has been decisive, as discussed in the following sections of this chapter.

8.3 The Epidemiologic Situation in Portugal

The evolution of the COVID-19 pandemic in Portugal can be divided into three main phases from end of February 2020 until mid-March 2021.

The first phase, corresponds to the first wave of the pandemic, started with the first suspected cases identified in Portugal in February 2020, some of which were confirmed in early March, and with the first preventives measures, some merely informative, others including restrictions to international travel. This first phase comprises the declaration of the state of alert, in early March 2020, the three state of emergency, declared uninterruptedly from 19 March to 2 May, and the state of calamity, from 3 to 17 May, at the end of the emergency state. Although without agreement about the end of the first wave, the end of spring and the summer months were a period of much lower incidence of the disease in all indicators, a relatively calm period that the country experienced, with few exceptions, when activities returned gradually to some form of normality, despite the restrictions that continued to be enforced on economic activities, on travel and on social life in general. The accumulated number of confirmed cases, according to the MAI report on the

implementation of the third state of emergency, raised to 642 on 17 March, reaching 25,524 cases on 3 May 2020. Between 17 April and 3 May 2020 were notified, on average, 382 cases per day. Part of the initial growth in the number of new cases of infection may have occurred in the days just before the declaration of the state of emergency, which had after all a positive impact on the control of the spread of the virus in the community. The estimated $R(t)$ varied between 0,94 and 2,49 during the three periods of the state of emergency.¹⁷ This first wave of the pandemic was weaker than the second in the autumn and the third in the winter in all key indicators (number of cases, number of cases in intensive care and number of deaths).

The second phase corresponds to the second wave of the pandemic, which started in early autumn, after a temporary amelioration of the situation during the summer, when the number of cases, number of deaths and other indicators started to rise in September–October 2020, reaching the peak in the last week of November. This second wave of the pandemic was significantly more severe in Portugal than the first one and the same happened in numerous other European countries.

The third phase corresponds to the third wave of the pandemic and is still active at the time of writing. It started at the end of the year, between Christmas and New Year, when the number of new cases per 100,000 inhabitants was again higher than 500 and the R factor higher than 1, and reached its peak on the last days of January 2021, when the number of new cases started to decline. The number of municipalities by level of risk underlines this pattern. The number of municipalities classified as ‘very high’ and as ‘extremely high’ increased substantially from December 2020 to January and February 2021 (Table 8.2)¹⁸ and decreased in a sustained way in February and in early March 2021, when for the first time since this classification was introduced there was no municipality in the highest level of risk.

Table 8.2 Number of municipalities according to the level of risk in mainland Portugal^a

	Moderate risk	High risk	Very high risk	Extremely high risk
8.03.2021	273	27	8	0
1.03.2021	195	96	14	3
15.02.2021	25	65	132	56
7.01.2021	25	65	132	56
17.12.2020	77	92	79	30

Source: Own elaboration based on data from Governo de Portugal (2020k; 2021b). Lista de Concelhos por nível de risco

^a 278 municipalities in total. Does not include the autonomous regions of Azores (19 mun.) and Madeira (11 mun.), which brings the total number of municipalities in Portugal to 308

¹⁷The R_0 was estimated in 2,08 based on the data until 16 March (MAI, 2020—report on the implementation of the State of Emergency, etc.). The R_0 is the average number of secondary cases that each case originates. It is calculated in the initial phase of the epidemic, before the implementation of all measures of containment.

¹⁸Governo de Portugal (2020k). Lista dos concelhos por nível de risco—Conselho de Ministros de 17 de dezembro de 2020, 7 pages; Governo de Portugal (2021b). Lista de Concelhos por nível de risco, 7.01.2021, 7 pages

The figures of the pandemic in this wave placed Portugal in the worst position in Europe in some of these indicators. The measures adopted by Central Government have been again very strict on this third wave, and as a result of that the number of cases and number of deaths declined steadily in the second half of February 2021. The removal of the restrictions introduced to fight the third wave started in mid-March 2021, in a gradual way by sectors and based on technical criteria, such as the evolution of the number of cases per inhabitant and the $R(t)$. This 13th state of emergency, which marks the beginning of the de-confinement after the peak of the third wave, was approved in Parliament for the period 17 to 31 March 2021 with 85.2% votes in favour (PS, PSD, CDS-PP, PAN and one deputy),¹⁹ 8.3% abstained (BE) and 6.5%, against (PCP, PEV, CH, IL and one deputy). Although still supported by an overall and unequivocal political majority in Parliament, the lockdown policy has been confronted with critics in Parliament, which is reflected in the lower percentage compared to the initial support in March 2020, with no votes against, of the first state of emergency.

The Lisbon metropolitan area, severely hit in some of its municipalities in the early summer, after the first wave, was reasonably well in early March 2021, with only 3 municipalities in the second epidemiological level (high level of risk) and the other 15 in the lowest level (moderate risk). In the Porto metropolitan area, all its 17 municipalities were in early March 2021 in the lowest epidemiological level (moderate risk).

In sum, the epidemiological situation improved substantially all over the country in all indicators in February and March 2021. A new plan for ending the confinement imposed by the successive states of emergency was announced on 11 March, pointing to a gradual and selective opening of activities,²⁰ a process to be guided this time by strict references or red lines associated with key epidemiological indicators.

What follows in the next sections is an analysis of the response of Central and Local Government during the first year of the pandemic, nearly 400 days, from March 2020 to March 2021.

¹⁹PS-Socialist Party; PSD-Social Democratic Party; CDS-Popular Party; PAN-Party People, Animals and Nature. This member of parliament was elected in the lists of PAN, in the parliamentary election on 6 October 2019, and abandoned the party in June 2020. Became what is termed a 'non registered member of the Assembly of the Republic' ('deputada não-inscrita na Assembleia da República'). The same happened with the sole deputy elected by the party Livre.

²⁰The follow-up of this process will be dealt with in another publication from this research project on the 'Local government response to the Covid-19 in Portugal'.

8.4 Central Government Response to the Public Health Emergency Situation of COVID-19 in Portugal

Confronted with the sanitary crisis, Central Government first reacted with preventive and informative measures.²¹ But soon after the first cases were confirmed, the response of Central Government, articulated in multiple aspects with Local Government, developed gradually into three main areas: to ensure the readiness and responsiveness of the NHS; to reinforce social protection; and to mitigate the economic impact. Central Government approved along the period under analysis a wide range of fiscal, economic and social measures (Gomes 2021; Moreira et al. 2021), which included tax cuts, provision of credit and employment protection, as examined in the following points dealing with the successive waves of the pandemic in the country. To some extent, the response of Central Government to the social, economic and environmental impacts of the sanitary crisis was also influenced, as in the case of the response to disease itself, by what was happening in other countries and by the guidelines issued by international multilateral organization of which Portugal is member, namely the European Union, the OECD (2020a, b, c, d), the IMF (2020a) and many more.

8.4.1 *The First Wave*

The qualification as a pandemic of the public health emergency situation caused by the disease COVID-19, made by the WHO on 11 March 2020, together with the proliferation of registered cases of contagion of COVID-19 in Portugal, led the Portuguese government to establish exceptional and temporary measures.²² These responses to the pandemic implemented by Central Government evolved quickly, in the first weeks, from prevention to mitigation, based on the Law of Civil Protection,²³ taking into account the information available in each moment and the most reliable data provided by the national and international scientific community as well. The first measures were taken by Central Government as early as 3 March, so even before that decision by the WHO, and evolved in the following days and weeks until the declaration of the ‘state of emergency’ on 18 March 2020,²⁴ a declaration made for the first time in the country since the approval of the 1976 Constitution.

²¹ See the numerous documents listed in the ‘References’ as ‘Governo de Portugal (2020a-2020x and 2021a-2021d)’. It is a sample, and not an exhaustive list, of the policy guidance, policy analysis type of documents published by central government in the first months of the pandemic.

²² A dedicated website within central government portal (<https://covid19estamoson.gov.pt/>) compiles all the information available making access easier to all stakeholders and common citizens.

²³ Law n.º 27/2006, 3 July (Lei de Bases da Proteção Civil / Law of Civil Protection)

²⁴ Decree President of the Republic n.º 14-A/2020, 18 March 2020.

On 3 March was published the Despacho No. 2875-A/2020, later reinforced by Decret Law No. 10-A/2020, on 13 March, whose aim was to guarantee social protection to all those temporarily not allowed to work by decision of the health authority, due to the risk of contagion, turning such condition equivalent, in terms of social protection, to that applied normally in the case of impediment to work due to illness.

In these initial days, Central Government also suspended flights, starting on 10 March, from regions in North Italy, severely hit by the first wave of the pandemic, for a period of two weeks.²⁵ Restrictions or suspension of flights were later extended, namely the ban on all non-European flights taken on 18 March.²⁶ These first measures also included the creation of a dedicated medical support line, and the acquisition of additional protection materials for health professionals, among a myriad of other measures.

On 10 March 2020, the Direção-Geral de Saúde (DGS), the Portuguese national health authority, published recommendations on the new virus, explaining what it was, how it was transmitted, what were the signs and symptoms of the disease, information about vaccines and antibiotics, and on how to protect oneself. The DGS also published on this occasion recommendations for ports and airports, for flight passengers, for health units, for schools, for mass events,²⁷ among other aspects. This kind of information was repeatedly updated over the following months.

On 11 March, the Portuguese Central Government issued guidelines for mass events,²⁸ due to be applied from 3 April onwards, which were soon after that replaced by complete lockdown measures, a situation that highlights well the relative unpreparedness of public authorities to deal with what was at the time an unpredictable and relatively unknown phenomenon.

Following the classification of the virus as a pandemic by the WHO, on 11 March 2020, the Council of Ministers,²⁹ held on 12 March 2020, adopted urgent and extraordinary measures in response to the SARS-CoV-2 epidemic, whose aims were a) to ensure the state of readiness of the National Health Service (NHS),

²⁵Dispatch no. 3186-C/2020, of 10 March—suspension of flights from the most affected areas in Italy

Emilia-Romagna, Piedmont, Lombardia and Veneto; Dispatch No. 3186-D/2020, of 10 March—Suspension of flights from Italy.

²⁶Dispatch no. 3427-A/2020, of 18 March—bans air traffic to and from Portugal of all flights to and from countries outside the European Union, with certain exceptions.

²⁷For instance, short information sheets (1 page each): *Coronavírus (COVID-19)—Informação à Comunidade Escolar*; *Coronavírus (COVID-19)—Recomendações Saúde*; and *Coronavírus (COVID-19)—Recomendações Aeroporto*. As well as more extended technical notes, as in DGS (2020a) that set references for schools.

²⁸A two-page document with guidelines: ‘Risco de eventos de massas no contexto do surto de COVID-19’, dated 11 March 2020 (risk of mass events in the context of the COVID-19 outbreak). The limits set in this first document (1000 or 5000 people, for instance) were quickly outdated, and most of the activities enumerated here were completely prohibited soon after, as a result of the rapid increase in the number of infections.

²⁹Statement by the Council of Ministers/Comunicado do Conselho de Ministros, 12 March 2020.

which included measures related to human resources management in the NHS, as well as new conditions for contracting and acquiring external services needed by the NHS; b) to reinforce social protection for workers and their families across all sectors of the economy; c) to mitigate the economic impact, in terms of both supporting companies' current income and protecting jobs, namely through the creation of credit lines, a simplified regime of lay-off, professional training, quicker payment by the state of all its debts to private entities and the temporary exemption of certain taxes due by the enterprises. In addition to these, numerous other measures were also decided in this meeting, which were related to the organization and functioning of public services and other types of public and private establishments.

It was also decided to declare the state of alert, according to which the entire civil protection organization, the security forces and other public entities would have to turn on to the state of readiness.³⁰ So, on 13 March, Central Government declared the state of alert in the entire national territory, which was due to last until 9 April 2020. Under this regime, new restrictions were introduced, among others on restaurants and bars,³¹ on mass events, on cruise ships,³² on schools and on the judicial system. New conditions for remote work were defined, and additional social security measures had to be adopted. On 15 March was published Portaria 71/2020, with the aim to restrict access and the allocation of spaces in commercial establishments and in restaurants and bars.³³

On 17 and 19 March, Central Government declared the 'state of calamity' in the municipality of Ovar.³⁴ These restrictions in Ovar continued during the first two periods of the 'state of emergency' but started to be lifted in early April.³⁵ With the

³⁰Dispatch No. 3298-B/2020, of 13 March—declaration of the 'State of Alert' status throughout the National territory, based on the Law of Civil Protection (Law No. 27/2006, 3 July).

³¹- Dispatch no. 3299/2020, of 14 March—determines the closure of bars, all days at 9 pm.

³²Dispatch No. 3298-C/2020, of 13 March—determines the prohibition of disembarkation for passengers and crew of cruise ships in national ports. Later, Dispatch No. 4394-D/2020, of 9 April, maintained the ban on disembarkation and the issuance of licenses to come ashore for passengers and crew of cruise ships, with the exception of national citizens, holders of authorization to residence in Portugal and disembarkation in exceptional cases, with authorization from the health authority. The possibility of controlled disembarkation authorization is maintained, exclusively for the return to the country of origin.

³³This Portaria ('Ordinance') defined an indicative maximum occupancy rule of 0.04 people per square metre of area.

³⁴Dispatch of the Prime Minister and the Minister of Internal Administration No. 3372-C/2020, of 17 March—recognizes the need for a declaration of the situation of calamity in the municipality of Ovar, based on the Law of Civil Protection; and Resolution of the Council of Ministers No. 10-D/2020, of 19 March—declares the situation of calamity in the municipality of Ovar, based on the epidemiological situation of COVID-19 in the area. Despite these 'State of Calamity' and the 'Sanitation Fence' defined around the municipality, some industrial enterprises were allowed to continue to work in this municipality.

³⁵The declaration of calamity situation in the municipality of Ovar was extended by the Resolution of the Council of Ministers No. 18-B/2020, 2 April. The Dispatch No. 4148-A/2020, 5 April, and Dispatch No. 4394-C/2020, 9 April, among other similar legal acts—allowed certain industrial units located in the municipality to start working.

lift of the ‘sanitary fence’ in the municipality of Ovar on 17 April, Central Government approved a set of new measures intended to impose special constraints with the aim to guarantee the containment of the pandemic in that municipality. Important to note in the case of the municipality of Ovar is the recognition by Central Government of the most needed articulation between Central Government and Local Government, in an attempt to safeguard the health of the population while minimizing the economic impact of the declaration of the situation of municipal calamity in the local industries. A second case of a ‘state of calamity’ approved for a municipality was that of Povoação, in the island of São Miguel, in the autonomous region of Azores, affecting the 6 parishes of this municipality. In the second ‘state of emergency’, this measure was extended to all 6 municipalities of the island of São Miguel, since the previous confinement by a ‘sanitary fence’ (‘cerca sanitária’) in just one municipality did not prove sufficient.³⁶ On 17 April, the sanitary fence was renovated. Also in this case, there were close relationships between the security forces and the regional and local government authorities in the implementation of the sanitary fence in the entire island of São Miguel during the third period of the state of emergency, from 18 April to 2 May 2020. A third case occurred later in the autonomous region of Madeira, when a sanitary fence was defined and implemented in the parish of Câmara de Lobos, during the third period of the state of emergency.³⁷

On 16 March 2020 was released a joint Declaration by the Portuguese Republic and the Kingdom of Spain on border management, for public health reasons, in the context of the COVID-19 pandemic.³⁸ Portugal and Spain committed to cooperate with the objective of combating the COVID-19 pandemic, through the management of cross-border traffic between the two countries, from 16 March 2020 until 15 April 2020. It was also agreed that the need to extend these measures until 9 April 2020 would be assessed at the end of that period. This agreement included a set of exceptional measures and the sharing of relevant information regarding the

³⁶The Regional Government of Azores issued the Resolution of the Council of Government (‘Resolução do Conselho do Governo’) No. 94/2020, which established the sanitary enclosure in all the municipalities of the island of São Miguel, aiming at the interdiction of circulation and permanence of people on public roads, the imposition of closing commercial establishments and various public services. The resolution in question took effect from 00:00, of 3 April, having been extended its effects through the Resolution of the Council of Government No. 114/2020, until midnight of 1 May. The sanitary fence in the municipality of Nordeste was maintained, based on the provisions of Resolution of the Council of Government No. 126/2020, of 4 May.

³⁷Presidency of the Regional Government of Madeira issued Resolution No. 210/2020 of 18 April, which established the sanitary enclosure of the municipality of Câmara de Lobos, aiming at the interdiction of circulation and the permanence of people on public roads, the imposition of closing of commercial establishments and various public services, also establishing a municipal health fence with strong restrictions on movement to and from the aforementioned municipality. The effects of the resolution in question ended at 00:00 on 3 May.

³⁸Declaration by the Portuguese Republic and the Kingdom of Spain on border management for public health reasons in the context of the COVID-19 pandemic (‘Declaração da República Portuguesa e o Reino de Espanha sobre a gestão de fronteiras por motivos de saúde pública no âmbito da pandemia da Covid-19’), 3 pages.

epidemiological situation of COVID-19 in the respective countries, in particular in the cross-border regions. These measures concerned, among other aspects, general rules related to road traffic, rail traffic, air passenger traffic and river passenger transport, which were nonetheless subjected to a number of exceptions.³⁹

Culminating this process, on 18 March 2020, the state of emergency was declared in Portugal,⁴⁰ starting on 19 March 2020, based on the verification of a situation of public calamity. According to the law, it could only last for a maximum period of 15 days, starting on the 19 March 2020 and ending on 2 April 2020, without prejudice to any renewals under the terms of the law. The National Civil Protection Emergency Plan was activated for the first time in Portugal. On 26 March,⁴¹ Central Government adopted additional exceptional and temporary assistance measures to workers and companies affected by the restrictions of the state of emergency, aiming to ensure the maintenance of jobs and the mitigation of the negative effects on business activities, the so-called regime of simplified lay-off.

This exceptional situation of the emergency state led to the application of extraordinary measures that restricted rights and freedoms, in particular the right of movement and economic freedoms, which were to a large extent aligned with the perspectives of the WHO, and also with those of the European Union, aiming to prevent the transmission of the virus not only in Portugal but also in the European Union. Despite restrictions associated with it, these measures taken within the framework of the ‘state of emergency’ were fairly well received by the Portuguese citizens and were backed up by an overwhelming political majority in Parliament and in the Portuguese society.⁴² They had to respect constitutional and legal limits,

³⁹Resolution of the Council of Ministers No. 10-B/2020—reinstates, on an exceptional and temporary basis, the control of citizen’s documents at the borders in the context of the epidemiological situation caused by the new SARS-CoV-2 coronavirus and the COVID-19 disease. Extended to 14 April, by the Resolution of the Council of Ministers No. 22/2020 until 00:00 on 14 May 2020.

⁴⁰Decree of the President of the Republic No. 14-A / 2020, 18.03.2020 (Decree of the President of the Republic No. 14-A/2020, of 18 March—declare a state of emergency, based on the verification of a situation of public calamity); Resolution No. 15-A/2020, 18 March, from the Assembly of the Republic, authorized the declaration of the ‘State of Emergency’; Decret No. 2-A/2020—*Diário da República* No. 57/2020, first Supplement, Serie I, 2020-03-20—proceeds with the execution of the declaration of the state of emergency carried out by Decree of the President of the Republic No. 14-A/2020, of 18 March. The ‘state of emergency’ is regulated by Law No. 44/86, 30 September, which approved the regime of the state of siege and the state of emergency. Law No. 1-A/2020, of 19 March—exceptional and temporary measures in response to the epidemiological situation caused by the SARS-CoV-2 and COVID-19. This act was followed by numerous other dealing with temporary and exceptional measures for specific ‘sectors’ or activities (numerous ‘Decreto-lei’, ‘Portaria’, ‘Despacho’ published between 23 and 30 March).

⁴¹Decret Law No. 10-G/2020, 26 March.

⁴²Approved in parliament by 96% of the votes and with no votes against. In opinion polls published in the media on that occasion, a high percentage of the Portuguese population supported the declaration of the emergency state and its timing (e.g. 95% in the poll ICS-ISCTE, on 20–22.03.2020; 90% in the poll Observador/Marktest, 20.03.2020; or 77.2% in the poll Lusa/several journals/Eurosondagem, 25.03.2020; all with very small percentage against, being the difference mainly in the percentage of don’t know).

which means that, on the one hand, they were limited to what was considered strictly necessary and, on the other hand, that their effects should cease as soon as normality was resumed. The legal regime of the state of emergency was applied to the entire national territory and comprised norms related to compulsory confinement; special duty of protection; general duty of holding at home; remote work; closure of facilities and establishments; suspension of activities in retail trade; suspension of activities in the provision of certain services; effects on lease agreements and other forms of property exploitation; non-suspension of e-commerce and services provided remotely or through an electronic platform; authorizations or suspensions in special cases; safety and hygiene rules; priority attendance; public services; essential services; religious and cult events; individual protection for those at work; possibility to request all sorts of services and activities due to public health reasons; transports; among others.

In sum, the state of emergency suspends partially some rights, freedoms and guarantees granted by the Constitution. It was the case of those measures that restricted the right to move and settle anywhere in the national territory⁴³; or the measures that interfered with the right of property and private economic initiative; the measures that limited the workers' rights on numerous aspects; limitation on the rights of international circulation; restriction on the right of assembly and demonstration; freedom of worship, in its collective dimension; and limits to the right of resistance.

Confronted with the continued risks for public health derived from the high level of contagion, on 2 April, the President of the Republic declared a second state of emergency from 3 to 17 April 2020⁴⁴ in the entire national territory, considering the continuation of the conditions of public calamity that had been identified before. At the end of this period, Central Government submitted to the Assembly of the Republic the report on the application of the second declaration of the state of emergency. Most of the measures taken during the first state of emergency, and before it, continued to be applied in the second period. In addition to that, several other legal acts were published at the beginning of this new period with the aim to save jobs, to support economic operators and to reinforce social protection of individuals and families. Besides that, considering the experience of the first state of emergency, various legal regimes were simplified and made more flexible, thus allowing an easier access to the support available for workers, employers and numerous other individuals and entities. It was also improved the coordination mechanism already in place, adding this time, for instance, a regional coordinator for each of the five planning regions in mainland Portugal, a post assigned to a

⁴³These measures impacted in different ways on the population mobility patterns in Portugal, as shown in Tamagusko, & Ferreira (2021, pre-print publication). These restrictions on mobility had also impacts on the environment, namely on air population in cities, as shown in Gama et al. (2021).

⁴⁴The Assembly of the Republic authorized (Resolution No. 22-A/2020, of 2 April) the declaration of the second state of emergency made by the President of the Republic (Decreto do Presidente da República No. 17-A/2020, de 2 de abril). Central Government proceeds with its execution through Decree No. 2-B / 2020, of 2 April (Decreto No. 2-B/2020, de 2 de abril).

member of Central Government, at the rank of secretary of state.⁴⁵ The experience of the first months of the pandemic led to the adoption of additional measures to protect old people and people with chronic illness, in particular those living in residences for old people and in structures integrated in the national network of continued health care.⁴⁶

During these two periods of the state of emergency, Central Government attempted to address the social crisis that resulted from the sanitarian crisis provoked by the COVID-19 pandemic guided by three main goals: preservation of employment; maintenance of the income of residents in the national territory; and the guarantee of liquidity of economic operators. And this was mainly carried out by the Ministry of the Economy and Digital Transition; Ministry of Work, Solidarity and Social Security; Ministry of Environment and Climate Action; Ministry of Infrastructures and Housing; and the Ministry of Agriculture and Sea.

Like the first period of the state of emergency, also the second one suspended partially some rights, freedoms and guarantees. In addition to those suspended during the first period, the second state of emergency allowed also the possibility to restrict the freedom of learning and teaching as well as the right of protection of personal data.

At the end of the second period of the state of emergency, on 17 April, all District Emergency Plans of Civil Protection,⁴⁷ 18 in total, had been activated, one more than at the end of the first period.⁴⁸ At the level of the municipality, 123 municipal emergency plans of civil protection had been activated in total at the end of the second period of the state of emergency,⁴⁹ ten more than at the end of the first period of emergency. These municipal plans were located mainly in the district of Aveiro, Bragança, Castelo Branco, Lisboa, Porto and Viseu. These municipal emergency plans of civil protection allowed a close scrutiny near the place where the actions developed by the national civil protection entity were taking place.

⁴⁵Dispatch of the Prime Minister No. 4235-B/2020, of 6 April. The aim was to have a better supra-municipal coordination without affecting the competencies of the municipalities, whose mayor chairs the municipal civil protection authority.

⁴⁶National Network of Integrated Continuing Care (RNCCI) and the respective units (Units of Integrated Continuing Care—UCCI).

⁴⁷District Civil Protection Emergency Plans (Planos Distritais de Emergência de Proteção Civil).

⁴⁸According to the National Authority of Emergency and Civil Protection (Autoridade Nacional de Emergência e Proteção Civil), one of these district plans, that of the district of Aveiro, was activated before the first state of emergency; 16 others were activated during the first state of emergency; the last one, in the district of Viana do Castelo, was activated in the second state of emergency (MAI—report on the second state of emergency).

⁴⁹According to the Autoridade Nacional de Emergência e Proteção Civil (MAI—report on the second state of emergency), before the first period of emergency, 29 municipal emergency plans (PMEPC—Planos Municipais de Emergência de Proteção Civil) had been activated (the first two, on 12 March 2020, in Torres Vedras and in Setúbal. In the first period of the emergency state, 84 municipal plans were activated. In the second period of the emergency state, 10 municipal emergency plans were activated, which brings the total to 123 at the end of this period.

The state of emergency was renewed for the second time in mid-April by the Decree of the President of the Republic of 17 April 2020,⁵⁰ applied in the entire national territory, from 18 April to 2 May 2020, based on the verification of a continued situation of public calamity.⁵¹ The situation of calamity in the context of

⁵⁰Decree of the President of the Republic No. 20-A/2020, 17 April. This declaration by the president was authorized by the Assembly of the Republic (Resolution No. 23-A/2020, 17 April) and executed by the Central Government through Decree No. 2-C/2020, 17 April, and Decree No. 2-D/2020, 30 April—regulates the state of emergency, and the state of calamity for the period 1 to 3 May 2020. Like the two previous periods in which a ‘State of Emergency’ has been declared, this one is regulated by Law No. 44/86, of 30 September... , which approved ... the regime of the state of siege and the state of emergency.

⁵¹Decree Law No. 17/2020, of 23 April—establishes exceptional and temporary measures relating to the tourism sector, within the scope of the COVID-19 pandemic; Decree Law No. 18/2020, of 23 April—establishes exceptional and temporary measures relating to the COVID-19 pandemic; Decree Law No. 18-A/2020, of 23 April—establishes the exceptional and temporary measures in the area of sport, within the scope of the COVID-19 pandemic; Decree Law No. 19/2020, of 30 April—establishes a temporary regime and exceptional support for humanitarian associations of firefighters, within the scope of the COVID-19 pandemic; Decree Law No. 19-A/2020, of 30 April—establishes an exceptional and temporary regime for the financial rebalancing of long-term contracts, within the scope of the COVID-19 pandemic; Decree Law No. 20/2020, of 1 May—alters the exceptional and temporary measures for the COVID-19 pandemic; Ordinance (Portaria) No. 95/2020, of 18 April—creates the System of Incentives for Productive Innovation in the context of COVID-19; Ordinance No. 96/2020, of 18 April—creates the ‘System of Incentives for Research and Development Activities and for Investment in Testing and Optimization Infrastructures (upscaling) in the context of COVID-19’; Ordinance No. 105/2020, of 30 April—extends, until 31 December 2020, the length of time provided for in Article 5 of Ordinance No. 89/2020, of 7 April, which adopts exceptional measures arising from the COVID-19 epidemic, relating to formalities applicable to the production, storage and sale, tax-free, of alcohol for the purposes provided for in paragraph 3 of article 67 of the Special Consumption Tax Code (CIEC); Ordinance No. 97/2020, of 19 April—amends Ordinance No. 82/2020, of 29 March, which establishes the essential services for the purposes of reception, in educational establishments, of children or other dependent professionals; Ordinance No. 101/2020, of 23 April—makes the first amendment to Ordinance No. 357/2019, of 8 October, which regulates electronic communications between judicial courts and public schools supervised by the Ministry of Education. Ordinance No. 105-B/2020, of 30 April—establishes exceptional and temporary measures within the scope of the COVID-19 pandemic, applicable to the 2020 year of the National Apiculture Program (PAN) relating to the 2020–2022 period, regulated, to national level, by Ordinance No. 325-A/2019, of 20 September, amended by Ordinance No. 387-A/2019, of 25 October; Ordinance No. 105-C/2020, of 30 April—establishes complementary measures to Ordinance No. 81/2020, of 26 March, regarding the epidemiological situation of the new coronavirus—COVID-19, within the scope of the Rural Development Program 2014–2020 (PDR 2020); Ordinance No. 106/2020, of 2 May—establishes a maximum passenger limit for air transport, as well as exceptions to this limit and respective requirements, in order to ensure the convenient distance between passengers and to guarantee their safety, both on scheduled flights and on flights that are exempt from the general rule on capacity; Dispatch No. 4698-D/2020, of 17 April—determines that the general inspector of ACT proceeds with the request of the inspectors and senior technicians necessary to reinforce the ACT inspection team; Dispatch No. 4699/2020, of 18 April—determines the percentage of profit in the marketing, wholesale and retail, of medical devices and personal protective equipment identified in the annex to Decree Law No. 14-E /2020, of 13 April, as well as ethyl alcohol and alcohol-based skin disinfectant gel, is limited to a maximum of 15%; Dispatch No. 4756-A/2020, of 20 April—establishes exceptional and temporary measures regarding the suspension of driving education,

the COVID-19 pandemic was declared by Resolução do Conselho de Ministros No. 33-A/2020, 30 April.

If the second period of the state of emergency is marked by the consolidation of previous measures, the third period of the state of emergency was characterized by the reinforcement of measures aimed to support the economy and employment. There was in this period a clear intention to support the production of goods and services that could help in the fight against the pandemic through the conversion in some cases of pre-existent industrial units and through innovation^{52,53}. Important continued to be the efforts made by Central Government to guarantee the full and appropriate functioning of the food chain in the entire country. Equally important were measures taken or renewed in this period with the aim to interfere in the functioning of the market, in order to safeguard the rights of the consumers (e.g. in the tourism sector, the definition of modes of repayment of travels already paid but not possible to take place due to the pandemic; guarantee of non-speculative prices in products essential for the fight against the pandemic). Like the previous periods of the state of emergency, some rights, freedoms and guarantees have also been suspended. Since the 1 May, the International Workers' Day, would occur during this period, exceptions were considered this time to allow some public events associated with this date, namely the official celebration of the International Workers' Day by trade unions.

On 12 May, Central Government submitted to the Assembly of the Republic the report on the application of the third declaration of the state of emergency, which lasted from 18 April 2020 to 2 May 2020.⁵⁴ Important to note at the end of the three periods of the state of emergency is the existence of a challenging social crisis underneath the sanitary crisis. Despite all the measures adopted by Central Government, which undoubtedly contributed to mitigate the negative social and economic consequences of the pandemic, the reduction in employment and in the level of economic activity was inevitable,⁵⁵ similarly to what happened across European

examinations and the activity of on-site training for professional certification as a way to combat the epidemiological situation of the new coronavirus—COVID-19; Dispatch No. 4756-B/2020, of 20 April—request from inspectors and senior technicians to reinforce the inspection powers of the Authority for Working Conditions; Dispatch No. 4791/2020, of 21 April—exceptional and temporary measures to be adopted in the context of specific sector professional training regulated by the Ministry of Agriculture; and several other Dispatch.

⁵²Incentive System for Research and Development Activities and for Investment in Testing and Optimization Infrastructures (upscaling) in the context of COVID-19.

⁵³System of Incentives for Productive Innovation in the context of COVID-19.

⁵⁴Governo de Portugal (2020w). Relatório sobre a aplicação da 3ª declaração do estado de emergência, 182 pages.

⁵⁵According to INE, the rate of unemployment raised from 6.1% to 7.1%, from the first to the fourth quarter of 2020. The consumer confidence indicator published by INE shows also a decrease immediately after the declaration of the pandemic in March 2020 with a outfit recuperation in the summer months until last months of the year, although still far from the level of January 2020. A similar pattern is found in the economic climate indicators used by INE for the same period (source: <https://www.ine.pt/>) and by the Bank of Portugal.

countries and in the other parts of the world as well.⁵⁶ On the short term, these negative impacts seem to have affected specific sectors, such as hotels and restaurants, commerce of non-food goods and all the other producers that feed these entities. Even so, strategies of adaptation emerged in these sectors, namely through the expansion of e-commerce practices and through the use of take-away in restaurants. If in the first two periods of the state of emergency, between 22 March and 17 April, there was in general a compliance with the rules of the state of emergency by citizens throughout the national territory, in the third period, between 18 April and 2 May 2020, namely during the weekends, the authorities registered a growing automobile traffic towards areas outside the main urban areas, in particular towards beaches, fluvial zones and other recreation areas.

On 15 April 2020, the European Commission presented the ‘European Roadmap for the Progressive Survey of COVID-19 Containment Measures’, a set of guidelines aimed at the gradual abolition of containment measures, preserving in a balanced way public health, the economy and social life. In this context, Central Government approved on 30 April 2020⁵⁷ the strategy for the gradual lifting of the containment measures adopted under the state of emergency.

At the end of the third period of the state of emergency, the President of the Republic, together with Central Government, decided not to renew the state of emergency for a fourth period. On 30 April, Central Government established a strategy for the removal of the confinement measures in the context of the fight against the COVID-19 pandemic⁵⁸ and gradual return of the economic activity, safeguarding at the same time the risks associated with the pandemic.⁵⁹ In substitution of the state of emergency, Central Government declared, on 30 April, based on the Law of Civil Protection,⁶⁰ the state of calamity,⁶¹ due to be applied in the entire national territory, from 3 to 17 May 2020. Under this new regime, the restrictions,

⁵⁶According to EUROSTAT, the rate of unemployment in the EU-27 raised from 6.6% in January 2020 to 7.3% in December 2020 and January 2021. The deep contraction of the global economy forecasted by the IMF in June 2020, just after the first lockdowns, seemed to be less severe in the appraisal made in October 2020a (IMF 2020b). World Economic Outlook, October 2020: A Long and Difficult Ascent). Even so, the IMF projected global growth contraction for 2020 is estimated at –3.5 per cent. Even if the beginning of vaccination raised hopes of a turnaround in the pandemic sometime in late 2021, new waves and new variants of the virus continue to affect negatively the economic climate and the recovery of employment to levels prior to the pandemic.

⁵⁷Resolution of the Council of Ministers No. 33-C / 2020, of 30 April.

⁵⁸Resolution of the Council of Ministers No. 33-C/2020, 30 April—establishes a strategy for surveying containment measures in the context of combating the COVID-19 pandemic.

⁵⁹Resolution of the Council of Ministers No. 33-B/2020, 30 de April—restores, on an exceptional and temporary basis, an authorized crossing point at the land border; Ordinance No. 105-A/2020, of 30 April—determines the termination of the weekly suspension period of the activity of the fleet operating in non-sea inland waters under the jurisdiction of the captaincies of the mainland ports and in division 9 defined by the International Council for the Exploration of the Sea (CIEM), revoking Ordinance No. 88-B/2020, of 6 April.

⁶⁰Lei n.º 27/2006, 3 July—Civil Protection Law (Lei de Bases da Proteção Civil).

⁶¹Resolution of the Council of Ministers No. 33-A/2020, 30 April.

suspensions and closures were less intense and not so vast as those that were applied during the regime of the state of emergency.⁶² Nonetheless, the other measures previously enforced, and directly related to the mitigation of the risks of contagious (e.g. social distance; use of face masks; and personal hygiene), remained in the new regime of the state of calamity. Exceptionally, considering the International Workers' Day on 1 May, some restrictions were lifted during the period from 1 to 3 May to allow some public events associated with the commemoration of that date.⁶³ The declaration of calamity was renewed on 17 May in the entire national territory until 31 May,⁶⁴ being renewed after that, on 29 May,⁶⁵ and on 12 June 2020,⁶⁶ since the epidemiological situation did not improve sufficiently to allow the removal of the restrictions still being applied.

Following the improvement in the epidemiological situation, the declaration of calamity was replaced on 26 June 2020 by the declaration of contingency and alert, a lower level in the civil protection scale of risk response,⁶⁷ which was renewed several times afterwards, on 31 July,⁶⁸ 14 August,⁶⁹ 28 August,⁷⁰ 11 September⁷¹ and 29 September 2020.⁷²

In the meantime, on 22 June, confronted with the deterioration of the epidemiological situation in some parishes in the Lisbon metropolitan area, Central Government adopted special norms for this area, namely regarding the functioning of commercial activities.⁷³ And on 16 July 2020, Central Government published new measures related to the mitigation of the COVID-19 pandemic.⁷⁴

Besides policy actions targeting specifically health and sanitary issues, the response of Central Government included also measures for the economy, as referred before. These policy measures had three main goals: to ensure the income of residents in the national territory; to maintain their jobs; and to guarantee the liquidity of economic operators. In spite of that, there was a significant reduction or suspension of activities in hotels and restaurants, as well as on commercial activities, although less severe, since food establishments and those fulfilling other basic needs continued open during the entire pandemic period, besides the overall increase observed in all e-commerce activities.

⁶² Central Government changed the Decret Law No. 10-A/2020, 13 March, which had established the exceptional and temporary measures related to the fight against the pandemic.

⁶³ Decret No. 2-D/2020, 30 April.

⁶⁴ Resolution of the Council of Ministers No. 38/2020, 17 May.

⁶⁵ Resolution of the Council of Ministers No. 40-A/2020, 29 May.

⁶⁶ Resolution of the Council of Ministers No. 43-B/2020, 12 June.

⁶⁷ Resolution of the Council of Ministers No. 51-A/2020, 26 June.

⁶⁸ Resolution of the Council of Ministers No. 55-A/2020, 31 July.

⁶⁹ Resolution of the Council of Ministers No. 63-A/2020, 14 August.

⁷⁰ Resolution of the Council of Ministers No. 68-A/2020, 28 August.

⁷¹ Resolution of the Council of Ministers No. 70-A/2020, 11 September.

⁷² Resolution of the Council of Ministers No. 81/2020, 29 de September.

⁷³ Resolution of the Council of Ministers No. 45-B/2020, 22 June.

⁷⁴ Decret-Law No. 39-A/2020, 16.7.2020.

In September 2020, while merely on a state of alert, Central Government presented for discussion with different stakeholders in the health sector the ‘Health Plan for the Autumn-Winter 2020–2021’.⁷⁵ The plan was designed based on the expectation of an increase in the incidence of COVID-19 at the national level, with variable regional and local impacts. It was also expected an increase in the demand for health services due to the winter seasonal flu and other respiratory infections. Finally, the plan was also intended to address the need to guarantee non-COVID-19 health assistance at a reasonable level, both programmed activity and urgent assistance, recovering at the same time the health assistance activity that had been postponed during the first months of the pandemic.

8.4.2 *The Second Wave*

In mid-October, confronted with the deterioration of the epidemiological situation, which later proved to be a second wave of the pandemic, Central Government declared again the state of calamity in the entire national territory.⁷⁶ On 22 October declared special measures for three municipalities in the North of Portugal due to the existence of a worse situation there.⁷⁷ The persistence of the previous epidemiological situation led Central Government to renew the state of calamity on 2 November,⁷⁸ to last until 19 November, which this time incorporated also the special measures that had been applied exceptionally in those three municipalities. New restrictions were added to those already being applied to certain municipalities based on a criterion established for this purpose and due to be updated every 2 weeks. Restrictions on travel between municipalities were also introduced for certain weekends.⁷⁹

In this new act, Central Government introduced a criterion for the identification of municipalities subjected to special measures, based on the criterion adopted by the European Centre for Disease Prevention and Control (ECDC),⁸⁰ which is uniformly used across the European Union. According to these criteria, a high incidence situation corresponds to the existence of 240 cases per 100,000 inhabitants in the

⁷⁵ Governo de Portugal (2020n). Plano da Saúde para o Outono-Inverno 2020–21. Lisboa: Direção-Geral da Saúde, 58 pages [<https://www.portugal.gov.pt/download-ficheiros/ficheiro.aspx?v=%3d%3dBQAAAB%2bLCAAAAAAAAAABAAzNDCxNAEYaoapgUAAA%3d>—last access on 1.12.2020]

⁷⁶ Resolution of the Council of Ministers No. 88-A/2020, 14 October.

⁷⁷ Resolution of the Council of Ministers No. 88-B/2020, 22 October, which established special measures, given the evolution of the respective pandemic situation, applicable to the municipalities of Felgueiras, Lousada and Paços de Ferreira.

⁷⁸ Resolution of the Council of Ministers No. 92-A/2020, 2 November.

⁷⁹ Resolution of the Council of Ministers No. 89-A/2020, 26 October, for the period 30 October–3 November.

⁸⁰ <https://www.ecdc.europa.eu/en>

last 14 days. Central Government decided to publish a map of risks, based on the ECDC criteria,⁸¹ adopting different kinds of restrictions for each category. In the council of minister that took place on 20 November, the following measures were adopted (Table 8.3).

This act enumerated 121 municipalities in which these special measures would apply until 19 November. In the other municipalities not included in this list continued to be applied the conditions of the previous state of calamity declared in mid-October.

Central Government presented on 20 November 2020 a new package of measures for the control of the COVID-19 pandemic (Table 8.4).

As the situation became worse, the Declaration of Calamity renewed in early November was soon replaced by the status of the state of emergency, the first in this second wave of the pandemic and the fourth in total until then. In fact, few days afterwards, the President of the Republic decreed the state of emergency for

Table 8.3 Measures adopted by Central Government on 20.11.2020 according to the level of risk (based on number of cases by 100,000 inhabitants)

Municipality with high risk (>240 cases)	Maintenance of the ban on public roads from 11:00 pm to 5:00 am Inspection of compliance with mandatory telework Maintenance of closing times: <ul style="list-style-type: none"> • Commercial activities at 22 pm • Restaurants and cultural equipments at 10:30 pm
Municipalities with very high and extremely high risk (>480 cases)	Saturdays, Sundays and holidays of 1 and 8 December: <ul style="list-style-type: none"> • Prohibition of circulation on public roads • Closing of commercial establishments between 1:00 pm and 5:00 am on the eve of the two holidays (30 November and 7 December): • Closing of commercial establishments after 3 pm

Table 8.4 New package of measures for the control of the COVID-19 pandemic

New measures
<ol style="list-style-type: none"> 1. Compulsory use of face masks in all workplaces 2. Circulation between municipalities forbidden: <ol style="list-style-type: none"> a) from 23 h, 27 November to 5 h, 2 December b) 23 h, 4 December to 5 h, 9 December 3. Suspension of school classes on 30 November and 7 December^a 4. Exemption of work in public Administration on 30 November and 7 December 5. Appeal to the private sector to do the same (exemption of work for their workers in those two days)

^a 1 November and 8 December are national holidays; the aim was to avoid circulation during those 2 extended weekends (a soft lockdown)

⁸¹ <https://www.ecdc.europa.eu/en>

the entire national territory⁸² for 15 days between 9 and 23 November. It was a rather limited state of emergency on its restrictions and had essentially a preventive intention. This second wave reached its peak in the last week of November 2020 and the state of emergency, which had been declared in early November, had to be renewed in the following months: in late November,⁸³ for the period between 24 November and 8 December 2020 (the 5th); in early December, for the period 9 to 23 December 2020 (the 6th).⁸⁴

The Minister of State, Economy and Digital Transition (MS-E & DT) presented, on 10.12.2020, the new package of measures to support employment, business and the economy in 2021. This package comprised five main areas of intervention: measures to support employment; expansion and flexibilization of the programme ‘Apoiar’ (covers partially the reduction in billing experienced by small and medium size business during 2020); support for non-housing rents; fiscal measures (deferral of the payment of certain taxes); and financing (new credit lines and expansion of pre-existent ones). In total, these measures amount to a total 7200 M€, of which 1400 M€ is non-reimbursable subsidies during the first semester of 2021.

Therefore, in total, the measures to support the economy and employment adopted and implemented by Central Government, from the start of the pandemic in March 2020 until the end of the first semester of 2021, will amount for a little over 29,000 M€, of which 4200 M€ are non-reimbursable subsidies (Table 8.5). These policy measures in support of the economy and employment are all within the competencies of Central Government with no direct intervention of Local Government. Nonetheless, in numerous municipalities, additional measures in support of the economy and employment have also been adopted by the municipality.

For the period of Christmas and New Year, several restrictions were lifted, namely the possibility to travel across the country and to meet with family members outside the core family unit, among others, a de-freezing of the restrictions (the seventh state of emergency), which later was seen as one of the causes or factor responsible for the third wave of the pandemic, whose peak was reached at the end of January 2021.

⁸²Resolution of the Assembly of the Republic No. 83-A/2020, 6 November authorized it. Decret of the President of the Republic No. 51 -U/2020, 6 November approved it. Decret No. 8/2020, 8 November regulated it.

⁸³Resolution of the Assembly of the Republic No. 87-A/2020, 20 November authorized it. Decret of the President of the Republic No. 59-A/2020, 20 November renewed it. Decret No. 9/2020, 21 November regulated it.

⁸⁴Resolution of the Assembly of the Republic No. 89-A/2020, 4 December authorized. Decret of the President of the Republic No. 61-A/2020, 4 December renewed it. Decret No. 11/2020, 6 December regulated it and considered also measures for the period from 24 December and 7 January.

Table 8.5 Cumulative value of the measures adopted by Central Government to support the economy and employment, in response to the COVID-19 pandemic, between 4 March 2020 and 10 December 2020

Treasury	
Tax and contributory relief	3900 M €
Bank default	6100 M €
Deferrals and payments PT2020	800 M €
Credit lines	8400 M €
Maintenance of employment	
Simplified lay-off	1700 M €
Support for a progressive resumption	
Incentive to normalization	
Investment	
Programme ‘Adaptar’	80 M €
COVID R & D	60 M €
COVID productive innovation	280 M €
Non-wage fixed-cost support	
Programme ‘Apoiar’	750 M €

Source: Governo de Portugal (2020b). Apoio à Economia e Emprego. Public presentation by the Minister of State Economy and Digital Transition, on 10.12.2020 (M € = Million €)

8.4.3 The Third Wave

This negative evolution of the epidemiological situation, characterized as a third wave of the pandemic, which reached its peak on 29 January, led to the renewal of the state of emergency for the period 8 to 15 January (the 8th),⁸⁵ renewed again on 13 January 2021 for the period between 15 and 30 January 2021 (the 9th),⁸⁶ based on the continued and persistent situation of calamity. The election for the President of the Republic, on 24 January, during the state of emergency, required the adoption of specific measures, appropriate for the situation with which the country was then confronted. The state of emergency was again renewed for the tenth time, for the period 31 January to 14 February 2021,⁸⁷ encompassing the following measures: the suspension of all school activities until 5 February 2021, which would resume from 8 February, in a non-classroom regime; limitations on travels in mainland Portugal; the restoring of border controls; and suspension of flights and mandatory confinement of passengers upon arrival. It included also the possibility to contract for the

⁸⁵Resolution of the Assembly of the Republic No. 1-A/2021, 6 January authorized the renewal. Decret of the President of the Republic No. 6-A/2021, 6 January renewed it. Decret No. 2-A/2021, 7 January regulates it.

⁸⁶Resolution of the Assembly of the Republic No. 1-B/2021, 13 January authorized the renewal. Decret of the President of the Republic No. 6-B/2021, 13 January renewed it and changed the previous declaration approved and published by Decret of the President of the Republic No. 6-A/2021, 6 January. Decret No. 3-A/2021, 14 January regulates the new state of emergency.

⁸⁷Resolution of the Assembly of the Republic No. 14-A/2021, 28 January authorized the renewal if the state of emergency. Decret of the President of the Republic No. 9-A/2021, 28 January renewed the state of emergency based on the existence of a situation of calamity. Decret No. 3-D/2021, 29 January regulates the state of emergency.

NHS, under special conditions, health professionals with a foreign university degree on the fields of medicine and nursing; possibility of hiring doctors without the full speciality concluded, as well as hiring retired doctors and nurses; and extra payment for overtime and pay increases for nurses and operational assistants.⁸⁸ This new state of emergency reinforced the previous containment measures. Among other aspects, it should be highlighted the following ones: the ban on circulation between municipalities at weekends; the need to present a declaration by the employer for those travelling on public roads for work reasons; the need for service companies, with more than 250 workers, to communicate to the department of the ministry responsible for the labour conditions (ACT),⁸⁹ within the next 48 hours, the nominal list of all workers whose on-site work was considered indispensable; the limit of the opening hours of stores until 8:00 pm on weekdays and until 1:00 pm on weekends; the limit set on the operation of food retail establishments until 5 pm on weekends; the ban on sales of goods to the wicket ('postigo'); in the case of cafes and restaurants, the sale to the wicket was only allowed for packaged and drink-free products; the ban on the opening of restaurants in shopping centres, even on a take-away basis; the ban on gatherings and consumption of food in the vicinity of restaurants and cafes; the closure of all sports equipment, including tennis and paddle courts outdoors; the closure of day centres, senior universities and social spaces; the ban on people from staying in gardens and public leisure spaces; the ban on promotional campaigns that promote the movement of people; and the ban on the operation of occupations centres for children up to 12 years old. There was also a reinforcement of the control by security forces, especially in the vicinity of schools, as well as by the ACT, the authority in charge of the surveillance of the working conditions. The vaccination in residential structures for the elderly was accelerated in order to complete the first dose by the end of January.

The state of emergency was renewed on 15 February for the entire national territory and for the period 15 February to 1 March 2021⁹⁰ (the 11th state of emergency), maintaining the measures of the previous state of emergency. Despite the improvements in the epidemiological situation in Portugal, which resulted from the confinement started on 15 January, it was decided not to reduce the rules in order not only to win the third wave but also to prevent future waves. Therefore, on 25 February 2021, the national Parliament approved the 12th state of emergency, due to last from 2 March until 16 March 2021,⁹¹ with 85,7% of votes in favour, from the following four parties: PS, PSD, CDS-PP, PAN and one deputy not inscribed in a

⁸⁸Included exceptional mechanisms for the management of health professionals, within the scope of the COVID-19 pandemic, in the National Health Service.

⁸⁹Authority for the Working Conditions (Autoridade para as Condições do Trabalho—ACT).

⁹⁰Decret of the President of the Republic No. 11-A/2021, 11 February—renewed the state of emergency. Decret No. 3-E/2021, 12 February—regulates the state of emergency.

⁹¹Resolution of the Assembly of the Republic No. 69-A/de 2021, 25 February authorized the renewal of the state of emergency. Decret of the President of the Republic No. 21-A/2021, 25 February—renewed the state of emergency, based on the existence of a situation of calamity, by proposal of Central Government and after hearing the Parliament.

party. Voted against the PCP, PEV, IL, CH and one deputy not inscribed in a party.⁹²

On 8 March, according to the data announced by the DGS for the period 17 February–2 March, for the first time since starting the classification of municipalities by level of risk, there was no municipality in the highest level of risk (extremely high risk), and in the second worst level (very high risk), there were only 8 municipalities, two of which in Madeira, from the total of 308 in the whole country.

The economy and employment were severely hit by the COVID-19 pandemic.⁹³ The estimated GDP fall in 2020 was 17,3 million €. The indicator of economic climate decreased rapidly from March to June 2020, during the first confinement, from 2 to 4, increasing in a sustained way from June to October–November 2020, reaching then the value of zero. It started declining again as the country entered the third wave of the pandemic. Unemployment in October reached 7.5% (8.4% in the European Union) and was not worse in part due to the measures adopted by Central Government to support the economy and employment. In retrospect, according to Central Government, the cumulative value of these measures, implemented from March 2020 until December 2020, was 22 thousand million Euros, of which 2,79 thousand million were subsidies.

8.5 The Response of Local Government⁹⁴

8.5.1 *Central–Local Relations in the Response to the COVID-19 Pandemic*

Confronted with the sanitary crisis that resulted from the COVID-19 pandemic and with the social and economic crisis associated with it, Local Government in Portugal had to continue fulfilling its statutory obligations while addressing in a reactive way the acute sanitary, social and economic needs that emerged. This type of response

⁹²This study continues to follow the pandemic in Portugal and the responses of local government to it. However, the analysis presented in this chapter covers solely the first year of the pandemic (March 2020– March 2021) a period of around 400 days.

⁹³The IMF and COVID-19 (coronavirus): <https://www.imf.org/en/Topics/imf-and-covid19>. IMF (2020a).

World Bank—Projected poverty impacts of COVID-19 (coronavirus): <https://www.worldbank.org/en/topic/poverty/brief/projected-poverty-impacts-of-COVID-19>

⁹⁴Central Government and its different entities, such as the National Protection Service, or the security forces responsible for the control of the application of the rules of the emergency state, for instance, established different channels with the Regional Authorities in the two Autonomous Regions, as well as with the Representatives of the Republic in these two regions. It is not within the scope of this chapter to examine the role and response of the two autonomous regions, although being covered by this research project. The analysis of the response in the autonomous regions will be dealt with in another paper. The focus in this chapter is on the municipality, in mainland Portugal, within the framework set by central government.

was common with numerous other developed countries.⁹⁵ Within the national response to the COVID-19 pandemic, subnational tiers of government were engaged in the implementation of the policy measures set up by the national health authority and by other Central Government departments. In some cases, the legislation issued by Central Government related to its own organization and functioning could not be directly applied due to the autonomy of Local Government provided and guaranteed by the Constitution. In these cases, it was recommended by Direção-Geral das Autarquias Locais (DGAL), the Central Government department concerned with Local Government, that municipalities, parishes, metropolitan entities and municipal associations should follow and apply these norms, decreed by Central Government and related to the COVID-19 pandemic, in their own internal organization and functioning,⁹⁶ which, as far as the evidence available indicates, has been fully observed on the ground. Apart from specific provisions, due to the individuality of the particular municipality, the nature of most municipal contingency plans had a similar content along the lines of the national contingency plan defined by the national health authority for the entire country.

In addition to those policies initiated by Central Government, municipalities and parishes adopted their own measures and policy instruments, in line with Central Government decisions and sanitary guidelines. Municipalities, but also parishes, commissioned or contracted out services to voluntary social sector entities, as well as to private entities, in order to address the needs of parts of the local population that suddenly was confronted with situations that in numerous cases were never experienced before. They also launched supporting measures to assist local enterprises or community associations and other citizen-focused networks that emerged during the pandemic to deal with specific needs, as the case of unemployed or inactive artists, unable to perform for many months, among many others, exemplify well. The engagement of Local Government ranged from simply providing advice, up to direct support of these entities, by providing infrastructures and equipments that enabled the functioning of small initiatives or temporary social and cultural projects, and through the acquisition of goods and services from local entities.

Important has also been the role played by the two national associations of Local Government, the ANMP (National Association of the Portuguese Municipalities) and the ANAFRE (National Association of Parishes),⁹⁷ informing and helping its

⁹⁵OECD (2020a). The territorial impact of COVID-19: Managing the crisis across levels of government. Paris: Organisation for Economic Co-operation and Development [<https://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1>]

CEMR (2020a). COVID-19. From Crisis Management to Resilience. Brussels: Council of European Municipalities and Regions.

⁹⁶For instance, in these two examples: DGAL (2020). Esclarecimento sobre a aplicabilidade do Despacho n.º 2836-A/2020 às autarquias locais (contingency plans for public administration institutions, etc.); DGAL (2021). Nota informativa, alínea c), do n.º 7, do artigo 5.º do Decreto n.º 3-A/2021, de 14 de janeiro (on mandatory remote work in public administration).

⁹⁷ANMP—Associação Nacional de Municípios Portugueses; ANAFRE—Associação Nacional de Freguesias.

members to navigate the new and often complex temporary legal measures issued by Central Government, which had extensive impact on the organization, functioning and on the capacity to act of municipalities and parishes, and at the same time exerting its institutional influence on Central Government, and on other entities of the state, such as the Parliament and the President of the Republic, on different matters related to the response to the COVID-19 pandemic.

All considered, the immediate response of Local Government across the country was rapid and decisive in many aspects, possible due to the commitment of the municipal staff and its innate ethos of public service. It was carried out frequently through partnerships, in particular in the social and economic support to the local community and in the creation of conditions for tests and later for the vaccination campaign. With the first lockdown and the introduction of remote work, municipalities and parishes had to redesign parts of its organization and operational models, and to reprioritize some of its activities in order to be able to address the needs and challenges of the state of emergency, which has been achieved, as far as the evidence available suggests, without much disruption in the levels of service provision in most sectors.

The work developed by municipalities and parishes to face the impact of the new coronavirus, focused on sanitary issues, and on social and economic problems, has been an essential component of the national response to the COVID-19 pandemic. Decisions of Central Government were in some cases taken in consultation with the national association of Local Government, or with a municipality or parish, when the particular policy measure concerned just that specific local case or group of cases, as in the declaration of calamity in one municipality or in a group of municipalities.

Despite being Central Government⁹⁸ the tier of government responsible for the definition and adoption of the ‘state of emergency’, as well as of all the other levels of restrictions (e.g. alert and calamity), Local Government was frequently directly involved in the implementation of several of these policy measures, in articulation with a number of entities engaged in this process, such as the security forces, the civil protection, the firemen, the local health authority, the social security service and emigration service, as repeatedly referred in the reports on the implementation of the state of emergency issued by the Ministry of Internal Affairs. For instance, the municipal police received the competence to advise, recommend and order the closure of establishments, with the aim to fulfil the norms of the state of emergency, and the parish received the competence to advise and recommend the fulfilment of the norms of the state of emergency with the aim to protect public health.

Besides the activation of the National Emergency Plan of Civil Protection, by the respective national authority, which is dependent from Central Government, numerous Municipal and District Emergency Plans of Civil Protection were also activated, in order to guarantee the permanent and reinforced monitoring of the evolution of the

⁹⁸‘Central Government’ in the sense of ‘Central State’, comprising therefore the national government itself but also the national parliament and the President of the Republic, the three sovereign bodies responsible for the declaration of the ‘State of Emergency’, according to the constitution.

epidemiological situation, in each district or municipality, thus adapting the different plans to the local reality of each of these geographic units. Until 2 April 2020, 17 District Emergency Plans and 111 Municipal Emergency Plans were activated, besides the National Plan. According to the Ministry of Internal Affairs, in its report on the implementation of the first state of emergency, the activation of the various civil protection plans—at national, district and municipal levels—proved to be decisive for the effectiveness of the public response, in both the states of alert, calamity and emergency.

This close central–local cooperation is also found in numerous other fields. For instance, the service responsible for Foreigners and Borders (SEF—Serviço de Estrangeiros e Fronteiras) acknowledges the existence of a permanent collaboration with the municipalities, either through Municipal Commissions of Civil Protection, or by direct contact in the resolution of specific situations.⁹⁹ A similar positive reference is also found repeatedly in the reports of security forces, such as the GNR, for example on the implementation of the Sanitary Fence in Ovar, in which the collaboration of the municipality of Ovar, as well as that of other local entities, is positively referred.¹⁰⁰ Flattering references to Local Government cooperation with Central Government, and its multiple direct and indirect public administration entities, are also made by different members of Central Government, namely the prime minister, and other high-level public service officials in the minutes of the meetings held by the entity created for the monitoring of the state of emergency.¹⁰¹

In a number of its decisions, Central Government left to Local Government, municipalities and parishes, the possibility to define limits within the terms of reference defined by Central Government. Municipalities and parishes had to act according to the decisions of Central Government, but could also take additional measures. An example of this is the act that approved the state of calamity, declared for the entire country on 2 November 2020, which clearly stated that fairs and uprising markets were not allowed, except if the municipality allowed it to take place, guaranteeing nonetheless the security conditions and compliance with the sanitary norms defined by the national health authority. It was also mentioned that parishes, the lowest tier of Local Government, should cooperate with and help the local security forces to guarantee the compliance of certain establishments with the rules adopted in the act that approved the state of calamity. Another example is the fact that the municipality or the parish responsible for the local cemetery was responsible for the definition of the rules for the funerals (e.g. number of people allowed to attend) among other measures, according to the act that introduced the state of calamity in November 2020. This form of central–local cooperation was also

⁹⁹MAI—report on the Emergency State _ Report by the SEF, page 96.

¹⁰⁰GNR Report included in MAI (2020)—reports on the implementation of the emergency state.

¹⁰¹This entity is the ‘Estrutura de Monitorização do Estado de Emergência’ (‘Structure for the Monitoring of the State of Emergency’). Those positive references are expressed in the several reports on the implementation of the state of emergency produced by the Ministry of Home Affairs as the output of the meetings of this monitoring entity.

present in the other periods of alert, calamity or emergency during this first year of the COVID-9 pandemic. Highly relevant, and acknowledged as such by Central Government, has been the cooperation of municipalities and parishes with Central Government in the vaccination plan.

8.5.1.1 Central–Local Relations During the First Wave

The first measures taken by Central Government, for example, on Decret-Law 10-A/2020, 13 March, had impact in the organization and functioning of the municipalities and parishes, the two layers of Local Government in Portugal.¹⁰² It was the case of the preventive measures defined by the national health authority and adopted by municipalities and parishes, the elaboration and implementation of municipal contingency plans, as well as the equivalent in the parishes, the changes in the rules regarding deadlines in numerous administrative procedures, in labour relations, public employees social and health protection, parental leave in the context of the pandemic measures, remote work regime, closure of establishments, the use value of outdated documents, holding of deadlines in administrative procedures, schools closure, among other aspects. This suspension of the timeline for certain administrative procedures was particularly important in the field of municipal spatial planning and urban management, due to the principle of tacit approval implicit, for example, in several decision-making procedures in urban planning and on environmental impact assessment.

The inexistence of a legal base for the organization of online meetings of the municipal assembly and the impossibility to hold it on-site in the first months of the confinement, in March and April, did not allow the approval of the financial documents related to 2019, usually approved in March. The National Association of the Portuguese Municipalities proposed on March 2020 a postponement until 30 June for the approval by the municipal assembly of those documents related to 2019. This association also proposed the possibility for the municipal executive to meet through videoconference and the suspension of the monthly public meeting of the municipal executive until the normalization of the situation. Law 1-A/2020, 19 March, addressed these issues raised by the National Association of Municipalities.

This law allowed the holding until 30 June 2020 of the meetings, of both the executive and assembly, in the parishes, municipalities and inter-municipal entities, which should take place in April and May. It suspended the need to hold public meetings of both the assembly and executive in the parishes, municipalities and inter-municipal entities. When technically possible, these meetings should be recorded and made available in the website of the local government entity. The law also allowed the possibility to hold the meetings of the assembly and the

¹⁰²The third, a meso-level tier, the administrative region, has not been implemented yet, as referred before.

executive, through videoconference until 30 June, when technically possible, in the case of the parish, municipality and the inter-municipal entity. The deadline for informing the Audit Court about the 2019 budget was postponed until 30 June. New contracts by Local Government entities were exempt of prior inspection by the Audit Court, if included in the cases considered in this law. It was also introduced a special regime concerning certain administrative deadlines.

Since Local Government has been engaged in the implementation of the programme Portugal 2020 and in the funds from the Cohesion policy, the measures taken by Central Government on 28 March 2020,¹⁰³ in the context of this programme and funds, had an important effect in the capacity of Local Government to handle the pandemic impacts. Among other aspects, it should be referred the decision to pay all grants or subsidies as quickly as possible to the beneficiaries of these funds, which included also Local Government; the prompt payment of all incentives already approved and due to be received until 30 September; to consider eligible for supporting all expenditures in projects approved in the programme Portugal 2020, but that had not been done due to the COVID-19, such as cancellation or postponement of projects and other initiatives; and the maintenance of the support approved in all education and professional training activities affected by the pandemic.

In addition to these measures, the municipalities have also been engaged in a number of measures taken by Central Government in support of enterprises and social organizations. It was the case of the incentives to support research activities and to support national production of goods and services to fight the pandemic. Also important was the support provided as a result of the changes introduced in the revision of the ‘Plano de Valorização do Interior’.¹⁰⁴ The extraordinary and provisional regime for housing rents approved by Central Government did also impact on the municipalities, in particular those with a significant number of social housing units. In early April 2020, Central Government adopted special measures to protect old people living in residential establishments, which included explicitly an extend collaboration with the municipalities.¹⁰⁵ Also significant for the competencies of the municipalities and parishes was the extension of the deadline for the cleaning of forests until 30 April 2020.¹⁰⁶

Municipalities and parishes were called, since the beginning of the pandemic, to address critical social issues in the respective localities. This led Central Government to adopt specific and extraordinary measures in the field of Local Government finance. For instance, Law 4-B/2020, 6 April, introduced changes in the local finance framework, namely in the municipal budgetary flux, making it easier for the

¹⁰³Deliberation No. 8/2020—extraordinary measures to support the economy and maintain employment within the scope of Portugal 2020. CIC Portugal 2020—Interministerial Coordination Commission.

¹⁰⁴Approved by RCM 18/2020, 27 March.

¹⁰⁵Dispatch 4097-B/2020, 2 April.

¹⁰⁶Decret Law 12-A/2020, 6 April.

municipal executive to use the resources available, prior to formal approval by the municipal assembly, as well as the anticipation of revenues due to be transferred from Central Government budget to the municipality, according to the local finance law.¹⁰⁷

In previous years, some municipalities were forced to enter a special adjustment programme due to their fiscal unbalanced situation, according to Law 53/2014, 25 August. Law 4-B/2020 introduced a special regime for the fulfilment of those conditions, suspending some of the financial limits set in that law, if necessary to accommodate extraordinary expenditures made by the municipality due to the COVID-19 pandemic.¹⁰⁸ Similar conditions were applied to municipalities that were under contracts of financial rebalancing.¹⁰⁹ Finally, this same law introduced changes in the limits to borrowing by the municipality for expenditures related with the fight against the COVID-19 pandemic (e.g. acquisition of goods and services for the protection of public health; measures to fight the effects of the COVID-19 pandemic). Law 4-A/2020, from 6 April, suspended the administrative deadlines relative to a series of public contracts procedures.

The Law 6/2020, 10 April, established additional special measures for the response by Local Government to the COVID-19 pandemic.¹¹⁰ It was applied back to 12 March and up until 30 June 2020. In practice, it meant a centralization of the decision power in the municipal executive. According to this law, municipalities became entitled to offer exemptions and benefits through a more expedited procedure in order to respond quickly and effectively to the problems created by the COVID-19 pandemic, making it not necessary for the municipal executive to get the approval by the municipal assembly. This special regime was not applicable to revenues from taxes. Also exempt from approval by the municipal assembly was the possibility given to the municipal executive to contract loans necessary to face expenditures directly linked to the municipal response to the COVID-19 pandemic. Nonetheless, these decisions by the executive would later need to be ratified by the municipal assembly. This exceptional regime also allowed the mayor to provide support to persons in situation of vulnerability due to the pandemic.¹¹¹ Municipalities to which the law on late payments, the LCPA,¹¹² was still being applied saw the limits on available funds to be temporarily lifted to allow an easier response to the

¹⁰⁷Integration of the annual budget balance; anticipation of the transfer of one twelfth of the share in the State's taxes.

¹⁰⁸The impact of the pandemic on local government finance has been widespread, as shown in CEMR (2020b). COVID-19's impact on local and regional governments' finances. Brussels: Council of European Municipalities and Regions.

¹⁰⁹Municipalities with 'Contratos de saneamento e reequilíbrio financeiro'.

¹¹⁰Law No. 6/2020, 10 April—exceptional regime to promote the response capacity of local authorities in the context of the COVID-19 pandemic. Decret Law No. 14-B/2020, of 7 April—establishes exceptional and temporary response measures to the COVID-19 pandemic, within the scope of state-owned water supply and wastewater sanitation systems.

¹¹¹The kind of support established in Law 75/2013, 12 September.

¹¹²LCPA—Lei dos Compromissos e Pagamentos em Atraso.

effects of the pandemic. In the same sense was the suspension of the temporal limits in the use of the product of medium- and long-term loans. Also suspended was the rule of the balanced budget during the implementation of the municipal budget in the year 2020.

After three consecutive periods, the state of emergency was replaced by the state of calamity declared by the RCM 33-A/2020, on 30 April. The Decret Law 20/2020, 1 May, which replaced Decret Law 10-A/2020, 13 March, introduced a number of changes relevant for Local Government. Among others, this act extended the deadlines related to the management of the forest, a process in which the municipality is deeply involved. Similarly, the act changed also a number of deadlines in key aspects of the spatial planning law.¹¹³

On 7 May, Central Government approved three laws with relevance for Local Government action in the COVID-19 pandemic context: Law 11/2020; Law 12/2020; and Law 13/2020. Law 12/2020 introduced changes in Law 4-B/2020, 6 April, allowing the financing by the Municipal Social Fund of expenditures with equipments, goods and services to fight the pandemic, made between 12 March and 30 June 2020. It was also allowed a moratoria of 12 months for the contribution of the municipality to the ‘Fundo de Apoio Municipal’.¹¹⁴ It was allowed a moratoria of 12 months for the payment by the municipality of loans previously contracted (reimbursement of the capital due in 2020). Law 12/2020 introduced also changes in Law 6/2020, 10 April, allowing this time the parish executive to contract loans without the prior authorization by the parish assembly; it allowed also the parish to provide support to people in vulnerable situation, being only required to inform the president of the parish assembly in the following 48 hours. All expenditures with equipments, goods and services, incurred by the municipality in the fight against the pandemic, could now be inscribed in the municipal budget through a budget change approved by the president of the executive (mayor, in the municipality; president of the executive, in the parish).

Despite the suspension of the meetings of the assembly, the executive should always keep the assembly informed of its decisions and acts. The financial and budgetary documents related to 2019 should be approved by the executive and submitted to the assembly later, in July 2020. Other important deadlines were also delayed 60 days. It was the case of the deadline for providing information to the

¹¹³Deadlines established in Law 31/2014, 30 May; and in Decret Law 80/2015, 14 May. Among other aspects, these deadlines were related to the conversion of the content of the ‘Planos Especiais de Ordenamento do Território’ into the ‘Plano Director InterMunicipal’ and into other municipal and inter-municipal plans; or the incorporation into municipal and inter-municipal plans of the rules related to the classification and qualification of land, as determined by the Planning Law (‘Lei de Bases da Política de Solos, de Ordenamento do Território e de Urbanismo’).

¹¹⁴The Fundo de Apoio Municipal (Municipal Support Fund) was created in 2014 as a mechanism for the financial recovery of municipalities in an unbalanced financial situation through municipal structural adjustment programmes. There were at that moment 13 municipalities in this situation: Alandroal, Alfândega da Fé, Aveiro, Cartaxo, Fornos de Algodres, Fundão, Nazaré, Nordeste, Paços de Ferreira, Portimão, Vila Franca do Campo, Vila Nova de Poiares e Vila Real de Santo António (<https://www.fundodeapoimunicipal.gov.pt/inicio>)

Direção-Geral das Autarquias Locais (DGAL), or to the Entidade Reguladora dos Serviços de Águas e Resíduos. The criteria inscribed in the Law 50/2012, 31 August, for the dissolution of municipal enterprises should not be applied, if the results of the municipal enterprise in 2020 were clearly affected by the pandemic.

Law 13/2020 introduced special conditions in the VAT due to be paid by municipalities in the acquisition of goods to fight the pandemic (e.g. face masks and ventilators). And Law 11/2020 introduced special conditions for the regularization of debts in the water and sanitation sector through agreements between the municipality and the entity responsible for the provision of that service.

The president of the National Association of Municipalities proposed, in early April 2020, after conversations¹¹⁵ with the president of the entity that in Portugal manages the intellectual property rights of musicians, actors and dancers,¹¹⁶ that municipalities should re-programme all cultural events cancelled due to the pandemic and advance part of the payment due to the artists in order to help them face the drastic reduction in their income due to the lockdown.

Municipalities, and in most types of activities also the parishes, across the country, promptly reacted to the sanitary and social impacts of the restrictions introduced to fight the pandemic. The list of initiatives is vast: delivery of food and medicines to those in need or unable to get them by themselves; provision of contact lines for psychological assistance¹¹⁷; creation of centres for tracking the infection; implementation of field hospitals; offer of tablets and laptops to local schools with the aim to allow students from underprivileged families to attend remote classes; and other measures. In other cases, this kind of support to the schools, students and respective families included also the creation of a platform.¹¹⁸

8.5.1.2 Central–Local Relations During the Second and Third Waves

In the second wave, the previous measures were maintained and most of those that had been somehow alleviated were again reinstated in its full range. The third wave continued this trend towards reinforcement of the policy restrictions and policy support of employment, business and social life in general. In early January 2021, the National Association of Municipalities claimed financial support for the municipalities, considering the expenditures made with equipments, goods and services during the year of 2020 in the fight against the pandemic, estimated by the national association in 150 million euros, as well as that expected to be made during 2021, in

¹¹⁵LUSA – 4/4/2020—Covid-19: President of the ANMP defends the rescheduling of cultural spectacles by the municipalities.

¹¹⁶The GDA—Gestão dos Direitos dos Artistas (‘Artists’ Rights Management’).

¹¹⁷It was the case, for instance, in the following municipalities: Matosinhos, Lisboa, Sesimbra, Santa Maria da Feira, Famalicão, Covilhã (e.g. <http://www.cm-covilha.pt/?cix=noticia100715&tab=792&lang=1>).

¹¹⁸As in the case of the municipality of the municipality of Trofa: <https://trofamais.mun-trofa.pt/>

order to avoid financial or budgetary blockades, or even insolvency, in the municipalities across the country. Besides the reimbursement or financial compensation of these expenditures, the municipalities also claimed additional temporary changes in the local finance law, namely the non-application of the debt limits, and changes also in the structural adjustment programme being applied to some municipalities. A better coordination of policy decisions and actions between municipalities and Central Government was also pointed out by the National Association of Municipalities, which proposed the reactivation of the working group between the ANMP and the DGAA in order to find out how best to reimburse the municipalities of the expenditures made due to the COVID-19 pandemic.

The legislation approved in the beginning of the pandemic, related to the organization and functioning of numerous aspects of the life of municipalities and parishes, making it easier to respond to the needs created by the pandemic, was renewed. For instance, Law 1-A/2021¹¹⁹ extended until 30 June 2021 measures approved by Law 1-A/2020, 19 March, namely the possibility to hold remotely the meetings of the boards of municipalities, parishes and inter-municipal entities.

Local Government—municipality and parish—has an active role in all electoral processes in Portugal, during its preparation and in the election day, providing information and logistical support. This was also the case in the election for the President of the Republic that took place during the pandemic period, on 24 January 2021. In a situation of pandemic, this represented an extra effort for municipalities and parishes, a mission that nonetheless was entirely accomplished in all its facets, despite an increase in the rate of abstention, 60.5% against 51.3% in the previous election in 2016. During the first year of the pandemic, two local referendums, conducted by the respective municipality, were due to take place. The first, in the municipality of Vizela, scheduled for 29 March 2020, was cancelled due to the restrictions associated with the COVID-19 pandemic. The second, scheduled for 13 September 2020, in the municipality of Chaves, took place although with a very low turnout, with the abstention reaching 88%.

As the country prepares to remove gradually the strict lockdown measures adopted at the beginning of the third wave in January 2021, and when the vaccination plan started to be applied consistently,¹²⁰ municipalities and parishes are being called in by Central Government to new roles, in the sanitary front, namely in the implementation of the vaccination plan, as well as in the social and economic fronts, besides all those already experienced in the first year of the pandemic.

¹¹⁹Law No. 1-A/2021, 13 January updated Law No. 1-A/2020, 19 March.

¹²⁰The first vaccine for COVID-19 was inoculated in Portugal on 27.12.2020. In mid-March 2021, around 1,200,000 doses had been inoculated.

8.5.2 *Local Government Own Activities*

In addition to the actions examined in the previous section, developed in cooperation with Central Government, or by delegation, municipalities and parishes also freely developed their own initiatives, adding to the support provided by Central Government, expanding and augmenting it, or covering aspects left unassisted by the measures adopted within the national framework. And since the Mayor is the head of the municipal civil protection service, the municipality had unequivocally a key role in the fight against the COVID-19 pandemic at the local level.

Municipalities and parishes did in fact develop activities within their self-governing scope related to spatial planning, housing, education, health, social assistance, sports, support to local economic activities, civil protection, among others. This included the strengthening of the existing operational forces of the local civil protection system in the respective area, according to the risk assessment in each moment, and the establishment of a local emergency service to attend and support the most vulnerable members of the local community, such as the elderly and homeless. Municipalities had also the opportunity to interfere in different ways on the exact application of Central Government decisions in the field of education, sports, service activities, public utilities and public transport, recycling and waste removal, making use of their own competencies, assigned in the Local Government law and other connected legislation.

Numerous municipalities adopted and implemented measures to save employment and to support local enterprises, which had and will continue to have a direct impact on their annual budgets. Among others, the measures to help citizens and enterprises included the award of grants, temporary exemptions of fees, taxes, rents, in this case related to municipal social housing and rents of restaurants, and rents of other commercial activities, which had to be lockdown too, free car parking in the city or around certain facilities, and payment of funds to several social institutions.

Local Government—municipality and parish—was clearly agent of public health by mobilizing the society, by engaging partners and other agents in the local community, and by increasing trust among different social groups. Local Government cooperated with the national health authorities in the dissemination of factual information about this disease, increasing therefore the knowledge of the population about it, promoting the use of official sources and allowing in that way the reduction of the stigma associated with the infection. Local Government acted thus as social influencer by diffusing these messages to different publics. In municipalities and parishes with a large number of foreigners, Local Government played an important role in the dissemination of information about the rights of these foreigner citizens living in Portugal, thus making the national health service more accessible to all those living in the country.

Each municipality established a contingency plan for the respective municipality based on the guidelines from the National Health Authority. In the context of the Municipal Commission for Civil Protection was created an extraordinary sub-commission to follow, monitor and implement the municipal contingency

plan. Municipalities also established and applied a communication plan in order to keep the population informed in addition to the local press and social networks.

Another finding is the fact that several municipalities did react earlier than any other public administration entity in the establishment of restrictions in public spaces, public meetings, including the closure of public spaces, as in the municipality of Porto. Several municipalities also helped other entities, such as hospital and other health entities, to obtain equipments, goods and services to fight the pandemic, from face masks to ventilators. The cleaning of public spaces was increased, as well as the number of beds in centres for homeless people,¹²¹ evictions from municipal rented houses were suspended, the domestic water bill benefited from reductions, the payment in parking metres was suspended, municipal public transport became temporarily free, and taxes and licences for commercial activities were exempted, including taxes on the occupation of public space (e.g. esplanades) and many other measures to support families and enterprises. In the case of the municipality of Lisbon, for instance, municipal housing rents were suspended until 30 June with payment of these months being possible to be made in the following 18 months. In the case of commercial establishments, clubs, cultural, recreation and sport associations, social institutions installed in municipal buildings were fully exempt of the payment of the rent in this period. The creation of special cabinets to inform and guide micro- and small enterprises was also set up in numerous municipalities.

For some municipalities, the response to the impacts of the pandemic was easier than for other municipalities due to the different financial situation. The previous years were years of financial recovery, not only at the national level, but also at the municipal level, in particular in urban and touristic municipalities. On average, 2019 was a year of positive financial results in the municipalities, according to the data from the Municipal Financial Yearbook mentioned by the president of the ANMP on 25 November 2020. Nonetheless, there was concern that the financial effort required by the fight against the pandemic could in some municipalities end up in an unbalanced financial situation at the end of this process. For the ANMP, this would require, among other measures, specific solutions in the context of the EU funds allocated to Portugal, and a strict respect of the revenues due to the municipality according to the local finance law.

In some cases, the savings caused by the cancellation of sport and cultural events and by the closure of cultural equipments were allocated to the support of families, social institutions and enterprises, thus reducing the risk of falling later in a deeply unbalanced municipal financial situation. In the municipality of Lisbon, the Social Emergency Fund created and run by the municipality, increased its funds from 1 to 25 million euros, to be used in the support of families and social institutions, including also a special support for institutions that need to acquire equipments, goods or services to fight the pandemic.

¹²¹ As in the case of the municipality of Porto ('Centro de Acolhimento Temporário Joaquim Urbano').

In numerous municipalities across the country, in collaboration with the parishes or not, was created a service for the delivery of goods, meals and medicine to help citizens to fulfil their duty of confinement, staying at home during the period of the state of emergency.¹²² Also significant was the civic response to the pandemic characterized by the spontaneous development of numerous mutual aid support groups, mostly at the neighbourhood level, in urban areas, or target at specific social or professional groups, with which municipalities and parishes cooperated.¹²³

On another front, municipalities through its national association continued to claim the accomplishment of the process of decentralization, which was somehow delayed due to the pandemic.¹²⁴ Suspended were actions that were enumerated in the legislation previously approved in the decentralization package, in the fields of social action, education, health and harbour administration. This transference of competencies from Central to Local Government would also facilitate the capacity of Local Government to intervene in the fight against the pandemic.

8.5.3 The Response to the COVID-19 Pandemic: Citizens' Perception in Portugal

The analysis of the opinion and of the level of support of the common citizen, but also that of politicians and scientists, in relation to several of the measures adopted by Central Government, in each of the three waves, shows differences inside each of these groups, and also over time. It is the case of the introduction of the curfew, the closure of schools of all levels, of restaurants, restrictions to movement inside and between municipalities, in certain days or hours, to mention just a few examples. Nonetheless, the response to the COVID-19 pandemic in Portugal has been positively perceived by the common citizen.

Successive surveys published during the first year of the pandemic do show a relatively positive view of Central Government and Local Government. On the survey conducted by the European Committee of the Regions, in September 2020,¹²⁵ the percentage of citizens that 'completely trust' Local Government in

¹²²<https://www.lisboa.pt/agenda/municipio/detalhe/757/inscricao-na-rede-solidaria-de-lisboa?chash=82d6bfff96e9d7e32b74b1cb3aa531b1>

¹²³This sort of response needs to be further researched before firm conclusions can be taken. Based on the sporadic evidence available, its impact seems to have been significant in certain social groups (e.g. artists). These responses tended to act quickly, flexibly and strictly focused on the person or family in need.

¹²⁴According to public declarations of the president of the ANMP in September 2020. In some cases, there was already a consensus and was only needed to complete the formal procedure (e.g. publication of regulations, 'Portarias').

¹²⁵European Committee of the Regions (2020), The coronavirus crisis and the role of EU regions and cities, https://cor.europa.eu/en/our-work/EURegionalBarometerDocs/CoR_Presentation%20v_final.pdf

Portugal was 51%, the majority, while those that ‘do not trust at all’ reached 41%, and 8% in between these two positions, a score similar to the EU average (52%, 41% and 7%, respectively). In 27 EU countries, Portugal was in position 12. The picture is not so positive in relation to Central Government, following somehow the European average also in this case. The percentage of citizens that ‘completely trust’ Central Government in Portugal was 42%, while those that ‘do not trust at all’ reached 51%, and 7% in between these two positions, a score similar to the EU average (43%, 50% and 7%, respectively). In 27 EU countries, Portugal was also in position 12 in this case.

In this survey, respondents in the European Union seem to trust on average more on regional or local authorities (48% ‘completely trust’; 44% ‘do not trust at all’) to take in the future the right measures to overcome the economic and social impact of the coronavirus crisis, than on Central Government (44% and 48%, respectively) or in the European Union institutions (45% and 47%, respectively). The perception regarding the capacity of Local Government in Portugal to tackle the economic and social impacts of the coronavirus crisis is, nonetheless, more negative than in the EU (44% ‘completely trust’; 47% ‘do not trust at all’), being the 13th in 27 countries considered. This pattern overlaps previous studies on the perception of Local Government by European citizens, which repeatedly shows a geographical pattern similar to this: in the northern and western European countries, citizens tend to trust more their regional or local authorities than citizens in the South and East of the European Union. Finally, the proportion of citizens that think Local Government in Portugal has the capacity to influence policy decisions in the European Union institutions, concerning the coronavirus crisis, is lower than the EU average (19% on average in the EU), as only 14% of the citizens in Portugal do think Local Government can have an influence there.

8.6 The Municipality of Lisbon

Despite the differences among municipalities in Portugal, ranging in demographic size from 431 inhabitants to 537,412 in the 2011 Population Census, the case of Lisbon can be seen as an example of the type of measures municipalities adopted during the first year of the pandemic, even if the volume of financial resources employed by the municipality of Lisbon is far higher than what most municipalities were able to apply in this particular context and for this purpose. Following the social and economic impact caused by the pandemic of COVID-19, the municipality of Lisbon launched a set of measures, the ‘Economic and Social Support Plan—“Lisboa Protege” (Lisbon Protects)’, presented on 11 November 2020, with a global budget of 90 million euros, to support enterprises, jobs, families and associations in the social, sport and cultural sectors, with the aim to reduce the impact of the

pandemic on the economy of the municipality and to prepare the future after the crisis.¹²⁶ Besides these measures focused on the exterior, the municipality of Lisbon adopted measures to support its workers, providing information on the municipal portal, and internal IT solutions for remote work, among other means. The Economic and Social Support Plan ‘Lisboa Protege’ (Lisbon Protects) is structured into five components (Table 8.6).

Within the scope of the municipal programme ‘Lisbon Protects’, the Lisbon Municipality provides several instruments of extraordinary financial support to local associations in the social sector that develop work of recognized interest to the municipality (Table 8.7).

The municipality has been engaged in supporting the development of sport activities, over the years, namely through the aid provided to sport organizations and clubs in the municipality, which have traditionally guaranteed access to sports to the majority of the municipal population. Confronted with huge difficulties raised by the COVID-19 pandemic, these entities required more than ever the assistance of the municipality. As such, to address the vulnerabilities of these entities and to respond to emergency situations became also one of the policy priorities of the Economic and Social Support Plan ‘Lisbon Protect’ launched by the Municipality in this context (Tables 8.8 and 8.9).

Besides the social and cultural sectors, the plan developed by the municipality of Lisbon does include measures to support the local economy. In addition to the measures taken in 2020, the municipality expanded in early 2021 the kind of entities eligible to this programme of non-refundable assistance (Table 8.10).

The municipality of Lisbon has a long experience in the delivery of policies that aim to promote an effective access to social rights by the most socially vulnerable of its citizens, and the satisfaction of its basic needs. The situation of social emergency that resulted from the impact of the COVID-19 pandemic in large sectors of the population living in Lisbon led the municipality to include, since the beginning, a series of specific measures in its plans to address the impacts of the pandemic, namely on families living in the municipality and in need of housing support or in a situation of economic need (Table 8.11).

In sum, the response of the municipality of Lisbon to the challenges put forward by the COVID-19 pandemic included multiple forms of cooperation and partnership with Central Government, expanding and augmenting the impact of the policy measures adopted by the state, as well as a wide portfolio of local policy measures, as those included in the five components of the Economic and Social Support Plan ‘Lisbon Protects’, measures directed to support social, cultural, sports and community organizations, as well as the economy and families. To some extent, the

¹²⁶Program ‘Lisboa protege – Plano de apoio económico e social’ (‘Economic and Social Support Plan - Lisbon Protects’): <https://www.lisboa.pt/lisboaprotege/sobre-o-programa>;

FES—Fundo de Emergência Social de Lisboa (Lisbon Social Emergency Fund): <https://informacoeservicos.lisboa.pt/servicos/detalhe/fundo-de-emergencia-social-de-lisboa>

Table 8.6 The structure of the municipal ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon Protects)

Plan	Components
Economic and Social Support Plan ‘Lisboa Protege’ (Lisbon Protects)	1. Social organizations
	2. Clubs and community organizations
	3. Culture
	4. Enterprises
	5. Families

Table 8.7 The ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon protects): Social organizations

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon protects)	
Component 1: Social organizations	
Support to associations in the municipality of Lisbon	Extraordinary financial support, targeted at IPSS (private social solidarity institutions), entities equivalent to IPSS, community associations, other entities with altruistic purposes and other non-profit entities that, in this context, develop work of recognized interest to the municipality.
FES—Support for IPSS and other non-profit entities (<i>IPSS—Instituições Particulares de Solidariedade social</i>)	The Lisbon Social Emergency Fund (FES) is an exceptional financial support for IPSS and other non-profit entities that carry out social activities in the Municipality of Lisbon and that, because of the crisis, have suffered an increase in demand or a decrease in their response capacity, making it impossible for them to continue their activity of social action. This support may also be granted for the performance of small, non-structuring, urgent and unavoidable works in social equipment, namely those resulting from a legal requirement.
FES—Support for IPSS and other non-profit entities (extraordinary support in the context of the COVID-19 pandemic)	One article was added to the existing Emergency fund for IPSS and other non-profit entities, which allowed the granting of financial support, in a simplified way. This support is intended to support expenditures resulting from the maintenance or reinforcement of human resources, the acquisition of goods and/or services essential to the pursuit of statutory purposes and the development of intervention projects and responses to the COVID-19 pandemic, in areas of recognized social interest.

(continued)

Table 8.7 (continued)

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon protects)	
Component 1: Social organizations	
FES—Support to community associations (extraordinary support regime in the context of the COVID-19 pandemic)	Still within the scope of the extraordinary support regime in the context of the COVID-19 pandemic, special support was assigned to the social and associative sector, namely the popular associative movement, and entities with altruistic purposes (including Community associations and clubs) that carry out activities of an eminently social, cultural or sport nature in the municipality of Lisbon. This support is intended to provide financial assistance of an exceptional nature when, due to measures to combat the pandemic, they have suffered a decrease in their ability to cope with the expenses inherent in its operation. The value of the reference support is € 2500; the financial support, per calendar year, can be adjusted according to the entity’s actual needs and up to a maximum limit of € 20,000. When the mentioned maximum limit proves to be insufficient, a higher amount can be attributed, as long as it is duly proven and substantiated.

Source: Own elaboration, based on CML (several municipal deliberations: Deliberação No. 78/AML/20 (published in the BM 1366, 23 April 2020, 2^o sup.); Deliberação No. 357/AML/2020 (published in the BM 1400, 17 December 2020, 5th sup))

Table 8.8 The ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon Protects): Clubs and Community Organizations

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon Protects)	
Component 2: Clubs and community organizations	
FES—Support to community associations (extraordinary support regime in the context of the COVID-19 pandemic)	Clubs and community Organizations (‘Colectividades’) in the municipality of Lisbon can also apply to this fund, along with local social associations. This support was added to the existing rules of FES—Emergency Fund for the Support of IPSS and other non-profit entities (Fundo de Emergência Para IPSS e outras entidades sem fins lucrativos). This included also clubs and community organizations carrying out activities of an eminently social, cultural or sportive nature in the municipality of Lisbon. The aim of this assistance is to provide exceptional financial support when, due to the measures taken to fight the COVID-19 pandemic, they suffered a reduction in their capacity to face the costs associated with their activity. The value of the reference support is € 2500; the financial support, per calendar year, can be adjusted according to the entity’s actual needs and up to a maximum limit of € 20,000. When the mentioned maximum limit proves to be insufficient, a higher amount can be attributed, as long as it is duly proven and substantiated.

Source: Own elaboration, based on CML (several municipal deliberations: Deliberação No. 156/AML/2020, published in 4^o supplement to BM 1380, 30 July 2020)

Table 8.9 The ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon protects): Culture

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon protects)	
Component 3: Culture	
Support to culture in Lisbon	The municipality of Lisbon provides to entities of the local cultural sector various forms of extraordinary non-refundable support. This assistance was intended for companies, associations, cooperatives and foundations, as long as they meet the defined criteria, as well as individual entrepreneurs, in order to include all entities of the private sector, with and without profit, that make up the local cultural fabric.
FES—Support to community associations (extraordinary support regime in the context of the COVID-19 pandemic)	The non-profit cultural associations can also access the support existent for the social and associative sector, through the Social Emergency Fund (FES). The municipality supports cultural entities, developed by a person or by an entity, with contracts with the municipality or with municipal companies, through the exemption of rents (50% or 100%, in the first semester of 2021). This exemption relates to rents of workshops, spaces for performing activities and visual arts, offices or warehouses installed in spaces belonging to the municipality. Cultural associations can receive financial assistance of an exceptional nature when, due to measures to combat the pandemic, they have suffered a decrease in their ability to cope with the expenses inherent in its operation. The value of the reference support is € 2500; the financial support, per calendar year, can be adjusted according to the entity’s actual needs and up to a maximum limit of € 20,000. When the mentioned maximum limit proves to be insufficient, a higher amount can be attributed, as long as it is duly proven and substantiated.

Source: Own elaboration, based on CML (several municipal deliberations:) Deliberação No. 156/AML/2020, published in 4^o suplement to BM 1380 30 July 2020

multidimensional and complex response of the municipality of Lisbon illustrates well the overall role Local Government had in the response to the COVID-19 pandemic in Portugal during the first year of this sanitary crisis, even if the financial dimension of this policy response is far greater than in most municipalities in the country.

Table 8.10 The ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon Protects): Enterprises

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon protects)	
Component 4: Entreprises	
Support to the local economy	The measures in this programme included the installation and improvement of esplanades (e.g. acquisition of new terrace furniture, appropriate to winter conditions), the exemption of the payment of rents in commercial spaces (spaces owned by the municipality or by municipal companies) during the first semester of 2021 and specific support to the taxi sector. In early 2021, the programme was enlarged to cover more enterprises (to include also enterprises with sales level between 500 thousand and 1 million Euros, and not only small ones) and enterprises in other activity sectors such as industry, tourism, leisure, creative industries and shops with history, besides those sectors already supported (commerce, restaurants, culture). It was also extended the concession period for kiosks and other municipal equipment in the catering sector.
App for the local commerce	The municipality of Lisbon and the UACS (União de Associações do Comércio e Serviços de Lisboa/Union of the Associations of commerce in the Lisbon region) established a partnership with the post office company (the CTT) for the use of the CTT app by local traditional producers and small commercial entities, which usually only have a physical presence, in order to allow them to access a digital platform where they can sell their products providing at the same time an easier way to deliver the product to the consumer.
Support Program for Taxi Drivers	The Support Program for Taxi Drivers aims to provide financial support, of 500 €, non-repayable, to taxi-drivers in effective service, who carry out their activity with valid licenses in the city of Lisbon, with a maximum of two drivers for each licensed vehicle.

Source: Own elaboration, based on CML (several municipal deliberations) Regulation published in Boletim Municipal—5° suplement to BM 1400, 17 December 2020; Deliberação No. 156/AML/2020, published in 4° suplement to BM 1380, 30 July 2020

Table 8.11 The ‘Economic and Social Support Plan—Lisboa Protege’ (Lisbon protects): Families

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon Protects)	
Component 5: Families	
Support to families	The financial support to each family is 1000 Euros (maximum), in each year.
FES—Support to families (extraordinary support regime in the context of the COVID-19 pandemic)	A simplified temporary procedure was implemented to guarantee support to families, through the parishes. Families that suffered an anomalous reduction in income or increase of expenditures (e.g. due to quarantine; unemployment; ineligible to unemployment subsidy; reduction in previous social subsidies; other reasons that reduce the capacity to survive) are eligible to this support. The maximum support per household is 1500 euros, increasing to 3000 euros, if the family has minors, elderly or citizens with temporary or permanent disability equal to or above 60%.

(continued)

Table 8.11 (continued)

Economic and Social Support Plan—‘Lisboa Protege’ (Lisbon Protects)	
Component 5: Families	
Solidarity meals	The measure is a complement to the municipal programme of food support. It is implemented in cooperation with institutions of the social and solidarity sector and with the parishes. It is focused on families in need (e.g. families with members in lay-off, precarious employment, beneficiaries of RSI—Social inclusion income, persons infected by COVID-19) and engages the local restaurants in the provision of these meals, preferably in the regime of take-away, in the weekends or in periods when there is no other social response or when these are not enough.

Source: Own elaboration, based on CML (several municipal deliberations) Deliberação No. 140/AML/18 published in 4^o suplement to BM 1265, 17 May 2018; Addition to the rules of FES Lisboa—Strand ‘Families’. Annex IV – Published in 5^o suplement to BM 1400, 17 December 2020.

8.7 Conclusion

In conclusion, a few main findings should be highlighted at this point of our research project, all of them requiring further research, as new data become available and fieldwork conditions are resumed.

First, the evidence collected suggests so far that the spread of the COVID-19 pandemic in Portugal followed similar lines as those found in other countries in Europe, even considering the unequal impact the different national policy responses, in particular the timing and intensity of the restrictive measures adopted, had on the epidemiological indicators in each country. The sanitary measures followed by Central Government in each of the critical periods, in each of the three waves and in the vaccination plan, followed the recommendations and guidelines of both the WHO and the ECDC, which in part explains the similarity of a large number of policy measures taken, and the moment when they were adopted, comparing Portugal with other European countries.

A second finding indicates plainly that besides the sanitary and social impacts, the economy and employment were also severely hit by the COVID-19 pandemic, as in all European countries. The indicator of economic climate decreased, and the growth of unemployment was not worse in part due to the measures adopted by Central Government to support the economy and employment. The special legal regimes, adopted over the months, since the pandemic was declared, with extraordinary and temporary measures, both for Central Government and to Local Government as well, were forced to be continuously changed and adapted to the new conditions with which the country was being confronted. For instance, on 22 November 2020, Decret Law 99/2020 updated, for the twentieth time, the Law 10-A/2020,

13 March, which had introduced, in the beginning of the pandemic, numerous changes needed for an adequate organization and functioning of Local Government.

A third conclusion has to do with central–local relations in the governmental response to the impacts of the pandemic. The evidence available on the response of Local Government in Portugal to the COVID-19 pandemic reflects the still highly centralized administrative system in the country. Central Government holds the main competencies and resources in the health sector and was therefore responsible for the bulk of the response to the sanitary crisis, engaging nonetheless Local Government, municipalities and parishes, in numerous facets of this national response. This said, the evidence also reveals a highly active Local Government, both municipalities and parishes, not only engaging in cooperation with Central Government initiatives, but also developing their own activities, within the scope of their constitutional and legal autonomy. The regional unevenness that characterizes the Local Government system in Portugal—either in the size of the units, from few hundred inhabitants to more than five hundred thousand inhabitants, and in the respective financial self capacity, to refer just two dimensions—is also visible in the evidence available so far on the autonomous initiatives taken by municipalities in response to the social and economic impacts of the COVID-19 pandemic. Anyway, the evidence suggests a trend towards increased centralization in central–local relations in the fight against the impact of the pandemic, with Central Government leading the response process, in all fronts—sanitary, social and economic—and centralization also in the internal decision-making, with more powers and increased flexibility being assigned to the executive in the municipalities and parishes. It meant also a decrease in the possibility of citizen participation¹²⁷ and control in the Local Government decision-making processes.

A fourth conclusion is that, despite the apparent centralization trend, the fact is that numerous and diverse measures taken by the municipalities and parishes across the country complemented those taken and implemented by Central Government, the key player in the fight against the COVID-19 pandemic, alone or in collaboration with Local Government. Local Government response to COVID-19 pandemic has been a combination of cooperation with Central Government policy, with local community organization and its own initiatives. There have been noteworthy cases where Local Governments used all means available to them to encourage their citizens to be responsive to the COVID-19 policies emanated from Central Government. In this context, it is worth to note the efforts made by the National Association of Municipalities in order to influence the legislation to be adopted by Central Government, proposing formally a series of measures related to the organization, functioning and financing of the municipality that Central Government transformed into law, as described in the previous sections of this chapter, thus influencing the conditions with which the pandemic could be addressed by Local Government.

¹²⁷Citizen participation in local government policy, namely in urban planning, has never been strong in Portugal, as shown in the century-long analysis presented in Silva (2020a), being frequently only at the lower levels of the Sherry Arnstein ladder of citizen participation. The pandemic only exacerbated this already merely symbolic engagement in the local policymaking.

Finally, a key feature of the response to the impacts of the COVID-19 pandemic has been the development of intensive local partnerships, with different degrees of formalization, with the aim of achieving common aims, between municipalities and parishes, between each of them and local social or cultural non-profit entities in the respective territory, with the local association of firemen, with organizations linked to a church, with economic stakeholders representing owners or workers, such as economic associations or trade unions, with neighbour municipalities or parishes. Partnerships have also been common between Central Government de-concentrated administration entities (e.g. regional and local health boards dependent from the Ministry of Health; and security forces and civil protection) and Local Government.

A whole series of reforms lie ahead of the Local Government system in Portugal. The conditions requiring such reforms were mostly already well known. The crisis made them more obvious and mandatory: decentralization of competencies in numerous sectors, namely in the health sector; increased financial autonomy and increase in the share of public financial resources; and implementation of the meso-tier of local self-government. The role of citizens in the local governance system, moving it from inexistent or merely symbolic to a true citizen empowering participatory process, is certainly a central issue in this agenda for the reform of Local Government in Portugal. Evidence seems to suggest that in municipalities that had already embraced, prior to the pandemic, participatory planning and other citizen-centred decision-making procedures were able to react more promptly and flexibly to the social and economic impacts of the pandemic.

The response to the impacts of the pandemic does show that the prevailing political culture influences the capacity of local government to react. A more liberal or market-oriented political culture, as that prevailing during the bailout period, undermined the financial capacity of local government and devalued the importance or priority of certain local social or cultural services. This and the widening of economic and social inequalities, associated with the reduction in salaries, cuts in pensions and increasingly weaker labour ties, affected negatively the level of social cohesion in the Portuguese society. The end of the bailout programme and the change in government in 2015 created the conditions for a change in the prevailing political culture. However, the damages done in the national health service and in other social policy areas during the bailout period, as a result of underfunding and austerity, and in the years before that as well, had not been completely reversed in the eve of the COVID-19 pandemic. Therefore, the response to the pandemic started based on a still depleted National Health Service made worse by the huge social inequalities and by the rising unemployment in the first months of the pandemic, which affected primarily the lower income groups.

Beyond the scope of this chapter is the role Local Government ought to play in the design and building of the city of the future, on the light of the lessons taken from the pandemic, namely its public green spaces, public transport system, food security, digitalization, neighbourhood structures, local economy and the role citizens must have in the local governance system, to mention just some facets of the challenges with which Local Government is and will continue to be confronted once the sanitary crisis is over, which will be dealt with in the next stage of the research project on which the chapter is based.

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Carlos Nunes Silva is a Geographer, PhD, Professor Auxiliar at the Institute of Geography and Spatial Planning, University of Lisbon, Portugal. His research interests focus mainly on urban and metropolitan governance, the history and theory of urban planning, urban planning in Africa, urban e-planning, urban planning ethics, local government policies, local e-government and research methods. He is a member of the Editorial Board of ‘Planning Perspectives’, the editor of the book series ‘Local and Urban Governance’, the founding editor-in-chief of the ‘International Journal of E-Planning Research (IJEPR)’ and Chair of the International Geographical Union Commission on ‘Geography of Governance’.

Chapter 9

Local Government Response to COVID-19: Some Insights from Spain



Ramon Galindo Caldés and Marc Vilalta Reixach

Abstract Although initially the Spanish government played a clearly predominant role in the governmental response to the COVID-19 crisis in Spain, the role of regional and local governments has rapidly grown. In fact, the role of local governments has now become essential in controlling local outbreaks of the pandemic and, above all, in alleviating its social and economic effects. This chapter analyses, from the local government perspective, the instruments used by local authorities to control and halt the spread of COVID-19 during the first year of the pandemic: Firstly, by analysing regulatory instruments aimed at limiting the movements of people and other regulations on public spaces, public transport and traffic. Secondly, by identifying local policies aimed at tackling the social and economic consequences of the pandemic, taking into account the spending limitations imposed upon local governments during the last decade. Thirdly, by examining the organisational transformations of local governments (teleworking, the implementation of e-government, and so on), and local services within the context of the pandemic.

Keywords COVID-19 · Local government · Regulation · Local public services · e-government · Local and urban governance

9.1 Introduction

The appearance of the COVID-19 pandemic in Spain has had a significant impact on the country's public administrations, which were not prepared for the consequences of an unexpected (or at least underestimated) virus that has laid bare the shortcomings of available legal instruments. The regulatory apparatus at their disposal has

R. Galindo Caldés (✉)
Open University of Catalonia, Barcelona, Spain
e-mail: rgalindoca@uoc.edu

M. Vilalta Reixach
Present Address: University of Barcelona, Barcelona, Spain

proven to be insufficient, leading to the declaration in March 2020 of a ‘state of alarm’, a legal mechanism hitherto practically unseen in the country’s democratic history.¹ The state of alarm was in force from March to June 2020, and from October 2020 to May 2021. Government response to the spread of COVID-19 has, in general, been reactive, and has also revealed problems in the fit between the three main levels of government: central, regional and local. The country has seen a range of differing responses, affected by the powers available to each of the different levels of government. The issues that Spain’s public administrations have had to address have been wide-ranging and have often represented a significant challenge.

Local governments were still suffering from the impact of the economic crisis of 2008 when the pandemic first appeared in Spain. The central government had forbidden them from incurring long-term indebtedness (Decree 8/2010 of 20 May) and had subjected short-term borrowing to strict controls and limits until 2012. They were not permitted to hire new permanent staff from 2012 to 2014, and have only been allowed to do so on a limited basis since. The result, today, is an aged local government staff structure, around a quarter of whom have temporary employment contracts. Other effects of the crisis persisted at the beginning of the COVID-19 crisis, such as a segmented, aged and precarious workforce structure (Mauri Majòs 2018).

On the other hand, Law 27/2013 of 27 December on the rationalisation and sustainability of local government (*Ley de racionalización y sostenibilidad de la Administración Local*, LRSAL) introduced additional limits that affected local autonomy. The law’s justification was the elimination of duplications in the provision of services and control of public spending. Additionally, municipal authorities must seek authorisation for the provision of certain services (education, nurseries, health, social services, immigration, etc.) in which they had previously been highly active. These reforms thus limited local autonomy and the freedom to provide services of a generally social nature. It was a legal recentralisation programme that showed the government’s distrust of local autonomy (Boix Palop 2014).

Despite this difficult situation, local governments have been highly resilient (Navarro and Pano 2019). They have also played a growing role in managing the pandemic, from their weak initial position before the first declaration of the ‘state of alarm’, through their role during that period and, particularly, after its end, when they developed more intense policies for economic stimulus and for meeting the growing social needs arising from the COVID-19 situation. In the following sections, we shall analyse the framework for local government action at these three points in time.

¹With the exception of the 2010 crisis caused by the country’s state air traffic controllers’ strike.

9.1.1 Local Government Pre-COVID-19

Local government in Spain found itself in a difficult position to combat COVID-19. While it is the closest level of government to the people, it has no management powers over a great many public services (such as health and education, which are managed at the regional level). Its limited ability to deal with a crisis of this magnitude was a handicap when taking decisions and adopting effective public policies.

Measures began to be taken by local authorities in March 2020, in the face of the growing risk of the spread of the virus. These measures included information campaigns, recommendations around hygiene, social distancing and preventing gatherings. They also entailed the ceding of municipal property, cleaning campaigns, the closing of public cultural and sport facilities, making local public transport free of charge or more frequent, retaining of school meal aid for low-income families, etc. In short, they were preventive health and, to a lesser degree, social measures.

Actions involving public spaces were also adopted, including the closure of parks and gardens and stepped-up controls by local police forces (under the control of municipal councils) over compliance with measures restricting activities or the movement of people, in collaboration with regional authorities. However, health emergency measures were not implemented. The measures implemented fitted with the ordinary powers contained in the Local Government Act (*Ley de Bases de Régimen Local*, LBRL), expanding or restricting pre-existing services. Nevertheless, in some cases, municipal civil protection plans were activated: One example of this was the declaration of the ‘orange’ level of the Madrid City Council Municipal Emergency Plan (*Plan de Emergencia Municipal del Ayuntamiento de Madrid*, PEMAM), on 13 March 2020, in coordination with the activation of the regional Territorial Civil Protection Plan, one day prior to the declaration of the nationwide state of alarm. Two days before Madrid’s declaration, Barcelona City Council activated the alert phase of its specific municipal plan for health risks, again in coordination with the regional government. This latter alert meant the closure of all municipal facilities – educational, sport and cultural – and the bolstering of the Municipal Telephone Hotline Service.

9.1.2 The Enforcement Role of Local Government During the First State of Alarm

Following some doubts as to which actions to take to check the spread of COVID-19, on 14 March, the Spanish Government declared a state of alarm.² Its approval in the form of Royal Decree 463/2020 of 14 March – and its four extensions lasting

²Royal Decree 463/2020 of 14 March, declaring the state of alarm for the management of the public health crisis caused by COVID-19. The legal grounds for the approval of the state of alarm are contained in Law 4/1981 of 1 June, governing the states of alarm, emergency and siege.

until the end of June, and the second state of alarm from October 2020 to May 2021³ – marked a unique period in Spanish history, and entailed the implementation of a legal mechanism centralising policies for containing the pandemic in the hands of the Spanish government. The main objective was the limitation of the constitutional right to free movement of people. It also established a series of drastic measures that had a significant impact on local government, with local powers being severely restricted during the state of alarm periods, especially the earlier one. Nevertheless, local government remained an important agent in pandemic containment policies. From May 2020 onwards (Order of the Ministry of Health 399/2020 of 8 May), local governments were granted some margin to fine-tune certain measures: for example, the possible reopening of open-air markets, bar and restaurant terraces, and cultural activities and services, but in all cases including preventative measures and with capacity restrictions. Municipal councils could also ask the Spanish government (Ministry of Health) to waive measures relaxing restrictions in the last phase of the state of alarm (Order of the Ministry of Health 440/2020 of 23 May).

According to Velasco Caballero (2020), three types of municipal activities occurred during the first state of alarm: Some were the direct consequence of the state of alarm itself, others arose within the context of the health crisis and others still in the exercising of councils' political and administrative autonomy.

9.1.2.1 Measures Arising from the State of Alarm

A great many of the measures adopted by local governments during the pandemic were a direct consequence of the imposition of the first state of alarm, and some of them remained during the second one. One of the most important of these was the suspension of administrative deadlines in all public administrations, including the local level. Only a few administrative procedures remained up and running, for reasons of public interest. Local authorities also had to implement other measures to guarantee enforcement of restrictions on movement (using local police) and social distancing, and increased frequency of public transport services. These measures were contained in the aforementioned Decree 463/2020 of 14 March, on the state of alarm. In this regard, local governments had some flexibility in implementation, but their decisions could not contradict those of the Spanish Government. This hierarchy, already a feature of town planning and environmental legislation, became generally applicable during the first state of alarm. Local powers were not suppressed, but rather their effectiveness was weakened in the face of decisions taken by the central government (Velasco Caballero 2020).

³Royal Decree 926/2020 of October 25, declaring the state of alarm to contain the spread of infections caused by SARS-CoV-2, extended until May 2021 by Royal Decree 956/2020 of 3 November.

One example of this was the Decree of the Office of the Mayor of Barcelona of 15 March 2020, establishing essential municipal services in the light of the declaration of the first state of alarm. These included health services, basic social services, public security (local police), cleaning and waste collection, management of districts, public information, etc. The provision of metropolitan transport services was adapted and food supplies via markets guaranteed. Some services, such as the public bicycle service ('Bicing'), were suspended.

9.1.2.2 Measures Arising from Supra-Municipal Emergency Decisions

Up until May 2021, the central government approved 350 COVID-19-related regulations, instructions, criteria and resolutions, some of them within the state of alarm. Most of them were approved during the first months of the pandemic. Added to these were the regulations and resolutions passed by the regional governments. Municipal actions stemmed, to a large degree, from all these regulations, rather than from ordinary local government law. These regulations allowed municipal councils to implement procurement contracts and defer tax payments, thereby preventing even greater harm to contractors and taxpayers, particularly the self-employed and retailers.

Nevertheless, the main measures implemented by local councils during the state of alarm – social measures and measures to alleviate the economic impact of the crisis – are governed by ordinary local government law. This is implemented by giving mayors extraordinary powers in the case of 'catastrophe or necessity' (LBRL), meaning that during such a period the powers of mayors are enhanced to deal with the emergency situation. This has allowed mayors to issue countless decrees to adapt national or regional regulations on COVID-19 in line with the individual context of the municipality in question.

9.1.2.3 Municipal Emergency Measures

Municipal authorities have also adopted emergency measures based on their own powers. These are associated with the management of local councils and the provision of municipal services. A huge raft of measures have been adopted, such as municipal telephone hotlines, easier payment procedures, training courses, volunteer networks, etc. Also noteworthy are different forms of aid, subsidies and tax breaks (direct aid for retailers, payments of social security contributions for the self-employed, benefits for at-risk persons, etc.).

9.1.3 Methodology and Subsequent Sections

Our research methodology is based on an analysis of the wide range of regulations issued before, during and after the states of alarm in Spain; that is, from March 2020 to April 2021, especially during the first months of the pandemic. This is a preliminary analysis, as it is impossible to systematically examine the huge output of regulations during this period at the central, regional and local government levels. We are also including a review of the scant literature on local government and COVID-19 and some local policies of interest. Our necessarily concise overview focuses on four areas that cover some of the most significant challenges faced by local governments and the formulas they have employed to act in their territories, economies and societies.

With regard to timescale, we are limiting our analysis to the first year of the pandemic (March 2020–April 2021), especially the period of the first state of alarm (March 2020–June 2020). We also consider the role of local government from this point onwards, without losing sight of the fact that virus containment, and above all economic regeneration and social support policies that are still continually evolving.

In the following section, we analyse the forms of intervention of local government in Spain, from the beginning of the COVID-19 crisis in March 2020 to date. This study is organised into four sections: its growing role in public and private activities, the provision of local public services, the impact upon local finances and procurement, and its difficulties in ramping up the switch to e-governance.

9.2 Local Government Actions in the Fight Against the Pandemic

Local governments' scope for action in restricting activities and the free movement of people is very limited, as is that for implementing policies on a municipal level, which are often affected by national or regional legislation. Indeed, in some of these, municipal authorities are mere executors of central or regional policies. Nevertheless, there are many fields in which local authorities have exercised their powers and implemented measures against COVID-19. Not all the actions of local governments have been based on regulatory measures; soft law measures have also been important at all levels of government during the last year, to adapt to changing circumstances and on many occasions to justify the adoption of legal measures or to enhance the enforcement of binding rulings by the courts (Utrilla Fernández-Bermejo 2021). At the local level, among others, recommendations or guides have been used in health or in the use of public space. The use of soft law measures has been considered an effective instrument (Covilla Martínez 2019), but it also raises doubts about their transparency or legal certainty.

Using the model created by Hood (1983), Navarro (2020) proposes a NATO (Nodality, Authority, Treasure and Organisation) classification for Spanish local government. He distinguishes between actions associated with information, authority (the extension of pedestrian areas and terraces, etc.), transfers (aids, allowances, etc.) and organisation (teleworking, council meetings via the Internet and the online provision of services, among others). We have used a similar classification here, but focused on the four main areas in which local government has played a significant role, and will continue to do so in the near future. Firstly, we review its administrative intervention functions, such as inspection and control, and penalty-levying activities. Secondly, its role in the provision of services and activities, particularly the regulation of public space and the provision of public services and public health. Thirdly, local finance and procurement. Lastly, there is the digital transformation of local government. This is by no means an exhaustive list; rather, our intention is to highlight four areas of importance during the pandemic.

9.2.1 Control of Measures Against the Pandemic

Local government has played a significant – and increasing – role in enforcing compliance of measures restricting the freedom of movement, maximum capacities in public and private spaces, and others. It should be noted that municipalities have no powers in the field of public health, and only those with more than 20,000 inhabitants have powers in the area of civil protection. Additionally, regional legislation has failed to grant them powers in either field. With regard to all measures entailing the restriction of rights, such as the public's freedom of movement, local councils cannot add new restrictions unless previously authorised by the central or regional government, or if permitted by law.

One controversial aspect in this regard is associated with the regulation of measures against COVID-19 through local by-laws. In early March 2020, some local governments published edicts or decrees, local regulations or by-laws by mayors imposing additional restrictions to those established by Decree 463/2020 of 14 March declaring the state of alarm. One of these restrictions imposed by mayors was blocking road access to the municipality, often through such visually unappealing measures as the placement of concrete blocks or other obstacles across roads. The surge in mayoral orders further restricting public freedoms caused a reaction from the central government's Ministry of the Interior, limiting them to complying with the provisions of the Decree. Only the Spanish State and autonomous communities have the power to adopt measures entailing restriction of the freedom of movement. The only local councils that may do so – and then, only to a very limited extent – are those of Andalusia and the Canary Islands (as established by regional public health laws) and Catalonia (in the field of civil protection).

However, local councils have commonly been involved in monitoring compliance with maximum permitted capacities in public spaces (such as beaches and parks) and at entertainment venues. With regard to beaches, local authorities have no

broad powers to regulate their use. Nevertheless, the Spanish government (Ministry of Health Order 440/2020 of 23 May) authorised local governments to establish minimum distances and limits on beach capacities, access and stay times, and also to enforce compliance with said restrictions. A number of tech companies have offered capacity control services and apps. These apps have, in some cases, been used to monitor beach capacities for information purposes or to close off accesses if maximum capacities are reached. Local authorities have also employed other systems, such as drones, or prior appointment systems for accessing beaches or other public spaces.

This intense control over activities in every municipality has come up against an important, territory-related problem: The pandemic has no respect for administrative boundaries, meaning that the virus spreads from one municipality to its neighbours via the movement of people along transport routes. One solution, on the roads, would involve closures such as those noted above. Another involves public transport, which has on occasion been suspended between municipalities. The restriction of movement to only commuter and absolutely essential travel is the principal concern in preventing the spread of the virus.

Controls over the freedom of movement are relatively effective for municipalities connected by highways, but not for those constituting urban continuums, which are mainly found in metropolitan environments. Urban continuums spanning different municipalities make it almost impossible to restrict the movement of people between them, even when this is prohibited. Demands from local governments to modify the areas subject to restrictions by grouping municipalities, especially but not only metropolitan ones, have generally not been respected. Local police are unable to control the movement of people between municipalities and in this regard local governments have little chance of stopping the virus from spreading either beyond or within their boundaries. There has been little cooperation between local governments, meaning that initiatives have been strictly local, and when the virus has spread beyond the municipality, it has been the regional government that has adopted restrictive measures encompassing all the affected municipalities.

Additionally, restricted local powers during the pandemic have not prevented local governments from acting decisively through their penalty-levying functions. More than a million penalty notices have been issued due to infringements of the first state of alarm or other measures limiting social and business activities (March–June 2020). Some of these have been issued by local police forces: For example, during the first state of alarm in Catalonia, the regional police, who have exclusive powers in the field of public security, processed 85,794 fines and arrests, whilst local police forces were responsible for 84,484. Despite these figures, most measures carried out by police – including local police – have been informational.

Applying penalties in relation to COVID-19 breaches also encountered a problem in the lack of legal definition of violations. It was possible to punish activities defined as ‘disobeying the authorities’ (pursuant to Organic Law 4/2015 of 30 March on public security) with fines of 601 to 30,000 euros, but the imposition of fines was doubtful in the case of breach of restrictions of movement. Many arrests

were also made for resisting the authorities. The processing of these alleged violations has also been hampered by the work overload suffered by authorities at all levels, which has caused great delays in all cases. At the end of October, fewer than half the cases had been processed and of these only a small proportion of fines had been paid. Around 88,000 fines were processed during the first year of the pandemic in the municipality of Barcelona (1.6 million inhabitants), the majority imposed by local police, but only 5% have been paid. In the case of Madrid municipality (3.3 million inhabitants) more than 50,000 fines were processed in the municipality of Madrid in the same period, and around 4% have been paid as of April 2021.

9.2.2 Public Services, Urban Space and Mobility

The suspension of a large proportion of commercial activities due to the state of alarm has not affected those services regarded as essential, and Royal Decree 463/2020 of 14 March itself permitted the continuance of certain activities regarded as such. Many local public services – such as public transport, the local police, social services, etc. – continued to run without interruption.

9.2.2.1 Mobility and Regulation of Urban Space

Local government has also played an important role in regulating activities in urban spaces and movements within and between municipalities. It has regulated the use of public space to ensure respect for proper social distancing, to which end it can make use of powers to manage public spaces and regulate traffic, including the pedestrianisation of streets or the expansion of areas for pedestrians and bicycles. There are many examples of this, and Barcelona City Council has been especially active in this regard, retaining such policies to date, including the temporary pedestrianisation of two important shopping streets (Sants and Gran de Gràcia), via its *Obrim Carrers* (we open streets) programme. With the end of the first state of alarm, the programme has continued in force, keeping these streets closed to traffic on Saturdays and Sundays.

Another common measure to alleviate the economic impact of COVID-19 in bars and restaurants has been to increase terrace permits, allowing greater occupation of public space to offset restrictions and limitations on indoor capacities.

Without exception, enforcement of social distancing control measures has been a challenge in cities with high population densities and mass transport systems. Residents of many neighbourhoods depend on public transport, forcing them to take risks. The pandemic has meant a double challenge for local governments: in the short term, to reduce daily long-distance movements, to ‘flatten the curve’ of infections; and in the long term, ‘to define new town planning and public policy

models to permit greater proximity between home and business activities, cutting the distances people travel every day and rebalancing urban areas whose growth has been based on a gradual social and functional segregation of housing and business activities'⁴ (Córdoba-Hernández et al. 2020).

The debate around post-COVID-19 cities needs to consider the consequences of the pandemic. One of the policies that may prove to be most popular is the 'quarter-of-an-hour city' as a sustainable solution (Mardones-Fernández de Valderrama et al. 2020). The idea, already being implemented in Paris, is that everyone can have their basic needs (work, leisure, education, healthcare, etc.) met within 15 min on foot or by bike from their home. Some Spanish cities, such as Barcelona, have expanded already existing projects, leveraging inhabitants' perceptions that another model for mobility is both possible and desirable. This has been helped by the fact that, for months, many workers have teleworked from home and are in favour of continuing – at least in part – with a way of working that involves less commuting. Public transport will remain a cornerstone of sustainable movement in cities. Boosting public transport – with the capacity limits caused by social distancing during the pandemic – needs to be combined with active policies promoting the use of bicycles, among others.

9.2.2.2 Services for People: Social Services and Education

As noted above, the legislative reforms implemented by the Rationalisation and Sustainability of the Local Administrations Act of 2013 (*Ley de Racionalización y Sostenibilidad de la Administración Local*, LRSAL) stopped local governments providing a range of municipal services, including care services. Royal-Decree Law 8/2020 of 17 March, adopting extraordinary measures to deal with the economic and social impact of COVID-19, allowed local governments to dedicate a large proportion of their resources to social aid. At the same time, municipal social services themselves have played a key role in caring for at-risk members of the public. The availability of social services will remain a core part of local policies to counter the pandemic. Having sufficient resources and staff available will also be vital to an economic recovery that is expected to be slow, which will have a highly negative impact upon cities.

Education is another field in which local governments have played an important role. They are responsible for primary and secondary school facilities – although provision of services is the responsibility of the regional authorities – and also, in

⁴ Author's note: author's translation of Spanish original: *definir nuevos modelos de planificación urbana y políticas públicas que permitan una mayor proximidad entre vivienda y actividades económicas, reduciendo las distancias diariamente recorridas por la población y reequilibrando unas áreas urbanas cuyo crecimiento se ha basado en una progresiva segregación social y funcional de la vivienda y la actividad económica.*

many cases, for offering nursery school services. The classification of the latter as ‘non-compulsory’ has not prevented many local councils from taking on responsibility for the service. Despite this non-compulsory status, many have provided an education service for infants aged 0–3, in turn fostering an appropriate work–life balance for parents.

These measures have come in addition to an increase in the services normally provided but which were ramped up considerably during the state of alarm, such as emergency aid, prepaid cards, social canteens and care for the homeless, immigrants and women. For example, Barcelona City Council housed the homeless during the initial months of the pandemic, first in halls and then in hotels, and has increased its budget by 30% to 45 million euros to provide 2,700 permanent places for the homeless. Job insecurity caused by the pandemic and a lack of resources has increased homeless numbers. Other local governments, such as those of Valencia, Tarragona and Seville, also provided accommodation in sports and exhibition halls at the beginning of the crisis and subsequently increased places in hostels.

9.2.2.3 Local Public Health

The LRSAL abolished local councils’ powers to participate in managing primary healthcare. Individual autonomous communities were not prevented from allocating these powers to local governments, although this has hardly ever occurred. Local government retains nebulous powers with regard to public health and, from the viewpoint of controlling the pandemic, these entail the possibility of prevention measures, such as information for inhabitants or control over movement. From a broader perspective, the role of local government in promoting public policies improving the health of inhabitants is clear (López Ruiz et al. 2018). Emphasis is placed on inter-sectorality, community participation, and cooperation with other administrations. Local public health therefore encompasses policies in different fields that share the goals of improving inhabitants’ health.

9.2.3 Local Finances and Public Procurement

There are two economy-related fields that have been of crucial importance during the months of the pandemic: Firstly, local finances, which had largely recovered from the 2008 crisis and have had to deal with an emergency situation, with all the costs this entails; and secondly, public procurement, which has been forced to adapt to the situation to allow the public sector to continue functioning. This is a sector with strong controls, and they have had an important local impact.

9.2.3.1 Local Finances

The impact of the COVID-19 health crisis on local finances has been very significant. The halting of activities on a local level has meant reduced tax collections, and thus a sharp falloff in revenues. For example, the revenue of Barcelona City Council is estimated to have fallen by 8% in May 2020, compared to the previous year. Local governments have also had to increase public expenditure and allocate a large proportion of their resources to try to alleviate the social and economic effects of the pandemic. They have requested special funding to allow them to take on more debt, since any tax increases would be insufficient to cover local financing requirements (Ballarín 2020).

It should be noted that, as already mentioned, local governments' initial response to the situation was limited due to the significant financial and budgetary restrictions imposed upon them due to the economic crisis of 2008. These, for example, prevent local councils from running up a deficit. So it is that some of the measures adopted by the Spanish government during the state of alarm have been designed to relax these restrictions, allowing, for example, local governments to allocate some of their surpluses from previous years – budgetary carryovers – to meet social needs.

There have been a great many, and a great variety, of local initiatives aimed at seeking a way out of the serious effects of the public health crisis. One of the main instruments has been the granting of financial aid to the most disadvantaged groups and those in a situation of social emergency. Subsidies have also been granted to those business sectors worst affected by restrictions on activities (such as culture and the retail trade).

To illustrate this, we can once again look at the example of Barcelona City Council, which in July 2020 approved a 'Covid Fund' of 90 million euros to meet social needs, foster economic recovery and adopt measures transforming the urban space and in the field of culture. The part assigned to social needs was implemented by means of a 'Social Action Plan 2020', with a budget of 35 million euros. This Action Plan not only meant providing economic help for vulnerable families (estimated at a total of 34,000 people, including 12,000 children) but also encompassed other social measures including aid for rent and other specific actions for the homeless. For their part, economic recovery measures, with a budget of 25 million euros, included subsidies and promotional actions to incentivise 'buying locally' and for the digital transformation of the local retail trade. Beyond this initial response, during the year 2021 the Barcelona City Council has continued to approve exceptional measures for economic reactivation, such as, for example, the 'Amunt Persianes' programme that includes, among other actions, subsidising economic projects to be based in empty premises in the city, or even the acquisition of premises by the City Council to make them available for economic projects by people, entities or companies.

Any analysis of local government revenues must start with the fact that in Spain their tax collection powers are very limited. The country's constitution establishes that any taxes received by local authorities must initially be governed by a legal regulation.

However, local governments do have the power to administer taxes and duties created by the central government, to establish certain non-compulsory levies and to establish the regulations governing said levies. In this regard, many local authorities in Spain have adopted tax measures establishing tax cuts or allowances – ‘fiscal rescue packages’ – for those sectors worst affected by the health crisis.

One good example of this is Madrid City Council which has, among other measures, approved a 25% rebate on the Tax on Economic Activities for companies in the hospitality, culture and leisure sectors. It has also implemented a 100% cut in rates for using public land (e.g., for bar and restaurant terraces, street markets, etc.).

In addition to these measures, Royal Decree-Law 11/2020 of 31 March had previously extended measures automatically suspending tax proceedings, which had already been approved for the central and regional administrations, to encompass local government. So, from the passing of this legislation, the administrative progress of these proceedings was suspended and the deadline for paying taxes, submitting appeals or evidence and so on was extended until May 2020.

The goal was not only to provide temporary tax burden relief, given the exceptional circumstances caused by COVID-19, but also to provide a response to a specific situation: The suspension of in-person services at the municipal offices responsible for tax administration during the state of alarm. So, despite the fact that many local councils had provided alternative means of communication (via their various websites and telephone helplines), measures needed to be implemented to facilitate compliance with tax obligations.

During the 2008 economic crisis, the Spanish government approved its ‘Plan E’, which consisted of tax and funding stimuli for investment projects to be executed by local councils. Within this plan, the State Fund for Local Investment (*Fondo Estatal de Inversión Local*, FEIL) earmarked 8 billion euros for local projects (Bellod Redondo 2015). Against the backdrop of the current crisis, local governments demanded powers to manage part of the European ‘Next Generation EU’ recovery fund, 72 billion euros of which was allocated to Spain. Given that local councils are the level of government in closest contact with the public and must deal with some of the most immediate consequence of the health crisis, they have asked to play an active role in managing these resources. However, the Recovery, Transformation and Resilience in Spain Plan (*Plan de Recuperación, Transformación y Resiliencia de España*) approved by the central government for the period 2021–2022, which establishes the general criteria for using European funds, scarcely makes any mention of local government participation in administering these resources. The local government also has very little involvement, given the fact that a large proportion of the measures to be adopted is associated with the local sphere. As has been said, the local level continues to be the most ignored level of government in this period of pandemic, and it continues to be so in these first steps of the recovery and resilience process and in Next Generation EU funding in particular (Jiménez Asensio 2021). Local government contribution is needed more than ever. In short, the local level must become a driving institution in this process and should play a decisive role in the recovery fund.

9.2.3.2 Local Public Procurement

Another area undoubtedly seeing a great impact from the special measures adopted to deal with COVID-19 has been public procurement (González García 2020).⁵ More particularly, as noted below, for two reasons: firstly, due to resorting to procurement through an emergency procedure, and secondly, due to the suspension of performance of the contracts.

One of the first realisations arising from the COVID-19 health crisis was the need to rapidly acquire personal protective equipment (PPE) for both healthcare professionals and the general public (face masks, gloves, etc.). Albeit to a lesser degree, this also had an impact on local governments, responsible for managing some social and primary care centres.⁶ Given this realisation, different public bodies had to resort to a procedure rarely employed before: the processing of procurement contracts using the ‘emergency procedure’.

Pursuant to Law 9/2017 of 8 November on public procurement (*Ley de Contratos del Sector Público*, LCSP), this procedure allows an administration to directly arrange the actions necessary to redress certain events entailing serious danger, such as, obviously, the COVID-19 pandemic.⁷ It allows for the rapid processing of procurement contracts, without the need to fulfil the formal and procedural requirements of the Law 9/2017 of November, on public procurement (*Ley de Contratos del Sector Público*, LCSP). Nevertheless, to guarantee transparency and the proper use of public funds, once the actions of this exceptional system have been carried out, the contract must be concluded and published according to the provisions of the LCSP.

Additionally, another factor causing a significant impact on local public procurement has been the need to order the suspension of the execution of contracts as a result of the shutting down of economic and social activities in the first state of alarm. Royal Decree-Law 8/2020 of 17 March ordered the total or partial suspension of public procurement contracts whose performance had become impossible due to the measures adopted (because of stay-at-home orders, etc.).

As can be imagined, this has affected countless contracts that were being managed by local governments (from municipal building cleaning contracts to certain construction works, including many of the services provided indirectly by local

⁵Indeed, the European Commission, aware of the importance of procurement to the actions of different public administrations, published in April 2020 a Communication: *Guidance from the European Commission on using the public procurement framework in the emergency situation related to the COVID-19 crisis* (2020/C 108 I/01).

⁶According to the special report by the Independent Public Procurement Regulatory and Oversight Office (*Oficina de Independiente de Regulación y Supervisión de la Contratación Públicas*, OIRESCON) on the disclosure of contracts through emergency procedures during the state of alarm arising from COVID-19, published on 23 June 2020, Spain’s local administrations had organised 1,509 contracts using this method, with a total value of more than 81 million euros.

⁷In this regard, Royal Decree-Law 7/2020 of 12 March, adopting urgent measures in response to the economic impact of COVID-19, included a declaration of emergency for all public procurement associated with aspects related with the pandemic.

authorities) and has undoubtedly created issues that are still difficult to assess. Not only because the contractors are entitled to seek compensation for certain salary costs and the maintenance of machinery, facilities and equipment affected by the suspension, but also because delays will have been caused in the performance of contracts, or they have been impossible to fulfil, also entitling them to compensation.

Lastly, with regard to public procurement, it should be noted that a large proportion of the 72 billion euros included in the aforementioned Recovery, Transformation and Resilience in Spain Plan approved by the Spanish Government must be managed in the form of public procurement. In this regard, it will be vital for all public administrations – including local government – to make every effort not only to ensure the transparency and proper use of these resources, but also to guarantee the greatest benefit for society.

9.2.4 Local Digital Transformation

The lockdown from March to June put pressure on local public authorities. They were immersed in a digital transformation process and had to adapt to a situation in which in-person contact was either not permitted or severely restricted due to the state of alarm. Since 2015, two pieces of legislation – Law 39/2015 of 1 October on common administrative procedures and Law 40/2015 of 1 October on the legal system for the public sector – have promoted the digital transformation of Spain’s public administrations, including its local governments. After two extensions, this transformation must be concluded, since the legal term ended on 2 April 2021. Complying with these laws was a significant challenge even prior to COVID-19. Many local councils’ back offices were excessively bureaucratic and unprepared for such a huge change. Local authority staff were also aged, many on temporary contracts and possessing few of the skills and abilities called for by this new e-governance. They have been coming into line with the requirements with great effort, but there is still a long way to go.

The imposition of restrictions on the freedom of movement hastened the digital transformation, particularly at a local government level. The public has made use of the closest level of government to them to continue dealing with the authorities, almost exclusively via electronic means. Local governments have been forced to guarantee their continued operations, and this ‘accelerated’ digital transformation has led to some quick fixes, some of which may remain in place for quite a while.

As previously mentioned, another problem to be faced by local governments during the state of alarm was the need to ensure their continued operations (Alamillo and Valero 2020). Specifically, the strict lockdown measures imposed by the central government prevented, among other things, the holding of in-person council meetings, making it difficult for them to make the decisions necessary to respond to the health crisis.

However, although general legislation covering local authorities did not initially include the possibility of local government bodies holding meetings remotely online,

Royal Decree-Law 11/2020 of 31 March changed this. From then on, provided certain exceptional circumstances are preventing the normal functioning of in-person meetings of the governing bodies of local councils and organisations – as clearly is the case of the COVID-19 pandemic – such meetings can be held, and their resolutions adopted, by remote, electronic and Internet-based means.

As might be imagined, the on-the-ground implementation of these measures has not been free of technical and legal problems, such as the need to guarantee the identity of participants or ensure full disclosure of the meetings (Vilalta Reixach 2020). Nevertheless, after overcoming the initial difficulties, the great majority of local councils in Spain have adapted the workings of their governing bodies in line with new technologies, allowing them to carry on activities almost as normal both during the period of the state of alarm and afterwards.

Again associated with the restrictions around working on-site, teleworking became widespread in both the public and the private sectors. While only 4.8% of employees used teleworking in 2019, 16.2% did so in the third quarter of 2020. In the public sector, a third of workers used teleworking during the first state of alarm. Even prior to the pandemic, it was already being argued that it was in the public sector that teleworking had the greatest potential (Anghel et al. 2020), although up to that point it had only had a token presence, limited to pilot projects. The experience of teleworking in the public sector during the COVID-19 crisis has demonstrated both the benefits of this way of working and also its limitations. It has prevented a shutdown of public activities, often thanks to the collaboration of employees who already had their own equipment and experience in the digital realm, but has also revealed a lack of organisational culture in teleworking, training and planning. The mass uptake of teleworking during the state of alarm called for specific regulations, which came in the form of Royal Decree-Law 28/2020 of 23 September on distance working. In the case of the public sector, specific regulations were passed, and local governments have begun to pass by-laws to regulate the matter, such as, for example, the Decree of 23 January 2021 of the Delegate of the Government Area of Finance and Personnel of the Madrid City Council, regarding the application of teleworking due to exceptional circumstances and the development of other organisational measures.

Management of the pandemic has also evidenced the existence of undersized workforces unused to e-government. The 2008 crisis led to 22–23% of civil servants working on temporary contracts. Recruitment processes were minimised for years, with the resulting ageing of workforces, temporary contracting of workers and job insecurity in the civil service. This has been particularly severe in local government, where a significant proportion of staff is in this situation. The rigidity of rules on hiring new employees has meant that any new public sector jobs created in 2020 have also been temporary and precarious.

9.3 Conclusion

The limits constraining the actions of local government in Spain with regard to COVID-19 need to be taken into account, with the situation it found itself in at the start of the pandemic representing a significant handicap. The limitations are of a legal nature, preventing local government from being able to make certain decisions, particularly in all aspects regarding the free movement of people and, in general, restricting citizens' rights. Nevertheless, local government is closest to the public, and must meet their needs from its more accurate understanding of the problems occurring in each territory. The principle of subsidiarity is particularly important in circumstances such as these, in which decisions on how to implement economic stimulus measures and alleviate the economic and financial impact of the pandemic must be made at a local level.

Local autonomy is another aspect that needs to be highlighted. Restrictions on local authorities' freedom of action, in force over the last decade, have weakened the level of government that is most important for tackling economic and social recovery. It is clear that unified decision-making by central or regional governments is necessary in times of crisis. In this regard, it is obvious that to guarantee unity of action and control the movement of people – and hence the spread of the virus – central government coordination is required. However, it is also obvious that there is a need to rethink the role of local government in the provision of services and its powers of involvement in crises like the current one. In some areas, such as health, education and – above all – social services, local government needs to play a more important role. This must be instituted on an asymmetrical basis, as each municipality is different, with the ability to act of large metropolitan municipalities differing greatly from small towns and villages, which need supra-municipal support.

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Ramon Galindo Caldés Associate Professor of Administrative Law at the Open University of Catalonia and part-time Professor of Administrative Law at the University of Barcelona. BA in Political Science and Sociology at the University of Basque Country (1999), MA in Public Management at the Pompeu Fabra University, Autonomous University of Barcelona and ESADE (2003), DEA in Political Science at the University of Barcelona (2003) and PhD in Law at the University of Barcelona (2012). He has been awarded with the CEMCI Prize for Advanced Scientific Research on Local Administration and Government (2013), with an essay on local districts. His research areas include local government law, sub-municipal government, interregional cooperation, science organisation, algorithmic transparency and civil service law. Member of some research projects, such as *The geographical and legal articulation of the border municipalities: in-depth analysis of the cooperation in the regional boundaries between Catalonia, Aragon and the Valencian Community (2016–2017)*, *Innovation in the public service delivery through personalization and proactive provision using massive data and artificial intelligence (2018–2019)*, *Legal challenges of using massive data to foster innovation and good governance through artificial intelligence (2018–2020)*, and *Transparency of algorithms in metropolitan municipalities (main researcher, 2019)*.

He has also published some books on local government law: *La organización territorial en los municipios: los distritos* (CEMCI, 2014), *L'organització territorial d'àmbit inferior al municipi a Catalunya* (Diputació de Barcelona, 2014), *La organización territorial inframunicipal en el País Vasco* (IVAP, 2015).

Marc Vilalta Reixach Associate Professor of Administrative Law at the School of Law of the University of Barcelona (Spain) and Deputy Director of the Observatory on Public Law (IDP) at the same university. He holds a Law Degree (Autonomous University of Barcelona, 2002), a Diploma of Advanced Studies in European Public Law (Academy of European Public Law, Greece, 2006) and a European PhD in Administrative Law (University of Barcelona, 2011). He has been visiting researcher at the Scuola di specializzazione in Studi sull'Amministrazione Pubblica (SPISA) of the University of Bologna (Italy), Fordham University (USA) and Institute of Local Government Studies (INLOGOV) of the University of Birmingham (UK). He has published two books: *El Consejo de Gobiernos Locales: La nueva participación de los entes locales en las Comunidades Autónomas* (Ed. Iustel, Madrid, 2007) and *La encomienda de gestión: Entre la eficacia administrativa y la contratación pública* (Ed. Thomson Reuters – Aranzadi, Navarra 2012), and several academic articles, book chapters, translations and other works in Spain and abroad. His publications have focused mainly on inter-administrative relations, public procurement law, metropolitan governance and local government law. He has been principal investigator or member of different competitive research projects and is an expert reviewer of several Spanish academic journals.

Chapter 10

Administrative Boundaries and Covid-19: The Case of Catalonia, Spain



Ramon Galindo Caldés, Joan Tort Donada, and Albert Santasusagna Riu

Abstract This chapter provides an overview of the policies adopted in Spain to halt the spread of COVID-19 based on territorial criteria. Limitations on the free movement of people, lockdowns, restrictions on a range of activities and public policies to contain the pandemic have been implemented based on sectoral, regional, provincial and local administrative boundaries. In many cases, these boundaries present problems (being imprecisely defined, overlapping and subject to historical conflict, etc.) that hinder effective public policy management. Against this backdrop, we analyse different types of boundary and their associated problems which have made them largely ineffective in controlling the pandemic or localised outbreaks of infection. We place special emphasis on the borderlands occupying areas adjacent to regional or other boundaries where a lack of cooperation has caused difficulties in combating COVID-19. Our analysis focuses specifically on the autonomous community of Catalonia and its neighbouring regions. Catalonia provides us with some paradigmatic cases for analysis, including its border with Aragon (the site of a major outbreak in July 2020), the administrative boundary between the municipalities of Barcelona and L'Hospitalet de Llobregat (an example of an urban boundary and the site of a COVID-19 upsurge within the Barcelona metropolitan area in July 2020), the district of La Conca d'Òdena (one of the first cases of supra-local lockdown in March 2020), and the management of de-escalation in Catalonia, based on the so-called healthcare regions (April–June 2020).

Keywords Local and urban governance · Public policy · Administrative boundaries · Spanish Autonomous Communities · Regions · Districts · Municipalities

R. Galindo Caldés (✉)
Open University of Catalonia, Barcelona, Spain
e-mail: rgalindoca@uoc.edu

J. Tort Donada · A. Santasusagna Riu
University of Barcelona, Barcelona, Spain

10.1 Introduction

Catalonia's policy for managing the COVID-19 pandemic must necessarily be seen within a broader context: firstly, global and, secondly, that afforded by Europe and Spain. In Spain, all levels of government, from that of the central state to the regional and local, have adopted different types of measures; measures, moreover, that have undergone a certain evolution during the first year of the pandemic. Despite the central government's direct intervention during the initial phase, when it declared a 'state of alarm', it has been the country's regional governments that have shouldered the main burden of policies to combat COVID-19. In parallel, the role of local governments has gradually become more defined: From playing what was initially a secondary role, they have come to have a more important part to play, implementing general policies aimed at restricting movement and economic activities.

Generally speaking, the policies that have been implemented have been based on the distribution of powers – national, regional or local – and on the principle of territoriality (Vaquer Caballería 2019), underpinned by the understanding that each level of government (central state, regional or local) exercises its powers within a specific territory. This means that any policies implemented are effective within their respective territories, but unenforceable outside of them. When attempting to control a pandemic, which cares little for political or administrative boundaries, isolated policies and regulations, however, become ineffective and frequently fruitless. Population movements – the result of cross-border travel or of flows of people for a variety of reasons (work, tourism, etc.), be they legal or otherwise – quickly spread the virus beyond these boundaries.

This significant movement of people calls for cooperation between administrations. If this cooperation and collaboration fails to materialise, again the virus spreads beyond boundaries and borders. This is true of the COVID-19 virus and any other epidemic for that matter, and requires the cooperation and coordinated action of all the administrations involved, that is, between administrations in adjacent territories (i.e. those sharing a common boundary or border) and between different levels of government. As such, it is abundantly clear that there is a need not only for a multilevel but also for a cross-border system of government.

There is evidence that the spread of the virus presents certain spatial patterns. This means that understanding the particular patterns to each given situation is a key question to implementing public containment policies and being able to concentrate resources (which are always scarce) in specific places (Arauzo-Carod 2020). As we show, the use of existing boundaries is not, per se, sufficient for the purpose of containing the virus. These boundaries have generally arisen for other reasons (and tend to define territorial units created for other purposes) and often fail to reflect the basic dynamics of population movement. Any attempt to halt the spread of the virus using 'static containers' (i.e. by means of specific demarcations) can therefore be considered a waste of time and effort. As Taylor (1994) stresses, such containers are part and parcel of the problem.

10.1.1 The First State of Alarm and Initial Centralisation (March–June 2020)

As noted above, provision of the basic public services constituting Spain's welfare state – healthcare, education, social services, etc. – is mainly the responsibility of the regions or 'autonomous communities'. The regional administrations manage the majority of the health system, including hospitals and the public health network, which means that, in this regard, the Spanish Ministry of Health has a relatively limited role. Its functions are those of coordinating, but not managing, the health system. In a system that has been defined as 'quasi-federal' (Keating 2017), decentralisation of healthcare has not led to inter-territorial inequalities (Costa-Font and Turati 2018). Nevertheless, there have been constant problems of coordination and a lack of interregional cooperation (Oliveras González and Trillo Santamaría 2014). To this, we should add the economic crisis of 2008–2013, which has had a particularly severe impact upon the health system, weakening it noticeably.

With the outbreak of the pandemic and the approval of the state of alarm in Spain (Royal Decree 463/2020 of 14 March), the central government assumed responsibility for managing not only the health system but also security, law and order, and traffic throughout Spain. In this regard, Catalonia and the Basque Country were no exception, despite their being autonomous communities with their own police forces and powers over law enforcement. The main goal of the measure was to restrict the free movement of people between territories, whether regional, provincial or local, and to oversee the hospital healthcare system.

To implement the process of de-escalating restrictions (from May to June 2020), the Spanish Government approved the so-called Plan for Transition to the New Normal (*Plan de Transición a la Nueva Normalidad*, PTNN). This plan conceived the de-escalation of the state of alarm in phases (0–3), based on specific trends in the pandemic in each of the country's regions. The PTNN includes the principle of 'co-governance', which means that all decision-making associated with COVID-19-related policies is shared between the central and regional governments. According to this principle, 'the Government may agree jointly with each autonomous community the modification, expansion or restriction of units of action and measures limiting freedom of movement'. In this case, the measures would be adopted by the president of each autonomous community 'as the ordinary representative of the Spanish State in the region'. The PTNN confirmed the key role played by controlling interterritorial mobility: 'Mobility is crucial for social life and for economic activities, but can, at the same time, promote contagion, by transferring the virus between different regions'.¹

¹ Author's note: all text from the PTNN is the author's translation of the Spanish original.

The debate over the powers to coordinate the response to the pandemic has inevitably given rise to some controversy. After all, the state of alarm has served to reinforce *de facto* the subordination of regional governments to the central Spanish State, overriding the specific powers of the autonomous communities (Lasagabaster 2020). In this regard, the PTNN itself claims that ‘a variety of administrations act in urban and peri-urban environments, calling for a high level of coordination between all those involved’. It also justifies the need for the Spanish Ministry of Transport, Mobility and Urban Agenda to coordinate restrictions on mobility throughout Spain. It was only with the fifth extension to the state of alarm, in May 2020, that the functions to the autonomous communities and local governments were “devolved”, entailing, among other things, the restoration of control over police and civil protection forces to these administrations.

The implementation of the first state of alarm in Spain meant that the central Spanish government assumed control over the free movement of people throughout the country. This single territorial delimitation has been defended as ‘appropriate, in that everyone can understand that the coronavirus epidemic does not recognise boundaries, be they municipal, provincial or, naturally, regional, in the case of our country. Neither have national borders served as any kind of tool (geographical, legal or political) to prevent the rapid spread of the pandemic (. . .)’² (Álvarez García 2020). This centralised control of mobility was not initially called into question, despite the irritation that the measure caused in some regional governments, particularly those of Catalonia and the Basque Country.

Nevertheless, the Spanish Government did use three different types of territorial demarcation – regional, provincial and local – when it came to adopting measures to contain the virus. This attempt at unified action proved incapable, however, of preventing serious problems. In practice, these demarcations never acted as ‘sealed containers’, because they were created for reasons which had little to do with the need to travel between areas for work, leisure, etc. Healthcare coordination between the central State and the autonomous communities via the Health Alert and Emergency Coordination Centre has shown itself incapable, in practice, of preventing a significant number of discrepancies between the measures adopted by different regional governments. As has been repeatedly stated with regard to healthcare management in response to COVID-19, coordination is crucial. And such an assertion is particularly well founded in the case of Spain, a country in which the responsibilities for healthcare have been devolved to the regions (Legido-Quingley et al. 2020).

² Author’s note: author’s translation of Spanish original: ‘*Adecuada en la medida en que todo el mundo puede entender que la epidemia de coronavirus no conoce de fronteras ni municipales, ni provinciales, ni tampoco, naturalmente, autonómicas, hablando de nuestro país. Como, asimismo, las fronteras nacionales no han sido ningún instrumento (ni geográfico, ni jurídico, ni político) para impedir la rápida expansión de la epidemia (...)*’.

10.1.2 *Interregional Boundaries and the Erecting of ‘Internal Borders’*

The evolution of the powers held by Spain’s autonomous communities and the lack of interregional cooperation have led to the progressive construction of ‘internal borders’ between the country’s autonomous communities (Galindo 2020). Indeed, a crucial development for understanding the matters discussed in this chapter is the emergence of these internal borders (borders, that is, with legal validity) coinciding with the administrative boundaries between autonomous communities. This phenomenon is evident at all levels, from that of the healthcare regions (Oliveras González and Trillo Santamaría 2014) to the regional and local, and has been the subject of specific study at the local level in the case of the interregional boundaries between Catalonia, Aragon, and Valencia (Tort and Galindo 2018) and those between Galicia and Castilla y León (Trillo and Paül 2019). These administrative boundaries have been imposed on border areas, accentuating the differentiation between territories, in that they legally ‘close off’ the space in which rules are to be applied. As such these boundaries work in two ways by both ‘separating’ and, at the same time, by being ‘inclusive’ (Parejo 2015). As noted above, the rules *create spaces* (demarcations, jurisdictions, etc.), while the effectivity of these rules is subject to the existing (undefined or porous) territorial context and the institutional context created by the legislator (Galindo et al. 2019).

Regional policies to tackle the virus have also been based on the principle of territoriality. More specifically, they have been based on regarding the territory – each region’s ‘own’ territory, we might say – as a closed space. Any real collaboration between regional governments has occurred only rarely and, when it has, it has generally been limited to contacts between regional presidents. The Interterritorial Council of the National Health System (*Consejo Interterritorial del Sistema Nacional de Salud*, CISNS) and the Presidents’ Conferences have been the main forums for meetings and for coordinating policies to deal with the pandemic. It should be noted that since 2004 only six Presidents’ Conferences had previously been held in Spain, compared to four since the outbreak of the crisis. Nevertheless, horizontal (i.e. interregional) collaboration remains an outstanding issue. Indeed, despite the precariousness of the situation, no bilateral agreements or mechanisms for providing a joint response have been concluded. Thus, we can state that regional policies to fight the spread of the virus have failed to take into account developments in the pandemic in neighbouring regions – except in a few isolated and largely informal cases. Similarly, at the more local level, little account has been taken of the trends presented by the virus in municipalities adjacent to regional boundaries.

In short, the pandemic has served to emphasize Spain’s regional political and administrative boundaries. A trend towards differentiated actions and a lack of cooperation had already been evident at the regional level, and there is no doubt that measures restricting mobility have accentuated this. The interregional ‘bordering’ process has become more explicit, more visible and has incorporated elements reminiscent of the traditional concept of the ‘border’ in Spanish public law, that is, as

a way of embodying the sovereignty of the state over the territory and its citizens: For example, by controlling mobility and imposing confinements (or ‘obligatory lockdowns’ at many different levels, from individual homes to entire regions). In this regard, we have witnessed treatment analogous in many respects to that dispensed to cross-border workers, both at national and at interregional borders. However, something else has also become apparent: namely, that the implementation of different restrictions on either side of a boundary between autonomous communities leads to an increase in interregional mobility for recreational purposes, an undesired outcome whose prevention was the very reason why these restrictions were introduced in the first place.

10.1.3 Local Boundaries

Irrespective of the powers and policies employed to halt the spread of COVID-19, a great many measures limiting movement have been imposed at the municipal level, often without the local governments themselves having participated in the decision to restrict activities or impose a perimetral lockdown. On the contrary, these decisions have been taken initially by the central government and, later, by the regional governments on the basis of local trends presented by the virus.

10.1.4 Fences, Boundaries and Borders

The COVID-19 crisis has highlighted aspects of the debate concerning the erecting or removal of borders, particularly within the European Union. Generally speaking, the term ‘bordering’ is employed as a dynamic concept to describe the effect that occurs in a territory when the flow of people, capital and goods in space is subject to active regulation (Van Houtum 2002; Scott and Van Houtum 2009; Lemberg-Pedersen 2016; Trimikliniotis 2020). In other words, territorial borders are constantly fixing and regulating the mobility of flows and, thereby, they construct or reproduce places in space (Van Houtum and Van Naerssen 2002; Newman 2006). In the case that concerns us here, national borders are strengthened as a result of policies and regulations intended to halt the spread of the virus. This is occurring within the framework of the process of European integration, which has, to date, had highly positive effects in the borderlands adjacent to the national boundaries between EU Member States (Batt 2003; Wilson 2012).

Virus containment policies have served to impede or even reverse Europe’s integration process. As has been noted repeatedly: ‘since the moment the EU became the epicentre of the pandemic, the free movement of people has shifted from being a cornerstone of integration to becoming the main obstacle in the fight against the disease. The (a priori temporary) limitations on this right for public security, health and safety reasons have become by far the best measure for checking the rapid

spread of infections and thereby preventing public healthcare systems from becoming overwhelmed³ (Martín 2020). Indeed, these policies of border closure that seek the territorial containment of the virus have even been referred to as ‘covidfencing’ (Medeiros et al. 2020). This begs the following question: To what extent do these processes of reversal constitute ‘rebordering’, in the sense of a health and safety-based ‘re-nationalisation’ (Rumford 2007; Follis 2012)? Some authors argue that this rebordering is symbolic, in that national borders do nothing to check the spread of the virus (Kanesu 2020). What is apparent, however, is that we need to consider whether this rebordering phenomenon is a step backward on the road taken or merely a pause in the general process of European integration.

Quite another matter is the reproduction of bordering dynamics along the internal boundaries of decentralised states. As noted already in the case of Spain, decentralisation and the lack of cooperation mechanisms have led to the establishment of internal borders between its different autonomous communities, with a particularly visible impact on its interregional borderlands (Galindo et al. 2019). Virus containment policies in Spain have tended to strengthen these invisible interregional borders, insofar as they regard territorial action units (be they regional or local) as simply ‘containers’ that can be sealed off. Ultimately, this leads to the denial of the existence of borderlands and an emphasis on administrative boundaries as a form of demarcation (or of ‘sealing off’, as the case may be) of the territory: a borderland faces outwards; a borderline faces inwards or, put another way, a border is a clearly defined line of separation; a borderland is an area of contact (Taylor and Flint 2000). It is quite clear that the virus spreads as a result of interpersonal contact, that is, via mobility. Thus, borderlands are the perfect place for the propagation of the pandemic, especially when there are no coordination mechanisms in place or when these mechanisms are ineffective. In the case that concerns us here, we shall see how territorial demarcations (national, regional and local), regarded as sealed ‘containers’, have been overwhelmed by reality in the process of the geographical spread of COVID-19.

10.1.5 Methodology

The methodology we employ herein comprises an examination of the regulations approved by the Spanish State and the country’s autonomous communities during the first year of the pandemic to halt the spread of the virus or to alleviate its social and economic impact. We also present analyses of a number of relevant cases, in each of which we examine their geographical, political and administrative, social

³ Author’s note: author’s translation of Spanish original: ‘Desde el momento en que la UE se convirtió en epicentro de la pandemia la libre circulación de personas ha pasado de ser pilar de la integración a convertirse en el principal obstáculo para la lucha contra la enfermedad. La limitación, a priori temporal, de este derecho por razones de orden público, salud y seguridad pública se convierte en la medida por excelencia para impedir la expansión acelerada de los contagios, evitando así el colapso de los sistemas de atención sanitaria.’

and economic characteristics. As we write, it should be borne in mind that the COVID-19 crisis is still very much an ongoing process and that our analysis focuses on the period of the first ‘state of alarm’ and includes measures introduced immediately before and after this declaration. As such, we cover the first year of the crisis, especially the period spanning March to August 2020. Subsequently, in October 2020, the central Spanish government enacted a second state of alarm (which remained in force until May 2021), although its implementation has not entailed any significant change to the dynamics referred to in this chapter.

Our study examines how the administrative boundaries of Spain’s different levels of government – central state, regional and local – have often been a hindrance to the implementation of effective corrective policies. It also demonstrates how these boundaries have been an impediment to effectively combat the spread of the virus in borderlands, whether between regions or municipalities. It does so in the form of different case studies conducted in the Autonomous Community of Catalonia, which help us appreciate the extent to which, in practice, these administrative ‘barriers’ and the lack of effective action to foster cooperation have, paradoxically, become powerful allies in helping the virus to spread.

10.2 Administrative Boundaries and Borders in the COVID-19 Crisis

10.2.1 The Spanish State’s COVID-19 Boundaries

Spain’s central government has operated a three-level system for its anti-COVID-19 policies. The first level is that of the Spanish State as a whole and entails the closing of national borders to contain the virus; the second is associated with controlling the impact of the pandemic across regional boundaries; and, the third is related to the use of the provinces as a territorial unit for managing policies to combat the pandemic during the state of alarm. In what follows, we opt to focus on the impact of these measures at the local level.

10.2.1.1 Rebordering or Temporary Bordering? The Case of Le Perthus/Els Límits

National borders have been the most obvious administrative boundary for the concentration of measures to contain the pandemic. The Spanish State holds exclusive powers over these national borders. Thus it was that the central government ordered the closure of all national land borders – albeit with some exceptions – on 16 March 2020. Despite their closure, the movement of cross-border workers, residents and haulage companies continued to be allowed. The ban was lifted on 22 June 2020. The borders have not subsequently been shut down again, the restrictive measures being replaced by travel warnings and, during some periods, by mandatory virus tests.

Catalonia's geographical location provides a very obvious example of a dysfunctional political-administrative boundary in this regard. The municipality of Le Perthus (574 inhabitants) and the urban area of Els Límits (115 inhabitants, belonging to the municipality of La Jonquera) form an urban continuum that straddles the French-Spanish border (Fig. 10.1).

The two sides of the Avenue de France/Avinguda de Catalunya would be indistinguishable were it not for the existence of the traffic signals and signposting that are characteristic of each country. Free movement around the Le Perthus/Els Límits centre has been the norm since the removal of border controls following the creation of the Schengen Area in 1995. Even so, the existence of a border in the area for such a long period of time (note that the marking out of a physical dividing line between France and Spain dates back to the first half of the 19th century) has created dynamics that are still evident today, although the area does not have a 'borderland-type' identity (Markuszevska et al. 2016). Indeed, there is evidence of joint projects in the area, such as that financed by the INTERREG Cooperem programme (<http://cooperem.eu/>) for forest fire prevention and control in the Le Perthus and La Jonquera sectors (2018–2020).

One of the problems caused by the pandemic has been the introduction by Spanish and French governments of a range of different measures imposing restrictions on certain activities, as well as social distancing and lockdowns. During the state of alarm, while only haulage companies and cross-border workers were allowed to move freely, in practice, the Spanish authorities were unable to prevent French residents from crossing the border to shop in retail establishments and benefit from the lower duties levied on alcoholic beverages and tobacco.

10.2.1.2 State Action and Regional Boundaries

The first 'state of alarm' meant the unification of all of Spain's regions under a single command structure and unified criteria. However, with the implementation of the PTNN, the measures against the pandemic became territorialised. By means of 'co-governance', the country's autonomous communities participated in the process of de-escalating the measures in four phases (0–3) on the path to the 'new normal'. In reality, the regional authorities requested that the Spanish Ministry of Health permit all of their territory, or part thereof, to progress to a subsequent phase, on the basis of a series of agreed conditions.

This regional territorialisation presented a number of unusual features. The first was that, in most cases, a provincial demarcation was used. In other words, the province was adopted as the benchmark administrative unit for progression through the different phases. In other cases, specifically that of the regional governments of Catalonia and Castilla y León, the 'healthcare regions' (*regiones sanitarias*) were used for this purpose. Finally, what was witnessed was a 'pragmatic' adaptation of the measures to fit the reality of each territory. For example, the central government



Fig. 10.1 National borders. Le Perthus/Els Límits

Source: Authors

ignored historic disputes with regard to territorial enclaves. Thus, in accordance with the extension of the state of alarm of 6 May,⁴ these enclaves temporarily became part of the autonomous communities in which they were enclaved, it being establishing that ‘during the health emergency caused by COVID-19, and for the purposes thereof, those municipalities constituting enclaves shall receive the treatment corresponding to the province surrounding them, without it being an obstacle that the former belongs to a different Autonomous Community to the latter’. An example

⁴Resolution of 6 May 2020 of the Congress of Deputies, ordering the publication of the Resolution authorizing the extension to the state of alarm declared by Royal Decree 463/2020 of 14 March.

of this is provided by the Treviño enclave, two municipalities belonging to Castilla y León enclaved within the Basque Country, just a short distance from the Basque capital, Vitoria-Gasteiz. The wish of these municipalities to be integrated into the Basque Autonomous Community has always been opposed by the Castilla y León regional government, although there is evidence of a degree of collaboration in the fields of healthcare and social services. Notwithstanding the municipalities' aspirations, the region's interest in retaining its territorial integrity has legally prevailed (Bello Paredes and Prieto Álvarez 2013; Cabanas Veiga 2015). Indeed, the introduction of this clause came as the result of negotiations with the Basque Nationalist Party (*Partido Nacionalista Vasco*, PNV). During the state of alarm, the two municipalities of Treviño were subject to the same health policing criteria as the Basque province of Álava. Subsequently, requests were made (unsuccessfully) for this treatment to remain in place. For its part, the PNV-led government of the Álava province has approved aid to help the cultural sector recover from the crisis, which is also available to the two municipalities of Treviño.

10.2.1.3 New Wine in Old Bottles? The Use of Spain's Provinces to Limit Movement During the State of Alarm

The use of the provincial demarcation has not been without controversy. Since their creation in 1833, Spain's provinces have been the Spanish State's first level of territorial organisation. Despite the development of the 'State of the Autonomies' and the transfer of numerous powers to these regions, the province still remains the principal unit of organisation of the central State, and has been so for all powers held by the central government, including those referring to the national police (*Policía Nacional*) and the civil guard (*Guardia Civil*).

As far as restrictions on the movement of people are concerned, Spain's basic territorial unit for containing the pandemic has been the province. Towards the end of April 2020, the central government approved its lockdown de-escalation plan (the aforementioned PTNN), based on four phases (0–3), permitting the gradual return of travel and the opening of business premises (including shops, bars and restaurants) (Figs. 10.2 and 10.3).

However, the plan was formulated from an asymmetric standpoint, providing for the selective implementation of progression through the phases, differentiated by provinces. The use of the provincial administrative division as the basic territorial unit for the relaxation of measures was criticised by a number of regional governments (including those of the Basque Country, Catalonia, Valencia, Aragon, Andalusia, and Castilla y León), which did not consider it the best framework for dealing with the impact of COVID-19 in their territories. One of the most commonly used arguments was that the province embraces too great an expanse of land, encompassing both high-density urban areas and rural and inland zones with less contagion. One of the harshest criticisms of this decision, and one which was echoed in the media, was that the province was a '19th-century unit' and therefore ineffective and unfit for purpose. Some regional governments suggested that the

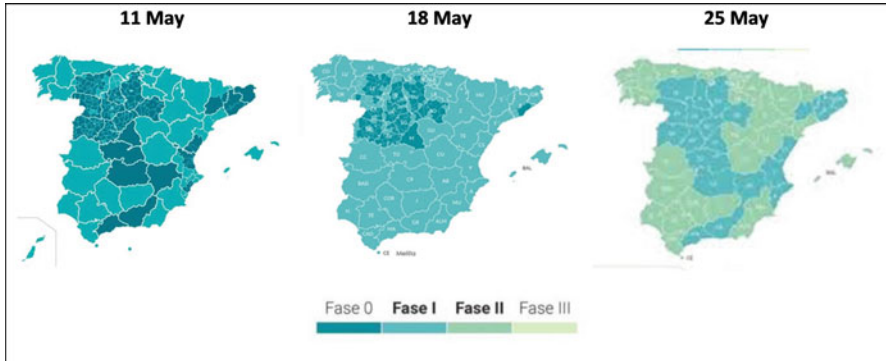


Fig. 10.2 Lockdown de-escalation phases by province (state of alarm)

Source: Authors, based on Spanish Ministry of Health maps

de-escalation should be based on smaller administrative units than those of the provinces (such as the *comarca* or district) or on healthcare regions and/or sectors, thereby prioritising medical territorialisation over historical demarcations. Eventually, at the beginning of May, the Spanish Government decided to allow healthcare regions to also form part of the de-escalation solution, and autonomous communities such as Catalonia took advantage of this decision in their management of the phased progression.

10.2.2 *The ‘Bordering’ of Regional Boundaries: The Case of El Segrià*

As noted above, certain ‘bordering’ dynamics have, in recent decades, become entrenched in Spain’s interregional boundaries. In the case of Catalonia, a paradigmatic instance of these dynamics is provided by the lockdown of the *comarca* (district) of El Segrià in July 2020. El Segrià, which comprises 39 municipalities, lies in the Catalan province of Lleida. A great number of its 210,000 inhabitants are resident in the municipality of Lleida, the city which also serves as the provincial capital. This district is adjacent to the Autonomous Community of Aragon, and shares close cultural economic and social ties with the Aragonese *comarcas* of El Bajo Cinca and Litera.

Towards the end of July 2020, an outbreak of COVID-19 was detected in these Aragonese districts, affecting above all the migrant workers employed by horticultural companies. As was later confirmed (Hodcroft et al. 2020), the origin of this outbreak lay in a mutation of the virus that would subsequently spread to neighbouring regions and, later, to the rest of Europe. The Aragonese Government ordered restrictions and tests for local residents. Despite the fact that the director of the Spanish Health Alert and Emergency Coordination Centre warned of a ‘risk in



Fig. 10.3 Catalan provinces

Source: Authors

border areas’, the Catalan Government failed to adopt any specific measures in this regard. Two weeks later, with the infection rate out of control, the Catalans ordered a 15-day lockdown throughout El Segrià. Indeed, restrictions in some of the district’s municipalities (Lleida, Alcarràs, Aitona, La Granja d’Escarp, Seròs, Soses and Torres de Segre) were extended until the month of September (Fig. 10.4).

The Catalan Government’s policy with regard to this situation consisted – as in other cases – of attempting to tackle the issue as if it were an exclusively Catalan problem. The statements of the regional Minister for Health, asking residents of neighbouring Aragonese towns and villages to go to the hospital in Barbastro (in Aragon), to ‘reduce pressure on the Arnau de Vilanova Hospital [in Lleida]’

made this exclusionary approach perfectly clear. Moreover, the Government also ignored the 2005 agreement, renewed in 2017, to ‘facilitate access to healthcare for patients in the border areas of both regions’ and ‘ensure coordination of healthcare responses to achieve reciprocal benefits for both regions’. The agreement states that ‘the parties shall collaborate in the resolution of health emergencies and crises in the towns and villages of the strips of borderlands between each other and shall contribute healthcare resources available in the area using the optimal mechanism in each case, whilst the authority of each Autonomous Community is retained over those resources belonging to them’.⁵

The adoption of different measures on either side of an interregional boundary has been shown to have an unequal effect on the spread of the virus. Lyu and Wehby (2020) have studied the differing trends in counties straddling the state lines dividing Illinois and Iowa. When the virus was on the increase in both states, the governor of Illinois issued a Stay-at-Home Order on 21 March 2020, while the governor of Iowa did not. Cases increased in the borderland counties of Iowa whilst the spread slowed in those of Illinois. There are similarities here with the case of El Segrià, in that decisions made halted the spread of the virus in one region whilst it continued in the neighbouring one.

10.2.3 The Sectoral Division of Catalan territory: Healthcare Regions

As we have seen, two of Spain’s autonomous communities, Catalonia and Castilla y León, did not use the provinces as their territorial unit during the relaxation of restrictions. Albeit not immediately following the introduction of the PTNN, Catalonia opted to act via its *regions sanitàries* (healthcare regions, HCRs) while Castilla y León acted via its *áreas sanitarias* (healthcare areas). In the case of Catalonia, the HCRs are territorial demarcations based on the principle of the decentralisation of the public health system. They are established on the basis of geographical, socio-economic, demographic, employment, epidemiological, cultural, climate-related and communications factors. In practice, they have entailed adopting a ‘province-like’ unit provided for in Catalonia’s Statute of Autonomy, namely the *vegueria*, which, although approved in a declaratory sense, have never really been put into practice. Three of Catalonia’s four provinces have each been divided into two HCRs: Barcelona (Barcelona and Catalunya Central), Lleida (Lleida and Alt Pirineu i Aran) and Tarragona (Camp de Tarragona and Terres de l’Ebre), while the fourth Girona largely overlaps with its HCR (Fig. 10.5).

⁵2016 Annual Report on the National Health System. Noteworthy strategies and actions. Autonomous Community of Catalonia (*Informe Anual del Sistema Nacional de Salud 2016. Estrategias y acciones destacables. Comunidad Autónoma de Cataluña*).

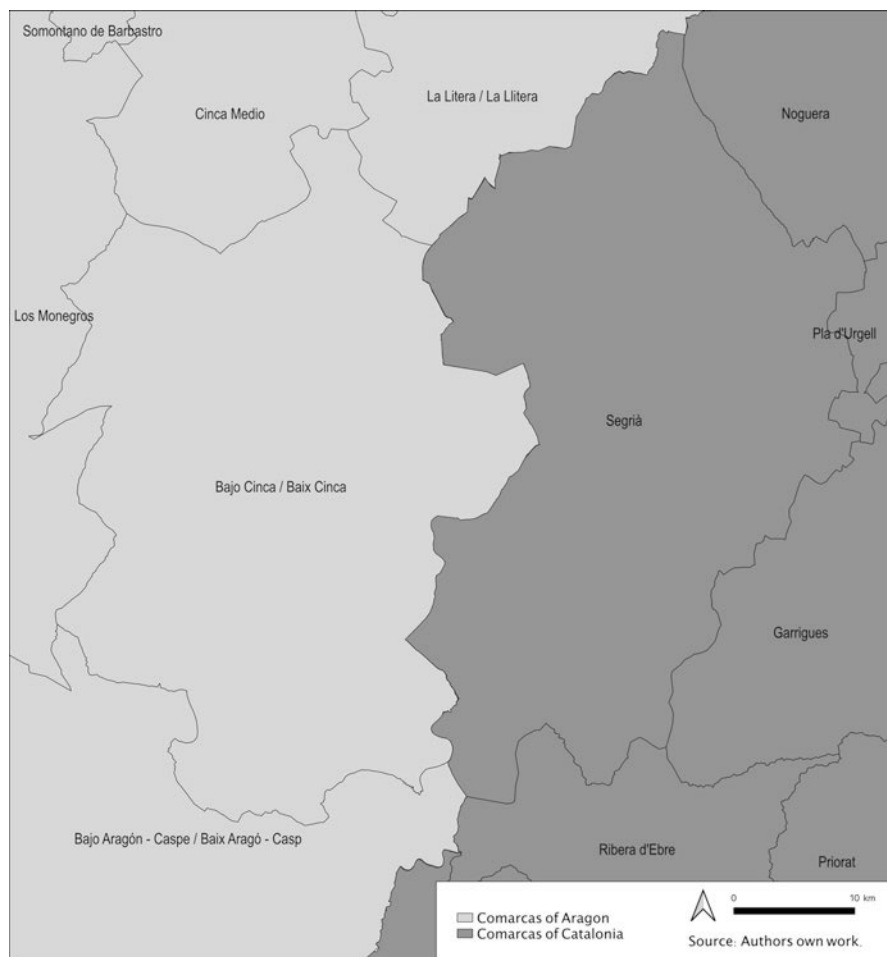


Fig. 10.4 The El Segrià district (the June 2020 outbreak)

Source: Authors

The HCRs are divided into *sectors sanitaris* (healthcare sectors), and the latter, in turn, into *àrees bàsiques de salut* (basic health areas, BHAs). They are governed by the 15/1990 Act on the healthcare organisation of Catalonia, although the BHAs were created towards the beginning of Catalan autonomy in 1980. The current BHA demarcations are the result of the most recent modification made in 2013 (Decree 10/2013 of the Government of Catalonia), although they closely reflect the original BHAs. Earlier, in 2006, regulations were approved to create 37 *governos territorials de salut* (territorial health authorities, THAs), with the aim of improving the adaptation of health policies to the diversity of the territory and the needs of the public, by means of improved cooperation between local and regional government and



Fig. 10.5 Catalan health regions

Source: Authors, based on Catalan Government maps

increased public participation (De la Puente Martorell and Gomàriz Parra 2010). The THAs are legally constituted as consortia, although, as they have neither their own resources nor their own budgets, they make use of those of the regional government, the HCRs and local bodies. In the case of Barcelona, the THA is the Barcelona Healthcare Consortium (*Consorci Sanitari de Barcelona*, CSB), created in 1988, which comprises a health council for the city and a health council for each of its 10 districts (Armengol 2010). Thus, the system is complex, incorporating, for management purposes, a raft of different foundations and consortia.

The THAs are designed around Catalonia's districts (*comarques*), but do not coincide with them completely. Similarly, the BHAs present various discrepancies between real geographical areas and official demarcations. As we stress below, the

territorial scope of these bodies should be that which provides the best guarantee of the principles of efficiency, decentralisation and participation in the provision of public services. This is unquestionably a central concern, above all if we consider the complexity of the metropolitan area of Barcelona as a whole.

Thus, the different administrative levels – *vegueria*, *comarca*, municipality – are loosely related to the territory's healthcare organisation – the HCR, THA and BHA, respectively. However, the outbreak of the pandemic has caused this territorial model to burst apart at the seams. The lockdown measures and restrictions regarding mobility and a wide range of other activities fitted this structure; however, the structure – by being based on healthcare-related criteria – does not always match the region's global social and economic realities. Indeed, the application of these existing demarcations led to complaints from a number of local councils on the grounds that it did not take into account their local contexts. Additionally, the use of the HCRs led to policy implementations that were difficult to understand, such as the division of the metropolitan area of Barcelona into ad hoc subdivisions. In this particular case, it was evident that restrictions involving the mobility of metropolitan labour were contradictory to these subdivisions, which were based on hospital workloads. Without questioning the ultimate usefulness of the HCRs, arguments have been made in favour of a more flexible application of these demarcations and of using the BHAs as a complementary system (Burgueño and Mòdol 2020).

10.2.4 Local Boundaries in Covid-19 Policies

During the first days of the pandemic, Spain's regional authorities imposed restrictions in a number of municipalities. The first instance of this occurred in the municipality of Haro (La Rioja) on 8 March 2020, and the second, three days later, in Miranda de Ebro (Castilla y León). The date of 12 March saw the suspension of educational activities and public transport and a self-isolation order for an old people's home in the municipality of Burgos (Castilla y León). Additionally, different restrictive measures were adopted in other municipalities of the region (Miranda de Ebro, Condado de Treviño and Pancorbo). Between the 12 and 14 March, three regions ordered municipal-wide lockdowns. In Catalonia, as we shall see below, the perimetral lockdown of the municipalities of La Conca d'Òdena was ordered. The region of Extremadura placed restrictions on people entering and leaving the municipality of Arroyo de la Luz. Finally, the Murcia region ordered the closure of retail establishments and lockdowns in the municipalities of Cartagena, San Javier, San Pedro, Mazarrón, Águilas, Los Alcázares and La Unión. In all these cases, the reason for adopting the measures was a significant increase in reported infections, community spread and the delimitation of local areas on the basis of the measures adopted.

The first state of alarm prohibited anyone from leaving their municipality of residence, other than for work-related or other duly supported reasons. As discussed, de-escalation was implemented at the provincial level, except in the cases of

Catalonia and Castilla y León, which used their own specific health divisions. Even so, the central government intervened in a number of cases at the local level. For example, the fourth extension to the first state of alarm allowed the regional government of Murcia not to apply the Phase 2 relaxation to the municipality of Totana given the risk to the local population.

Since the end of the first state of alarm, Spain's regional governments have been responsible for establishing restrictions, although not the perimetral lockdown of given areas, which requires the authorisation of the central government. In Catalonia, with the exception of the cases analysed below, restrictions on activities were established in July in municipalities in the districts of La Noguera and El Segrià, and in those of Sant Feliu de Llobregat, Figueres and Vilafant. In August, the municipalities of Reus, Canovelles, Granollers and Les Franqueses del Vallès were subject to restrictions. In September, those of Girona, Salt, Vic and Manlleu, and the municipalities of the district of La Cerdanya were added to the list, which has continued to grow ever since. All this is clearly indicative of the fact that the municipality has been the basic territorial unit in the overall implementation of restrictions and perimetral lockdowns.

However, the use of municipal limits to mark the boundaries for such restrictions has not been without its problems. Below, we look at three specific cases that are illustrative of these dysfunctions in Catalonia. The first case is that of a supra-municipal perimetral lockdown; the second, the possible dysfunctions that arise when applying healthcare demarcations at the local level; and the third, the impact of measures restricting activities in a metropolitan urban area.

10.2.4.1 Supra-municipal Perimetral Lockdown During the State of Alarm: The Case of Conca d'Òdena

In Spain, the months of March and April 2020 saw the sporadic appearance of various outbreaks of COVID-19. These basically occurred at the municipal level, and were highly varied in their geography. Some appeared in places close to metropolitan areas, others in small or medium-sized towns, and still others in rural, inland territories. These outbreaks were typically associated with family get-togethers and celebrations that congregated a significant number of people (at a time when there was less public awareness of and information about the virus). Other outbreaks were associated with the meat industry or farms and appear to have been influenced by specific working conditions. These outbreaks affected a number of municipalities and their areas of influence. Spain's regional governments felt it necessary to seal off those municipalities where the number of cases of infection were significantly high so as to create a *cordon sanitaire* and, thus, check the possible spread of the epidemic to the supra-municipal level.

However, the sporadic cases at the local level did not all occur at the same stage of the pandemic in Spain, nor did they suffer the same kind of restrictions for the public affected. One of the most notable cases was that of Conca d'Òdena (Fig. 10.6), an area of geohistorical importance encompassing nine municipalities and forming part

of the central sector of the Catalan district of Anoia. Conca d'Òdena itself enjoys no municipal or institutional recognition at the district scale (beyond the existence of an association of municipalities), but it is a compact geographical area that forms part of the Catalan Central Depression and includes Igualada, a medium-sized town of some importance within the region of Catalonia.

The need to lock down the perimeter of five municipalities in Conca d'Òdena arose at the beginning of March 2020, just a few days prior to the declaration of the state of alarm by Spain's central government. The health situation, which appeared to be running out of control (with cases tripling in a single day), led the regional government to change the phase from that of 'pre-alert' to 'alert' (following a meeting of the technical committee of the Civil Protection Plan for Catalonia, known as PROCICAT) and to issue a resolution sealing off the perimeters of the four municipalities at greatest risk of infection (Resolution INT/718/2020 of 12 March restricting the exit of persons from the municipalities of Igualada, Vilanova del Camí, Santa Margarida de Montbui and Òdena). The measure affected a total area of 98.7 km² and a population of 66,048, mostly resident in Igualada (39,957) and Vilanova del Camí (12,458). Notice that this was not a stay-at-home order, but rather a 'perimetral lockdown'.

The legal grounds for this Resolution lie in three pieces of legislation: Law 4/1997 of 20 May on the civil protection of Catalonia; Law 18/2009 of 22 October on public health; and Decree 1/2018 of 19 May on the creation, naming and establishment of the scope of powers of the ministries of the Administration of the Government of Catalonia. One day after its having been issued, the president of the Government of Catalonia announced the total lockdown of the entire region. This move led to an institutional crisis between the regional and central governments. The question was whether the former had the power to implement such a measure, which restricted the fundamental right to the freedom of movement. Yet, despite this political dispute, the almost immediate declaration of the first state of alarm by the central Spanish government on Saturday 14 March 2020 (by means of Royal Decree 463/2020 of 14 March declaring the state of alarm for the management of the situation of health crisis caused by COVID-19) saw the extension of the lockdown to the entire population of Spain.

The Catalan resolution came into force at 9 p.m. on 12 March and was made public by the regional government a few minutes later. The announcement caused a certain amount of alarm amongst the citizens, a feeling that was, doubtless, exacerbated by the dispute between the regional and central governments. In addition, supply problems led to almost immediate shortages in the shops of the affected municipalities, and the origin of the outbreak – a dinner celebrated by healthcare staff from the city's hospital – affected the ability of Igualada Hospital to respond to the situation. To exacerbate matters, the outbreak presented a high death rate. However, the fact that two days later the state of alarm was approved by the central Spanish government for the entirety of the national territory gave the perimetral lockdown the necessary legal security. It was against this backdrop that, for three weeks, Conca d'Òdena was subject to stricter restrictions than the rest of the territory.

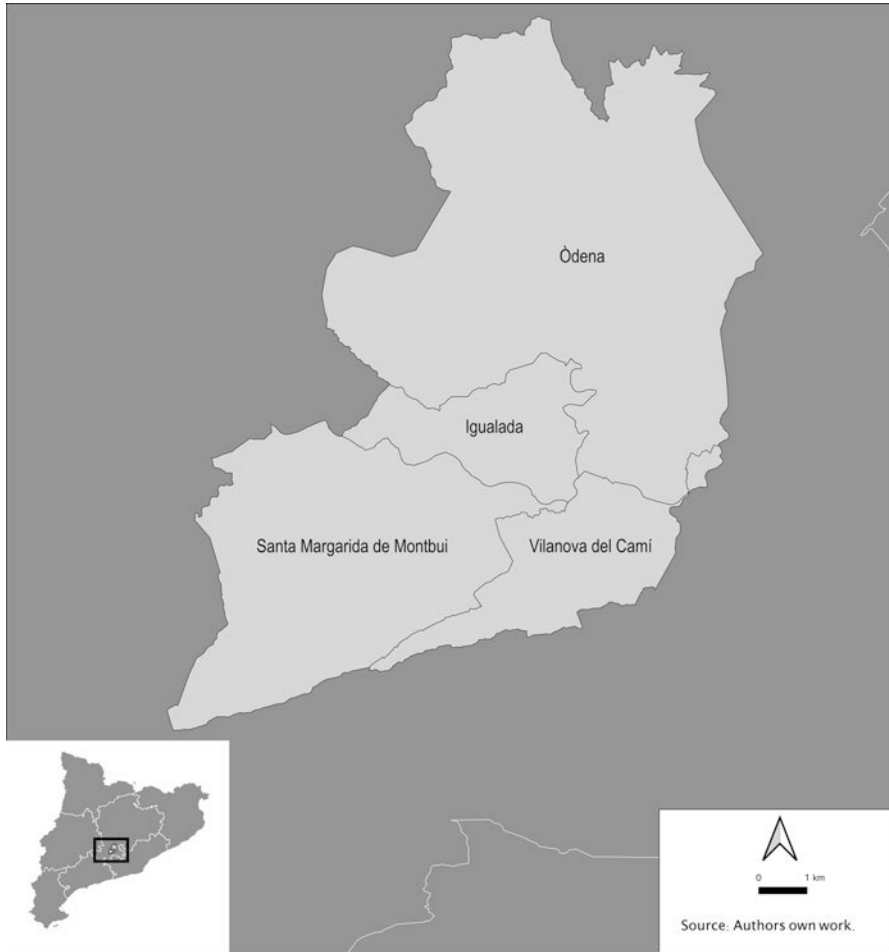


Fig. 10.6 La Conca d'Òdena
Source: Authors

10.2.4.2 Local Restrictions and Sectoral Demarcations: The Implementation of Healthcare Regions in the Metropolitan Area of Barcelona

Within the context of the relaxation of the state of alarm, on Monday, 25 May, Barcelona became the only municipality in Spain where nobody was allowed to leave without due cause. The main reason for this was the specific system chosen by the regional government for the easing of the lockdown: whilst the governments of Spain's other autonomous communities took provincial boundaries as their reference point, the Catalan Government based its actions on the limits of the HCR. In the case

of the metropolitan region of Barcelona, the three perimetral areas of reference were the ‘North Metropolitan Area’, the ‘South Metropolitan Area’ and ‘Barcelona City’ (which thus had its own individual area). Movement would not be possible between these three areas if they were in different phases, and this indeed transpired, resulting in the closure of the city of Barcelona’s perimeter (Fig. 10.7).

It should be stressed here that the municipality of Barcelona does not constitute a separate urban area from that of its neighbouring municipalities. Indeed, the metropolitan area is a structurally uniform urban expanse (an urban continuum), with no physical division between the municipalities of Barcelona and L’Hospitalet de Llobregat. The municipal boundary is, under normal conditions, ‘breached’ by thousands of people every day in the normal course of their lives, with no regard as to whether they are physically located in one municipality or another. Historically important streets like Carrer de la Riera Blanca, however, were now being described by the press as the ‘new invisible borders’ between the two municipalities. This meant that, for the first time, at the end of May, crossing Carrer de la Riera Blanca (see photo) meant committing an administrative violation, as it meant moving between two different healthcare areas (Barcelona municipality on the one hand and the south metropolitan area, which includes L’Hospitalet de Llobregat municipality, on the other) (Fig. 10.8).

The press anticipated this situation, with headlines such as ‘*Riera Blanca, la frontera entre Barcelona y l’Hospitalet que puede resucitar en la desescalada*’ (Riera Blanca, the border between Barcelona and L’Hospitalet that may be revived in the de-escalation of the lockdown) (*El País*, 6 May 2020) and, ‘*En la frontera entre l’Hospitalet y Barcelona, la única ciudad aislada de España*’ (on the border between L’Hospitalet and Barcelona, the only isolated city in Spain) (*elDiario.es*, 25 May 2020). Catalonia’s public television channel spoke in the same terms: ‘*La Riera Blanca, a punto de dejar de ser una frontera sanitaria, que nunca lo ha sido para los vecinos*’ (La Riera Blanca, soon to cease being a healthcare border, something it never was for locals) (CCMA, 25 May 2020). Indeed, the use of the word ‘border’ (*frontera*) became habitual in reference to administrative boundaries, as occurred in this paradigmatic case. One example of this was ‘*Vivo en esa frontera invisible entre Barcelona y L’Hospitalet*’ (I live on this invisible border between Barcelona and L’Hospitalet de Llobregat) (*El Periódico*, 31 October 2020).

Against this backdrop, the regional government, at the request of a number of metropolitan mayors, ended up reversing its previous decision at the beginning of June 2020, proposing that the three parts of the Barcelona metropolitan area be merged and function as one. This meant once again allowing movement within that single area, an area that anyway had displayed similar epidemiological behaviour.

This is a clear example of a situation where measures based on hospital capacities become contradictory when they are applied to a specific territory and given priority over local mobility dynamics. Here, matters were exacerbated by the inappropriate adoption of the municipality as a territorial unit when the territory in question comprises adjacent urban areas making up an urban continuum. In such cases, the implementation of perimetral lockdown policies makes very little sense. These are measures of questionable efficacy, as we shall see below.

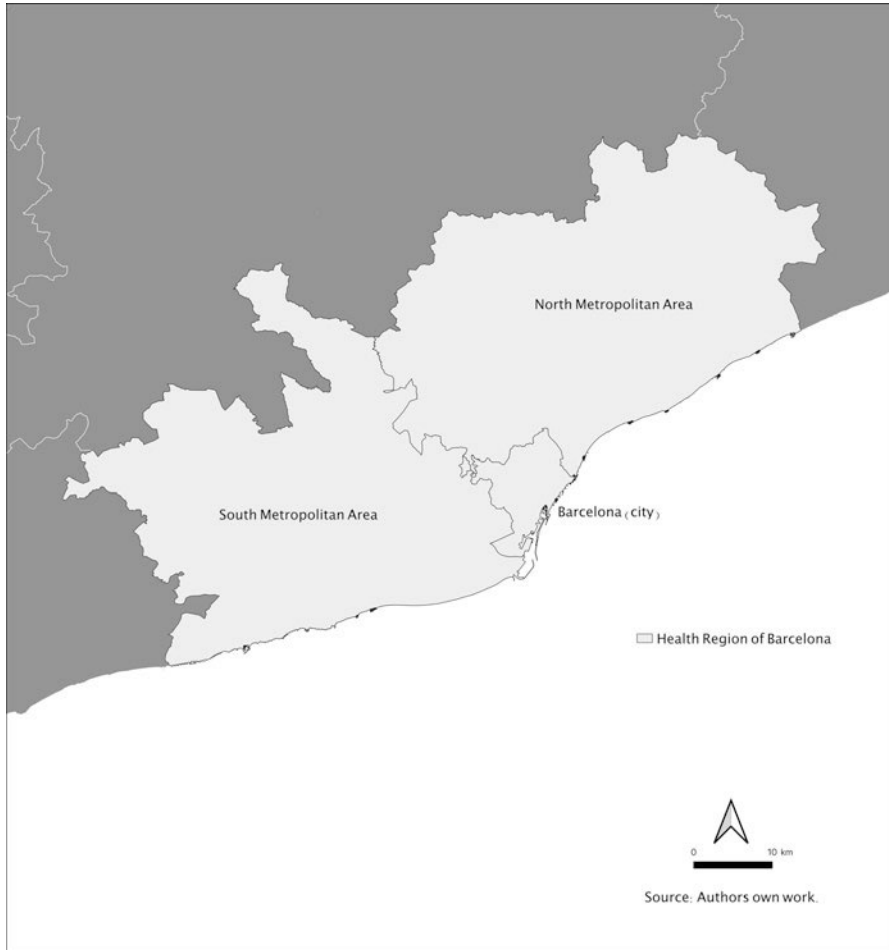


Fig. 10.7 Metropolitan Barcelona's healthcare regions

Source: Authors

10.2.4.3 The Spread of the Virus in Adjacent Neighbourhoods: The Case of L'Hospitalet de Llobregat–Barcelona

At the beginning of March, the central Spanish government recommended that a number of neighbourhoods in different autonomous communities be locked down and isolated. They included the municipalities of Haro and Casalarreina in La Rioja. The beginning of September 2020 also witnessed the perimetral lockdown of the neighbourhoods of Son Gotleu, Son Canals, Can Capes and La Soledat Nord in the city of Palma de Mallorca, in the Balearic Islands. These were not the only examples:



Fig. 10.8 Carrer de la Riera Blanca
Source: R. Galindo

judicial support was also given to selective lockdowns in Santoña (Cantabria) and Benigànim (Valencia). One of the neighbourhood lockdowns that resonated loudest in the media was that implemented by the regional government of Madrid in November 2020. The regionalisation by ‘health areas’ (*áreas sanitarias*) – and not, therefore by municipal limits – meant that some neighbourhoods could be locked down on the basis of cumulative impact, overall trends, transmission type or most-affected age groups.

However, arguably, the most paradigmatic case of neighbourhood-level restrictions on movement took place, as above, in the metropolitan area of Barcelona. In mid-July 2020, with the first state of alarm no longer in force, there was an increase in positive test results in three neighbourhoods of L’Hospitalet de Llobregat (La Florida, La Torrassa and Collblanc). These are neighbourhoods of high population density, where the housing stock is generally ageing and occupied, in the main, by residents affected by unfavourable socioeconomic conditions. Some authors have reported that such features are associated with a higher probability of the spread of the virus, particularly within the framework of other studies conducted on a global scale based on the analysis of urban density (Desai 2020; Kodera et al. 2020).

The initial measures adopted by the regional government targeted these three neighbourhoods. However, they did not amount to a complete restriction on movement, but rather a stay-at-home recommendation. Moreover, meetings of more than ten people (either in private or in public) were banned, as were cultural, recreational, sporting and nightlife activities. Bars and restaurants remained open, but at only half their normal permitted capacity.

However, the measures adopted failed to take into consideration one key fact. The neighbourhoods of La Torrassa and Collblanc have a very close relationship with the Sants neighbourhood of Barcelona. The latter has the highest population density of any of Barcelona's neighbourhood and forms an urban continuum with the other two. The dividing line between the two municipalities is the aforementioned Carrer de la Riera Blanca. There was understandable concern that the outbreak would spread to Sants, a concern voiced by the mayor of Barcelona. Even so, the regional government chose not to take any further measures beyond those implemented in the three neighbourhoods of L'Hospitalet. Some days later, as expected, the outbreak spread to Sants, and subsequently to other areas of the city of Barcelona. The regional government was then forced to adopt special public health measures in the municipalities of Barcelona, Viladecans, El Prat de Llobregat, Sant Joan Despí, Sant Boi de Llobregat, Cornellà, Sant Just Desvern, Esplugues, L'Hospitalet, Montcada i Reixac, Santa Coloma de Gramenet, Sant Adrià de Besòs, and Badalona.

The lack of foresight on the part of the regional government is obvious, all the more so in light of its experiences in the case of El Segrià discussed above and which occurred just one month earlier. Particularly noteworthy, however, is how the boundaries of the locked-down neighbourhoods were depicted by public organisations. The map published by the regional government (Fig. 10.9) is an 'island map'



Fig. 10.9 Special measures against COVID-19 in L'Hospitalet de Llobregat (July 2020)
 Source: Adapted from Civil Protection (Government of Catalonia 2020)

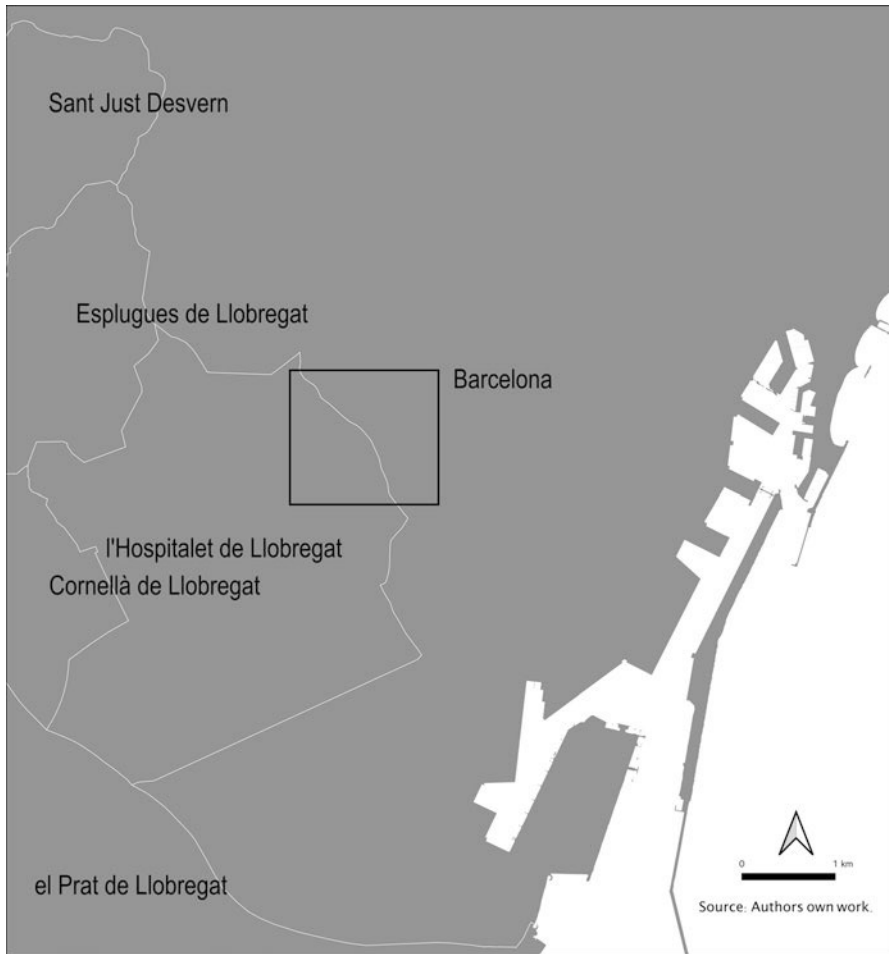


Fig. 10.10 Barcelona–L'Hospitalet de Llobregat municipal boundary
Source: Authors

that explicitly ignores the neighbourhoods of the adjacent Barcelona, despite their constituting an urban continuum (see Figs. 10.10 and 10.11).

In turn, the map published by the Catalan public television channel TV3 (Fig. 10.11) shows the continuity of these three neighbourhoods with the Sants neighbourhood in Barcelona municipality. Even so, only the boundaries of the affected municipality are depicted.



Fig. 10.11 Special measures against COVID-19 in L'Hospitalet de Llobregat (July 2020) in the regional media

Source: Adapted from TV3 (July 2020)

10.3 Conclusion

This chapter highlights the questionable use made by Spain's central and regional governments of pre-existing political-administrative boundaries during the pandemic. These boundaries, which were created in the past and which fail to reflect current population dynamics in the territories of Catalonia and adjacent areas, are easily breached by a virus. Moreover, the general lack of planning and the absence of coordination between different authorities means that the boundaries fall well short of being an effective barrier against the spread of the pandemic. Here, we have sought to show how the use of old formulas for territorial organisation fails to meet the challenges of a globalised, interconnected society. At the same time, the general failure of any mechanisms of cooperation is also more than apparent.

In the context described, we consider it essential to advance in these two directions: firstly, with a broad overhaul – that is, a reform at all scales where intervention is possible – of current forms of territorial organization; and, secondly, but equally importantly, with the design and implementation of more effective mechanisms of cooperation. The lifting of pandemic containment measures in 2021 – although the resulting crisis looks set to last considerably longer – will certainly permit the retrospective analysis of the measures taken and the learning of important lessons for the future.

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Ramon Galindo Caldés Associate professor in Administrative Law at the Open University of Catalonia and Associated Lecturer in Administrative Law at the University of Barcelona. BA in Political Science and Sociology at the University of Basque Country (1999), MA in Public Management at the Pompeu Fabra University, Autonomous University of Barcelona and ESADE (2003), DEA in Political Science at the University of Barcelona (2003) and PhD in Law at the University of Barcelona (2012). He has been awarded with the CEMCI Prize for Advanced Scientific Research on Local Administration and Government (2013), with an essay on local districts. His research areas include local government law, sub-municipal government, interregional cooperation, science organisation, algorithmic transparency and civil service law. Member of some research projects, such as *The geographical and legal articulation of the border municipalities: in-depth analysis of the cooperation in the regional boundaries between Catalonia, Aragon and the Valencian Community* (2016–2017), *Innovation in the public service delivery through personalization and proactive provision using massive data and artificial intelligence* (2018–2019), *Legal challenges of using massive data to foster innovation and good governance through artificial intelligence* (2018–2020), *Transparency of algorithms in metropolitan municipalities* (main researcher, 2019).

He has published some books on local government law: *La organización territorial en los municipios: los distritos* (CEMCI, 2014), *L'organització territorial d'àmbit inferior al municipi a Catalunya* (Diputació de Barcelona, 2014), *La organización territorial inframunicipal en el País Vasco* (IVAP, 2015).

Joan Tort Donada Professor of Geography at the University of Barcelona, where he is teaching since 1990, and became the Head of the Department of Geography in 2018. Graduated in Law at the Autonomous University of Barcelona (1982), in Geography and History at the University of Barcelona (1989) and PhD in Geography at the University of Barcelona (1999). His research interests encompass Regional Studies, Landscape, Toponymy, Epistemology in Geography, Spatial Planning and Literary Geography. He has a particular interest in the study of place names, and the relationship between names and human experience of world. He has led various research projects aiming to tackle the analysis of regions and landscapes in Spain as cultural constructions. Prior to academic career, he has been working for 13 years in Applied Geography as civil servant (Catalonian regional Administration). Among his latest works (as author or coordinator): *Atlas de los paisajes agrarios de España* (Madrid, 2013–2014), *Names in Daily Life: Proceedings of the XXIV International Congress of Onomastic Sciences. ICOS-24* (Barcelona, 2014), *Paisajes patrimoniales de España* (Madrid, 2018) and *Els municipis fronterers. Radiografia de la cooperació entre Catalunya, Aragó i la Comunitat Valenciana* (2018).

Albert Santasusagna Riu Lecturer in Regional Geography at the University of Barcelona and Academic Secretary of Water Research Institute (IdRA). PhD in Geography, Spatial Planning and Environmental Management (University of Barcelona, 2017), MSc in Spatial Planning (University of Barcelona, 2013) and BA in Environmental Sciences (University of Barcelona, 2011). Awarded for the best doctoral thesis in Geography (University of Barcelona, 2017) and Extraordinary end-of-course prize in BA (University of Barcelona, 2011). Award in Geography and Natural Sciences (Pau Vila Award, Institut de Ciències de l'Educació, 2008), Antoni Esteve Research Award (Fundació Lacetània, 2012) and Manlleu City Council Research Award (Manlleu City Council, 2012). He has participated in several research projects (Ministry of Economy/Government of Spain, School of Public Administration of Catalonia/Generalitat de Catalunya), as well as scientific coordinator of conferences such II and III Jornades Cerdà (2017, 2019) and III and IV Jornada de Joves Investigadors de l'Institut de Recerca de l'Aigua (2018, 2019). He is also involved in scientific dissemination projects, such as STEM Barcelona (Barcelona City Council, The New York Academy of Sciences) and Scientific Culture Unit of the University of Barcelona (Camins infinits, Toc-Toc, Science Festival and Science Space in Annual Education Show).

Chapter 11

COVID-19 and Multilevel Territorial Governance: Transcalar Patterns, Frictions of Competencies and Planning Conflicts in Italy



Teresa Graziano

Abstract The chapter aims at exploring to what extent the COVID-19 pandemic has reshaped the long-entrenched relations among the different actors involved in multilevel territorial governance, by scrutinizing the frictions and conflicts of competencies that emerged during the health crisis at the centre–periphery interplay. Based on a qualitative document analysis methodology, the work critically scrutinizes if de/recentralization patterns, transcalar/multilevel governance dynamics as well as interregional and/or inter-municipal cooperation have been reshaped (reinforced or reduced) by COVID-19 in Italy. In particular, the chapter investigates some meaningful examples in four Italian regions (Marche, Campania, Calabria, Sicilia) which have been selected owing to the contrasts that emerged during the pandemic in terms of central/local competencies.

Keywords Multilevel governance · Local and urban governance · Territory · Conflicts · Pandemic · Italy

11.1 Introduction

‘The COVID-19 pandemic is, first and foremost, a global public health crisis, yet its impacts extend far beyond the realm of epidemiology alone. We are also witnessing a political, economic, and social crisis the likes of which the world has not seen since the 1918 influenza pandemic and the Great Depression’ (Rose-Redwood et al. 2020: 97).

Far from being a ‘mere’ health and sanitary emergency, the COVID-19 pandemic has deeply impacted geography both as a discipline which produces spatialized information, due to the ubiquitous need of a geo-visualized response to spatialize vectors, clusters and outbreaks through spatial modelling and cartography; and,

T. Graziano (✉)
University of Catania, Catania, Italy
e-mail: teresa.graziano@unict.it

more broadly, as a multifaceted conceptual framework through which it is possible to scrutinize the socio-spatial effects of the pandemic which have been completely disrupting long-entrenched relations among places, spaces and territories.

The changes triggered out by the pandemic 'have profoundly transformed the familial spaces of home, modes of living, and the geographies of everyday lives; relations to public space and nature; the operations of work and the space economy; the geopolitical landscape; and the global dynamics of capital accumulation' (Rose-Redwood et al. 2020: 98).

As Capano et al. (2020) put it, a wide range of issues lies beyond epidemiology, such as developing public health interventions to control and monitor it, as well as dealing with the socio-economic and political crises resulting from the spread of the disease (Weible et al. 2020).

At the global scale, a wide repertoire of actions, strategies and measures has been adopted to tackle the diffusion of the infection, depending both on different infection rates and deaths as well as specific political regimes and territorial assets (Gibney 2020).

In spite of being transversally diffused, the pandemic has not only produced different territorial impacts, but it has also further exacerbated already existing polarizations in terms of class, ethnicity, race and gender (Platt and Warwick 2020), particularly in those countries with fragile socio-economic systems and/or those more severely affected by the 2008 economic crisis. In these countries, the effects of pandemic have been increasingly intertwined with ongoing neoliberal dismantling of the welfare state as well as the prolonged austerity which has depowered the public healthcare system.

Furthermore, the COVID-19 pandemic has underlined the need to reconsider transcalar dynamics of territorial governance, owing to the overlapping scales (global/regional/local) that have completely upset the long-entrenched relations among mobility flows, territorial systems and territorial management in the fields of health, education, productive systems.

One of the key concerns is connected to a policy perspective, thus including the wide repertoire of responses of supra-national, national and sub-national governments to the spread of COVID-19: 'this includes understanding the actual versus appropriate timing and sequencing of instruments to mitigate its transmission, or determining the reasons for differences between actual and optimal intensity of policy measures adopted to affect public health outcomes' (Capano et al. 2020: 287; Kettl 2020; Moon 2020).

As detailed by Organisation for Economic Co-operation and Development (OECD, 2020), all governments at the global scale have responded to the health crisis, although within completely diverse legal-economic-social frameworks, in different times and with diverse rates of restrictions. So, on the one hand, it is crucial to critically analyse the dissimilarities in the governments' responses to the sanitary crisis, as done by Capano et al. (2020); on the other hand, it is even more essential to understand the territorial implications of the multilevel governance approaches within the national borders, in order to evaluate if frictions and competing functions have been exacerbated by the pandemic.

Based on the analysis of the Italian multilevel territorial system, the chapter explores to what extent the epidemic has reinforced or, on the contrary, reduced sub-national interregional/inter-municipal cooperation, by highlighting the long-entrenched frictions and competing competencies among the different levels of governance in the country through the critical evaluation of policy/planning/management documents.

As the first western country to be affected by COVID-19 after the Chinese outbreak, Italy has been forced to come to terms with deeply rooted conflicts incorporated in its territorial planning tradition, fragmented in a complex and often overlapping range of competencies between the national State and the local levels of governance (administrative regions, metropolitan cities/provinces, municipalities).

As Governa and Salone (2005) highlight, the spatial planning policies implemented by the central government in Italy have been traditionally weak and short-sighted, without any real strong action to address the main challenge of the country: namely the historically rooted socio-economic gaps between the more advanced northern regions and the disadvantaged southern; the disequilibrium between metropolis and small/medium-sized cities, urbanized areas and rural spaces, hierarchical metropolitan systems and polycentric ones.

In the late 1990s, a series of institutional reforms was promoted to rewrite the legal and operational framework regulating the relations between central and local governments in order to enhance the decentralization of administrative competencies – included those related to the territorial governance – from the central state to local authorities. However, these new planning policies have not resulted in a territorial re-equilibrium, and the territorial gaps have been further exacerbated by the ongoing pandemic.

As a result, the chapter aims at exploring the frictions and conflicts that emerged during the COVID-19-led crisis between central and local governments in terms of overall strategies, policy measures and actions in order to understand how the COVID-19 pandemic has reshaped the long-entrenched relations among the actors involved in the multilevel territorial governance in Italy.

In particular, based on a qualitative documental analysis, the chapter investigates some meaningful examples in four Italian regions (Marche, Campania, Calabria, Sicilia) which have been selected insofar as they are highly representative of the contrasts emerged during the pandemic in terms of central/local competencies of the territorial governance.

Following Dodds et al. (2020), I propose to evaluate these frictions and competing competencies through a threefold analytical perspective taking into account three dimensions: territory, politics and governance.

The chapter is organized as follows: the second section deals with a synthetic review of the multilevel governance as a concept, with a specific focus on Italy, while the third deepens the effects of the pandemic in reshaping long-entrenched conflicts of competencies. The fourth section is based on the critical analysis of the Italian regions selected as a case studies, and the fifth includes the discussion of the results. Finally, the last section includes final considerations.

11.2 Multilevel Governance: Achievement and Challenges

In the aftermath of the adoption of the EU strategies of Lisbon (2000) and Göteborg (2001), the European Commission tried to face the slow rates of economic growth of the early 2000s through urgent measures based on three transversal and inter-sectorial perspectives, structured on technological innovation, industry involvement and the civil society participation. This phase, coinciding with the structural funds reform and the launch of some of the most relevant EU policies, such as the Common Agricultural Policy, was seen as crucial to intertwine the objectives of the above-mentioned strategies by taking into account the following theoretical/operational pillars: growth and development are not always convergent; a globally effective strategy aimed at enhancing European competitiveness should rely on the integration of the economic, social and environmental dimensions; a global sustainability model entails a shift in macroeconomic models (Prezioso 2006).

The Treaty of Lisbon was crucial in developing a more comprehensive framework for the institutional recognition of multilevel governance in the European scenario. By strengthening the competences and the influences at the regional and local scale, the treaty reshaped the roles and functions of the actors involved in the Community decision-making process, such as the national/regional Parliaments and the Committee of the Regions. What is more, the treaty enhanced the territorial dimension of the EU by incorporating the territorial cohesion as a fundamental part of the process of the European Integration.

So, the theoretical/operational framework of multilevel governance emerged in the EU context in early 1990s as an alternative model to a state-centred intergovernmentalist perspective, underlining the need of distribution of the decision-making competencies among actors of different levels (Marks et al. 1995; Milio 2013).

The most paradigmatic example of the multilevel and multi-actor governance was identified in structural funds which reflected the regional structures' adjustments to the principles of the Cohesion Policy (i.e., concentration, programming, additionality and partnership) based on a hierarchical network system of actors and rules at the different scales.

As a result, over the past three decades the EU countries have been experiencing a process of regionalization and decentralization to pursue policy effectiveness in the implementation processes, major levels of flexibility and responsiveness.

As Milio (2013) argues, one of the first controversial issue to be analysed is the assumption that a multilayered and multilevel organization contributes to a deficit in implementation, insofar as coordination costs increase and they can lead to a deadlock, apart from the institutional tensions which might arise among the different levels (supranational, national and sub-national).

In this line of argument, Boland's (1999) conceptualization of 'contested multi-level governance' highlights tensions and conflicts which often shape the relations among the actors involved in multilevel governance, linked to policy development paths, unequal power forces, accountability and resource distribution. For this

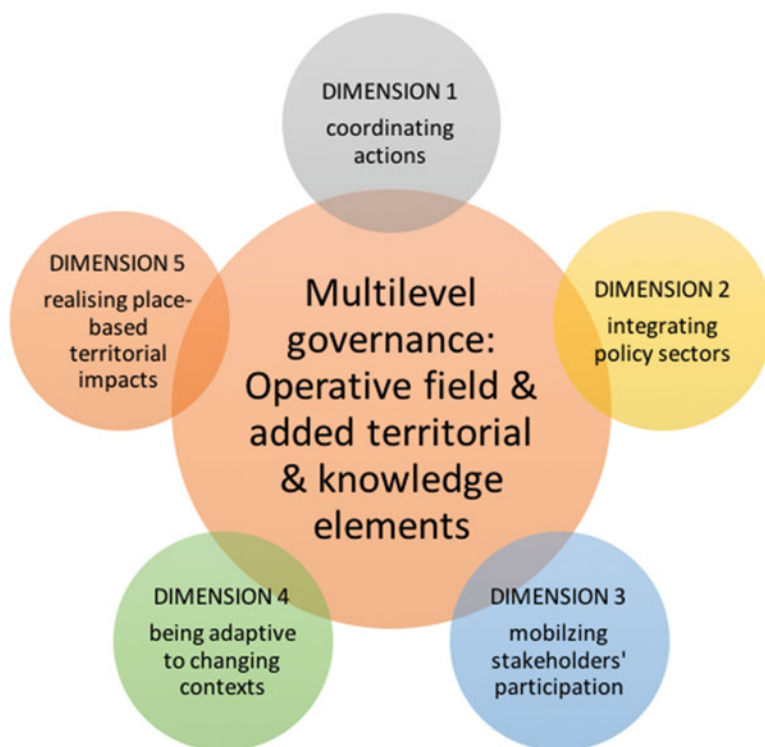


Fig. 11.1 The EU Territorial Governance

Source: Author's elaboration based on ESPON (2014)

reason, the Cohesion Policy has been paradoxically regarded as a controversial framework which has exacerbated, far from deleting them, conflicts and frictions among the different levels of governance, which are in turn deeply influenced by pre-existing institutional, administrative and territorial dynamics.

In spite of the limitations in terms of implementation, multilevel governance has become familiar across the EU (Silva and Buček 2017). In 2014 ESPON highlighted the need to adopt a more comprehensive approach, called 'territorial governance' (Fig. 11.1). Regarded as an extension of multilevel governance, the novel perspective added explicitly territorial and knowledge-related elements, relying on what was described in Barca Report (2009) as a place-based and territorially sensitive approach capable of addressing the agenda set in the Europe 2020 strategy.

As a matter of fact, in the aftermath of the 2007–09 financial crisis, Europe has been struggling with increasing unemployment rates and socio-economic polarizations, apart from tackling other challenging issues such as the transition to a low-carbon economy and the climate change adaptation. New and more effective measures were regarded as crucial to support new development policies through a place-based approach that 'refers both to the context-dependent nature of the

efficiency and equity problems that the policy deals with, and to the fact that the design of integrated interventions must be tailored to places, since it largely depends on the knowledge and preferences of people living in it' (Barca Report 2009: 5–6).

The increasing importance of territorial governance as a conceptual/operational development of multilevel governance is highlighted in several EU policy documents and papers, following the White Paper on multilevel governance (2009) of the Committee of the Regions: 'Green Paper on Territorial Cohesion', the Territorial Agenda of the European Union 2020 from 2011; the Network of Territorial Cohesion Contact Points (NTCCP) report from 2013, all of which call for a place-based, territorially sensitive and integrated approach to policies, similarly indicated as the most effective in the Common Strategic Framework (CSF) for a smart, sustainable and inclusive growth; and the Charter for Multilevel Governance in Europe (2014).¹

This novel framework identifies five dimensions of territorial governance (ESPON 2014):

1. Coordinating actions of actors and institutions
2. Integrating policy sectors
3. Mobilising stakeholder participation
4. Being adaptive to changing contexts
5. Realising place-based/territorial specificities and impacts

For the next long-term EU budget 2021–2027, the European Commission efforts are aimed at enhancing as well modernizing the EU's main investment policy, namely Cohesion Policy, as one of the most concrete expressions of solidarity. According to this new vision, five thematic areas have been identified to increase territorial cohesion and competitiveness:²

1. A smarter Europe, through innovation, digitization, economic transformation and support to small and medium-sized businesses
2. A greener, carbon free Europe
3. A more connected Europe, with strategic transport and digital networks
4. A more social Europe, supporting quality employment, education, skills, social inclusion and equal access to healthcare
5. A Europe closer to citizens, by supporting locally led development strategies and sustainable urban development across the EU

Thus, revisiting Governa and Salone's conceptualization of territory (2004, 2005), it is evident that the shifting role of the territory has been further emphasized by the recent UE policy developments:

the concept of territory, and the role that it is developing in the construction of urban and territorial policy, appear to be undergoing a gradual, but distinct, redefinition. This redefinition may be summed up as the shift from a concept of territory as a static, passive space to an interpretation of territory as a dynamic, active context [...].'

¹ <https://portal.cor.europa.eu/mlgcharter/Pages/MLG-charter.aspx>.

² https://ec.europa.eu/regional_policy/en/information/videos/new-eu-cohesion-policy-2021-2027.

Territories of a given size, delimited by administrative boundaries, appear rather as dynamic, active territorial spheres, whose shape and limits are defined in the shared action of the subjects operating in them. Only if and when the mobilization of groups, interests and territorial institutions enables the local system to behave and act as a collective actor can these groups, interests and institutions be geographically defined and delimited. New, emerging territories become visible and can be interpreted in relation to mechanisms of collective action (Governa and Salone 2004: 797).

This semantic shift of the territory as a concept is embedded in the wider changes triggered out by globalization, which has fostered alternative waves of deterritorialization and selective reterritorialization (Harvey 1989). This has also concurred in activating re-scaling processes in terms of ‘re-organizing, reconfiguring and redefining the territorial scales involved in transformations and the relative levels of government’ (Governa and Salone 2004: 796; Brenner 1999).

Apart from the conceptual shift in the territory as a concept, there has been a similar turn in terms of political functions. As Jessop (1994: 264) argues,

Some state capacities are transferred to a growing number of pan-regional, plurinational, or international bodies with a widening range of powers; others are devolved to restructured local or regional level of governance in the national state; and yet others are being usurped by emerging horizontal networks of power – local and regional – which by-pass central states and connect localities or regions in several nations.

Finally, this shift towards territorialization is also mirrored by new conceptualizations about patterns of collective actions as well as intervention practices in territories (Governa and Salone 2002) and, consequently, by the principle of subsidiarity with its role in reorganizing the relations among public bodies and civil societies (Faure 1997).

11.3 Italy: From a Centralized to a Multilevel Governance

Historically, the Italian administrative system was anchored to a top-down centralized hierarchical structure, differentiated in the regional, provincial and municipality levels, which endowed regions with a set of powers. These powers were increasingly widened since 1977, when most of the administrative functions were transferred to regions in spite of being basically regarded as mere implementers of central government policies (Milio 2013).

Although already begun from the mid-1980s, it was from 1990s onwards that a decentralization movement was accelerated, in the aftermath of the economic and institutional deadlock fostered by the scarce results of the centralized approach, the widening public debt and the crisis of the political class due to a deeply rooted corruption system. In this contest, several provisions were adopted to better distribute state–regions relations in order to provide simplification and efficiency, among which an increasing process of devolution of competencies from higher to lower government levels inspired to a variegated set of principles: subsidiarity, local

authorities' autonomy, flexibility, responsibility, citizen participation, rationalization of bureaucracy (Governa and Salone 2005).

This process was further accompanied by a decentralization which mirrored the EU paradigm shift from a top-down to a bottom-up perspective, encompassing the multilevel governance approach based on policies instruments, also involving non-state actors, such as Territorial Pacts (*Patti territoriali*) and Territorial Integrated Projects (*Progetti integrati territoriali, PIT*), emanating from the Structural Funds regulations.

This path towards decentralization was further emphasized by the changes of some parts of the Italian Constitution (Titolo V) in 2001, which confirmed – at least from the legislative point of view – the innovations introduced in the 1990s. According to Bobbio (2002), this resulted to influence the centre–periphery relations more than the real devolution of power transferred to local authorities.

As Governa and Salone synthesize (2004), in general terms, some innovative trends can be identified in the Italian context with reference to the evolution from a centralized to a multilevel governance: the emergence of new forms for the representation of interests so that diversity and plurality of actors was no longer seen as a limit as in the centralized approach, but rather as a resource for a more effective territorial governance; new forms of multi-actor negotiation in the decision-making arena, owing to the emergence of inter-institutional cooperation and public–private partnerships; the consolidation of some local authorities as key actors in the territorialization of actions implementation inserted in a broadening context of increasing international competition; the generalized adoption of competition procedure to assign funds. In the current pandemic times, it is crucial to understand if the multilevel multi-actor system sketched out over the last decades in Italy has provided effective responses to the health crisis.

11.4 The COVID-19 Pandemic: Multilevel Governance Issues

Italy was the first Western country to be heavily affected by COVID-19 after the first Chinese outbreak, particularly in the northern regions which are traditionally more densely urbanized and interconnected in a wider network of global flows (Murgante et al. 2020).

Over the last months, several scholars of different disciplines have developed 'live' reflections about the effects of the pandemic from different points of view, ranging from the psychological impacts of the lockdown and the socio-economic effects at the macro and micro levels, to the new territorial polarization stemming from long-entrenched divides, further exacerbated by the disease.

Within the Italian geographical community, the sanitary crisis has been first scrutinized by incorporating it within the territorial specificities of the epidemic clusters, in order to evaluate if already existing socio-economic, demographic,

environmental and settlement systems had influenced the models of diffusion. Murgante et al. (2020: 3) ask ‘Why Italy first?’, highlighting how many questions ‘arose in terms of the geographical reasons for the spread, its concentration and the pattern drawn at different scales involving the different Italian regions and provinces’. By adopting an ecological approach, the authors examine the occurrences of the outbreak in terms of infected cases and deaths in a study area – the Po Valley in northern Italy – through a set of variables related to physical–environmental and human–economic geographical characters.

A similar approach, although wider in terms of scopes and scales, was at the core of the research carried out by the Diathesis Lab of the University of Bergamo, whose researchers proposed a ‘reflective mapping’ methodology in order to spatialize epidemiological data about the pandemic and equally analyse them with reference to long-entrenched socio-economic, demographic and environmental assets. This effort of territorializing the spatial analysis of the disease, initially focused on the Bergamo province, was later on enlarged to a national-level project of an Atlas where the reflective mapping methodology was used as a comprehensive approach to critically spatialize territorial causes and effects of COVID-19 (Casti et al. 2020).

Thus, in spite of a wide and generalized geographical reflection on the sanitary crisis, social and territorial sciences have not reflected upon how the state–regions/centre–periphery relations have been influenced by the pandemic, except some scholarly comments in legal studies. On the contrary, I think that the recently emerged territorial dimension of the governance makes it even more necessary to explore to what extent the above-mentioned relations have been suddenly reshaped in times of pandemic and often in response of a ‘state of exception’ due to the emergency.

As Longo (2020: 377) argues,

The health emergency represented a justification to build an unprecedented structure of relations between State and regions [. . .]. There has been a gradual emergence of a new architecture of institutional powers – away from the constitutional configuration of center–periphery relations – for the sake of the rapid and effective solution of problems related to the pandemic.

Following this vein, but revisiting from a more explicit territorial perspective, the explorative research aims at critically evaluating what has been the impact of COVID-19 in reinforcing or, on the contrary, reducing de/recentralization patterns, transcalar/multilevel governance dynamics as well as interregional and/or inter-municipal cooperation, in order to understand if the epidemiological crisis has further exacerbated frictions of competencies and political–institutional tensions. In particular, the research investigated the state–region and the intra-regions frictions in some selected Italian regions which provide a meaningful example of the contrasts in the territorial governance related to the COVID-19-led crisis management.

11.5 The Centre–Periphery Conflicts of Competencies: The Empirical Analysis

11.5.1 Methodological Notes

The research relies on a Qualitative Document Analysis (QDA) (Prior 2004; Bacchi 2009; Atkinson and Coffey 2010) based on a review of secondary source documentation associated with both national and regional levels, including programming documents for COVID-19 monitoring and management issued by the National Technical Scientific Committee; decrees and laws emanated and adopted by the national government, the Prime Minister and the Parliament; legal ordinances emanated by the Presidents of the Regions and the mayors; pandemic-related committee reports issued in the four regions selected as case studies; comments and scholarly articles specifically designed to deal with the multilevel governance and the COVID-19 pandemic; review of newspapers articles and scholarly comments with a specific focus on the sanitary crisis management in the selected regions; legal comments and opinions.³

The QDA included the following steps: selection of documents, familiarization, reading, identification of the most relevant extracts development of the analysis.

The last step was incorporated in a threefold analytical perspective, following Dodds et al. (2020), which included three thematic dimensions: territory, politics and governance.

11.5.2 Key findings

11.5.2.1 The General Context

Among the several impacts, the COVID-19 pandemic in Italy completely reshaped the centre–periphery relations of the political administrative functions, insofar as new power relations have emerged in order to tackle emergency issues linked to

³Synthetically, the sources of the QDA are the Italian Government official website for the COVID-19 crisis management: <http://www.salute.gov.it/portale/nuovocoronavirus/homeNuovoCoronavirus.jsp>; specifically, for the legal framework: <http://www.salute.gov.it/portale/nuovocoronavirus/archivioNormativaNuovoCoronavirus.jsp>; for a selection of a various repertoire of publications: <http://www.salute.gov.it/portale/nuovocoronavirus/archivioPubblicazioniNuovoCoronavirus.jsp>. As far as the legal framework is concerned, the sources are: www.osservatoriosullefonti.it; www.astrid-online.it, www.federalismi.it - Osservatorio Emergenza Covid-19, <https://www.rivistaaic.it/>. Finally, for the analysis of newspapers several articles have been retrieved from national (*Repubblica*, *Corriere della Sera*) and regional (*Il Mattino*, *La Sicilia*) newspapers, as well as from the economic newspaper *Il Sole 24 ore*, in particular the following articles: <https://www.ilsole24ore.com/art/coronavirus-legittime-ordinanze-restrittive-sindaci-e-regioni-ADjbVzE>; https://www.ilsole24ore.com/art/governo-regioni-e-comuni-quale-provvedimento-prevale-AD6ZFuN?refresh_ce=1

contact tracing, contagion monitoring and health management. On 30 January, the World Health Organization declared the diffusion of COVID-19 as a ‘public health emergency of international concern’.

In Italy, from 23 February onwards, in the aftermath of the outbreak initially concentrated in the northern regions, the first approach was to declare a set of ‘red zones’ (based on a rigorous lockdown) in some municipalities of the most affected regions, namely Lombardia and Veneto.

During this first phase of emergency, the national government adopted a centripetal approach, based on a ‘reduced loyal collaboration’ in the sanitary emergency management (Longo 2020). This approach followed the political consideration that the disease control should have been pursued through the same measures in order to assure the same effects at the national scale in terms both of containment of the infection and economic disadvantages stemming from the ‘hard lockdown’. With the aim of controlling times and territorial dimensions of the measures, the national government concentrated powers at the national level, leaving reduced powers to regions and mayors. From the legislative point of view (Table 11.1), this approach was supported by the law decree (DL, *Decreto Legge*) and the Decree of the President of the Council of Ministers (DPCM, *Decreto Presidenza Consiglio dei Ministri*).⁴ The government relied on its exclusive competencies in the fields of the organization of the State and the national public bodies, public order and security, health protection, civil protection, organized according to the principle of subsidiarity.

While along the first DL (n. 6/2020) and the related DPCM it seemed that the national government would allow the regions to freely define the restriction measures in cases of extreme urgency, the second DL (n. 19/2020), adopted on 19 March, drastically reduced the room for manoeuvre of territorial bodies, by growingly centralizing competencies and powers. The unprecedented normative situation fostered the first frictions and conflicts among the three levels of governance, namely the national, the regional and the local. On the one hand, the centralized approach of the national government was aimed at reducing the regional normative powers in a wide repertoire of fields (apart from health and civil protection, retail and craftsmanship, industry, agriculture, education, tourism, culture); on the other hand, at the regional level, several “Presidents of Regions” have reacted against this centralizing approach by emanating a wide repertoire of ordinances and regional decrees, often deliberately contrasting with the national ones. This resulted in a proliferation of conflicting measures and contrasting restrictions at the sub-national scale, oscillating from two dialectical approaches: making more restrictive at the regional level the national measures or, on the contrary, reducing at the regional level more rigorous restriction measures adopted at the national scale.

⁴Synthetically, the DL is a temporary normative act, adopted in extraordinary cases by the whole government; the DPCM is an administrative measure emanated directly by a minister (in this case the Prime Minister), a second-rank act in the institutional juridical hierarchy, after the law and the law decree, on which it should be anchored. It has been usually used for extremely technical reasons. Only in times of pandemic it has become an ‘ordinary’ instrument.

Table 11.1 Selection of the measures and legislative frames of the COVID management in Italy

Date	Actor/level	Legislative frame	Description
31/01/2020	Council of Ministers	Declaration of emergency state	Six-month state of emergency owing to the sanitary risk related to diseases stemming from infecting viral agents, according to the 1/2018 article of the Civil Protection Code, which regulates the state of emergency in extraordinary cases that cannot be dealt with ordinary powers
From 31/01/2020	Chief Department of Civil Protection	Ordinances	A set of ordinances emanated with the collaboration of regions and autonomous provinces in cases of exceptions to the laws in force. The ordinances are aimed at supporting people to come back to their home; developing measures for students at risks; creating a technical-scientific committee with coordination tasks
21–22/02/2020	Minister of Health	Ordinances (law 23/12/1978)	Measures to contain and manage the epidemic in some municipalities of the province of Lodi (Lombardia region) and in the province of Padua (Veneto region) owing to clusters of the disease
23/02/2020	Government	DL ^a n. 6/2020 (converted in law n. 13/2020)	Urgent measures for containing and managing the emergency, with the identification of the red zones in ten municipalities of the Lombardia Region and one of the Veneto Region
23/02/2020	President of the Council of Ministers	DPCM ^b	Urgent measures for containing and managing the emergency
23/02/2020	Ministry of Health	Ordinance n. 6	Restriction measures in terms of circulation, education activities, social and cultural services, suspended in 6 regions (Lombardia, Veneto, Piemonte, Friuli Venezia Giulia, Liguria, Emilia Romagna), with the support of their presidents as implementing authorities in charge of modifying the ordinances according to the changes in the epistemological situation
04/03/2020	Civil Protection	Operational measures for the emergency management	Definition of the command and control chain, communication flows and procedures to be activated with reference to the emergency state; definition of the procedures to be activated for containing and managing the diffusion of the disease within a hierarchical integrated system
4/03/2020	President of the Council of Ministers	DPCM	Schools, universities, stadium closed

(continued)

Table 11.1 (continued)

Date	Actor/level	Legislative frame	Description
8/03/2020	President of the Council of Ministers	DPCM	Abolition of red zones and extension of the interregional movements bans
9/03/2020	President of the Council of Ministers	DPCM	Extension of the movements bans to the whole national territory
10/03/2020	President of the Council of Ministers	DPCM	Total lockdown: retail and food activities closed, parks and gardens closed; movement and gathering ban
25/03/2020	Government	DL	Abrogation of the DL n. n.6/2020; detailed description of all the applicable measures and the restrictions to freedom; growing centralization of health management
26/04/2020	President of the Council of Ministers	DPCM	Phase 2, starting from 4 May: gradual passage to a post-lockdown phase, which includes reopening of parks, takeaway restaurants, gyms, cinemas, theatres
16/05/2020	Government	DL	Timing and characteristics of Phase 2, enlarging the powers of the regions in monitoring and controlling the epidemic in the second phase
06/09/2020	President of the Council of Ministers	DPCM	Max 80% of occupancy for public transports
07/10/2020	President of the Council of Ministers	DPCM	Compulsory facemask in open spaces, restaurants closing at 24 pm, max 30 people in parties
24/10/2020	President of the Council of Ministers	DPCM	Gyms, cinemas, theatres closed, parties not allowed, restaurants closing at 18 pm
03/11/2020	President of the Council of Ministers	DPCM	Going out not allowed from 22 pm to 5 am, shopping centres closed over the weekend, online learning for high schools; differential regime of restriction measures in regions according to the 21 parameters synthetized into three grades of colours (yellow, orange, red)
18/12/2020	President of the Council of Ministers	DPCM	The 'Christmas decree': a differential system of red and orange days limiting movements, activities, meetings applied to the whole national territory
02/03/2021	President of the Council of Ministers	DPCM (converted in law decree n. 13/03/2021)	Creation of a new white zone (COVID-free), movement ban among different coloured regions, creation of a permanent discussion table with regions

Source: Author's elaboration from different sources (see par. methodological notes)

^a*Decreto Legge*, Law Decree

^b*Decreto del Presidente del Consiglio dei Ministri*, Decree of the President of the Council of Ministers

This oscillating approach was particularly evident, for instance, in the contradictory dispositions related to mandatory facemasks or practicing sport in open spaces; or related to the identification of commercial activities allowed to stay open since regarded as indispensable, initially described and, in a second phase, indicated through the ATECO codes.

In the aftermath of the second phase, from mid-May onwards, a complex articulation of the state–regions competencies was implemented, namely with reference to the procedures of monitoring and controlling the epidemiological evolution in the post-lockdown phase, giving regions broader powers within the decentralized frame of loyal collaboration and vertical subsidiarity. This resulted in a deeply differentiated scenario of monitoring and controlling systems according to the financial and human resources of the regional health systems.

With the new increase in infection rates in autumn, the DCPM emanated on 3 November applied a regionally differentiated principle, by identifying differentiated restriction measures at the regional scale according to a set of 21 epidemiological indicators, synthesized in three gradients of colours: yellow, orange and red. This regionally differentiated framework was temporally suspended in Christmas times, when a new DCPM was emanated to regulate movements and activities in a highly socializing period and contain an epidemiological picture which seemed to announce the third wave of the epidemic.

Meanwhile, a harsh political crisis, further exacerbated by the conflicts in the emergency management, led to a political turnaround which caused the rearticulation of the political parties within the government and a new Prime Minister entrusted by the President of the Republic on 13 February 2021. This shift resulted in a more centralized management of the crisis, with a new special commissioner for the emergency identified in a general of the national army, which reduced the room of manoeuvre at the local scales. At the same time, a permanent ‘discussion table’ with the regions was created in March with the aim of planning local-scale concerted actions and negotiate a gradual reopening in sight of the summer.

11.5.2.2 The Selected Case Studies

In a national context characterized by the COVID-led exacerbation of the centre–periphery frictions of competencies, four regions were selected insofar as they are emblematic of the ongoing conflicts further complicated by the epidemic: Marche, Campania, Calabria and Sicilia.

As Table 11.2 shows, the case studies refer to restrictive measures autonomously adopted at the sub-national meso level (regions) or local micro level (municipalities), through the legal instrument of the ordinance, often suspended by Regional Administrative Tribunals (TAR). Although different for the period in which they occurred and the effects of the measures, the four case studies exemplify to what extent the health emergency monitoring and management has emphasized already existing competing functions of competencies, intertwined with institutional–political reasons. Furthermore, these frictions stemmed from the interstices of the

emergency-driven legislative framework, which in several cases led to overlapping and/or contrasting interpretations.

From the territorial standpoint, the four cases demonstrate the following controversial elements of the multilevel governance in times of pandemic and the related territorial implications:

- Increasing conflicts between the centralized approach of the government and the traditional autonomy of regions
- Growing complexification of the relations among the three level of governance (national/regional/local) in terms of functions, roles and competencies
- Differentiated responses to COVID-19 crisis management depending on deeply rooted processes related to regional health management systems
- Conflicting functions linked to the COVID crisis management overlapping with long-entrenched competing issues in the field of education, civil liberties and, more evidently, controversial issues such as the management of migratory flows

11.6 Discussion

Following Dodds et al. (2020), it is possible to evaluate the interplay between COVID-19 crisis and multilevel governance in Italy by enucleating three main analytical frameworks.

The first is the territorial dimension. COVID-19 crisis has further polarized and widened the divides with the so-called ‘territories of poverty’ (Roy and Crane, 2015) insofar as the territorialization of public health in the disease emergency is deeply embedded into a complex landscape shot through with gender and class inequalities and social injustices.

As far as supranational and international organization is regarded, the COVID-19 crisis has provoked – and probably will continue to do it in the medium/long term – serious questions about the efficacy of policies and actions. At the European level, the EU was already facing a legitimacy crisis in the aftermath of the UK departure, in addition to the financial and migrant crisis, far before the pandemic outbreak. Solidarity among the EU members is going to be a major challenge, as the dispute between Netherland and Italy/Spain has highlighted. However, ‘the pandemic might yet reinvigorate the EU and lead to a new initiative to fund and enhance pan-European integration in emergency planning and public health provision’ (Dodds et al. 2020: 291).

What is more,

the territorialization of countermeasures also alerts us to the fact that lockdowns, quarantines, social distancing and border closures will contribute further to the agendas of states eager and willing to put surveillance regimes and smart border technologies to “work”. The socio-material terrain of public health risks intensifying further discrimination amongst communities, differentiated risks and vulnerabilities, power-grabs and struggles to secure safe and secure infrastructures (e.g., Ellis 2020). The “bio-surveillance state” depends on big data governance (Roberts 2020), as well as via a digital–electronic network of satellite communication (Dodds et al. 2020: 292).

Table 11.2 Governance and territorial implications of conflictual competencies in selected Italian regions

Region	Period of the controversy	Field of controversy	Instruments	Governance and territorial implications
Marche	25–27/02/2020	The president of the region closed schools and universities in the whole regional territory. The ordinance was suspended by TAR ^a after the request of the government	Ordinance of the president of the region, Suspension by TAR	Controversial centre–peripheries relations and uncertainty in interpreting legal frameworks
Campania	13–18/03/2020	The president of the region broadened the field of application of the DPCM restrictions, banning open air sports and collective meetings and parties. The regional TAR suspended the ordinance after the request of a citizen	Ordinance of the president of the region, Suspension by TAR	A centralized approach does not allow regions to freely adopt restrictive measures
Calabria	29/04/2020 9/9/2020	The president of the region allowed the reopening of restaurants to make the regional economy restart, and intensified the monitoring of migratory flows from other Italian regions to Calabria region. Several mayors of local municipalities adopted in contrast other ordinances to adhere to the national framework. The ordinance was suspended by TAR after the request of government	n.2 Ordinances of the president of the region, Ordinances of mayors, Suspension by TAR	Proliferation of conflicts among the three levels of governance: state–region–municipality
Sicilia	08/4/2020 12/11/2020 23/08/2020	The mayor of the city of Messina introduced the compulsory online registration and related authorization by the municipality to enter Sicily from the Messina Strait. The Council of the State, after the request of the Ministry of the Interior, judged the act as illegitimate in spite of the status of Sicily as <i>Regione a Statuto Speciale</i> ^b	Ordinance of the mayor, Legal advice of the Council of the State	Implications on civil liberties and inequalities of restrictive measures if not adopted within a comprehensive strategy

(continued)

Table 11.2 (continued)

Region	Period of the controversy	Field of controversy	Instruments	Governance and territorial implications
		The mayor of Palermo decided to close the schools since he thought not to have reliable enough data about contagion in schools. After heated debates and several consultations with local and national representatives, he revoked the ordinance	Ordinance of the mayor	The capacity of disease monitoring depends on the differences in financial and human resources of the health systems at the regional scale
		The president of the region imposed to empty out and close the migrants' reception centres of the isle, increasingly crowded during the summer, for sanitary reasons linked to the pandemic. The ordinance was suspended by the TAR after the request of the government	Ordinance of the President of the Region, Suspension by TAR	Conflicting functions linked to the COVID crisis management overlap with long-entrenched competing issues in the field of education management of migratory flows

Source: Author's elaboration from a variety of sources (see methodological notes)

^aTAR Tribunale Amministrativo Regionale, Regional Administrative Tribunal

^bRegion with a Special Status

The second dimension is related to politics insofar as the responses of the governments, such as imposing border controls, quarantines and the public information management, are always political.

The governance issues related to COVID-19 can be also framed into the complex agreements and competition existing between national governments and subnational actors, as underlined by Raleigh and Linke (2018). Subnational political geography mirrors the distribution of power, the influential agents and networks, and the patterns and manners in which these political forces interact in the socio-geographical space.

Finally, the third dimension is related to governance. As Dodds et al. (2020: 290) put it, 'the pandemic brings into sharp focus different levels of federal, national and subnational decision-making, intervention and efficacy. Political systems matter'.

Revisiting the authors' consideration about federal systems and applying it to the multilevel governance, we can argue that multilevel multi-actor systems of decision-making 'with their division of power and responsibility, shed a light on how regional and state-level interventions either coordinate or clash with national policies and strategies' (2020: 290).

With a specific reference to the Italian scenario, the unprecedented normative chain was based on the unusual use of DPCM which does not include the consultation of the Parliament, in addition to the proliferation of regional and municipal ordinances, often conflicting one with the other. This highlighted long-entrenched critical aspects embedded into the centre–periphery relations of the Italian political–territorial governance. Although some aspects undoubtedly have remained under-discussed in this chapter, since specifically referred to normative/legislative questions, the research has scrutinized to what extent the complex tangle of political decisions, normative frames and competencies distribution stems from a deeply territorialized dimension and equally reproduces territorialized dynamics.

As Capano et al. (2020: 301) argue, in Italy a long-entrenched poor policy design and institutional arrangements favoured discord among the different levels of competencies and political forces involved into the crisis management, along with no relevant experiences with similar fast-growing diseases:

since it had not had any serious recent experience with this kind of disease, the Italian response showed how a lack of specific preparedness measures drove the country to deal with this kind of crisis through existing political means, with all of their attendant strengths and weaknesses. In the Italian case, this meant that the political games characteristic of existing institutional arrangements drove the process and the content of the national response and led to a partially chaotic and slow response.

11.7 Conclusion

More generally, as Capano et al. (2020) argue, the COVID-19 crisis has become a ‘thorny policy problem’, insofar as it has been involving uncertainty in the governments’ responses at the different scales, ranging from the supra-national to the local; it has been developing within a context of generalized data limitations and lack of consensus among experts of different fields; it has been tackled with different levels of trust in governments’ actions, technical know-how, political consensus and so forth.

What is more, the novel character of the pandemic, much more fast-moving than other large-scale pandemics occurred in the past due to the current globalization processes, has made the policy responses highly contested and uncertain.

‘While the COVID-19 crisis may be an extreme case, however, it is not uncommon for governments to act in the face of uncertainty (Manski, 2013) and it is only the extent of the ambiguity around the impact and effects of the coronavirus which is important here. That is, regardless of the extent and degree of uncertainty, governments must either act or not and then afterwards face the consequences of their actions or inactions. And societies must always accept some of the risk associated with any course of governmental action or inaction due to the impossibility or enormous cost and time typically needed to reduce uncertainties to zero’ (Capano et al. 2020: 288; Walker et al. 2013).

So, on the global scale, the response from one country to another has been variegated not only in the characteristics of policies implemented, but also in timing

of action adoption in addition to the stringency of the various legal frameworks and tools deployed, ranging from compulsory quarantine to voluntary lockdown, contact tracing systems and monitoring strategies (Ritchie et al. 2020).

Passing from the supra-national dimension to the national scale, the Italian case is worth being critically analysed for a variegated range of reasons. To begin with, as the first Western country to be deeply affected after the Chinese outbreak, Italy developed a big-scale huge ‘experimental response’ to the epidemic in terms of measures and approaches, experiencing and equally testing at the same time the effectiveness of the actions implemented. What is more, as far as governance issues are concerned, the complex balance among political forces, competencies and functions was severely tested by the actions implemented in the name of the state of emergency. Without lingering on questions which refer to other scientific fields – such as legal studies – the research at the core of this chapter has demonstrated to what extent COVID-19 crisis has not only further exacerbated already existing socio-economic polarizations, but also the balance among the different levels of governance on which the Italian system has been based over the last decades.

The geo-territorial implications of this novel approach are evident, insofar as the conflictual functions and the frictions of competencies mirror and equally emphasize the extreme fragmentation of the country, deeply polarized by socio-economic and cultural gaps between northern and southern regions, densely urbanized agglomerations and marginal areas, urban centres and rural territories.

This research has some limitations, too. As a matter of fact, it should be crucial to incorporate the above-mentioned considerations into a regional dimension insofar as differences in the intensity and spread of the impacts of COVID-19 are evident across regions, emerging from the timing of responses, the length of rigorous measures such as lockdown and mobility restrictions. Bailey et al. (2020: 1164) hold the view that

the economic problems caused by the current pandemic tend to be region specific. Economic impacts will vary with the local industry base and general regional conditions – as shown by Ascani et al. (2020) in relation to the role of economic activities acting as vehicles of disease transmission in Italy. This variety is interesting to analyse. How do regions cope with these problems and why? What makes regions more or less resilient (Bailey and Turok 2016)? National policies will be insufficient to account for these differences, so a region-specific policy approach is essential in understanding such issues.

As the Italian case has demonstrated, COVID-19 pandemic has influenced the divisions of competencies, the institutional relations, the territorialized health management and the spatial recomposition of power relations engendered within the centre–periphery interplay.

Thus, this chapter aims at providing other researchers and policymakers with new theoretical/operational insights about the new models and implications of the centre–periphery interplay in governance, insofar as issues such as global regulation, interinstitutional arrangements and local capacity-building may present the biggest future challenges for policy action and territorial research as well.

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Teresa Graziano is Associate Professor in Economic and Political Geography at the Department of Agriculture, Food and Environment of the University of Catania (Italy), where she teaches ‘Geographies of cities and territorial processes’. She obtained a PhD in Geography (2009, University of Catania) and in Territory and Landscape Sciences (2017, University of Sassari). After a 6-month research stay in 2004 at the Université Paris VII – Denis Diderot within the Socrates programme, she was visiting scholar at the ICT4D research group of the Department of Geography of the Royal Holloway, University of London (2010) and the TIC & Migrations research group of the FMSH of Paris (2011). In 2019 she was invited as a visiting academic at the Department of Geography of the University of Barcelona within the Leonardo Da Vinci Mobility programme, funded by the MIUR – Italian Ministry of University and Research and the CRUI – Italian Conference of Rectors. In 2021 she was invited by the Fondation Maison Sciences de l’Homme of Paris as DEA- Directeur d’études Associé, within an international mobility programme funded by FMSH in order to coordinate a project on the role of ICTs in increasing citizens’ participation and shaping new public spaces through urban green. Since 2020 she is a Regional Trustee for Sicily at the Italian Geographical Society. Her main research interests include Urban Geography (gentrification, foodscapes and consumption geography, smart city, urban–rural nexus); Geography of information and innovation (e-participation/e-democracy; ICTs for marginal/rural territories); and Tourism Geography (smart tourism, touristification, sustainable tourism).

Chapter 12

Local and National Government Response Towards COVID-19 Pandemic in Lombardy, Italy



Sara Belotti

Abstract The Covid-19 pandemic has put a strain on all governments in the world, placing all institutional levels in a state of extreme uncertainty and forcing them to difficult compromises. Italy was one of the first European countries to face the emergency, having registered a large number of cases of contagion, especially in Lombardy and in the northern regions. The extreme difference in the distribution of infections throughout the country has led the Italian government to take complex decisions. From 22 to 23 February, the first ‘red zones’ were established in Codogno (Lombardy) and Vo’ Euganeo (Veneto). In the following days, the situation worsened especially in Lombardy, and in the Bergamo area in particular, and the government issued the first decrees aimed at limiting travel in and out of some regions and provinces, and then on 10 March the blockade was extended to the whole country. The choices made (and especially those not taken) in those days animated the debate on the competence of the national government, in addition to the local one in Lombardy; the decision-making process implemented in full emergency highlighted serious deficiencies, causing delays in interventions, uncertainties in the actions to be taken and rebounds of responsibility. Above all, the health crisis has brought out the fragility of the local government system, not only in Lombardy, and an attempt has been made to remedy this precarious situation with the enactment of law 56/2014, the last organic attempt in order to regulate in Italy the relationship between national power and local competences. The law has experienced a controversial approval process and still does not guarantee a clear definition of roles. Starting from these considerations, and in the light of what happened in the first months of the emergency, this chapter aims to analyse the role played by national and regional governments in Lombardy, in order to reflect on the role that the different institutional levels must play in the context of the local government in times of health crisis and post-crisis.

Keywords Lombardy · Italian health system · local governance · Covid-19

S. Belotti (✉)
University of Bergamo, Bergamo, Italy
e-mail: sara.belotti@unibg.it

12.1 Introduction

Between February and March 2020, the whole world was faced with a huge challenge: To fight a microscopic pathogen, Sars Cov2, which has slowly changed our way of life. The first news related to the virus began to emerge at the end of 2019, when the Chinese authorities reported to the World Health Organization (WHO) the emergence of numerous cases of a ‘mysterious’ pneumonia with its epicentre in Wuhan, in the Hubei region. As a precaution, the city market was immediately closed, as it was recognized as a probable place of spread of the virus. On 11 January, the first victim was detected in China, while new cases multiply rapidly in Asia.

Europe, at that moment, observed the situation from afar, without too much apprehension. Much more interesting was the decision of Prince Harry and his wife Megan to leave the English crown (Rawlinson and Davies 2020). And when on 23 January China decided to completely close the city of Wuhan, suspending all means of transport in and out and putting 60 million people in quarantine, Europe did not feel the importance of the imminent danger. In a few days, the situation begins to worsen, so at the end of January some countries began to evacuate their compatriots from China, while on 30 January the WHO declared a state of global health emergency. On the same day, the Italian Prime Minister Giuseppe Conte announced the first two cases of Covid-19 positivity in Italy; these were two Chinese tourists from Wuhan, immediately isolated at the Spallanzani Institute in Rome. The virus thus began to show its presence in Europe, but despite this, the director of the Roman hospital as well as other doctors and virologists continued to argue that the risk of contracting the virus in Italy was very low (Adnkronos 2020). At the same time, on 31 January, the Italian government decided to declare a state of emergency¹ and to close air traffic with China, bringing all Italians back from this country.

Despite this precautionary decision, at the beginning of February, leading politicians and professionals were still convinced that the problem was something that did not concern Italy or Europe. In this climate of apparent tranquillity, on 19 February the Champions League match Atalanta–Valencia took place at the San Siro stadium in Milan, in which about 50,000 fans of Atalanta (the football club of Bergamo) took part.²

Just 2 days later, on 21 February 2020, the Italian government announced the detection of the first case of Covid-19 infection at the Codogno hospital, in the province of Lodi (Lombardy). He was an Italian citizen who had had a meeting with a friend that returned from a trip to China. On the same day, a pensioner residing in

¹The provision is part of the emergency powers permanently attributed by the ‘civil protection code’ adopted with legislative decree of 2 January 2018, no. 1, and recently updated with legislative decree of 6 February 2020, no. 4.

²The match of the round of 16 is played at San Siro since the Bergamo stadium is not approved for competitions of this level.

Vo' Euganeo, a small Venetian village, experiences the first death attributed to Covid-19 in Italy. From this moment on, Italy as well as the European countries were in turmoil. From this fateful date, nothing would ever be the same.

In the following weeks, there was much discussion about the contribution that the San Siro event had in the spread of the virus, especially given the serious situation which shortly after the identification of 'patient one' developed in the province of Bergamo, one of the most affected in Italy during the first wave of Covid-19. It was finally clear that the virus had been circulating in Italy for many weeks.³

Within 2 months, Italy, and more specifically Lombardy, was literally overwhelmed by the virus, showing all its fragility, both in the organization of the health system and more generally in the governance system. In the same days in which Covid-19 began to hit Italy hard, a very heated debate opened on the competences of the national government and local governments, while the decision-making process implemented in full emergency showed serious episodes of incompetence, causing delays in intervention, uncertainties in action and rebounds of responsibility. The central government from 21 February issued a series of measures that limit the ability of citizens to leave the house, to work, to visit relatives. At the same time, the presidents of the regions, but often also the mayors, used the means at their disposal to enact other measures that tighten or soften government decisions.

The health crisis, more generally, highlighted the fragility of the local government system based on the law 56/2014, the last organic attempt in order of time to regulate the relationship between national power and local authorities in Italy. The law has seen a controversial approval process and still today does not guarantee a clear definition of roles. Starting from this point, the chapter aims to analyse the role played by national and regional governments in Lombardy. This would be a starting point to reflect on the role that the different institutional levels are playing today in Italy and which role they might play in the future, in light of the experience with Covid-19. In this scenario, after a brief analysis of the Italian administrative organization and, in particular, of the competence of the State and the region in the health sector, the chapter focus attention on Lombardy, in order to highlight how this competition on health issues between the State and the region showed serious gaps and fragility in the decision-making process during the most dramatic days of the pandemic. In particular, the second paragraph focuses on the Italian administrative system and presents the main legislation regulating it and the attempts at reform launched by the government. The third section analyzes the situation in Lombardy and deals with the governance of Covid-19 at the regional level. Finally, the conclusions propose a reflection on the Italian system of governance, today divided between region and State, and on the fragilities that this organization has shown during the Covid-19.

³For an in-depth analysis on the contribution that sporting events have had in the spread of the virus in Lombardy, see: Brambilla et al. (2021).

12.2 The Administrative Organization in Italy

The Italian administrative organization is defined today by law 56 of 2014 that regulate the relationship between national power and local authorities in Italy. This legislation was born at the end of a 20-year discussion on the organization of the state, which saw attempts at administrative reorganization in the 1990s and 2000s, aimed at resolving some issues open since the unification of Italy (Fondazione Giovanni Agnelli 1980, 1992; Landini and Salvatori 1989; Coppola 1997; Dini and Zilli 2015).

In 1948, the Italian Constitution established the regions, with the aim of decentralizing administrative powers at the local level, in an attempt to overcome the centralism of the State and, at the same time, address the requests for greater autonomy by some territories, including Sicily and South Tyrol. From this moment on, the regions with special status are established, in consideration of some specific historical and geographical reasons.⁴ Regions with ordinary statute were established only in the 1970s, at a time when the country was in a phase of differentiated development of its territory, which probably no longer reflected the subdivision into 20 regions defined almost 30 years earlier⁵ (Dini and Zilli 2020). This situation entailed a continuous discussion about the role of the regions, their borders and their unification, which has reached the present day, and only partially resolved with law 56 of 2014 (Pizzetti 2015).

This discussion led, in 2001, to a first reform of the role of the regions with the ‘Amendments to Title V of the second part of the Constitution’ defined by the constitutional law of 18 October 2001, no. 3. Some articles of the Constitution, namely Title V (from article 114 to article 133), are modified in order to favour the autonomy of the regions, as government bodies close to the citizens. The regions are thus guaranteed autonomy in the financial field, thus being able to freely decide how to spend their money, and in organizational dress, allowing them to decide the number of councillors and their salaries. Furthermore, the 2001 reform divides the competence of State management into three areas: exclusive to the State, exclusive to the regions and shared between the State and the regions, in the latter case the State dictates the general provisions, while the regions define the details.⁶

⁴The Valle d’Aosta/Vallée d’Aoste, Trentino-Alto Adige/Südtirol, Friuli-Venezia Giulia, Sicily and Sardinia regions are recognized by the Italian Constitution with a special statute, which means that, in consideration of specific historical and geographical reasons, they are guaranteed to each of them particular forms of autonomy.

⁵Italy introduced the regions into its legal system with the Constitution of the Italian Republic, which entered into force on 1 January 1948 (articles 114 and 115, later modified by the constitutional law of 18 October 2001, no. 3). However, it was only in 1970 that the first elections were held for the new regional councils of the 15 regions with ordinary statute, which came to join the five with special statutes already established in previous decades.

⁶Specifically, article 117 paragraph 2 defines as exclusive matters of the State all those concerning foreign policy, immigration, relations with religious confessions, the defence and security of the State, the currency and tax system, laws electoral, administrative organization of the State and

In this scenario, the protection of health is one of the matters of shared competence between the State and the regions. The goal was to foster solidarity federalism, delegating the organization and management of health services to regions and autonomous provinces. In practice, however, the scenario that turned out to be quite different. In fact, what was generated was a regionalist drift that saw the definition of 21 different health systems (Trentino-Alto Adige/Südtirol is administratively divided into two autonomous provinces, Trento and Bolzano) (Cartabellotta 2015). More generally, the 2001 reform led to the creation of an ambiguous system, not only in reference to healthcare, but also to other matters of shared competence which led the Constitutional Court in the following 15 years to have to examine over 1500 cases of disputes between the State and regions. In attempt to remedy the inconsistencies generated by the 2001 reform, in 2015 a new reform of Title V is proposed which, unlike the previous one, should have led to a reduction of local autonomy, effectively eliminating the matters of competence that put in place competition from the State and the regions, which are included in most cases among the exclusive ones of the State.

In this scenario, health protection was divided between the State, responsible for issuing general and common provisions for the protection of health, and the regions that should have dealt with the planning and organization of health services. This reform, however, never entered into force as it was rejected by a referendum.

Meanwhile, in 2014, the new law no. 56 with the aim of creating new land management tools was enacted. In particular, the reform provides for the constitution of metropolitan cities (*Città metropolitane*),⁷ already foreseen also by the 2001 law, which should represent the main development fulcrum of the metropolitan territory

public bodies, public order and security, citizenship, civil status and registry office, jurisdiction and civil, criminal and administrative order, the determination of the relative essential levels civil rights, general rules on education, social security, electoral legislation and the definition of the functions of municipalities, provinces and metropolitan cities, the protection of national borders, the protection of the environment and cultural heritage, information coordination statistician and computer scientist. At the same time, matters of shared competence include international and with the European Union relations of the regions; foreign trade; job protection and safety; instruction; professions; scientific and technological research and support for innovation for the productive sectors; health protection; supply; sports regulations; civil protection; territorial government; civil ports and airports; large transport and navigation networks; ordering of communication; national energy production, transport and distribution; complementary and supplementary pension; harmonization of public budgets and coordination of public finance and the tax system; enhancement of cultural and environmental heritage and promotion and organization of cultural activities; savings banks, rural banks, regional credit companies; regional land and agricultural credit institutions (article 117, paragraph 3). All matters not explicitly mentioned are of exclusive regional competence.

⁷The metropolitan cities are Turin, Milan, Venice, Genoa, Bologna, Florence, Bari, Naples and Reggio Calabria, plus Rome Capital with special regulations. To these are added another five in the regions with special statute: Catania, Messina and Palermo in Sicily; Cagliari and Sassari in Sardinia. The territory of the metropolitan city coincides with that of the province of the same name; according to the 'Delrio' law 56/2014, from 1 January 2015 the metropolitan cities will take over from the provinces of the same name.

and more generally of the regional one (Dini and Zilli 2020). Metropolitan cities thus assume powers comparable to those of the regions, with which they are destined to enter into competition, as well as defining a new distinction between the regions with metropolitan cities, therefore at the centre of development, and those that do not, destined somehow to a subordinate role. Not only that, the territory of the metropolitan cities effectively corresponds to that of the provinces of the same name, maintaining a territorial subdivision that has its origins in most cases in the Kingdom of Italy. This subdivision ignore the current situation of territorial development of the metropolises.⁸ At the same time, law 56 reduced the powers of the provinces, which were delegated to the regional and municipal administrations. This provision was initially defined in view of a referendum that should have decided on the possible elimination of the provinces and their replacement with intermediate bodies of connection between municipalities (*Comuni*) and regions,⁹ the so-called ‘wide territorial unit’ (*enti territoriali di Area vasta*) (Zilli 2018). In 2015 the referendum effectively rejected the proposed reform of Title V and the abolition of the provinces, with the consequence of questioning the entire reform (Dini and Zilli 2018). In this context, metropolitan cities today play the role once played by the provinces, while the organization and role of wide territorial unit is still unclear as they lack their definition by the State, preventing their implementation at the regional level (Dini and Zilli 2020). The change of political orientation of the Italian government that took place in 2018, following the political and regional elections, further sharpened the discussion of the relationship between the State and local authorities, favouring an attitude that enhances territorial differences and tends towards recovery of the provinces (Dini and Zilli 2020).

To this situation, we must add a further element, namely the request for ‘differentiated autonomy’ by Lombardy and Veneto which led to a referendum in 2017 to oppose the attempt to centralize law 56 of 2014. Differentiated autonomy was introduced in 2001 with the reform of Title V of the Constitution and the amendment of article 116, which provides for the possibility of attributing particular forms and conditions of autonomy on matters of shared competence between the State and the regions with ordinary statute. In response to the 2014 reform and the 2015 reform proposal, Veneto and Lombardy, led by the Lega Nord party, which has always been in favour of regional autonomy, ask their regional councils to implement the procedure for requesting differentiated autonomy and indicate for on 22 October 2017 two referendums on this issue. Meanwhile, Emilia-Romagna, led by a left-wing junta, is also asking for autonomy. The discussion between political elections

⁸For example, there is no correspondence between Italian metropolitan cities and functional urban areas defined by Eurostat and mapped by the OECD in 2004 (OECD 2004, 2013).

⁹These entities are defined as the intermediate administrative level between the municipalities and the region. The definition was introduced with the law 56/2014 which defines: ‘wide territorial unit’ (*enti territoriali di Area vasta*), metropolitan cities and provinces. The same law should have promoted, as already pointed out, a redefinition of the provincial system, which was then interrupted due to the result of the 2016 constitutional referendum.

and new government configurations, however, is progressing slowly, also due to the demand for autonomy made by other regions. Covid-19 has completely cancelled the speech, which will probably resume with the next political elections (Dini and Zilli 2020).

The Italian administrative framework, therefore, is still unclear today, leaving open a discussion on the territorial reorganization that has actively involved the Italian geographers (Castelnuovi 2013; Dini and Zilli 2015). This situation of uncertainty and lack of clarity also had consequences during the pandemic, leading to an open confrontation between the State and the regions.

In fact, to this framework is added that relating to the management of emergencies and, in particular, health emergencies, which envisages on the one hand the State competence exercised by the President of the Council of Ministers, the Head of Civil Protection and the Minister of Health, on the other, the local competences of the presidents of the regions¹⁰ and of the mayors.¹¹ Specifically, these powers fall within those defined as atypical. This means that the law limits itself to indicating the administrative authority to which the power to issue measures is attributed, which in turn can implement any type of act in order to deal with emergency situations, even if it does not respect ordinary competences and proceedings (Adobati et al. 2021). With the advent of the Covid-19 pandemic, the powers of the various bodies were confirmed through the first decree law no. 6 of 23 February 2020, with which, among other things, it established the first red zones. At the same time, however, to avoid a multiplication of local measures that could have created confusion and a climate of uncertainty, the decree established that regions and municipalities could only issue ordinances ‘pending the adoption of the decrees of the President of the Council of Ministers’ and in cases of extreme necessity and urgency. In addition, the ordinances were considered valid only if the Ministry of Health had been informed within 24 hours of their issue. Despite this, the provisions of regions and municipalities multiplied which did not meet the requirements for their approval, obviously creating a climate of uncertainty, as well as controversy on the part of public opinion (Cherchi and Deffenu 2020).

At this point the central government issued the new legislative decree no. 9 of 25 March 2020, which severely limited the powers of the presidents of the regions and mayors. Specifically, in the period of implementation of the decrees of the President of the Council of Ministers (DPCM) issued for Covid-19, the competences could be exercised, in case of extreme necessity, by the Minister of Health and no longer by the presidents of the regions or mayors. At the same time, the regional

¹⁰Article 32, law 833/1978 establishing the Italian National Health System.

¹¹In particular, article 50, paragraph 5 of legislative decree 267/2000 states that ‘in case of sanitary or public hygiene emergencies of an exclusively local nature, contingent and urgent ordinances are adopted by the mayor, as representative of the local community. In other cases, the adoption of emergency measures, including the establishment of reference or assistance centres and bodies, is the responsibility of the State or regions due to the size of the emergency and the possible involvement of several regional territorial areas’.

presidents were authorized to provide opinions on the schemes of the DPCM in cases where it concerned their own region, to propose the adoption of a DPCM or to introduce more restrictive measures, exclusively in the context of the activities within their competence, in relation to supervening situations of aggravation of the health risk occurring in their territory or in a part of it. Despite the limitation of competences to regions and municipalities, however, also in this case there was no lack of regional measures in clear contrast with those issued by the central State.¹²

12.3 The Governance of Covid-19 in Lombardy

On 23 February 2020, the Italian government established the first ‘red zones’¹³ at European level in the Codogno area (province of Lodi, Lombardy region), where the first case of an Italian citizen infected by Covid-19 was identified in the previous days, and Vo’ Euganeo (province of Padua, Veneto region), where the first death was recorded. In the same days, a further emergency emerged in the Seriana Valley (province of Bergamo, Lombardy region), where, however, no red zone had been established until 8 March.

Although Italy was then the European country with the highest number of infections, the perception of the danger still remained low. Politicians from all sides tried to exorcise fear and asked not to stop commercial and business activities,¹⁴ and even the president of Lombardy Attilio Fontana said that Covid-19 was ‘little more than an influence’.¹⁵ At the same time, the Lombard capital, Milan,

¹²For example, with the DPCM of 10 April 2020, the government decreed the reopening of bookstores and children’s clothing stores. This provision has been contested by numerous regions, which have issued new provisions for the maintenance of closures, as done by the Lombardy Region with ordinance no. 528 of 11 April 2020.

¹³On 23 February 2020, the Italian government issues a legislative decree which prohibits expulsion from (article 1, paragraph 1, letter a) and access to (article 1, paragraph 1, letter b) municipalities in the area of Codogno in Lombardy and Vo’ Euganeo in Veneto, defining the so-called ‘red zones’. As regards specifically the Codognese area, the municipalities involved are Bertanico; Casalpusterleno; Castelgerundo; Castiglione D’Adda; Codogno; Fombio; Maleo; San Fiorano; Somaglia; Terranova dei Passerini (Adobati et al. 2021).

¹⁴The secretary of the Democratic Party Nicola Zingaretti on 27 February published a message of trust on his social profiles promoting an aperitif in Milan, while Matteo Salvini, secretary of the Lega Nord party, asked the government to reopen everything in order to return to work.

¹⁵During the regional council on 25 February, Fontana in his speech states that the situation is certainly difficult, but not as dramatic as some want to make it seem and that, according to the technicians, it is little more than an influence (<https://video.huffingtonpost.it/embed/politics/coronavirus-attilio-fontana-little-more-than-a-normal-flu/25585/25554?responsive=true>).

launched the #milanononsiferma campaign in support of the reopening,¹⁶ followed by other cities, including Bergamo.¹⁷

The cases of contagion, however, increased rapidly in Lombardy, so much so that only a few days later, on 8 March, the government issued new provisions to contain the virus that affected the entire regional territory, which at that moment was configured as the epicentre of the Italian epidemic (Casti and Adobati 2020; Casti 2020, 2021). Together with this region, the measures were also applied to the provinces of Piacenza, Parma, Reggio Emilia, Modena and Rimini (Emilia-Romagna), Pesaro-Urbino (Marche), Alessandria, Asti, Novara, Verbanò-Cusio-Ossola, Vercelli (Piedmont), Padua, Treviso and Venice (Veneto).¹⁸ The provisions, however, appear milder than those defined for the red zones. In this case, in fact, citizens were *asked* to avoid any movement into and out of the territories¹⁹ (and not the *prohibition* of movement, as in the previous DPCM 23/02/2020, art.1, letter a-b). At the same time, public and private employers were *recommended* to promote the use of ordinary leave and holidays by employees, but all commercial activities were *allow* (with the exception of bars and restaurants to which specific restrictions were imposed) provided that safety distances were guaranteed²⁰ (instead of ordering the *closure* of *all* commercial activities, as in the previous DPCM 23/02/2020, article 1, letter i). Only one day passed and a new provision extended the DPCM of 8 March to the whole national territory.²¹

Subsequently, with the decrees of the President of the Council of Ministers of 11 March and 22 March 2020, the government decided to issue more restrictive measures, also imposing the closure of all non-essential production activities at the national level.²² Over the weeks the situation continued to worsen in Lombardy, with particular gravity demonstrated in the Codogno area (Lodi province); in the province of Bergamo, where the second outbreak of the Seriana Valley; in the province of Brescia, Milan and Cremona (Fig. 12.1). On the contrary, the other provinces showed more contained numbers in this first pandemic phase.²³

¹⁶The campaign was launched by the Unione dei Brand della Ristorazione Italiana (Union of Italian Catering Brands), a temporary association made up of dozens of restaurants in Milan, and then relaunched by the mayor of the city Beppe Sala (https://www.ansa.it/lombardia/notizie/2020/02/27/coronavirus-milano-non-si-ferma-lo-spot-del-sindaco-_b857b411-c60d-4edc-a0fe-ec2c2c9ffe68.html).

¹⁷On 28 February, the Bergamo Urban District of Commerce launched the #bergamononsiferma campaign, while a few days earlier the mayor of the city Giorgio Gori launched messages of optimism from social profiles, inviting citizens not to stop (<https://www.bergamonews.it/2020/02/28/coronavirus-bergamo-does-not-stop-on-social-the-video-of-encouragement/356658/>).

¹⁸DPCM 08/03/2020.

¹⁹DPCM 08/03/2020, art. 1, letter a).

²⁰DPCM 08/03/2020, art. 1, letters e) and o).

²¹DPCM 09/03/2020.

²²DPCM 22/03/2020.

²³For an in-depth analysis of the reasons that presumably favoured this configuration of the contagion, see: Casti (2020, 2021).



Fig. 12.1 Number of infected with Covid-19, 22 March 2020

Source: Italian Ministry of Health (map elaboration by Sara Belotti)

In this situation, what caused much discussion in public opinion and among experts were the alleged delays in the establishment of the red zone in the Seriana Valley, which led to a rebound of responsibility between the central government and the Lombardy region. On 25 February, just 4 days after the discovery of patient 1 in Codogno, the first victim was registered in the municipality of Nembro (Seriana Valley). Only on 4 March, when the epidemic had already exploded in the Valley, the lombard welfare councillor Giulio Gallera announced in a press conference that he had asked the government to establish the red zone in the municipalities of Nembro and Alzano Lombardo, at that moment the epicentre of the Bergamo outbreak. At the same time Giorgio Gori, mayor of Bergamo, also made the same request. The government's go-ahead for the establishment of the red zone, however, will never arrive and instead it will be chosen to issue milder restrictive measures on 8 March that will affect the whole region, while more stringent measures for the Seriana Valley will not speak more. Yet these are the days when the health facilities are collapsing, while in the province of Bergamo deaths are counted and the army intervenes to transport the bodies out of the region, since there are not enough spaces in the cemeteries and in the local crematoria (Marzocchi 2020). For this reason, decision-making times have been judged by many to be too slow and not very incisive. After the announcement of Gallera on 4 March, the mayors of the Municipalities of Alzano Lombardo and Nembro had taken steps to organize roadblocks,

while the Istituto superiore di sanità (Italian National Health Institute) had given a positive opinion about the red zone. The change of course by the government had stopped such activities in the bud.

At the same time, a week after the failure to decide on the red zone in the Seriana Valley, the epidemic reaches its peak, with about 200 infected in Nembro and 100 in Alzano Lombardo. These data, however, according to the mayors and general practitioners of the area are underestimated. This is how many mayors point out the anomalous mortality recorded in March. The mayor of Alzano Lombardo, for example, on March 26 announces that since the end of February 2020 the dead have been 100, while in the same period of the previous year there were 10; in Nembro the deaths were 120 against 14 the previous year. The mortality of 1% of the entire population of the two municipalities was higher than that found in Wuhan, China, and higher than anywhere else in the world (De Luca 2020). The Seriana Valley, characterized by a high population density and very close connections with Bergamo, the provincial capital, were an ideal territory for the spread of the virus.²⁴

In this scenario, what was complained to the president of Lombardy is that he did not make a decision regarding the establishment of the red zone in the Seriana Valley, thus allowing the virus to spread uncontrollably.²⁵ Specifically what was contested by the president of the Lombardy region and the councillor for welfare was the lack of preparation shown in the emergency regarding their skills. It is in fact councillor Gallera who at first defends himself from the accusations by stressing the fact that the decision on the red zone could only be taken by the government, but then retracted admitting that at the end of February the region could autonomously issue an ordinance. In fact, as already pointed out in the previous paragraph, the first decree law issued by the government for the containment of the Covid-19 pandemic, no. 6 of 23 February 2020, provided, in line with law 833 of 1978, that in the event of a health emergency the president of the region, or the mayors, could issue specific restrictive orders subject to particular conditions. It was only on 25 March 2020 that, through a second decree, the government establishes that, exceptionally, only the Ministry of Health can establish red zones and restrictive measures. Although the judiciary, which had already been consulted about it, will have to determine whether there are direct responsibilities on the part of the Lombardy region, the picture that was outlined is certainly not comforting. Since between March and April, while the Valley is counting its deaths, there was a rebound of responsibility between the regional government and the central government which highlights the need to review the administrative structure and the division of responsibilities at the various territorial levels.

²⁴For an analysis of the evolution of the Covid-19 contagion in the Seriana Valley, see Casti et al. (2021).

²⁵This accusation is also advanced by the Victims' Committee 'Noi denunceremo' which promoted a civil action, to which about 500 people took part, against the Prime Minister, the Ministry of Health and the Lombardy Region (Tornago 2020).

What is complained about the Lombardy region during the first pandemic phase, however, does not concern only the red zone, but more generally the poor organization of the regional health system and the shortcomings in the tracking of infections (Pozzi 2020).

With reference to the first aspect, as already underlined at the Italian level, the regions and the autonomous provinces are the bodies in charge of organizing and managing health services. With reference to Lombardy, the current local health system is regulated by regional law no. 23 of 2015 which defined three levels: region, health protection agencies and territorial social health agencies. The region (with the department of welfare and the many regional agencies)²⁶ carries out the planning, guidance and control functions. The eight health protection agencies (Agenzie di Tutela della Salute – ATS) deal with health planning, commissioning and monitoring. Finally, the 27 territorial social health agencies (Aziende Socio Sanitarie Territoriali – ASST) and the four institutes for scientific research and care (Istituti di ricovero e cura a carattere scientifico – IRCCS)²⁷ have the operational tasks related to the provision of hospital and territorial services.

Law no. 1 of 2015, therefore, redesigns the functions and responsibilities of the region and of the bodies related to the health system with the aim of reducing costs, improving services and strengthening controls. However, this governance model proposed by the Lombardy region still presents some critical issues, since ‘there is an at least partial overlap between the functions exercised by the three levels [. . .] that characterize the system’, making it – consequently – indeterminate (Cantarelli et al. 2017). This distribution structure, therefore, is heterogeneous and fragmented, highlighting a difficult communication and integration of the ATS and ASST functions, which have shown important shortcomings during the Covid-19 pandemic.²⁸ Added to this is the fact that in recent decades the Lombardy region has been conceived as a model based on the so-called ‘equal participation of private healthcare in the health service of the Region’ as a fulcrum and supporting element, as underlined by Professor Maria Elisa Sartor (Università Statale di Milano) (Brando 2020). Since the 1990s, in fact, the Lombardy region has not only tried to equate public and private health structures (in fact, with an imbalance towards the private sector), but has also carried out a health policy based on management methods typical of private companies, also in public structures, which have reduced the unitary management of healthcare that had characterized the previous period

²⁶For an overview of the agencies to be traced back to the Lombardy Department of Welfare, see Cantarelli et al. (2017, pp. 368–369).

²⁷These are ‘hospitals of excellence that pursue research purposes, mainly clinical and translational, in the biomedical field and in that of the organization and management of health services and carry out hospitalization and treatment of high specialty or carry out other activities having the characteristics of excellence’. For more details, see the Ministry of Health website: http://www.salute.gov.it/portale/temi/p2_6.jsp?id=794&area=Ricerca%20sanitaria&menu=ssn

²⁸For a reflection on the fragility of the health system identified in the fragmentation of the various policies and in the different regional organizations, which have also affected the administration of tampons, see Brambilla et al. (2021).

(Brando 2020). In this scenario, what has often been reiterated during the last year by the Order of Doctors and the Italian Federation of General Practitioners is the fact that the region, in practice, has given greater incentives to the treatment of the very remunerated pathologies (in the interest of the privatization of health care). This system has almost completely forgetting epidemiological surveillance, in particular diminishing the role of general practitioners.²⁹ Now, referring ethical and practical considerations on this model to more appropriate locations, what should be emphasized is the fact that despite the Lombardy region being the destination of numerous 'health pilgrimages' of patients from all over Italy, during Covid-19 numerous weaknesses have emerged in the basic management of health services due in particular to the fragmentation of the current health system (Pozzi 2020).

To this were added numerous criticisms regarding some specific choices made by the Lombardy region. First of all, the construction of the hospital in the Milan Trade Fair during the early stages of the emergency which was supposed to make up for the shortcomings in the intensive care of the Lombard hospitals, put in crisis by Covid-19, but which in practice hosted a limited number of patients.³⁰ The controversy, in particular, concerned the choice of building a 'cathedral in the desert', rather than re-functionalizing the existing hospital structures, including the old hospital in Legnano in the province of Milan, saving time and money. The region, for its part, responded to the criticisms by highlighting the fact that the structure taken into consideration was not suitable at an operational level.³¹ Secondly, the choice, also perpetrated by other regions, to transfer Covid-19 patients in good condition from hospitals to nursing homes (Residenze Sanitarie Assistenziali – RSA),³² subsequently led to the onset of important outbreaks within these structures,³³ as happened, among others, at the Pio Albergo Trivulzio in Milan (Amnesty International 2020). For its part, the region underlined the fact that this choice was made with the

²⁹In addition, the 2015 reform led to a coexistence of the public and private sectors, among other things, in the management of chronic patients. On this point, general practitioners emphasize the fact that the change of role in the management of these patients is accompanied by an increase in bureaucratic work commitments, which do not favour assistance.

³⁰The hospital at the fair, costing 21 million euros and financed by private individuals through a fundraiser, welcomed only a dozen patients in the first months of its existence (Misculin 2020). It was put on standby on 6 June, when the number of infected people had dropped, to be reactivated during the second wave, on 23 October, hosting about 200 patients. The criticisms mainly concerned the fact that to make it work due to the shortage of doctors it was necessary to transfer qualified personnel from other hospitals, thus weakening the territories.

³¹<https://www.sempionenews.it/istituzioni/olgiati-su-ex-ospedale-di-legnano-facemo-chiozza-fon-tana-venga-a-vederlo/?cn-reloaded=1>

³²The nursing homes (RSAs), introduced in Italy in the mid-90s, are non-hospital structures, but in any case, with a health-related nature, which host non-self-sufficient people for a variable period, who cannot be cared for at home and who need specific medical treatment by several specialists and an articulated health care. Most of the patients are elderly.

³³This choice is now being investigated by the Milan prosecutor's office. For an analysis of the situation regarding nursing homes in Lombardy and the frailties demonstrated during the pandemic, see Brambilla et al. (2021).

collaboration of a regional technical committee and that the guidelines provided that before the transfer of patients the health protection agencies (ATS) should have checked whether the structures that had given their availability responded under the conditions dictated by the regional resolution. Furthermore, President Fontana stated that the nursing homes (RSA) involved were only 15 out of 705 total and therefore the high mortality rate recorded in the nursing homes (RSA) could not have been caused only by this choice (Il Fatto Quotidiano 2020).

The second aspect, namely the deficiencies in the tracing of infections, according to doctors and local administrators, is due to the fact that the Lombardy region authorized very few swabs during these weeks, effectively preventing a real tracing of the epidemic. For his part, Governor Fontana defends himself by stressing that the region is following the directions of the World Health Organization, disseminated through the Ministry of Health. In fact, the Ministry releases some circulars, on 27 February and 9 March 2020, in which it says that suspected cases must be swabbed, that is, those who have demonstrated at least one symptom such as fever, cough and breathing difficulties and within 14 days previous had frequented areas at risk or had been in contact with positive subjects. In the first period of the epidemic, as indicated in the circular of 27 February, it is the Istituto Superiore della Sanità (Italian National Health Institute) itself that believes it is not necessary to subject people without these symptoms to swabs. This would lead to an overload of the analysis laboratories, in the face of a lack of scientific relevance of the contribution of potential asymptomatic cases in the spread of the virus. In the Lombardy region, however, the choice is made to swab only the most serious cases, to overcome resource problems. President Fontana pointed out that the regional laboratories are already at their limit, with 5000 swabs a day. But following what the Ministry and the ISS were asking, the swabs that followed should have been many more (De Luca 2020).

In that crucial period, this choice was also criticized because the hospital system was subjected to severe stress and the sick who presented the specific symptoms of Covid were hospitalized only in case of serious situations. At the same time, many patients who showed mild symptoms were confined to their homes, but in the case of a non-positive swab their cohabitants were not subjected to quarantine, increasing the risk of movement of asymptomatic people (Misculin 2020).

The situation of the Lombardy region contrasts with that of the Veneto. In this region on 28 February, contrary to the indications of the Ministry, the president of Veneto Luca Zaia announced that after the first two cases of Vo' Euganeo it was his intention, as a precaution, to swab all the residents of the municipality. This choice was criticized by many, including Prime Minister Antonio Conte. Strong of its power in health matters, Zaia continued in its project and set up the first mass screening, allowing to immediately isolate all asymptomatic positives (about 40% of the people tested) and drastically reducing the infection. At the end of the quarantine, the positives in the small Veneto municipality went from 66 to

6 (Lavezzo et al. 2020). This scheme was subsequently replicated in other areas of the region. The choice taken in total autonomy by Zaia in the Veneto region led to a broad discussion and the emergence of a very diversified situation in the Italian regions. The lack of national alignment had in fact also called into question the collection of data regarding the number of infections and deaths from Covid-19.

Other problems at the Lombardy regional level emerged in the second phase of the pandemic, particularly in reference to the start of the vaccination campaign, another regional-level responsibility. At the end of December 2020, the vaccination campaign begins in Italy, which, in the first phase, involves doctors, health workers and guests in nursing homes. In Lombardy, however, the campaign begins slowly and after the first weeks, the region was still at the last places for the number of people vaccinated in Italy, despite having been the epicentre of the first phase of the pandemic and since September 2020 has seen a rise in the number of infected. At the same time the region was in the storm because of the lack of flu vaccines, recommended to avoid symptoms similar to those of Covid and consequently avoid clogging hospitals with suspected cases. Many doctors in Lombardy, in fact, since October have been denouncing the difficulties in finding doses of flu vaccine. In this case, the problem stems from delays in orders managed by Aria Spa, the central purchasing office of the Lombardy region, which has raised many doubts about the work of both the company and the regional government (Baldi 2020). The same problems with delayed ordering also occur with Covid vaccines. In addition, there were problems with the booking system managed by Aria spa which, when it was opened to the most vulnerable categories in March, goes completely haywire, with delays in appointments and confirmation messages being sent in a casual way, two or three times to the same person with different information about the place of vaccination, creating chaos (Il Post 2021).

To solve the problems of management of vaccinations, on 8 January 2020 the Councillor for Welfare of the Lombardy region Giulio Gallera was removed and replaced by Letizia Moratti (former mayor of Milan). At the beginning of February, the region hires Guido Bertolaso (former director of the Civil Protection Department) as a consultant to reorganize the vaccination campaign in Lombardy. Finally, at the beginning of April, the Lombardy region entrusted the management of the vaccine booking system to Poste Italiane, which made its IT system available free of charge to the regions. After months of delays and confusion, the vaccination campaign has therefore restarted in a more effective way, managing to involve more and more people, following the indications dictated by the national strategic plan for the prevention of SARS-CoV-2 infections (decree of 12 March 2021). Also in this case the Lombardy region has shown a great deal of disorganization and a lack of responsiveness in dealing with the emergency.

12.4 Conclusion

The dramatic and extraordinary situation in which Italy found itself due to the Covid-19 pandemic has highlighted numerous weaknesses of the national administrative system and its territorial organization, as well as of the emergency management system. In fact, in many cases, as happened in the Seriana Valley, neither the central government nor the regions have been able to provide clear, effective and timely answers. On the contrary, local authorities and central government found themselves in conflict, not only in the reciprocal attributions of responsibility for the failure to establish the red zone in the Bergamo area, but in many other contexts in which the regional presidents have issued ordinances in contrast with the decrees of the President of the Council of Ministers (DPCM). This demonstrates that, at least in cases of emergency, greater coordination between the various institutional levels would be necessary, as well as legislation that clearly defines roles and responsibilities.

Specifically, in Lombardy the Covid-19 pandemic has clearly highlighted the problems due to the fragmentation of the regional health system, which for years has been concentrated on hospital care and equipped with a local assistance system almost absent compared to that of the other neighbouring regions, such as Veneto and Emilia-Romagna. No institution was prepared to face the situation that quickly hit Lombardy, but analysing the choices made by the region, an inadequacy of the system is revealed, both in the management of the hospitals and in the tracing of the virus, which undoubtedly influenced the evolution of the infection. One of the few positive factors that could be found, which allowed the Lombard hospitals to have some relief, was the cooperation with the health systems of other regions which, in the most difficult weeks, welcomed numerous patients from the most affected areas of Lodi, Bergamo, Milan, among others.

The Covid-19 crisis has thus highlighted numerous fragilities in the governance of the Italian healthcare system, given above all by its subdivision at the national and regional levels. As we have seen in Lombardy, the governance system has not proved up to the situation, due to delays in decision-making, caused also by the lack of clarity (and lack of knowledge) of the roles of State and regions in crisis situations (as happened for the failure to establish the red zone in Seriana Valley). In addition, there have been problems in the management and transparency of orders for medical devices and vaccines, which have often been added to the problems of procurement of the same devices by the central government, with overlapping roles. Finally, the different management of swabs by Italian regions (and the consequent different way of counting Covid-19 cases) had very different effects on the territory, as shown by the comparison between Lombardy and Veneto. This situation shows how it is necessary to rethink and reform the Italian governance system, in order to ensure a more effective intervention in case of new pandemics or crisis situations in the future.

In conclusion, the chapter highlights the need to rethink the governance system at the Italian level hoping for a reform of the administrative system with respect to the roles of regions, provinces, metropolitan cities and wide territorial unit (*enti territoriali di Area vasta*) that can finally put an end to the gaps left open over the years by various unsuccessful reform attempts, such as the one in 2015. At the same time, it is necessary to include these territorial fragments also in the context of the emergency plans, in order to be able to respond more efficiently to any future crisis situations, expecting in consider the lessons learned from the Covid-19 pandemic.

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Sara Belotti (D. Phil. in Geography of Development, 2013 University of Naples 'L'Orientale' and University of Bergamo, Italy) is a research fellow at Centro Studi sul Territorio 'Lelio Pagani', University of Bergamo with a project on responsible tourism governance in Stelvio National Park (Italy). Her research focuses on the governance of protected areas, development cooperation, cultural heritage enhancement and the promotion of responsible tourism, through the use of participatory methodologies. In addition, she paid particular attention to the cartographic representation of phenomena through geographic information system (GIS) and to the dissemination of research results through digital humanities. In 2020, she published the book *Governance ambientale e turismo di comunità in Africa australe: Il Parco nazionale di Zinave in Mozambico* (Environmental Governance and Community Tourism in Southern Africa: The Zinave National Park in Mozambique).

Chapter 13

The 2020 Pandemic Governance in Italy and Lombardy: Institutional Conflict in Health Emergency



Renzo Riboldazzi

Abstract This chapter looks at how the Covid-19 pandemic was dealt with and managed in Italy in 2020, with particular reference to Lombardy, the Region most affected. The measures adopted by the Italian Government led to the emergence of a number of critical issues, both in the relations between the Central Government and local authorities (especially Regions and Municipalities), and between the local authorities themselves. The lessons learned from this experience will prove useful in avoiding the recurrence of institutional deadlock in emergency situations when, instead, rapid and incisive action by the institutions in the interests of the community is needed.

Keywords Covid-19 · Italy · Lombardy · Pandemic governance · Local and urban governance

13.1 Introduction

The Covid-19 pandemic that broke out in 2020 had not only significant implications for the health and lives of citizens, but also revealed critical governance systems in Europe. These, in short, have been determined both by the need to address, in a very limited timeframe, a serious, rapidly evolving and entirely unknown situation, and by long-standing unresolved situations in the institutional architecture of individual countries and in the EU that have become more evident with the pandemic (Benotti 2020; Malvicini et al. 2020; Marini 2020; Staiano 2020; Zagrebelsky 2020).

Starting with the Italian situation—and with an in-depth study of Lombardy, which was the Region most affected in Italy in terms of infections and deaths—this chapter describes how the pandemic was managed in Italy in 2020, which institutions were involved, and which regulatory means were used. Rather than an account of the impact of the virus on the health and lives of citizens, the chapter deals with

R. Riboldazzi (✉)

Department of Architecture and Urban Studies, Politecnico di Milano, Milan, Italy

e-mail: renzo.riboldazzi@polimi.it

the measures aimed at containing its spread, emphasising—as far as possible—both the consequences on the daily lives of Italians, in terms of the restriction of personal freedom, and the tensions that have arisen among the various government bodies provided for by the Constitution.

This is a preliminary cursory reflection that has some limitations because it is conducted while what is described is still taking place. The first, and most important, is the impossibility of verifying the long-term impact and effectiveness of the measures analysed. That is, whether their effect, at whatever level one considers it, is and will be permanent or not. The second relates to the need to rely essentially on two types of sources—primary (regulatory measures) and secondary (the press)—with only partial reliance on more established thinking. The scientific literature on the subject, at the time of writing, is still limited and, in any case, more focused on epidemiological, health and social aspects, and much less on governance issues. The latter theme, however, is considered of particular interest here because, on the one hand, the management of the health crisis—that is, the way the State organisation worked as a whole—most likely had a significant impact on the effects of the pandemic in health, economic and social terms. On the other hand, because it was an exceptional situation that stressed on normal government practices and induced them to some extent to a prompt reconfiguration, which is likely to leave its mark in the future. To what extent this experience undermined normal democratic processes, and to what extent we can build on it in the normal practices of city and local government, is the fundamental question we are asking. A question that is anything but rhetorical if we consider that the impacts of climate change will increasingly require us to act in emergency situations.

13.2 The 2020 Pandemic Governance in Italy

13.2.1 *Relations Between the Central Government and the Regional Bodies*

In Italy, the relations between the State and the local authorities (Municipalities, Metropolitan Cities, Provinces and Regions) are regulated by Title V of the Constitution (Part Two. Ordinance of the Republic) reformed by Constitutional Law 3/2001 (Petroni 2012). Both the State and the Regions can legislate, but some matters fall within the exclusive remit of the State, while others are considered ‘concurrent’. This means that it is the Regions that legislate on them, while the State merely determines the fundamental principles with which they must comply. Among the matters of exclusive State jurisdiction are *public order and security* (paragraph h), while ‘concurrent’ matters include *health protection; safety at work; education*. Where the Constitution does not specify that this is a matter for the State to legislate on, it is understood that the Regions have jurisdiction. However, the Central Government may take the place of the Regions and other local authorities in the

event of ‘serious danger to public safety and security’ (art. 120). This actually happened in Italy in 2020.

13.2.2 *Tools for the Epidemic Government*

The regulatory frameworks used in Italy to govern the Covid-19 pandemic in 2020 are manifold. First and foremost, there were the Government’s measures, those of the Civil Protection (which is a Department of the Presidency of the Council of Ministers that operates primarily in emergency situations), those of the Extraordinary Commissioner for the implementation and coordination of measures to contain and tackle the Covid-19 epidemiological emergency. There were decrees and ordinances issued by the Ministries of Health, the Interior, Infrastructure and Transport, the Economy and Finance, Economic Development, and Labour and Social Policies, as well as those issued by the 20 Regions into which Italy is divided, by the Municipalities affected by the situation, and by all the bodies involved in this matter: first and foremost, the health authorities that run hospitals and other local facilities; those that manage public transport services; universities and regional and provincial education offices; and so on.

The serious nature of the pandemic situation that has affected the Italian territory with varying intensity, the need to make decisions quickly and, above all, the need to guarantee the necessary coordination of the actions of a number of public bodies and administrative structures spread throughout the territory, has led the Italian Government—acting in close cooperation with the Civil Protection and the Extraordinary Commissioner delegated to the emergency—to resort to two instruments in particular: the decree-law and the DPCM.¹

A decree-law is a ‘regulatory act of the Government equivalent to a law’ (Treccani, Encyclopaedia) that can only be used in cases of *necessity* and *urgency*. In order to maintain its effectiveness, it must be converted into law by Parliament within 60 days of its entry into force. In other words, it is an instrument that allows the Government, when necessary, to act immediately but requires Parliament, albeit at a later stage, to approve its provisions by converting it into a normal State law.

The acronym DPCM stands for *Decreto del Presidente del Consiglio dei Ministri* (Decree of the President of the Council of Ministers, or Prime Ministerial Decree—i.e. the Head of Government). This is an instrument that until the pandemic had been used rarely, and only for administrative and technical matters. ‘Never before’ it was noted ‘has it happened that [the DPCM] had such great national significance’ as it did in the Covid-19 emergency period (Policarpio 2020). Unlike a decree-law, a DPCM is issued directly by the Head of Government. The involvement of the Council of Ministers as well as other State bodies or social forces is not compulsory,

¹*Decreto del Presidente del Consiglio dei Ministri* (Decree of the President of the Council of Ministers, or Prime Ministerial Decree).

and is left to the political discretion of the Prime Minister. It is therefore an even more flexible instrument than the decree-law, which, however, since it is of an applicative nature, is only legitimate if it is part of a higher-level legislative measure. All the DPCMs were preceded by decree-laws that defined their operational limits; these, in turn—when it was decided to extend their effectiveness—were converted into law.

13.2.3 The DPCM as a Key Tool of the Pandemic Government

During 2020, the Italian Government took a number of measures to deal with the pandemic. The most important were 26 decree-laws and 23 DPCMs, as well as other measures (Italian Government... Coronavirus). The issuance of these measures has gone hand in hand with the evolution of the epidemiological situation on the national territory as well as with the impacts on the economy and society. This has led to different rules for Italian citizens in time and space. In particular, two crucial periods can be identified. What the Italian press called the ‘first wave’ spans from early 2020 to late spring 2020. And what is identified with the expression ‘second wave’, which runs from autumn to the end of the year.

DPCMs are the instruments by which the epidemic was governed with the greatest incisiveness from the health point of view because they are the ones that—by imposing significant restrictions on freedom of movement, in carrying out work or school activities—had the main effect, when in force, of reducing contagions (and, consequently, a reduction in morbidity and mortality rates as well as reduced pressure on health structures). They are therefore the ones that have had the most significant impact on the lives of Italians, including the non-infected population or those who, although infected, managed the disease without the need for hospital treatment. In the following two paragraphs we will briefly analyse their contents and try to highlight their evolution during the course of the year.

13.2.3.1 The DPCMs of the Pandemic ‘First Wave’

The first action taken by the Italian Government to contain the pandemic was a simple ‘ordinance’ of the Ministry of Health of 30th January 2020, blocking air traffic with China (Ordinance of the Ministry of Health, 30 January 2020). This measure was taken on the same day that the World Health Organization declared the coronavirus outbreak in China to be a public health emergency of international concern. The following day, 31st January, the Council of Ministers of the Italian Government declared a state of emergency due to health risks throughout the country (Resolution CoM, 31 January 2020). This measure gave the head of the Civil Protection Department special powers to deal with the epidemic. And it was here,

at the 'Protezione Civile', that the first operational meeting regarding the pandemic was held, chaired by the Head of Government, Prime Minister Giuseppe Conte. It was a sign that the normal political-administrative instruments seemed insufficient for managing the emergency. An indication of the need to keep operations and politics together. This, at a time when, in effect, the pandemic had not hit Italy yet. Indeed, at that time, there were only two cases of people infected in the country: a couple of Chinese tourists who were immediately admitted to a hospital in Rome and whose movements on national soil were traced.

In the days that followed, and in general throughout the duration of the emergency, there was a succession of initiatives by the bodies and organisations involved in the crisis, the pace of which was gradually increasing. These were mainly aimed at addressing issues within their respective spheres of authority, but overall the leadership of the Head of Government was never lacking. For example, an Operating Committee and a Technical and Scientific Committee of the Civil Defence (which would play an important role in the management of the epidemic) were set up; ministerial task forces were established, and, as the effects of the pandemic began to spread to many areas of national life, several other Ministries were quickly involved in addition to the Ministry of Health. Besides these, there were also the Regions and Municipalities, as well as the companies that administer healthcare facilities or public transport services at local level. This is how a plethora of measures rained down on Italian citizens, that would significantly affect their lives throughout 2020.

On 23rd February, the Government—as soon as the first outbreaks were recorded in the country—issued the first decree-law on the subject of the pandemic (DL 23 February 2020, No. 6). This concerned various 'urgent measures for the containment and management of the epidemiological emergency caused by COVID-19' and was the instrument that paved the way for the subsequent DPCM of the President of the Council of Ministers. The first of these, countersigned by Health Minister Roberto Speranza, was adopted on the same day (DPCM, 23 February 2020) and contained the first significant restrictions on the individual freedom of citizens who resided in, or were located, in certain Italian municipalities: ten in Lombardy (Bertonico, Casalpusterlengo, Castelgerundo, Castiglione D'Adda, Codogno, Fombio, Maleo, San Fiorano, Somaglia, Terranova dei Passerini), one in Veneto (Vo'). The mayors were essentially bypassed in some of their powers, just as the Regions were bypassed (Bardi 2011). From this time onwards, people were not permitted to enter or leave the municipalities indicated. All cultural, sporting, religious and recreational events were suspended; all schools, exhibitions and museums were closed; the activities of public offices were halted (except for essential services); all commercial businesses were closed (except for basic needs) and all manufacturing activities were suspended; public transport services for people and goods were interrupted. In addition, the DPCM introduced the possibility of applying so-called 'agile work' in all high-risk areas of the country, even in the absence of prior trade union negotiations between workers and companies. Enforcement was ensured and controlled by prefects through the police bodies. Images of checkpoints at the entrances to the municipalities affected by the measure were broadcast on Italian television, making an impression on the population, although,

more than the methods or effects of the measures, it was the spread of the virus that was of concern at the time. In the affected municipalities, life came to a standstill. And it stopped—as we said—by virtue of a measure of the Head of Government. In other words, in a democratic country such as Italy, something happened that probably had not happened since the fall of the Fascist regime: a single man in charge—albeit assisted in his decision-making by other organs of the State—imposed, by a measure for which he alone was responsible (not the Council of Ministers, not Parliament), severe restrictions on individual freedoms for the sake of a health emergency. And this was just the beginning of a complex story that is still ongoing today (December 2020).

Two days later, on 25th February, another similar measure immediately followed (DPCM, 25 February 2020) after, the previous day, the Minister for the Economy had signed a decree approving benefits for taxpayers residing in the municipalities subject to restrictions. This DPCM was also preceded by a meeting held at the Civil Protection headquarters with a number of ministers, the presidents of the Regions and experts from the Ministry of Health. The message that the Government seemed to want to give citizens was clear: there was a public health emergency; to resolve it, the Government was in dialogue with the local authorities (the Regions), involving the State's operational structures (the Civil Protection and the Ministry of Health's experts) but, solely due to time constraints and because of the dangers that the Italian people were facing, it resorted to exceptional regulatory instruments (the DPCM). The new measure expanded the restrictions that had been in place only two days earlier. For example, sports competitions were now suspended in all municipalities in the Regions of Emilia Romagna, Friuli Venezia Giulia, Lombardy, Veneto, Liguria and Piedmont; educational visits and outings were stopped throughout Italy; distance learning was introduced in universities, and students and professors were forbidden access to classrooms.

The DPCM of 1st March 2020 introduced further measures to protect public health (DPCM 1 March 2020). This reaffirmed the restrictions set out for the municipalities indicated in the previous measure of 23rd February. In addition, as the pandemic spread across the country, it imposed further measures for the Regions of Emilia Romagna, Lombardy and Veneto and for the Provinces of Pesaro and Urbino and Savona (Art. 2); others for the Provinces of Bergamo, Lodi, Piacenza and Cremona (Art. 3) and for the Province of Piacenza (Art. 4), as well as for the entire country (Art. 5). For example, the option to use 'agile working' was extended to all Italian companies, as was the availability of distance learning for schools where ordinary teaching was suspended for health reasons.

On 2nd March, a decree-law with financial support measures for families, workers and businesses affected by the pandemic was passed (DL, 2 March 2020, No. 9). Two days later, with a new DPCM, the Head of Government imposed new restrictions (DPCM, 4 March 2020). From 4th March onwards, several measures that until then had concerned limited regional areas were extended to the entire country. For example, all schools were closed, and were asked to use distance learning; relatives of the sick were restricted from entering hospitals (a necessary measure which, however, would offend the sensitivities of many citizens unable to

accompany their loved ones through illness and often death); all shows were suspended, cinemas and theatres were closed (they would not reopen for the whole year, plunging the sector into a serious crisis); sporting events were cancelled for the entire period of the emergency, and restrictions were imposed on sporting activities. Lastly, precise procedures were laid down for people infected by the virus, including a 14-day isolation period (fiduciary but compulsory) with a ban on social contact and all travel. Hygiene measures were also imposed or recommended for certain professional groups (e.g. healthcare personnel or those in direct contact with the public) and in certain places (e.g. in public offices or on means of transport). Health and hygiene measures were also adopted for the entire Italian population, who, among other things, were now being urged to wash their hands frequently or maintain social distancing. Masks, on the other hand, for the time being only needed to be used if someone was suspected of being ill. Once again, the prefect—that is, a police body under the Ministry of the Interior—was called upon to supervise all of this. This was yet another sign that the health emergency was also considered a matter of public order. This was proof of how the handling of the epidemic, in spite of the provisions of the Italian Constitution on public health, was firmly in the hands of the Prime Minister.

On the same day that a decree-law containing specific measures for the execution of judicial activities came into force, on 8th March 2020, and after a decree-law of two days earlier (6th March) of the Council of Ministers, also containing extraordinary measures to combat the pandemic, the Head of the Italian Government issued yet another Prime Ministerial decree, once again implementing the decree-law of 23rd February 2020 that had paved the way for this instrument (DPCM, 8 March 2020). The evolving epidemiological situation in Italy demanded both a redefinition of the areas subject to restrictive measures and further measures for the whole country. The territories affected by heavy restrictions increased. This time they included the entire Region of Lombardy and a number of Provinces in the Regions of Veneto (Padua, Treviso, Venice), Emilia-Romagna (Modena, Parma, Piacenza, Reggio Emilia, Rimini), Piedmont (Alessandria, Asti, Novara, Verbano-Cusio-Ossola, Vercelli) and the Marches (Pesaro and Urbino). Thus, from 8th March, not only was it no longer possible to enter or leave the municipalities included in these areas, and it was also forbidden to travel within the same municipality (unless justified by special needs) and, in addition to the limitations of the previous decree, many others were added. Some of them concerned leisure time (cultural centres, social centres, recreational centres, pubs, dance schools, amusement arcades, betting and bingo halls, discotheques were closed); others related to sports and body care activities (gyms, sports centres, swimming pools, ski resorts, wellness centres and spas were all closed). Yet others concerned commercial and production activities (trade fairs were suspended, markets were partially closed and even large shopping centres were closed on public holidays and days before public holidays); and finally, freedom of worship. The opening of places used for religious practices was conditional on measures to ensure social distancing and, in any case, all ceremonies, including funerals, were suspended. This last measure was particularly difficult to accept because it encroached on personal feelings and social customs.

However, this was still not enough. The advancing epidemiological situation called for even more drastic action. The following day, 9th March, a decree-law introduced measures to boost public health (DL, 9 March 2020, No. 14) – an area that after years of cuts in public spending was particularly fragile and incapable of dealing with an emergency of such magnitude. On the same day, the President of the Council of Ministers issued – once again in implementation of the decree-law of 23rd February – a new Prime Ministerial decree extending to the entire country the measures that until the day before had only been prescribed for certain municipalities and provinces, also prohibiting ‘any form of gathering of people in public places or places open to the public’ (DPCM, 9 March 2020, Art. 1, paragraph 2). In short, the lives of Italians were completely turned upside down. The word ‘lockdown’, which many had never heard of before, entered definitively into their vocabulary and daily lives (some preferred to use the expression ‘clausura’, meaning ‘seclusion’, but the essence remained the same) (Sgroi 2020).

Since then, a large proportion of the population of all age groups stayed at home where, if they could, they tried to work; they tried to complete their lessons; they tried to do some exercise following instructions dictated by a computer screen. The social impact was enormous. As was the financial impact. The cultural and financial disparities that affected access to new technologies became apparent (De Blasio 2020). Individuals and families with more resources who could equip themselves with the appropriate tools were clearly at a greater advantage, as were those who lived in cities and areas where the Internet had a more advanced infrastructure. Less true, however, was the fact that the areas in which the public health system was known to work better were better off: Lombardy was the most striking example of this.

And this was not the end of it. With a new Prime Ministerial decree issued only two days later, on 11th March, many retail businesses, those linked to catering (bars, restaurants, ice cream parlours, pastry shops) and personal services (hairdressers, barbers, beauticians) had to close. The public administration further extended remote working and this was advocated for private professional and production businesses (DPCM, 11 March 2020). Another measure, again a Prime Ministerial decree, came about ten days later, on 22nd March, which suspended other production and commercial activities considered to be non-essential (DPCM, 22 March 2020). This followed two orders from the Ministry of Health: the first, on 20th March, prohibiting access to parks and gardens, and the second on 22nd March, prohibiting travel from one municipality to another. Yet another DPCM was issued a few days after the previous one, on 1st April: it was essentially an extension of the previous measures (DPCM, 1 April 2020). This time, however, it was in implementation of a decree-law issued in the meantime, on 25th March, which reallocated to the Head of Government the possibility of adopting measures to combat the epidemic ‘for predetermined periods, each lasting no more than 30 days, which could be repeated and amended several times up to 31st July 2020’ (DL, 25 March 2020, No. 19). Then another one came along, on 10th April (DPCM, 10 April 2020). And another one on 26th April (DPCM, 26 April 2020). And yet another, on 17th May (DPCM, 17 May 2020), the latter also implementing a decree-law of the previous day that partly

renewed and partly redefined previous measures (DL, 16 May 2020, No. 33) somewhat easing the stranglehold of the Italians.

As the days and weeks passed, the effects of the measures adopted by the Italian Government to contain the pandemic seemed to be yielding results. The number of people infected was falling, and there was a reduction in hospital admissions, and fewer deaths. Thus, new DPCMs progressively removed many of the restrictions imposed over the previous weeks. As of 17th May, for example, restrictions on moving around within the region ceased, and certain commercial, manufacturing and social activities and religious functions resumed, albeit subject to specific protocols. On 11th June, a Prime Ministerial decree confirmed that other restrictions had been lifted, such as the ban on visiting public parks and gardens and, for children and young people, places for recreational activities, as well as the restriction on practicing sports outdoors or inside sports facilities. Cinemas and theatres, museums and exhibitions all reopened, albeit with various precautions in place; retail shops also reopened, although only one person at a time was allowed to enter. Bars, restaurants, ice-cream parlours and many other commercial, manufacturing and hospitality activities also reopened (DPCM, 11 June 2020). All these measures were extended until the end of July with a DPCM of the 14th of the same month (DPCM, 14 July 2020). So, after Italian citizens and those who were on Italian soil had spent a spring with restrictions of all kinds, with the arrival of summer this whole unpleasant affair seemed to be a thing of the past. Unfortunately, however, this was not the case.

13.2.3.2 The DPCMs of the Pandemic ‘Second Wave’

The fact that the devastating effects of the pandemic had not been completely eradicated, and that a ‘second wave’ was in some way expected, was already clear at the end of July when the Council of Ministers decided to extend the state of emergency (Resolution by the Council of Ministers of 29 July 2020) and when a new decree-law extended until the end of the year the effectiveness of some of the measures taken in the previous months, and also created the conditions for further DPCMs (DL, 30 July 2020, No. 83). The epidemiological situation was still considered an emergency and the measures to govern it needed to be emergency measures—that is, outside the scope of a normal legislative process. This is the *rationale* that continued to guide the Italian Government’s action. But because this happened while a return to normality was still in the pipeline, there was widespread criticism in the national press and from opposition political parties. In reality, apart from this, the steps taken by the Government would continue for some time to head in the direction of removing the restrictions imposed in previous months. On 7th August, a new DPCM was adopted which, albeit with various precautions, once again made it possible to participate in some sporting events or public demonstrations (DPCM, 7 August 2020). Another one, adopted just one month later, on 7th September, among other things, signalled the reopening of university classrooms (DPCM, 7 September 2020). And the DPCM of 13th October—apart from establishing the obligation to wear a face mask continuously, not only in indoor

public places but also outdoors—substantially confirmed the choices of the two previous measures (DPCM, 13 October 2020). And, if we exclude a whole series of adjustments to provisions in force relating mainly to teaching activities, the same could be said of the DPCM of a few days later, that of 18th October (DPCM, 18 October 2020).

However, the situation dramatically changed again at the end of the month. Indeed, the Prime Ministerial decree of 24th October 2020 once again imposed numerous and significant restrictions on individual freedoms, and the public and private lives of Italians were once again subject to strict limitations (DPCM, 24 October 2020). For example, Municipalities were authorised to close streets and squares where gatherings could occur. Not only were sporting events and competitions again prohibited, but also the operation of gyms, swimming pools, ski resorts, contact sports and amateur sports, while open-air motoring activities were allowed, with appropriate distancing. Games rooms and betting shops had to close. Theatre performances and concerts were again suspended, and cinemas also had to close. In-person conferences and congresses were cancelled. Bars, restaurants, ice-cream parlours and pastry shops all had to close at 6:00 p.m., while hotels remained open. Distance learning was back in schools, except for younger children. For the time being, albeit on the basis of protocols agreed with the trade unions, manufacturing and commercial activities continued to operate, but it was ‘strongly recommended that all individuals do not travel by public or private transport’ except for justified and serious needs. Travel to and from certain States was completely prohibited.

Despite all of this, the epidemiological situation was worsening. Thus, the DPCM of 3rd November confirmed many of the previous restrictive measures and added several others (DPCM, 3 November 2020). For example, as during wartime, a curfew was introduced: from 10:00 p.m. to 5:00 a.m. the following morning, no travel was allowed except for special reasons; exhibitions and museums closed again; on public transport, ‘an occupancy coefficient of no more than 50%’ was introduced (Art. 1) which was very difficult to implement and placed a strain on the budgets of transport companies. In addition to those established for the entire national territory, this measure introduced differentiated measures in Regions where there was a ‘highly serious scenario’ (Art. 2) or ‘a scenario of utmost gravity’ (Art. 3). In the first case, as in the ‘first wave’ of the pandemic, all movement in and out of certain areas was again prohibited. In the latter case, it was even forbidden to travel within the same territories; all commercial businesses (except those dealing with foodstuffs and basic needs) were closed again; motor activity could only be carried out in the vicinity of one’s own home and a mask must be worn; apart from nursery and primary schools, all schoolwork, including university courses, took place exclusively remotely.

Regions placed in the so-called ‘red band’ (situation of maximum seriousness and therefore subject to more restrictive measures), ‘orange’ (intermediate level) or ‘yellow’ (low level) were not indicated by the DPCM. This, indeed, simply established that—on the basis of certain parameters previously established and shared with the Ministries the Regions and other State bodies involved in the

operational management of the epidemic—the Minister of Health would issue a special order to identify them. This decision was no doubt based on operational reasons but, at the same time, it seemed to underline the fact that the choice to impose restrictions on individual and social freedoms was not political, but technical. And, at the same time, that it was not only the President of the Council of Ministers who made the decision, but the Government as a whole, or at least the relevant ministers. So, the following day, 4th November, Minister Roberto Speranza signed an order dividing Italy into three parts, classifying some Regions and Autonomous Provinces as ‘yellow’ (Abruzzo, Basilicata, Campania, Emilia Romagna, Friuli Venezia Giulia, Lazio, Liguria, Marche, Molise, the Provinces of Trento and Bolzano, Sardinia, Tuscany, Umbria and Veneto), others as ‘orange’ (Puglia and Sicily) and still others as ‘red’ (Calabria, Lombardy, Piedmont and Valle d’Aosta). This classification would change continuously from then on with subsequent ordinances that would essentially only reflect the progress of the spread of the virus on the territory, and its impact on healthcare facilities but, at the same time, generate a certain confusion in the population due to the need to adapt to constantly changing rules.

Despite a few positive signs, the situation remained critical. What was most frightening was the approach of the Christmas and New Year celebrations which, given the multiplication of social occasions, could plunge the country back into a very serious situation. Therefore, on 2nd December, a decree-law was approved as a precautionary measure, extending the validity of the DPCM from 30 to 50 days (DL, 2 December 2020, No. 158). But, above all, together with the Prime Ministerial decree of the following day (DPCM, 3 December 2020), it imposed particularly severe measures on Italians for the Christmas period which, once again, although for very valid reasons, weighed heavily on social life and emotional, love, friendship and family relationships. For example, from 21st December 2020 to 6th January 2021—that is, just when Italians usually return to their homelands from the places to which they have usually moved for work or study reasons—they could not travel from one Region to another. On 25th and 26th December and 1st January—that is, just when the majority of Italian families get together to celebrate Christmas or the New Year—even travelling between municipalities was prohibited. It was therefore impossible to visit relatives, friends or second homes. Christmas and New Year’s Eve for Italians were spent at home, and without guests. Guests were not formally forbidden, but essentially it was impossible to accommodate them. A curfew, that is, a ban on movement from 10:00 p.m. to 5:00 a.m., remained in force throughout the country. Ski resorts remained closed (throwing the Alpine winter tourism sector into a crisis situation that provoked many protests). Cruises were suspended. From 7th January, however, the return to face-to-face teaching was allowed for secondary schools, albeit with a limited number of students. Other limitations were laid down, in differentiated forms (according to the category in which the Regions were classified), for commercial businesses, restaurants and hotels.

13.2.4 *Government/Lombardy Region: An Endless Fight*

In Italy, the management of the pandemic caused ongoing conflict between the Regions and the Central Government. Here below we will briefly describe the situation in the Lombardy Region, because it was the one most affected by the Covid-19 virus (and consequently the one most affected by the measures to contain its spread) and one of those in which the confrontation/clash between the State and the Regions was most heated. Before delving into the details, it must be said that the political parties supporting the Regional Government were the same as those in opposition at national level. On the one hand, therefore, it is necessary to take into account the fact that some of the reasons for the disagreement were of a political nature that went beyond the content of the Government measures. On the other hand, it is possible to identify elements of friction that were structural in nature, that is, they appeared to be caused by real problems in the political-administrative system. These concern the constitutional framework or long-term political-administrative choices—for example, regarding the organisation of public health—rather than the political positions of the actors involved in this confrontation.

So let's take a step back to the beginning of the pandemic. On 20th February 2020, the *Corriere della Sera*—the most influential Italian newspaper in terms of circulation, which we will use as the main source to outline the details of this matter—reported a clash between the President of the Council of Ministers Giuseppe Conte and the President of the Lombardy Region Attilio Fontana (Piccolillo 2020a). The reason for this was the management of a hospital in Lombardy which, according to the Government, did not comply with protocols and therefore became a hotbed for the spread of the virus. What was at stake, in reality, was the management of Lombardy's public health service in the pandemic period that was emerging in Italy. The publication of the decree-law of 23rd February, which would pave the way for the subsequent Prime Ministerial decrees, and the hypothesis aired by the Prime Minister of using this instrument to handle the emergency situation (effectively removing the Regions' powers in the field of public health) was not well received.

At a political and institutional level, there was more than one call for the tone of the confrontation to be brought down, for the tension to be defused and for a responsible approach to be taken to cooperation (Sarzanini 2020a; Trocino 2020). The danger was that, along with the pandemic, confusion and alarmism would spread among the population. However, the tension did not abate for several months (Piccolillo 2020b). Despite statements to the contrary, the idea of a central 'control room' led directly by the Government to manage the epidemic on the national territory raised many doubts, as it considerably reduced the decision-making autonomy of the Regions guaranteed by the Constitution (Rossi 2020a). There was no shortage of requests to leave it up to Lombardy to take appropriate measures for its own territory because, as Fontana said, 'the feeling is that in Rome there is no real perception of what we are experiencing' (Rossi 2020c; Giannattasio and Senesi 2020; Guerzoni and Sarzanini 2020). This was the case even if Lombardy was

accused of being the Region that least made use of its autonomy to manage the emergency in practice (Gabanelli and Ravizza 2020). This inertia even had legal implications, to the extent that the Bergamo Public Prosecutor's Office opened special investigation files (Di Landro 2020; Di Landro and Sarzanini 2020) and aggravated the clash between the Region and the Government (Guerzoni 2020c; Sarzanini 2020b).

Throughout the 2020, mutual accusations were rife. The Lombardy Region criticised the Government's measures (Giannattasio 2020a, 2020b; Rossi 2020d; Guerzoni 2020d); complained to the Government that it was moving forward without taking into account the views of the Regions (Guerzoni 2020b); and, to give another example, accused the Government of being slow to act. According to its governor, if certain measures had been adopted in good time, the spread of the virus would have been more restrained. Above all, however, it emphasised—in order to highlight the weaknesses of centralised management of the epidemic—the importance of local operations in terms of health organisation (Rossi 2020b). At the beginning of April, however, Mr Fontana again opened up a new issue concerning funding: in his view, the Lombardy Region had received 'only scraps' from the Government to deal with the health emergency (Meli 2020). In May, the clash was over how the recovery should take place, also in relation to other Italian Regions (Trocino 2020; Giannattasio et al. 2020). This was followed by a barrage of criticism of Government measures that continued throughout the year and into the Christmas period (Landi 2020b).

But it didn't end there. In an attempt to reaffirm its independence, the Lombardy Region also resorted to a series of measures that pre-empted, overlapped with or deviated from the choices of the Central Government (Ravizza 2020). The most striking of these was probably the appointment of an extraordinary regional emergency commissioner in opposition to the national one. This was Guido Bertolaso—who had led the Civil Protection Department during the Berlusconi Government—and who was given the task of building a new intensive care unit in record time in the halls of the Milan Trade Fair (Landi 2020a). It was a major organisational and economic effort, but one that the Government probably did not appreciate, so much so that when the Minister for Regional Affairs, Francesco Boccia, visited Milan with the head of the Civil Protection Department, Angelo Borrelli, he didn't even deign to visit (Lio 2020a). Alongside this were also the ideas:

- to set up a regional 'steering committee' to manage the pandemic, similar to and running in parallel with that of the Government (Chiale 2020a);
- to pre-empt the resumption of certain activities before this was decided at central level (Guerzoni 2020a; Giannattasio and Rossi 2020a);
- to envisage, in spring 2020, *ad hoc* rules and measures for the Lombardy Region based on the so-called 'four D': distancing, devices, digitalisation, diagnosis (Seminati 2020);
- to abolish, by means of a regional ordinance, the nationally prescribed public transport distancing (Chiale 2020b; Chiale 2020c);

- to try to bring forward the reopening of sporting events to the public (Guglielmini 2020);
- to suspend, once again, in the autumn—before a governmental and ministerial decision and even in disagreement with the mayors of Lombardy cities—all face-to-face high school classes (Lio 2020b; Giannattasio 2020c);
- to impose, again in the autumn, more stringent rules than those envisaged by the Government (Giannattasio 2020d).

In other words, it seems clear that Lombardy was using all the margins of freedom at its disposal, not only or not so much to support the Government's action, but rather to differentiate itself from it.

This was also happening in other Regions (especially in those governed by parties in opposition at national level) and especially at other levels of public administration. In Lombardy, for example, there was no shortage of conflict between the mayors of Milan, Bergamo, Brescia, Cremona, Lecco, Mantua and Varese and the Regional Government (FP 2020; ss 2020; Giannattasio 2020b). Or even between the city of Milan and the Central Government: For example, on the distribution of funds to support local businesses (Senesi 2020) or on the contents of Government measures to be put in place for Christmas (Giannattasio and Rossi 2020b; Orlando 2020).

13.3 Elements for a Debate

By briefly analysing the measures that had the greatest impact on Italian society from the perspective of the spread of the virus and at the same time the limitation of personal freedom, in the previous paragraphs we highlighted a number of critical issues in the governance of the pandemic and, more generally, in the Italian institutional framework. A similar analysis with predictably identical results could have been carried out on the measures taken regarding the handling of public health, manufacturing or commercial apparatus, or education during the emergency period.

The situation we have briefly described has not yet been resolved, and any findings on the governance of the pandemic in Italy in 2020 will certainly need to be verified in the future with further research. However, it is possible to say that if the relationships between the different political-administrative levels of the State and the bodies involved in this scenario (in particular, public health) had worked more effectively, the pandemic would probably have had a more limited impact, both in health terms and in economic and social terms. A reconstruction of the facts will therefore be necessary to establish what worked well, what worked only partially, and what did not work at all in the management of the emergency. Consequently, it is recommended that corrective measures be introduced into the Italian institutional structure—particularly in the relations between the State, the Regions and the Municipalities—to improve relations between the various government bodies by clearly defining their tasks and degrees of freedom. This is out of respect for the many victims of the pandemic, and also to protect Italian citizens from similar

situations in the future. It is highly likely that climate change will require our society to act in emergency conditions more and more often, and it is therefore important to develop a theoretical reflection that—also on the governance front—goes in the direction of identifying suitable solutions to deal with unforeseen and complex situations.

What we can do now—considering that the matter we are reflecting on is still ongoing and it is not possible to draw firm conclusions—is to ask ourselves questions, make observations and think about what lessons can be drawn from the Italian case.

The initial general observation we can make is that democracy cannot always be reconciled with emergency. The choices made by the Italian Government probably bypassed normal decision-making processes in the name of the emergency (to some extent overriding Parliament, Regions and Municipalities) and have been criticised precisely for this reason (Giannini 2020a, b). However, it is quite clear that, given the nature of the pandemic and considering that the Italian institutional system is not always very clear in its distinction of tasks and responsibilities, things would have been even worse if the Government had not made the decisions it did at the time it did. We should ask ourselves more than one question. Is it possible to imagine ways of making decisions in emergency situations that are both timely and democratic? Is it feasible to make decisions on certain issues or contingent matters that, at least in emergency situations, bypass normal decision-making processes without undermining the democratic accountability of institutions and the rights of citizens? Who ensures that such decisions—especially those restricting personal freedom—are made out of genuine necessity, and that their effects are limited in time? In other words, if the pandemic becomes endemic or lasts for an indefinite period of time, can we accept that this approach should continue as it has done to date, without posing other equally serious risks? (Colonna 2020; Dolso et al. 2020; Giannini 2020a, b; Gratteri and Nicaso 2020; Malvicini et al. 2020; Marini 2020; Pizzul 2020; Staiano 2020; Zagrebelsky 2020).

The second observation is regarding the distinction between technical choice and political choice when it comes to decisions affecting people's health and lives. The Italian example shows that various Government measures that were objectively useful in controlling the spread of the virus—and therefore, in principle, both desirable and correct because they were aimed at people's well-being—ran aground or were hindered in their application by a form of political ostracism between the various institutional levels that had nothing to do with their objectives. For example, the measures taken by the Lombardy Region to reassert its autonomy in the management of public health and the pandemic were certainly legitimate and, in principle, correct, because they were aimed at restoring its constitutional rights. However, the extent to which, in this particular situation, they ended up hindering or at least delaying action against the spread of the virus must be seriously examined. It therefore seems appropriate to ask to what extent it is advisable for certain decisions, for example those concerning public health, to be left in the exclusive hands of a fragmented and often poorly coordinated political-administrative power, at least in emergency situations (Mensurati and Tonacci 2020). What role does scientific

culture and, more generally, the social fabric play in guiding political and administrative decisions? At the same time, it is necessary to ask ourselves—also by analysing the situation in other countries and what history teaches in similar situations—what risks would be run if these decisions were entrusted to expert bodies that are normally operational or set up specifically to cope with contingent situations, even though they are in the framework of a specific regulation (Amendola 2020; Giannattasio 2020e; Honigsbaum 2020; Malvaldi and Vacca 2020; Muci 2020; Zhang 2020).

The third observation concerns the governance and planning of cities and regions. This is because, on the one hand, the pandemic contributed to the spread of new ways of living and, above all, of working, that will undoubtedly leave their mark in years to come. In particular, the spread of remote working, to which workers and businesses have rapidly adapted, of distance learning (especially at universities) and of online trade will certainly have a major impact on cities, regions and, above all, on society, raising issues of considerable importance (Alessandria 2020; Balducci 2020; Benanti 2020; Cannata 2020; Consonni 2020; Kostner 2020; Lombardo and Mauceri 2020; Nobile and Sutura 2012; Nuvolati and Spanu 2020; Silva 2020). For example, there is the issue of whether we will only live in cities or if—as some predict—the population will be sprawled throughout the country, and the small villages, which Italy has in abundance, will be repopulated. The question arises as to the future of the huge tertiary real estate assets that characterise entire urban sectors of Italy's main cities, and the infrastructures that enable them to be accessed. Yet another question arises—that of what form and future public spaces in cities will have if the need for social distancing remains. Above all, to return to the issue of governance, it seems useful to consider whether the government and planning of the city and the territory should in some way be reassessed in the light of the pandemic, and how the institutions to which the government and planning of the city and the territory are entrusted will be able to respond in the future to demands of this nature. Beyond the extensive literature on the resilience of urban and regional settings, is it actually possible to think of urban planning (its contents, tools and procedures) as capable of adapting quickly to respond to unforeseen phenomena such as the pandemic? And, from an institutional standpoint, how can we avoid overlapping and interference between the different State bodies in managing cities and the territory?

13.4 Conclusion

As in the rest of Europe and the world, the Covid-19 pandemic that broke out in 2020 unearthed significant governance issues in Italy. This was due both to the unprecedented nature of the situation and to previous weaknesses in the institutional set-up, which were compounded by political divisions between different levels of government. Analysing, tackling and resolving these critical issues will be one of the tasks to which the Italian leadership will be called when the emergency phase is over. This

is a complex undertaking that will require both a contribution from scientific studies that can clearly identify the most critical aspects of governance and indicate the most reliable solutions, and the political will to learn the lessons that have emerged from this experience in order to avoid a repetition of the impasse situations that probably did not help in combating the spread of the virus. This is not a choice but—given the number of victims the pandemic has caused and, more generally, given the economic and social effects it has had—an inescapable ethical imperative.

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Renzo Riboldazzi is Associate Professor of Urban Design and Landscape at the Department of Architecture and Urban Studies of Politecnico di Milano.

His scientific activity aims to critically interpret, even from a historical viewpoint, theories and principles underlying the town planning analysis and design at different scales of representation; programming, planning and control tools related to the physical environment transformation; their outcomes above all from the viewpoint of environmental, social and economic sustainability and of the enhancement of the place and landscape characters.

Results of Riboldazzi's research activity can be found in this selection of publications: *Una città policentrica* (2008); *Un'altra modernità* (2009); *Modern Urban Open Spaces and Contemporary Regeneration* (2012); *Historical Heritage, Landscape and Modernity* (2013); *The IFHTP Discourse on Urbanism in Colonial Africa between the Wars* (2015); *Le matrici progettuali del piano regolatore di Milano del dopoguerra* (2016); *Local Government Innovation in Italy and Its Impact on Urban and Regional Planning with a Focus on the Milanese Context* (2017); *Piero Bottoni a San Gimignano* (2019); *The 2016–2018 Milan Metropolitan Strategic Plan* (2020).

Since 2013 he has curated 'Città Bene Comune' – a place for debates on the city, the region, the landscape, the environment and the related design culture – produced by the Casa della Cultura of Milan along with the Department of Architecture and Urban Studies of Politecnico di Milano. Since 2014 he has been a member of the Cultural Board of the Casa della Cultura of Milan; and since 2019 a member of the Scientific Board of Archivio Piero Bottoni.

Chapter 14

Reorganisation of Businesses and Processes, and the Development of Policies to Safely Emerge from the Covid-19 Pandemic in Italy



Anna Trono and Valentina Castronuovo

Abstract COVID-19 is heavily disrupting a system that seems destined to function henceforth in ways that differ sharply from what we have been accustomed to. Indeed, the ‘solitude virus’ is bringing about a revolution in social values typical of upheavals that affect societies in ways that may not be irreversible but have an impact that lasts for generations. We are faced with nothing less than a change of epoch, in which interpersonal relations and lifestyles are destined to be profoundly altered. One of the most immediate economic consequences of the crisis associated with COVID-19 is the closure of tourist flows. The first effects were felt as early as February 2020, with the spread of the epidemic in many countries, but it was at the beginning of March that activity was reduced to virtually zero in the wake of the widely adopted social distancing measures. Despite Italy having the highest number of enterprises offering accommodation in the European Union (EU), accounting for 30% of the total in 2018, Italian law considers non-hotel accommodation to be a non-essential activity, and with a few exceptions this sector has practically shut down. Formally, regular hotels can continue to operate, but in the vast majority of cases they have also suspended operations. One of the key issues for the tourism sector is that the current crisis, caused by necessary controls on movement in response to the health emergency, is destined to continue, albeit in a milder form, at least in the short term. After describing the COVID-19 emergency in Italy and the policies and measures designed to ensure economic recovery after the pandemic has ended, the chapter examines the probable evolution of incoming tourist flows and the national tourism market. In addition, it assesses the extent to which the measures taken by central government (and implemented by local government) are likely to

A. Trono (✉)

Department of Cultural Heritage, University of Salento, Lecce, Italy
e-mail: anna.trono@unisalento.it

V. Castronuovo

CNR – IRISS Institute for Research on Innovation and Services for Development, Naples, Italy
e-mail: v.castronuovo@iriss.cnr.it

bring about the recovery of the accommodation sector, which must stand ready to respond with all of its capacity for innovation, resilience and market repositioning.

Keywords Post-COVID-19 Recovery · Policies · Tourism · Italy · Tourist flows · Accommodation · New Urban Agenda · local and urban governance

14.1 Introduction

Humanity has been impacted many times by dramatic events such as world wars and natural disasters, but the COVID-19 pandemic of 2020 is clearly the worst calamity to hit this century. It is having significant effects on international, national and regional political systems, with all governments facing health, social, economic and environmental challenges in a context of total uncertainty. Then there are implications for public administration on various levels, including international finance and public investment in the management of regional impacts (Baldwin and Weder di Mauro 2020; Galvani et al. 2020; International Monetary Fund 2020).

In order to provide an effective response to the economic and health crisis, it has been necessary to combine national and international measures. Indeed, it immediately became clear that effective mechanisms for coordination between levels of government were needed. Of key importance in this process is the horizontal responsibility of the EU, national governments and regional administrations. Specifically, national and local governments are responsible for implementing ‘lock-down’ regulations limiting movement and contact between citizens, as well as coordinating financial assistance measures aimed at reinforcing public healthcare and the various sectors of the economy.

In Italy, the application of these measures and the spread of the epidemic has undermined the whole basis of government and the guarantee of civil, social, economic and political rights (Longo 2020). The health emergency thus represents an opportunity to construct a new system of relationships between the state and the regions, a process that is happening as we speak. In both the national and regional contexts we have witnessed the gradual emergence of a new arrangement of powers that deviates from the normal configuration of the relationship between centre and periphery, in a search for a rapid and effective solution to the problems arising from the epidemiological emergency. This set of circumstances makes the results of recovery policies even more interesting.

This chapter aims to highlight, from the geographical, political and economic point of view, the structural impacts of the pandemic on the ‘Italian system’ of governance and the tourism sector in particular. In addition, on the basis of an analysis of law-making on various levels, it seeks to identify the possible direction of policies on tourism, a sector now at the centre of a full-blown paradigm shift (Baldwin and Weder di Mauro 2020; Centro Studi Touring Club Italiano 2020; Maggiore 2020; OECD 2020; Santos del Valle 2020; Statista 2020). According to recent studies (Becheri and Grollo 2020; Hall et al. 2020; Ioannides and Gyimothy 2020), the sector is expected to see an irregular recovery that will evolve in ways

never seen before on the various markets, with the hope that in its new-found guise it will contribute to equitable and sustainable growth (Benjamin et al. 2020; Wolff 2020; Bhattacharyya 2020; Colombo and Marasco 2020; Couret 2020; Hall et al. 2020; Kozul-Wright and Barbosa 2020).

By means of an analysis based mainly on desk research and the use of secondary sources, the chapter describes the Covid-19 emergency in Italy and the regional policies – including social and economic measures, financial assistance and planned investment – that have been adopted in response. Specifically, it takes a detailed look at tourism and accommodation and the attempts of national and regional government to mitigate the impact of the crisis of the sector. Lastly, it examines the resilience of the Italian tourism sector, calling for a renewed effort to revive it based on the anti-systemic reorganisation of its activities in line with the objectives of sustainability and ecological transition.

14.2 The COVID-19 Emergency in Italy

Italy was the first country after China to be severely hit by the Covid-19 pandemic, which in 2020 led to the highest number of recorded deaths in Italy since the Second World War. From the beginning of the epidemic in March 2020 to the 31st March 2021, the Ministry of Health recorded about 109,346 deaths from Covid-19 (Fig. 14.1) and 3.5 million diagnosed cases, corresponding to about 6000 cases per 100,000 people. These dramatic numbers disprove any illusions of containment

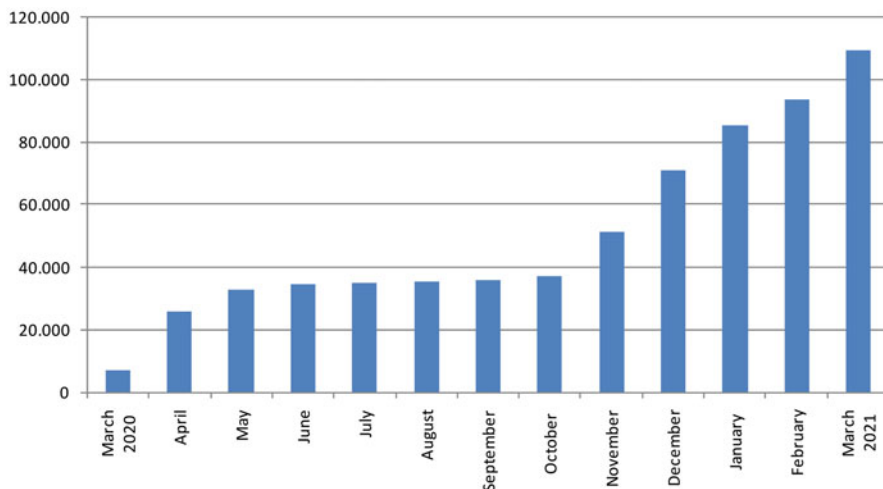


Fig. 14.1 Total deaths in Italy from February 2020 to March 2021. (Source: Ministero della Salute, 2020–2021) (Ministero della Salute, <http://www.salute.gov.it/portale/nuovocoronavirus/homeNuovoCoronavirus.jsp>)

of the pandemic and have prompted the government to impose further rigorous measures designed to stop the spread of the virus.

By October 2020, the progressive easing of the restrictions after the rigid national lockdown in force from 10 March to 4 May 2020, associated with negligent behaviour on the part of some citizens and the arrival of tourists from at-risk countries, had resulted in a new rise in infection rates, with a worrying spike in subsequent months. In the week from 22 to 28 March 2021, Italy had 233 cases per 100,000 inhabitants, and an increase in the proportion of cases diagnosed in the 19–50 age bracket.

The second and third waves of the Covid-19 epidemic, the latter occurring in the first few months of 2021, were felt throughout the country, although the northern regions were more badly affected. Indeed, the highest cumulative infection rates have been seen in the autonomous province of Bolzano and the regions of Veneto, Friuli-Venezia Giulia and Emilia Romagna. The region that has seen the highest total numbers of deaths and diagnosed cases is Lombardy, Italy's most advanced region in terms of the economy, quality of life and healthcare provision. From the beginning of the epidemic to 3 March 2021, Lombardy saw 30,735 deaths, accounting for nearly 30% of the national total (Figs. 14.2 and 14.3). While no Italian region has been spared by the pandemic, there are substantial interregional variations, with the high number of hospital admissions leading to the imposition of tough restrictive measures in some areas.

The national government instituted a colour-coded system for classifying the severity of the pandemic by region, having previously (until 31 May 2020) used a simple three-tier format consisting of 'low', 'medium' and 'high' based on standardised cumulative rates (ISTAT 2020). Under the new system, the regions were assigned one of three colours (red, orange, yellow and later white) in relation to a series of factors including 21 risk criteria, which began to be adopted in April 2020. The parameters are examined every week by the 'control room' coordinated by the Ministry of Health, with reference to hotspots and the number of cases per 100,000 inhabitants provided by each region.

The classification of risk considers the following: the rate of transmission (moderate/high); the probability of the contagion spreading (on a level from 1 to 4); the potential impact of Covid-19 on health and social services; the probability of exceeding within one month the critical threshold of 30% of intensive care provision and 40% of hospital beds.

Taken together, the values of these parameters give an overall score and trigger provisions on the part of the Ministry of Health, which places each region in the appropriate risk category. The data are continuously updated on the basis of law DM 30/4/2020, with the level of risk of regions and autonomous provinces reclassified on a weekly basis in a constantly shifting spectrum of colours ranging from red to orange, yellow and white (Farruggia 2021).

The 21 risk criteria are of three types. The first group assesses the data gathered for each region, including the number of symptomatic cases notified each month and the number of care homes with at least one critical situation reported (when this reaches 30% of the total a state of alert is declared). The second group refers to the

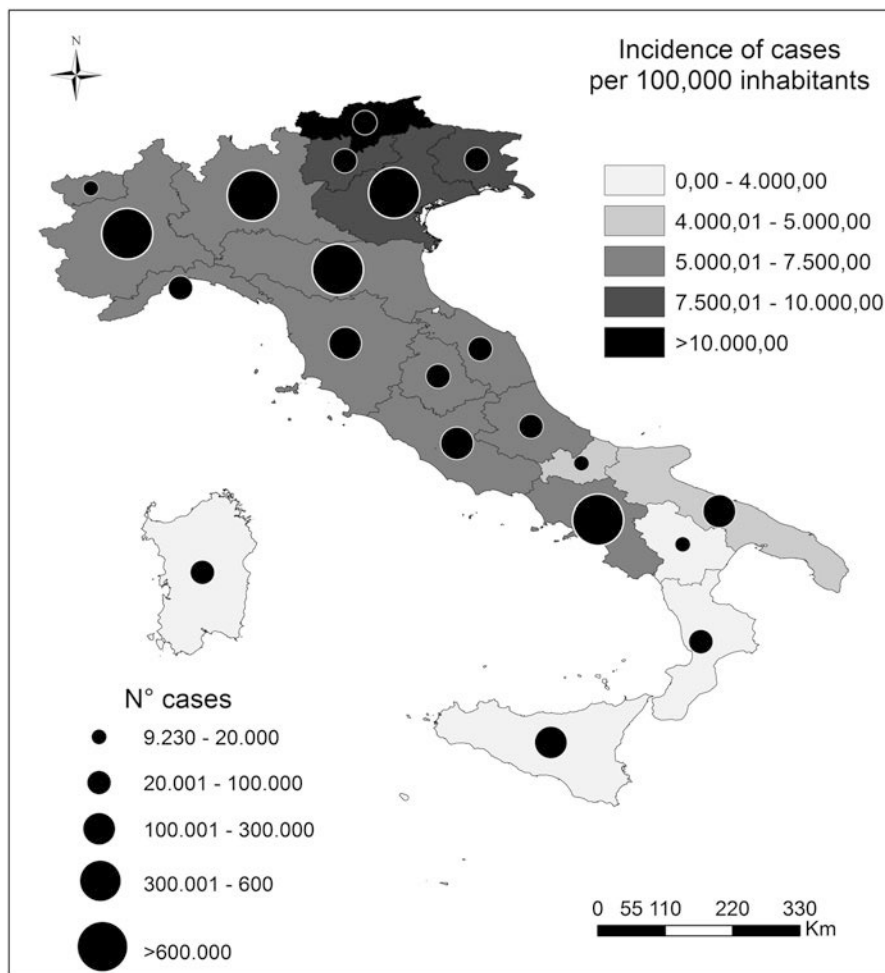


Fig. 14.2 Distribution of cases of Covid-19 and cumulative infections per 100,000 inhabitants by region/autonomous province. (Source: Istituto Superiore di Sanità) (Istituto Superiore di Sanità (ISS), Roma, 31 marzo 2021 https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_31-marzo-2021.pdf)

capacity for testing all suspected cases and providing adequate resources for contact tracing, isolation and quarantine. The third group concerns the state of the public health system: The pressure on hospitals, the number of new hotspots, the number of admissions for Covid-19 through accident and emergency (A&E) departments (which should not exceed 50%), the rate of occupation of places in intensive care (the alert threshold is 30%), the rate of occupation of beds in ‘normal’ wards (the alert threshold is 40%) and, last but not least, the effective reproduction number R_t (the average number of new infections caused by a single infected individual).

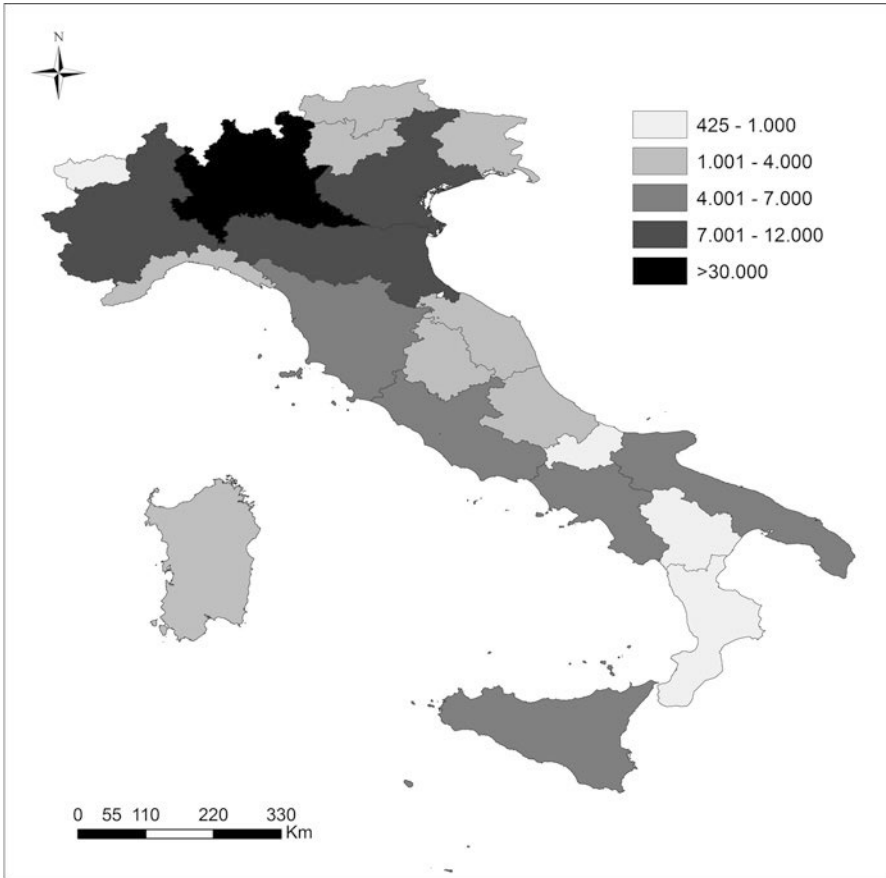


Fig. 14.3 Distribution of deaths by region 31 March 2021. (Source: Ministero della Salute, 2021) (Ministero della Salute, <http://www.salute.gov.it/portale/nuovocoronavirus/homeNuovoCoronavirus.jsp>)

Following the deterioration of the pandemic, these criteria were remodulated on the basis of four risk levels linked to the transmission of the disease: An R_t of less than one for one month represents a situation of localised transmission, with hotspots limited to certain locations; with an R_t of 1–1.25 a situation of ‘strong transmissibility’ is declared; a regional R_t of 1.25–1.5 corresponds to a ‘situation of strong and widespread transmissibility posing a risk to the health system in the medium term’; the fourth and worst scenario occurs when the R_t value exceeds 1.5, indicating a situation of uncontrolled transmissibility with the health system expected to reach a critical state in the short term. The R_t thresholds for the entrance of the regions in the various categories of risk were lowered with the worsening of infection rates (Farruggia 2021).

The appearance of Covid-19 variants (especially the English variant) has increased the spread of the virus, with serious repercussions for the country's social and economic life, already considerably destabilised by a year of closures. A partial remedy is expected to be provided by the administration of vaccines, which however has been affected by delays due to various causes including the mosaic of differing regional strategies, worsened by the lack of national coordination.

In addition to the human and health tragedy, the Covid-19 pandemic has given rise in Italy to a socio-economic crisis without precedent in recent history, with immediate effects including a sharp contraction of GDP and a consequent dramatic increase in the number of people either unemployed or on some sort of furlough scheme, as well as persons in need of assistance. A further effect has been the worsening of the debt-to-GDP ratio.

According to national economic data, in 2020 Italian GDP fell by 8.9%, the biggest fall since World War Two. The contraction of the Italian economy has affected all sectors. On the demand side, both domestic and foreign markets have contributed to the fall in GDP. Despite the small recovery seen in the summer, families remain cautious and the assessment of investment conditions has not improved. Exports were extremely volatile in 2020 and prospects are uncertain.

The impact of the health emergency on services has been considerably worse than on manufacturing. Activities traditionally performed by self-employed and irregular workers, still widespread in Italy, have been hit particularly hard, resulting in a significant increase in the number of families with minimal or non-existent incomes. According to the ISTAT statistics agency, in 2020 in Italy the number of people in absolute poverty grew by one million: Among families composed only of Italians, the percentage grew from 4.9% to 6.0%, while for families with foreigners, the percentage grew 3.7 points, from 22.0% to 25.7%, returning to the levels of 2018. We are dealing here with about 5.6 million people, 9.4% of the population, who find themselves unable to maintain an acceptable standard of living, a situation expected to worsen in the near future when the social protection measures begin to expire. In the south, the phenomenon is more widespread but it is in the northern regions that it has grown the most. The worst hit are mainly workers aged 35–44 and large families.

The labour market has been supported partly by the 'Cassa Integrazione Guadagni' (CIG) furlough scheme and the temporary ban on firings, while consumer inflation has been negative. Economic forecasts are characterised by extremely high uncertainty. As pointed out in the parliamentary budget note (Nota di aggiornamento del Documento di economia e finanza – NADEF – UPB Ufficio Parlamentare di Bilancio 2021), future developments depend on the efficacy of the measures in support of families and companies activated by the government and on the extensive use of funds provided by the Next Generation EU (NGEU) programme. Italy's social and economic recovery will depend on the judicious use of these resources. Key factors will be the effectiveness of the government's economic policies and the capacity of regional and local administrations to manage and render operational the projects linked to the National Recovery and Resilience Plan.

14.3 Regional Policy Responses to the COVID-19 Pandemic in Italy: An Overview

Faced with a general worsening of the Covid-19 pandemic, the central government, in agreement with regional governors, has resorted to rigorous risk prevention and mitigation measures throughout the country.

To avoid contagion and ensure the safety of citizens, the government has chosen, in the face of some resistance, to manage the emergency by adopting a ‘centripetal’ approach. Starting from the political assumption that the primary objective should be the containment of the epidemic, the Prime Minister consulted – among others – both the Regional Administrations and the Conference of Regional Governors, depending on the nature of the issues arising. The result was the enactment of sweeping measures that imposed a series of restrictions on freedom of movement and the blanket suspension of educational, social and cultural activities, achieved via a combination of orders issued by the Ministry of Health and direct government decrees.

From 22 February 2020 to 6 April 2021, 42 circulars on the epidemiological emergency were issued,¹ leaving only a few limited powers to the regional and municipal administrations.

In the joint management of the pandemic, the central government thus chose to intervene in the already complex management of public health in Italy and in the intricate institutional relationship between the state and the regional administrations, invoking the principle of subsidiarity.

In this way, the respective areas of responsibility of the central, regional and local authorities became even further intertwined, with inevitable consequences for the relationship between the centre and the periphery, and more specifically the choice of measures aimed at tackling the epidemiological emergency and the coordination of central and local government.

Within the framework of ‘loyal cooperation’ inferred from the Constitution (Milella 2020), the government has repeatedly dismantled and reassembled the powers that the 2001 reform attributed to the regional administrations.

In an interplay of constitutional and other principles regarding public health and joint measures involving various levels of government, attempts have been made to reconcile the notions of unity and regional differentiation, effectively calling into question the system of institutional relations between the centre and the periphery and defining a new configuration of relations between the state and the regions (Giorgio 2020).

There were even constitutional bills presented in Parliament that attempted to introduce ‘supremacy clauses’ in favour of the State, inadvertently underscoring the critical nature of the Italian health system in the face of the Covid-19 pandemic and the poor regional management of the health system.

¹<https://www.interno.gov.it/it/circolari-covid-19>

Indeed, the use of emergency powers in the pandemic has highlighted the friction and malfunctioning present in the Italian institutional structure. This concerns not only the difficult relationship between the state and the regions, but also, and above all, the grave problems affecting regional governance and public health in particular.

In order to understand the organisation of health services in Italy, it is important to distinguish between the regulatory and management spheres. At the regulatory level, the state establishes, by means of laws, the basic principles of the National Health System (SSN), and it is the task of the regional administrations to implement them.

The SSN, understood as a framework of structures and services, is meant to guarantee to all Italian citizens, throughout the country, universal access to minimum levels of care and an equitable provision of health services. It is required to oversee the effective provision of these services, in accordance with Article 32 of the 1948 Constitution, which stipulates however that responsibility for the safeguard of public health is shared between the state and the regions (Title V, Article 117, paragraph 2, letter m).

In terms of the supply and organisation of health services, since the failure of the scheme under which management of the Local Health Units (USL) was assigned to the municipalities, they have been the responsibility of the regional administrations. Since the early 1990s (Tanese 2011), as a result of Legislative Decree 502/92, the regions have played an increasingly important role in the health sector, partly under pressure from the European Union aimed at introducing new organisational models in regional health, with significant changes in the allocation of administrative and political responsibilities (Pellegrino 2005).

The SSN entrusted each region with the responsible management of local healthcare, both institutionally (given the structure of the regional healthcare system and the regions' capacity for governance) and economically (by establishing the mechanisms for financing providers and covering any deficits). The 'regionalisation' of the healthcare system was then reinforced by Legislative Decree no. 229/99 and was fully implemented as part of the gradual process of federalist reform that began with Legislative Decree no. 56/2000.

The reform of Title V of the Constitution, followed by Law no. 42 of 5 May 2009, and the subsequent decrees by which it was implemented, finally allowed the regions to play a much more important role in the local health system than either central government or the local health authorities (Aziende Sanitarie Locali – ASL), which saw their autonomy reduced (Tanese 2011, pp. 20–21).

Indeed, the reform of Title V of the Constitution allowed the regional administrations to autonomously plan and manage healthcare within their respective jurisdictions, making use of hospital trusts and local health authorities, which are independent bodies headed by a general director, a health director and an administrative director, who are directly responsible for the proper functioning of services and to whom any complaints from citizens are addressed.

Every Italian citizen is registered with the SSN (National Health Service) and is included in the list of patients of his or her ASL (Local Health Authority) of residence, which is fully responsible for safeguarding and effectively providing for

his or her health, ensuring that he or she can make use of the health services and benefits included in the Essential Levels of Care (Livelli Essenziali di Assistenza – LEA), which however are guaranteed and financed by the regional administrations.

It is the regional administrations therefore, via the local health authorities, that represent the level of government that is ordinarily expected to provide citizens with health services. Today, about 80% of the budget of each regional administration is allocated to health.

It should be pointed out that this supposedly efficient system of healthcare organisation and management entrusted to the regions has not always been reflected in reality. Indeed, the pandemic has revealed the dramatic shortcomings of the healthcare system managed by the regional administrations, resulting in its failure.

The gaps in the system were already evident before the pandemic, as can be seen in the dismal migration of patients from the south to hospitals in the north of Italy. One of the most notorious cases is that of the health system in Calabria, where the lack of facilities and the absence of even a minimal care network drive many patients to the hospitals in the north. For more than ten years the regional administration has been run by commissioners appointed by central government but this has not been sufficient to remedy the worrying situation in the health sector, which is marked by scandals and media investigations of the alleged links between private health services, regional politicians and criminal activity.

Unfortunately, however, not even the outstanding healthcare provision in northern Italy has emerged with glory from the sad situation arising from the pandemic. A case in point is the health system of the Lombardy region, which despite being internationally renowned, has shown the weaknesses of a hospital-centred, mixed public–private system, which is more attentive to regional decrees and more committed to draining resources from other Italian regions via ‘health transfers’ than to the needs of a public health service. Behind the façade of efficiency, the Lombardy health system has neglected general practitioners and abandoned emergency wards and intensive care units, which are less profitable and less appetising to private hospitals, to the more limited resources of the publicly managed health facilities. The organisational model, which favours private healthcare, has left public hospitals with the task of maintaining the link between the patient and the healthcare system. The system has been revealed in all its inefficiency in the management of the epidemic, which requires publicly run local health services to track infections and keep infected patients away from hospitals. It is precisely the hospitals however that have become the first point of call for the infected and consequently the main spreaders of the epidemic.

Ultimately, a series of flaws have emerged in the management of health services at the regional level which has prompted state intervention in the provision of health services, although this is the result of an emergency triggered by the extraordinary nature of the epidemic (Milella 2020).

Given the need to guarantee the robustness of the response to the problems of healthcare and the economic and social issues arising from the pandemic, the government has sought to tackle the emergency by means of Civil Protection Orders

and Prime Ministerial Decrees (DPCM), generating a wide-ranging debate on their legitimacy. Indeed, it is claimed that they that contravene the democratic and constitutional order (Bonetti 2020; Russo 2020), which stipulates that citizens' rights can only be suspended with the consent of Parliament. In this case, the latter has been marginalised, along with almost the entire political class, deemed 'too slow and fractious to deal with the health emergency, which requires rapid and timely intervention given the very high potential for contagion of the virus' (Carlesimo 2020, p.1).

In office since 13 February 2021, the new Draghi government has adopted a new strategy and changed the bodies of reference to which the fight against the pandemic and reconstruction had been entrusted. Focusing on the health emergency and the vaccination campaign by means of an agreement with family doctors, it also decided to involve Parliament. The national system of Civil Protection was called upon, not to replace regional health structures but to provide them with support, by taking charge of all those problems that could not be adequately resolved by individual regions acting alone. These include the supply of medicines and medical devices, the setting up of new hospital facilities and the recruitment of health personnel.

From the economic point of view, the new government confirmed the measures to repair the situation, with rapid aid to businesses in difficulty, in agreement with the regional administrations. The latter are ready to do their part and cooperate fully in the urgent simplification of the bureaucratic system, which is constrained by the current regulations.

14.4 The Political Response for the Recovery of Tourism

The economic and social crisis currently plaguing the health sector requires reflection on the elements that will be needed for its post-pandemic recovery. Among the essential conditions for the reprogramming of life on this planet is the sustainability of processes. In the light of the growing awareness of climate change and its impact on the emergence and proliferation of other epidemiological emergencies, the principle of sustainability is at the heart of all potential development paradigms.

Fundamental for the achievement of tolerable levels of health for the environment and the world is the restructuring of tourism, an aspect that concerns the environment, but also the sphere of health and safety in general. In the grip of a very serious state of emergency, the tourism sector is currently the recipient of targeted recovery measures whose effectiveness however remains doubtful. In the following sections, we present a summary of the multilevel measures, including those of a theoretical nature, aimed at the recovery of the tourism sector – perhaps the true mirror of this global pandemic – in order to grasp the possible approaches adopted by governments.

14.4.1 The International Outlook: Forecasts and Uncertainty

The COVID-19 epidemic has had an uneven impact on the international level, with differing effects resulting from the speed of propagation and the measures and approaches adopted to contain it. However, throughout the world, the response has basically consisted of widespread restrictions on movement and the closing down of certain national economic sectors including tourism.

The tourism industry has always been particularly sensitive to destabilising forces such as economic upheaval (Holling 2001; Milne and Ateljevic 2001), natural disasters (Beeton 2006; Ritchie 2004; Scott and Laws 2005) and armed conflicts (Butler and Suntikul 2012; Mansfeld 1999). In addition, unlike other branches of the economy which precisely in these periods manage to become stronger, tourism has often seen sharp contractions (Zanini 2014). The estimates of the UN's World Tourism Organization (UNWTO) indicate for 2020 a fall of 60% for international tourism, resulting in losses of between 840 and 1000 billion euros, as well as six million jobs. Income is estimated to have fallen by 85% for hotels, restaurants and long-distance rail transport, and by 90% for cruises and airlines.

In order to revive the tourism industry, the European Commission and other international and regional institutions such as the International Monetary Fund (IMF), the World Bank, regional development banks, other international financial institutions (IFIs) and organisations such as the agencies of the United Nations and the OECD are providing extensive support to countries, with programmes aimed especially at small and medium-sized enterprises (SMEs) and the safeguarding of jobs by means of various mechanisms: special funds and loans, extraordinary financial measures, technical assistance and advice.

In addition, the UN World Tourism Organization is working closely with national governments, the World Health Organization (WHO), the International Civil Aviation Organization (ICAO), the International Maritime Organization (IMO) and the private sector – including UNWTO Affiliate Members, the Airports Council International (ACI), the Cruise Lines International Association (CLIA), the International Air Transport Association (IATA) and the World Travel and Tourism Council (WTTC) – in order to ensure an effective coordinated global response (UNWTO 2020b).

The global guidelines for tourism, recently published by the UNWTO, include a series of suggestions regarding the management of the crisis and the mitigation of its impact, in accordance with the future vision of the tourism sector, the world economy and environmental, cultural and social sustainability. Measures designed to further the diversification of markets, products and services, as well as training programmes to develop digital skills, have thus been adopted, helping tourism companies deal with the 'digital transition' and gain access to instruments of technological innovation.

The most recently announced measures indicate that some countries, mainly in Europe and the Asia-Pacific region, are seeking to repurpose tourism and domestic demand (UNWTO 2020b). The WHO has declared that 'strong coordination

between all actors in charge of the response at central and regional levels is the basis of an effective response’ (World Health Organization, 2020). Unlike Italy, however, which preferred to proceed with the measures via its decentralised administrative structure, with policies developed at a central level being implemented by the individual regions on the basis of the needs and specific characteristics of their respective jurisdictions, other countries have set up ad hoc structures or bodies to formulate coordinated approaches to the replanning of tourism. In Finland, for example, the MiniMatka inter-ministerial working group is helping to prepare the revision of the national tourism strategy for 2021, updating the objectives and measures that will be implemented during the recovery phase. The Irish Department of Transport, Tourism and Sport has established a monitoring group – the Covid-19 Tourism Monitoring Group – composed of industry players, state tourism agencies and ministry officials. The group is tasked with monitoring the damage suffered by the sector, facilitating the rapid sharing of information and assisting in the formulation of a recovery plan.

Overall therefore, governments have so far approved a wide range of fiscal, economic and social measures to mitigate the economic impact of the pandemic, responding to the crisis via across-the-board tax cuts, provision of credit and job protection (Fig. 14.4).

The institution of health protocols and relative certification represents a crucial step in restoring confidence in the sector. In addition, with domestic tourism now the priority, it is fundamental to incentivise regional marketing and support tour operators, travel agencies and other tourism companies that act as a stimulus for domestic travellers. The various policies that states and regions continue to apply need to take full account of the variables in play linked to the future progress of the virus, the uncertain schedules for the reopening of national borders and the spending power of future tourists.

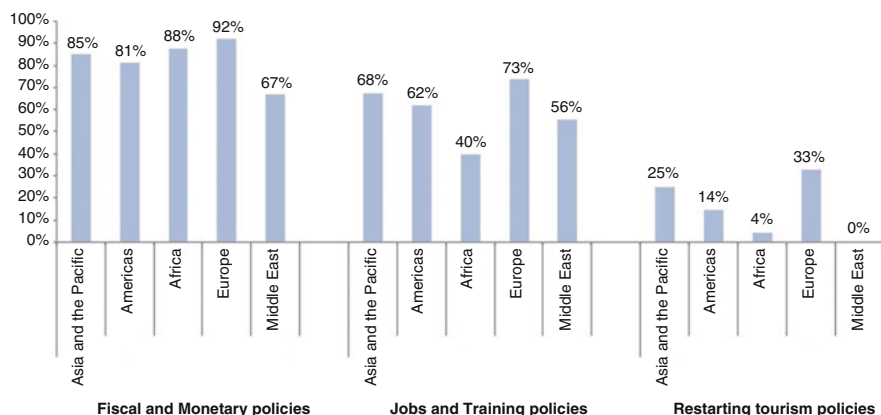


Fig. 14.4 Percentage of countries adopting policies per world region ($n = 167$). (Source: UNWTO 2020a)

14.4.2 The Outlook for Italy: Mitigation of the Crisis in the Sector

The broad and deep impact of the pandemic on the tourism sector in Italy, together with the importance of the sector for the national economy and employment, have required and continue to require the adoption of urgent measures by the central government. Decrees (DL) no. 18/2020, no. 34/2020 (the so-called ‘Relaunch Decree’, converted with modifications into Law no. 77 of 17.07.2020), no. 104/2020 (the so-called ‘August Decree’), no. 137/2020 and no. 157/2020, containing ‘Urgent Measures to support and relaunch the economy’, introduced specific measures aimed at supporting the tourism sector. The new laws aimed not only to offer tax breaks, bonuses and reimbursements, but also to simplify administrative procedures and make them more flexible, as well as providing new financial resources and funds paid directly to operators in the sector.

The multiple decrees that have followed one another in succession have paid particular attention to specific employment measures, especially the provision of benefits to seasonal and fixed-term workers in tourism and spas. Since March 2020, these have consisted of monthly and/or one-off payments of between €600 and €1000 to workers who were made redundant who were not entitled to pension payments and were not included in the Nuova Assicurazione Sociale per l’Impiego (NASpI) insurance scheme. The above allowances were also granted to workers in catering activities related to the tourism and spa sectors.²

An insurance contribution holiday was granted (Articles 6 and 7 of Decree-Law no. 104/2020) to employers who hired, in the period from 15 August 2020 to 31 December 2020, fixed-term workers (including seasonal workers) in the tourism and spa sectors. This benefit is restricted to the period of the contracts stipulated, and in any case for a maximum of 3 months, up to a maximum of €8060 annually, redistributed and applied on a monthly basis, and it is subject to the authorisation of the European Commission.

The emergency decree-laws introduced various temporary tax measures to support businesses in the sector, many of which are aimed at all economic sectors. For an examination of these measures, the reader is referred to the parliamentary topic ‘Tax and financial measures to deal with the coronavirus emergency’.³ However, given the impact on businesses in the tourism sector, it is useful here to mention the elimination of the payment of the balance for 2019 and the first payment for 2020 regarding IRAP, the regional business tax (Article 24 of Decree-Law no. 34/2020).

Another measure is the suspension of advance tax payments, social security and welfare contributions and compulsory insurance premiums for tourist accommodation businesses, travel and tourism agencies, tour operators and enterprises linked to

²As specified in the circulars of the Istituto Nazionale della Previdenza Sociale INPS no.49/2020, no. 125/2020 and no. 137/2020.

³‘Misure fiscali e finanziarie per fronteggiare l’emergenza da coronavirus’, <https://temi.camera.it/leg18/provvedimento/misure-fiscali-e-finanziarie-per-l-emergenza-coronavirus.html>

art and culture, transport and catering, education and assistance and the management of trade fairs and events (article 8, Decree-Law No. 9/2020, article 18, paragraph 8 Decree-Law no. 23/2020 and article 61, Decree-Law no. 18/2020, as amended by article 127 of Decree-Law no. 34/2020).

Also worthy of note is the abolition of the first instalment of the direct tax on property (Imposta Municipale Unica – IMU, both state and municipal shares) for the year 2020 for the owners of properties used as seaside, lake, river and spa resorts, as well as for the owners of agritourism establishments, holiday camps, youth hostels and campsites, provided that the owners are also the managers of the activities (article 78 of Decree-Law no. 104).

Urgent measures for the tourism sector include tax credits. Traders and non-commercial entities were granted a tax credit equivalent to 60% of expenses incurred in 2020 for disinfecting workplaces and tools. The same tax credit was also granted to certain hotels.

A tax credit equivalent to the monthly rent for non-residential buildings used in the business was applied to hotels, spas, agritourism establishments, travel and tourism agencies and tour operators, regardless of the turnover recorded in the previous tax period. The relief was commensurate with the amount paid in the 2020 tax period.

Decree-Law no. 83/2014 grants, for the two tax periods 2020 and 2021, a tax credit for upgrading tourist accommodation facilities. The tax credit is set at 65% and is also extended to agritourism establishments, spas and open-air accommodation (Article 79 of Decree-Law no. 104/2020).

Financial aid to businesses in the tourism sector appears in the budget of the relevant ministry. Among the funds established are the ‘Tourism Fund’, aimed at supporting the tourism sector via market-oriented initiatives, with 50 million euros for 2020, potentially rising by a further 100 million euros for 2021, raised by reducing the resources of the Fund for Development and Cohesion as allocated under current legislation for the period 2014–2020, following a resolution by the Inter-ministerial Committee for Economic Planning and Sustainable Development (CIPE); the ‘Fund for the Promotion of Tourism in Italy’, with 20 million euros for 2020, aimed at helping the recovery of tourist flows and promoting the various fields of Italian tourism (Art. 179, Decree-Law 34/2020); and a fund to support travel agencies, tour operators, guides and tour leaders in view of the negative economic impact resulting from the adoption of the Covid-19 containment measures, with an endowment of €700 million for 2020.

The budget of the Ministry of the Interior includes a fund for 2020 for partially compensating municipalities for the loss of tourism taxes. The fund was endowed with 100 million euros (article 180, DL 34/2020), subsequently increased by 300 million euros for 2020 (article 40, DL no. 104/2020).

Lastly, a fund was set up to disburse grants for traders selling goods and services to the public, mainly in the old towns of provincial capitals and metropolitan cities that have seen a substantial fall in foreign tourist presences.

14.4.3 The Role of the Regional Administrations in Managing the Effects of Covid-19 on Tourism

The ongoing health crisis is clearly of a national (and international) nature, but in Italy, as in many other countries, it has spread in a highly differentiated manner.

Taken together, the main provisions in support of businesses adopted by the regions and autonomous provinces form a set of policies generally aimed at strengthening the existing mechanisms in terms of increasing the resources and broadening the range of recipients working in the sectors that have been most affected by the crisis (Conferenza delle Regioni e delle Province Autonome 2020a).

With regard to the main lines of intervention, there are measures aimed at facilitating SMEs' access to bank credit and reducing the related costs (guarantee funds, strengthening of credit consortia, etc.); introducing or reformulating subsidised loans for SMEs on more favourable terms; access to grants, microcredit, alternative finance options and other financial mechanisms. In many cases, these have led to the restructuring of operational programmes linked to the use of structural funds. In addition, there is the suspension of mortgages related to regional financing programmes; measures to ease bureaucratic procedures for SMEs (including those pertaining to public procurement); measures to reduce or postpone the tax burden, such as the postponement of tax deadlines and the exemption from tax advance payments; and measures to speed up procedures for the disbursement of regional funding to businesses in order to ensure greater liquidity for the private sector in general (e.g. the early disbursement of public grants).

Last but not least, there have been numerous initiatives aimed at preserving employment levels and supporting temporarily unemployed workers in SMEs, including incentives for labour mobility and unemployment benefits, enhanced by regional allocations to supplement the nationally introduced 'Cassa integrazione in deroga' redundancy scheme. More than 1 billion euros has been earmarked for these measures.⁴

In addition to the general initiatives, after listening to the main trade associations and the requests of the regions, the Conference of Regions and Autonomous Provinces recently drew up a number of proposals to support and develop the tourism sector (Conferenza delle Regioni e delle Province Autonome 2020b). These moves are geared towards consolidating the measures to modernise Italian accommodation facilities and tourism businesses (concerning energy efficiency and environmental improvements, organisational and production processes, digitalisation), improving access to credit and the guarantee fund for tourism businesses and providing support and tax breaks to strengthen the Italian tourism industry as a whole.

Worthy of note is the proposal for specific investments – partly based on the rescheduling and use of ERDF and ESF funds from the 2014–2020 cycle – in forms

⁴As of April 2020.

of sustainable tourism with slow and experiential mobility (walking routes, cycle routes, tourist rail services, slow mobility, etc.), and in the development of inland areas, villages and the smaller towns of historic and artistic value in which Italy excels. This is designed to promote the discovery of the true Italian ‘lifestyle’, the seasonal adjustment of tourist flows and the reduction of over-tourism in the major destinations.

The Conference of the Regions and Autonomous Provinces is also focusing on the establishment of a new Special European Fund for Tourism (SEFT), on the model of the ‘ERDF’, provided with adequate resources to be activated in the 2021–2027 budget period with its own regulatory structure. It is also essential to invest in a new approach to the governance of the sector, with major systemic reforms involving the entire tourism industry, based on renewed institutional cooperation between the relevant ministries, regional administrations, autonomous provinces and trade associations.

On the basis of what has been set out so far, it can be argued that with reference to the measures in favour of the economy in general and the tourism sector in particular, the decentralisation of political power has represented an effective tool by means of which the regional system has adapted the measures introduced by the state to the needs and specific characteristics of local areas, which requires adequate coordination between the different levels of government. Although the framework for the recognition of the measures implemented is in line with this principle of subsidiarity, it should be emphasised that with regard to the ‘resolutions on the containment and management of the Covid-19 epidemiological emergency’ issued by the regions and autonomous provinces, Italy has seen a bitter clash between the centre and the periphery with regard to the limitation of citizens’ freedom. However, perhaps the real battleground between the state and the regions concerns the issue of ‘public health’, that supreme ideal for the protection of which a proportionate sacrifice of certain other rights – subject to guarantees – may be justified (Longo 2020). On this front, the declaration of a ‘state of emergency’ has led to considerable activism on the part of the Prime Minister, who has deemed it his duty to assume all political and administrative responsibilities, effectively relegating the rest of the government, Parliament and other administrative bodies to the side lines. This centralisation of decision-making has perhaps ended up giving rise to a parallel desire to play a leading role among the governors of the regions, resulting in an awkward competition of decrees and ordinances.

14.5 Conclusion

As of 31 March 2021, the WHO had recorded 127,914,902 confirmed cases of Covid-19 worldwide, including 2,797,857 deaths, and 600.78 million vaccination doses administered (131.81 million people have received all doses prescribed by the vaccination protocol). With 3,561,012 recorded infections, Italy had the eighth highest number in the world and with 108,879 deaths it was sixth in terms of the

death toll.⁵ This trend has severely tested the system of institutional and political relations between the centre and the periphery, highlighting the flaws in the existing model of coordination and institutional cooperation. The constitutional separation of legislative and administrative powers, the financial structure of the country and the model of cooperation based on the system of cooperation between state and regions have proved insufficient in the face of this unprecedented emergency.

The tangle of constitutional principles and regular legislation governing public health and tourism highlighted in this chapter has made the government's joint measures in accordance with the principles of unity and regional differentiation burdensomely complex. This has effectively created a test bed for the regionalism established by the reform of Title V of the Italian Constitution and generated material for studies in various scientific disciplines. At the same time, the Osservatorio nazionale delle buone pratiche sulla sicurezza nella sanità (National Observatory of Best Practices in Health Safety), set up by the Ministerial Decree of 29 September 2017 on the basis of article 3 of Law 24/2017, is gathering, sharing, disseminating and making available to all the regions and public administrations the best practices implemented in Italy, potentially replicable and useful for tackling the Covid-19 epidemic. This operation is intended to kick-start the localistic functioning of regional and central government, in order to highlight the measures required for a comprehensive overhaul of the country's processes of governance. This will be enabled by a careful assessment of the state of the art, followed by integrated and synergistic planning of the admissible measures, which must respect EU principles and collective needs in the post-Covid period.

This is the purpose of the Piano Nazionale di Recupero e Resilienza (National Plan for Recovery and Resilience, PNRR), which the new Italian government, in office since 13 February 2021, is enacting. The document, which outlines the objectives, reforms and investments that Italy will undertake with the Next Generation European Union funds, provides for 6 missions and 48 lines of intervention, with no less than 68.9 billion euros earmarked for the green revolution and ecological transition, and 46.1 billion euros for digitalisation, innovation, competitiveness and culture.

Meanwhile, the attempted rescue of the tourism sector continues via the implementation of the UNWTO global guidelines for the resumption of activities. The recovery plans implemented at the central and regional levels involve emergency measures for tourist infrastructure, which has undergone profound changes as result of the disruption caused by the Covid-19 epidemic. The first data available for the whole of 2020, compiled by Federalberghi, the Federation of Italian Hotel and Tourism Associations, tragically confirm the grave crisis affecting the sector. The losses in terms of tourist presences (−59.4% compared to 2019) and spending by foreigners in Italy (−45.5% in the third quarter compared to the same period in 2019)

⁵In order to provide a realistic geopolitical analysis of the Covid-19 pandemic, the data provided must be correlated with the size of a country's territory, as well as its geographical, demographic, economic, social and health characteristics. World Health Organization. <https://covid19.who.int>

translate into a loss of turnover for accommodation services of 52% in the first 9 months of the year, with 3.6% fewer hotel facilities open (the most badly affected are the smaller ones), 36.3% fewer employees in hotel facilities and 55.9% fewer tourism firms hiring new staff.⁶ The pandemic and its effects are of course still with us. Tourism Economics forecasts a recovery of international tourist flows in Italy only by 2023, with a slight increase in visitor volumes of +2% compared to 2019 and with a further slight drop in international overnight visitors, together with the attendant social problems. These factors highlight a deficiency in long-term planning, which lacks explicit *ex ante* objectives to be achieved, as well as statistics that allow them to be verified *ex post*.

In general, it can be stated that the capacity of Italy and other states to respond to this unprecedented crisis depends significantly on various factors. In the first place, it depends on the resilience of national tourism systems and the pre-existing health of tourism infrastructure in terms of management, human capital, economic capacity and interrelations with local and non-local political forces. The recovery of the sector requires a responsible and sustainable vision, as well as the conception of new and anti-systemic way of 'doing' tourism in a profoundly different international context. In accordance with the priorities set out in the UNWTO's global guidelines, the recovery of the tourism sector today more than ever can contribute to the development and implementation of plans that serve the goals of the green revolution and the ecological transition. The new tourism sector will thus take a responsible view of the objectives in terms of public health, social inclusion, conservation of biodiversity, the safeguard of the climate, the circular economy, governance and sustainable finance. The current vulnerability of tourism could thus put the sector in a position to recalibrate the world economic structure and contribute to wider recovery plans. Like all crises, the current one represents an opportunity to accelerate the creation of sustainable economic models that are able to balance the needs of the planet with the socio-economic advantages it generates. Indeed, the COVID-19 epidemic obliges communities and their leaders to reassess their habits and behaviours, to weigh the risks and follow policies that facilitate the construction of more inclusive and resilient societies.

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Anna Trono, associate professor of Political and Economic Geography at the Department of Cultural Heritage, University of Salento (Italy), is an experienced researcher in tourism and environmental problems, regional policies and urban planning in European Union (EU) countries. These skills and competencies have been acquired during the study visits at universities abroad. She has published numerous essays and books on these themes, many of which in connection with large-scale projects involving international universities and under the aegis of European Union research programmes (Trono A. et al. (eds), *Cultural Heritage for the Sustainable Development of Mediterranean Countries*, Congedo (ed.), 2015; Olsen D.H., Trono A. (eds.), *Religious Pilgrimage Routes and Trails*, CABI p, 2018; Silva, C.N. & Trono A. (eds.) *Local Governance and the New Urban Agenda*. Springer, 2020; Trono A. et al. 'Urban Regeneration and Local Governance in Italy' in C. N. Silva and J. Bucek (eds.), *Local/Urban Governance in Europe*, Springer, 2016, pp. 171–192). She is the scientific director of the Economic–Political Geography Laboratory of the Department of Cultural Heritage, and represents the Department in the Scientific Council of the UNESCO network/UNITWIN 'Culture–Tourism–Development'. She is member of steering committee of the International Geographical Union – Commission Geography of Governance (IGU – CGoG Steering Committee).

Valentina Castronuovo is a postdoctoral researcher at CNR – IRISS in the field of Cultural Heritage innovation. PhD in Tourism Geography, her research topics are oriented towards the development and promotion of cultural itineraries, the design of sustainable tourism routes, the systemic enhancement of diffuse cultural heritage and, more generally, cultural and tourist development of territories. Since 2014, she has been collaborating with the chair of Geography of Tourism at the Department of Cultural Heritage of the University of Salento. She has worked as a cultural planner for both private and public bodies and she is the author of contributions and articles in journals, books, projects and research reports, published both internationally and nationally, including 'The Via Francigena del Sud: the value of pilgrimage routes in the development of inland areas. The state of the art of two emblematic cases', in *Revista Galega de Economía*, (2021), 'Payment of Ecosystem Services (PES) for Cultural Heritage: contributions from the New Urban Agenda (NUA)', in Silva, C. N., Trono A. (eds.), *Local Governance and the New Urban Agenda*, Springer Ed, (2020), and 'Religious Routes as Driving Forces for Sustainable Local Development', in Olsen D., Trono A. (eds), *Religious Pilgrimage Routes and Trails*, CABI Editor, (2018).

Chapter 15

Coping with COVID-19 Pandemic in Greece: A Joint Effort at the National and Urban Level



Anastasia Stratigea, Andreas Alexopoulos, Spyros Sapounas, and Angeliki Bistaraki

Abstract In the scenery of the unprecedented global crisis of COVID-19 pandemic, which is still challenging the planet's social, economic and political limits, the issue of urban and regional resilience to external shocks comes to the forefront as a core property of relevant systems and a distinct feature for effectively coping with unexpected, highly impacting, global and multidimensional (e.g. health, climate change) events. Different reactions to this pandemic, unfolded by countries and cities around the world so far, form a rich canvas of policy responses and provide valuable knowledge and evidence-based results. These are critical for efficaciously confronting the still ongoing COVID-19 repercussions on health, society, economy and political scene. They also establish a lesson-drawing mechanism, enriching thus policy makers' arsenal, understanding and preparedness towards efficiently dealing with the pandemic, but also other, largely unforeseeable, catastrophic situations. Within such a framework, the present chapter attempts to shed light on policy responses against COVID-19 pandemic in Greece. Given the fact that the management of COVID-19 pandemic is perceived both as an issue of national emergency and respective policy responsibility as well as one affecting mainly urban constellations, work carried out in this chapter is accordingly structured. More specifically, firstly the core policies and the COVID-19-forced ICT reforms, with reference to the national level, are roughly sketched, framing in a way potential responses at the urban level. Secondly, relevant endeavours and policy actions at the urban level are discussed – both as counterparts of national directions and locally driven initiatives – by highlighting efforts in three city examples, namely the cities of Piraeus, Trikala and Larisa. Finally, a critical comparison of COVID-19 policy actions of these cities is carried out in an attempt to identify similarities, city-specific initiatives, linkages/interactions with state policies, and level of mobilization of local communities.

A. Stratigea (✉) · A. Alexopoulos · S. Sapounas · A. Bistaraki
National Technical University of Athens, Athens, Greece
e-mail: stratige@central.ntua.gr

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15.1 Introduction

The year 2020 has, from its very beginning, been a gloomy time for humanity, as it was marked by the outburst of a severe global health crisis, which is synonymous with the *coronavirus disease*. Globalization trends and intense mobility patterns in open and highly interacting socio-economic and spatial systems, as predominant features of humans' trails in the third millennium, have signalled a process of internalization of the coronavirus externality into the various spatial (national or regional) contexts. Such a process that takes place through complex causal networks has notably outlined the rapid disease expansion around the globe, with this transboundary crisis being declared as a *global pandemic* by the World Health Organization on 11 March 2020. This, in turn, has triggered a '*red alert*' to many states, with numerous of them experiencing the first coronavirus wave in a dramatic way, as witnessed by the immeasurable human losses and the harsh ramifications in social and economic terms.

At the heart of the struggle against this coronavirus pandemic was primarily laid the medical scientific community, being principally in the vanguard of treating the health repercussions of this *defining disease* of the current century. Definitely, top priority in many countries around the globe was given to health protection of population, despite the diversifying first moment reactions to the disease, that is, either proactive or reactive. However, the *multiple domains* of the pandemic's reach (health, economic, societal, cultural, technological and so on), but also their *glocal spatial scale* of reference (from global to local/neighbourhood level) were more than evident in the global scenery. Although these repercussions were and still are not totally grasped, fully unfolded and/or addressed and assessed, it is quite crystal clear that the coronavirus disease constitutes a *defining policy challenge* of our era, both during and beyond this health crisis (Dunlop et al. 2020). The multidimensional and multilevel considerations of the coronavirus outbreak can assert this disease to what in the planning and policy terminology is grasped under the term '*wicked problems*' (Rittel and Webber 1973; Friend and Hickling 2005; Balint et al. 2011; Levin et al. 2012; Stratigea 2015; Somarakis and Stratigea 2019). But what exactly does this planning-related term imply and how is this associated with the global health crisis? Getting insight into this question, can trace out the frame, but also the boundaries within which relevant policy responses can be drawn.

Wicked problems reflect contemporary *societal problems* that are far from definable and fully understandable, mostly expanded at a larger spatial scale. In fact, wicked problems are intractable and quite difficult to solve due to the highly unknown or incomplete stock of knowledge and their unstable or rapidly changing state/nature. They represent no precedent challenges (Duckett et al. 2016), usually exerting an enormous pressure on the scientific and policy-making communities; while testing, at the same time, their strength in crisis management, resilience and

fiscal capabilities. Xiang (2013) draws attention on the specific features of wicked problems, identifying as such the *indeterminacy in problem formulation*, where actually the proper articulation of a wicked problem is mainly the problem (Rittel and Webber 1973); *non-definitiveness in problem solution*, with the planning process reaching an end not for reasons inherent to the planning problem per se, but owing to other external causes (e.g. time or budget constraints); *non-solubility*, where any planning endeavour and related policy decisions can produce desired but also undesired, far-reaching, unintended and often unwelcome repercussions for society and future policy-making (Dunlop et al. 2020), which usually cannot be traced beforehand; *irreversible consequentiality*, implying that any policy decision leaves ‘traces’ that cannot be reversed or undone; and *individual uniqueness*, stressing the distinct attributes of each single wicked problem in each specific spatial context. These features render the study of wicked problems and the delineation of their potential solutions a really tricky and case-specific task.

Furthermore, as Rittel and Webber (1973) have quite early noticed, *uncertainty* about the selection of the proper solution constitutes a distinguished feature of dealing with wicked problems, thereby suggesting that it is not possible to early enough identify which type of solution needs to be applied.

Planning problems, due to their nature and tight relationship with the societal realm, are inherently *wicked problems* (Rittel and Webber 1973; Stratigea 2015). They may emerge as the outcome of innumerable causes or unprecedented challenges. The effort to describe them is tough, whereas their effective confrontation is not based on a single right answer. They may also call for quite urgent policy decisions, as in the case of the pandemic due to high public health risks, thus leading to *planning under pressure* endeavours (Friend and Hickling 2005, 2011). *Decision-making* in the context of wicked planning problems cannot be drawn by use of scientific or technical knowledge solely. On the contrary, handling of such problems needs to embed and successfully compromise societal values, political priorities and constraints, as well as scientific/technical knowledge from various fields, therefore reconfiguring the social discourse in relevant policy-making processes. Furthermore, as Brown et al. state, ‘*wicked problems are part of the society that generates them, and any resolution brings with it a call for changes in that society*’ (Brown et al. 2010:4). Such changes usually address alterations of current behavioural patterns in society; ways of working across both internal and external organizational boundaries; and methodological approaches in policy formulation and implementation, favouring collaborative schemes as enablers of citizens and stakeholders’ active engagement (Brown et al. 2010). They also address innovative and comprehensive problem-solving as well as the steady monitoring of outcomes and, when necessary, proper adjustments of solutions, based on experience and on-the-ground feedback, while they also focus on unanticipated future developments. In agreement with the above arguments, various research studies also recommend that wicked planning problems need to be tackled, managed and dealt with through *collaborative processes* (Funtowicz and Ravetz 1995; Burby 2003; Creighton 2005; De Roo and Porter 2007; Stratigea 2013, 2015; Somarakis and Stratigea 2019). Such processes

aim at gathering intelligence and distributed knowledge from a variety of societal actors (research and policy community, entrepreneurial community and public/private institutions as well as civil societal groups – the quadruple helix); while they render planning endeavours that guide decision-making under different wicked problems' circumstances, the *platforms* for knowledge exchange, creation of synergies, generation of innovative ideas and building of consensus (Stratigea and Murgante 2019). These collaborative efforts in managing wicked planning problems imply the engagement of numerous actors in order for potential directions for problem handling to be sought. This in turn entails that confrontation of wicked problems calls for *robust governance practices*.

Based on the above discussion, it seems that the *coronavirus* pandemic gathers all the attributes of a wicked problem, actually a '*super wicked problem*', as globally expanded problems are characterized by Levin et al. (2012).

From a *medical viewpoint*, it represents a notably unknown, highly unpredictable and hazardous new threat. This is rapidly expanding worldwide, with catastrophic consequences for humanity and healthcare infrastructures. The currently incomplete medical treatment knowledge, coupled with the rapidly changing virus state/nature and contagiousness, have clearly put into action collaborative efforts towards its management. Lessons-drawn mechanisms are established, grounded on commitment of the global medical community and intensification of knowledge and information exchange among its members around the globe. The latter address the identification of effective treatment pathways of infected population and/or development of the COVID-19 vaccine.

Coronavirus handling, however, is also perceived as a wicked problem in the *planning and public policy realms* at the local, national and international levels. Relevant policy-making bodies at the aforementioned levels, which are in charge of the design of effective policy paths for dealing with or alleviating the impacts of the pandemic on the social and economic domains, are confronted with both the *social complexity* that emerges from the variety of actors of each social system and their diversifying and, many times, conflicting values and interests; and the *technical difficulties* inherent in wicked problems (Bishop 1998). These are further encumbered by complicated trade-offs, given the public health risks, the economic and social challenges arising, as well as the inherent financial limitations. In addition to the above, decision-making at all governmental levels in the coronavirus era implies operation within a decision environment marked by *radical uncertainty* (OECD 2020). Within such an environment, governance as a means for formulating and successfully implementing relevant policies is crucial, both at the vertical (cooperation of policy-making bodies at different hierarchical levels) and the horizontal level (local administrations, public and private agencies, societal groups of a community in a specific region).

The issue of coronavirus infection and its multiple ramifications with regard to health, society, economy, employment, social care and so on, have attracted the interest of a plethora of researchers worldwide, leading thus to a remarkable production of scholarly literature. Indicative COVID-19-related themes, tackled in these works, pertain to *public policy and administration* (e.g. Colfer 2020; Dunlop et al.

2020), dealing with great challenges and decision-making under high pressure; *crisis management issues*, thereby illuminating different types of reaction in different political contexts (e.g. Petridou et al. 2020; Capano et al. 2020); relevance of Information and Communication Technologies (ICTs) (Nguyen et al. 2020), demonstrating the excessive use of ICTs in accomplishing a variety of societal functions (economic, educational, social and so on); *employment issues* (e.g. Umkehrer 2019; Coibion et al. 2020, Carranza et al. 2020; Fana et al. 2020) that are cruelly encroached by lockdowns and work suspension policy decisions; repercussions on the *tourist sector* (e.g. Gretzel et al. 2020; Sharma et al. 2021), which affect many countries and regions around the globe, having tourism as a main pillar in their economies; to name but a few.

The study of *national policy responses* to this health crisis as a means for establishing a *lesson-drawing mechanism* (Petridou et al. 2020), that is, a constructive learning process, where experiences gained from various countries can guide crises' aversion or improvements of national policies, is of critical importance in the coronavirus era. However, COVID-19-related responses of distinct countries, as relevant research works reveal (Petridou et al. 2020; Capano et al. 2020; Comfort et al. 2020), exhibit substantial variations that are linked to the individual uniqueness of each national context; but also certain convergence, thereby reflecting governments' sharing of information, learning from each other and coordination of policy reactions (Goodman et al. 2020). Shedding light on the disparate *state responses* can produce valuable inferences, useful for handling potential subsequent COVID-19 waves but also other future unexpected and highly impacting threats ('black swans') (Dunlop et al. 2020). It can also illuminate the performance of these responses and potential barriers or inefficiencies that jeopardize their targeted outcomes. Additionally, the exploration of *local policies* that address diversifying locally driven societal needs in the different urban or regional contexts and complement the nationally defined policy arsenal is also of great value. The proliferation of initiatives undertaken at this level demonstrates their significance towards relieving the stinging societal impacts of coronavirus on various community groups, especially the most deprived ones or those that are more severely affected by this health crisis. Their role in relieving social isolation repercussions, as well as strengthening solidarity and voluntarism initiatives in an effort to support the weaker societal groups within this turbulent coronavirus era, is vital.

Along these lines, the present chapter focuses on illuminating the national and local policy efforts of the Greek state against the COVID-19 crisis. Work carried out is based on the elaboration of policy responses and related spatiotemporal data-driven outcomes at the *national level*, within the time span of March to December 2020, presented in Sect. 15.2. This is coupled with the exploration of locally driven policy initiatives, that is, reference to the *urban context*, which are on the front line of the proper management of societal impacts and the support of community's resilience against COVID-19 repercussions. Towards this end, local initiatives of three distinct city examples, namely Larissa, Trikala and Piraeus are discussed in Sect. 15.3. Finally, in Sect. 15.4 some concluding remarks are drawn.

15.2 Coping with the COVID-19 Pandemic at the National Level

In this section, a brief delineation of the coronavirus pandemic at the national level is presented, highlighting the virus trajectory within the time span of March to December 2020. Towards this end, *spatiotemporal data* taken from the National Public Health Organization (NPHO) are used. A short description of the key nationwide policy directions and related measures, put into effect during the various pandemic phases in Greece, is also provided, keeping in mind that this is principally the level at which public health protection policy measures are set. Last, but not least, a succinct reference on critical ICT-related governmental reforms is made. These were largely accelerated by the pandemic in order for ICT-enabled service provision to be accomplished, and mobility and social distancing constraints to be overcome.

15.2.1 The Pandemic in the Greek Territory in Numbers

Combating the COVID-19 pandemic finds Greece at the stage of recovering from almost a decade of severe economic recession, memorandums and austerity policies. The government had to cope with the negative consequences of this gloomy decade, such as the degradation of infrastructures and services in a variety of sectors (e.g. health, transport, public services) and also their main impacts on society in terms of income loss, high unemployment and poverty rates. Governmental endeavours for escaping this downward spiral were soon confronted with a new, global, highly risky – for public health but also the economy and society as a whole – condition, which was brought to the surface by the COVID-19 outburst. Setting public health at the top of the policy agenda, the government had to immediately adjust and effectively cope with this globally emerging, rapidly expanding and highly influential threat.

The trajectory of the COVID-19 disease in Greece, from April to December 2020, is depicted in Fig. 15.1. A rough inspection of the pattern this figure exhibits reveals:

- Certain stabilization in the first few months of the pandemic.
- Upward trend that starts in the middle of summertime.
- Sharp increase during autumn and the beginning of wintertime.

Based on the progression of COVID-19 cases during this period, three phases, marked by different policy reactions as well as bundles and rigidity of policy measures that were enforced by the Greek government in response to this pandemic, can be crudely featured (Fig. 15.2).

Phase I is mainly characterized by a highly *proactive* positioning against the coronavirus pandemic from the very beginning of its appearance in the Greek territory. This endeavour was initiated when the first COVID-19 case was identified

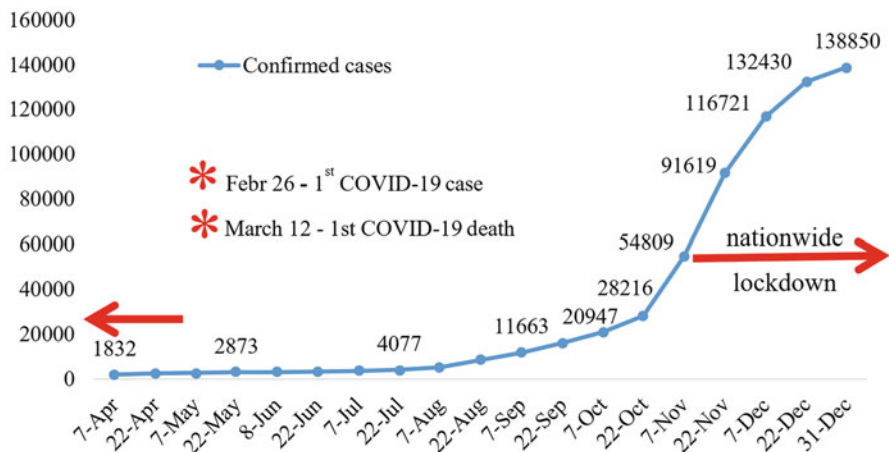


Fig. 15.1 Evolution of COVID-19 cases in Greece from 7 April to 31 December 2020. (Source: National Public Health Organization (NPHO), data on a weekly base, collected from NPHO reports)

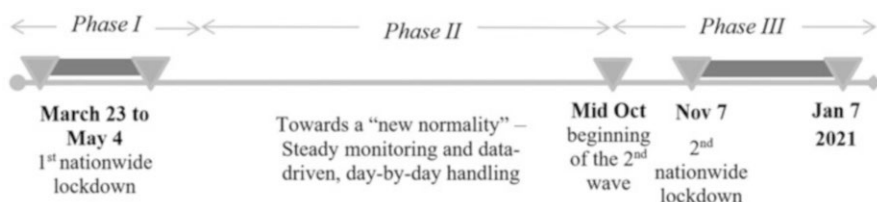


Fig. 15.2 Milestones and main phases of policy response for combating the COVID-19 pandemic in Greece. (Source: Own elaboration)

in northern Greece, on 26 February 2020, which was linked to a business trip to Italy; and a number of incidents in the regional entity of Achaia, Peloponnese, associated with a religious tourism excursion of a group to the Holy Land. The first human loss was announced on 12 March 2020 and was referring to a person from the tourism excursion group.

The first appearance of COVID-19 disease in the country was followed by its rapid expansion (Fig. 15.3). This expansion, coupled with the dramatic consequences noticed in neighbouring countries but also other parts of the world, had definitely signified a highly alarming situation in the Greek government. In order for the ramifications of the rapid coronavirus spread to be restrained, a highly *proactive approach*, marked by the first strict *nationwide lockdown* on 23 March 2020 that lasted till 4 May (43 days), was adopted. This lockdown has followed a range of formerly imposed restrictions from early March, such as the ban on all events, the shutting down of public/private educational sectors at all levels (primary and secondary schools, universities), the prohibition of entertainment and commercial activities as well as religious expressions, the closing of malls and entertainment

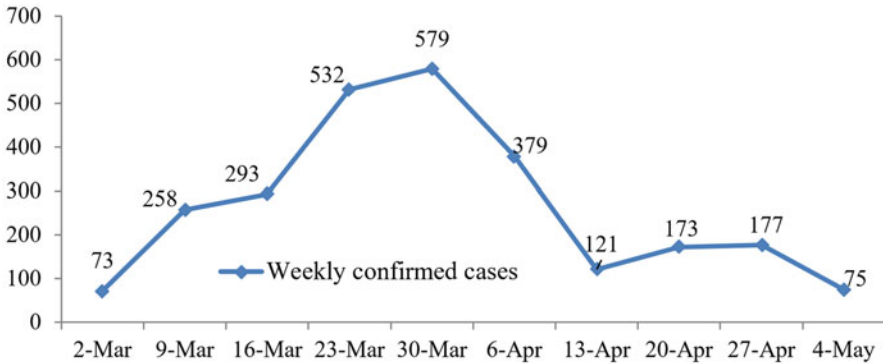


Fig. 15.3 Phase I – First coronavirus wave – pattern of weekly laboratory confirmed COVID-19 cases between 2 March and 4 May (Nationwide lockdown between 23 March and 4 May). (Source: National Public Health Organization (NPHO), Report of 28 April 2020 on ‘Plan for the Gradual Easing of COVID-19 Restrictive Measures – A Bridge of Safety toward a New Daily Reality’. Additional data from 20 April to 4 May drawn from NPHO Report of 4 May 2020)

venues, to name a few. Policy measures adopted during this first phase of the pandemic as well as the decision for a nationwide lockdown are admittedly perceived as a quite fast and wise reaction, that is, a timely, highly decisive, hand in hand with science, data-driven and, most importantly, proactive policy response in order for the expansion and health impacts of the pandemic to be diminished. Such a response was, given its outcomes, featured by many as a ‘*success story*’, compared to the dramatic impacts noticed in a number of European but also non-European countries around the globe that were counting thousands of human losses.

However, although public health issues were given the highest priority by the Greek government in this global health crisis, some serious unprecedented impacts of the 43-day nationwide lockdown but also policy restrictions following this time slot on the socio-economic domains started to appear. Indeed, as noticed by the Quarterly National Accounts, announced by the Greek Statistical Authority in 4 December 2020 (Greek Statistical Authority 2020), the country’s GDP in the second and third semester of 2020 was reduced by 14.2 and 11.7%, respectively, compared to corresponding semesters of 2019; while important repercussions on the social domain, mostly affecting vulnerable and deprived societal groups and threatening social cohesion, were also noticed (Vatavali et al. 2020). As in most countries, the pressure exerted on the Greek government towards the demarcation and adoption of a certain balance between the effective control of COVID-19 spread and related consequences on the one hand; and the handling of the deeply affected, already largely traumatized by the 10 years recession, socio-economic domains on the other, was pretty high. In order to achieve such a balance in the *largely unknown, complex and highly unpredictable new pandemic scenery*, a careful, stepwise relaxation of restrictive economic and societal policy measures and the reactivation of respective domains were carried out, circumscribing Phase II of the pandemic.

Efforts against COVID-19 proliferation in *Phase II* were characterized by a continuous spatiotemporal monitoring of the pandemic, coupled with *case-specific* and *spatially targeted* interventions in, for example, specific social structures, hot spots, settlements with high viral load and a large number of infected inhabitants, to name a few. Furthermore, the distinct spatiotemporal differentiation of COVID-19 disease cases across the regional entities (NUTS 3–level administrative spatial units) during this phase has, in early October, guided the adoption of a *place-specific (regional entity) approach*, accordingly differentiating bundles of precautionary and restrictive measures in each single NUTS 3 unit. Relevant information was provided on a daily basis on a GIS map, reporting temporary COVID-19 conditions in each single regional entity and clarifying related restrictive measures to its population. Continuous *data-driven monitoring* and *science-based targeted interventions* in Phase II seem to have partially restrained the coronavirus expansion during the summertime, despite the fact that this period is associated with relaxation and higher mobility of population due to summer vacations, but also certain conditional tourist flows that come from a number of foreign countries. However, it has also gradually induced inflicative repercussions, highly impacting the COVID-19 course, while placing a huge pressure on the country's healthcare system.

The first signs of these impacts appeared in September and were pretty evident in October 2020, featuring the beginning of *Phase III* of the pandemic, namely a highly alarming and aggressive wave. Confirmed infected cases during the second half of October and especially in the beginning of November (Fig. 15.4) verified the arrival of this second pandemic wave by displaying a dramatic increase of infected cases (an exponential rising pattern of new cases as a cumulative outcome from March to November 2020), a large number of human losses on a daily basis and a huge pressure on healthcare infrastructures. In fact, the increase of laboratory confirmed

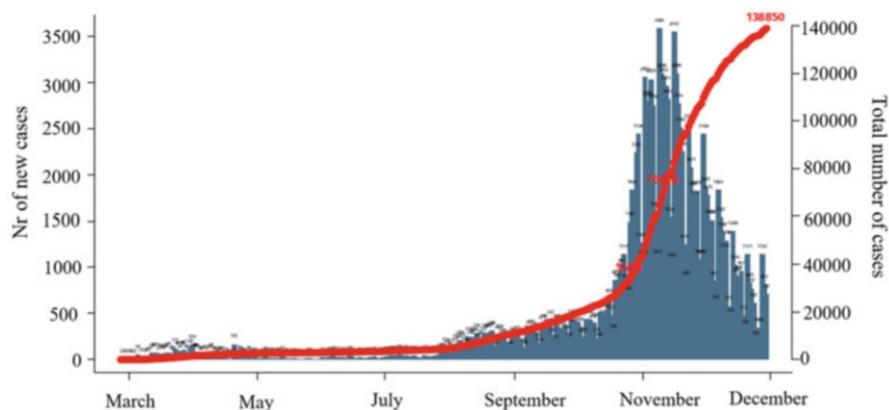


Fig. 15.4 Cumulative laboratory confirmed cases of COVID-19 on 31 December 2020 in the Greek territory. (Source: National Public Health Organization (NPHO), Daily Report on 31 December 2020)

COVID-19 cumulative cases within 1 month (from October to November) was almost 268% (from 39.251 cumulative cases from March till the end of October to 105.271 cumulative cases till the end of November and 138.850 cumulative cases till the end of December), thereby further stressing the marginal position of healthcare infrastructures.

Definitely this outcome should be considered in conjunction with the COVID-19 tests, conducted during this period by the Greek state (RT-PCR and Rapid AG tests). These pieces of information are illustrated in Fig. 15.5, from 20 February to 31 December, counting for a total of 2.803.026 RT-PCR and 579.462 Rapid AG tests (NPHO Report, 31 December 2020). As depicted in Figs. 15.4 and 15.5, intensification of COVID-19 testing goes hand in hand with the severity of coronavirus dispersion in the Greek territory as a means for early identifying new cases and obstructing the disease's further expansion.

Indicative instances of the *spatiotemporal distribution* of COVID-19 pandemic across the Greek territory are depicted in Fig. 15.6. The selected instances are demonstrative of the three roughly defined phases of COVID-19 in Greece (see Fig. 15.2) and designate the spatial dimension of COVID-19 injured cases from the very beginning to November's disease outbreak. More specifically, these instances present the infection status of the Greek regional entities at the end of (i) March and April 2020, a time span largely falling into the first country's lockdown from 23 March to 4 May 2020; (ii) July and August 2020, a period that bears a number of preventing socio-economic measures against the expansion of the pandemic, but also the mindful restarting of the national economy; and (iii) October and November 2020, a time span which, despite the continuation of targeted and, in some cases, more strict preventing measures, coupled with the decision for a second nationwide lockdown from 7 to 30 November, is marked by a clear *disease outbreak* in terms of intensity (exponential increase of the number of incidents), but also spatial expansion throughout the country, especially during November 2020. Indeed, pursuant to Fig. 15.6, the number of laboratory confirmed COVID-19 cases per 100,000 inhabitants in the various Greek regional entities displayed a definite deterioration through space and time. An *unequal spatial pattern* of infected population and the critical condition of the northern part of Greece, which was the most affected area in November 2020, are also depicted. The rapidly escalating number of COVID-19

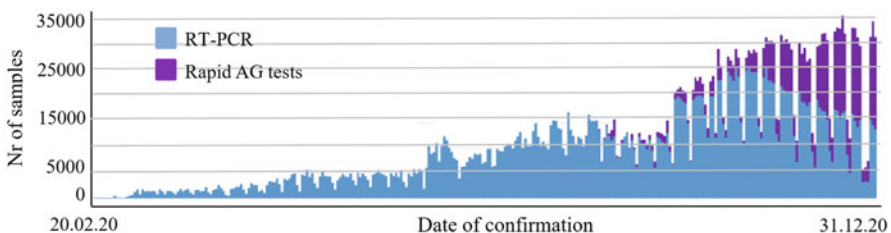


Fig. 15.5 COVID-19 RT-PCR and Rapid AG tests on a weekly basis from 20 February to 31 December 2020, in Greece ('Date of confirmation' is the date of test reporting to NPHO). (Source: National Public Health Organization (NPHO), Report of 31 December 2020)

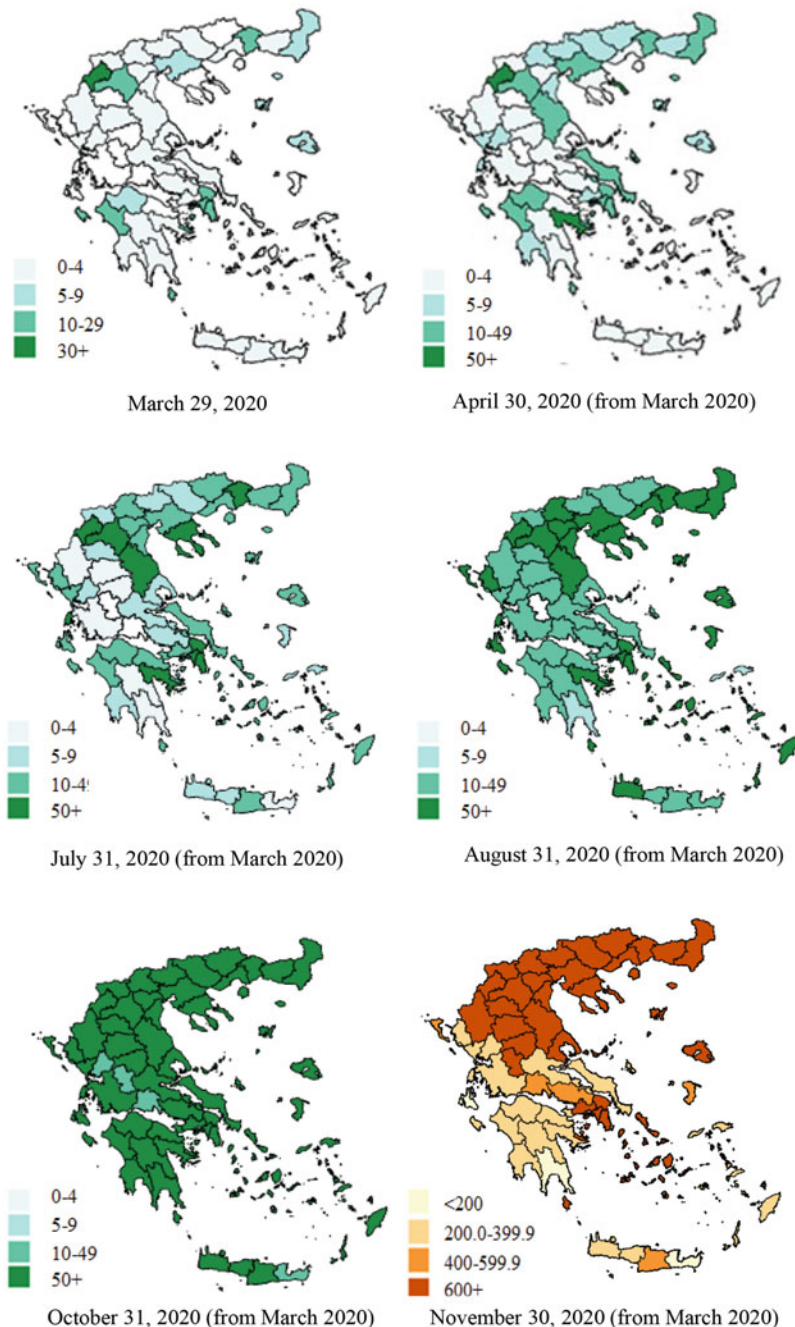
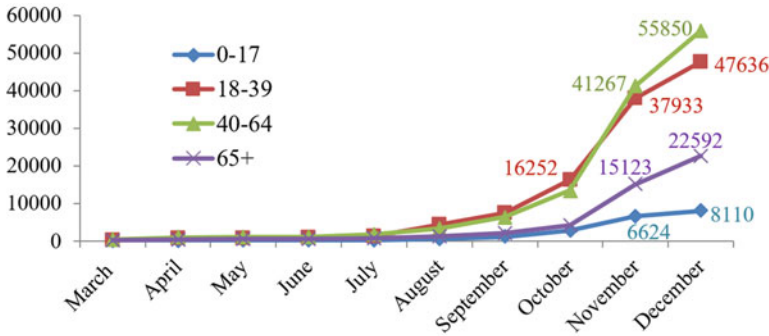


Fig. 15.6 Spatiotemporal distribution of COVID-19 in the Greek territory – cumulative laboratory confirmed COVID-19 cases per 100,000 population in distinct time slots. (Source: Reports of the National Public Health Organization (NPHO), <https://eody.gov.gr/epidimiologika-statistika-dedomena/ektheseis-covid-19/>)



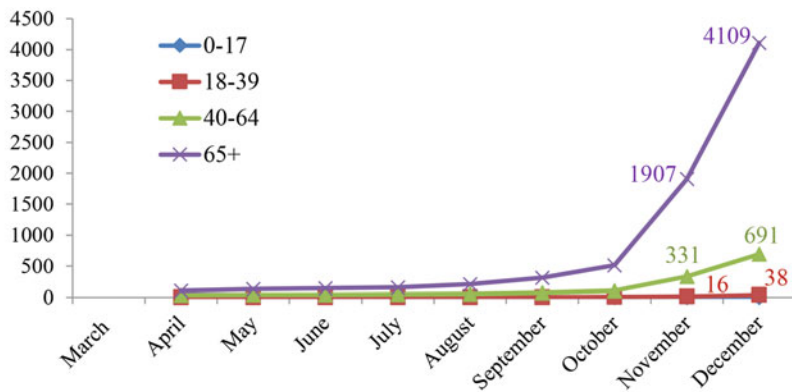
Age Group	March	April	May	June	July	August	September	October	November	December
0-17	32	100	160	199	276	612	1209	2855	6624	8110
18-39	292	732	844	988	1359	4413	7531	16252	37933	47636
40-64	514	1034	1138	1130	1757	3401	6420	13473	41267	55850
65+	250	515	576	662	803	1305	2169	4165	15123	22592

Fig. 15.7 Cumulative number of COVID-19 infected population by age group from March to December 2020. (Source: National Public Health Organization (NPHO), data from daily reports at the end of each month)

cases in the northern part of the country brought healthcare infrastructures and related service provision to a desperate position, a situation largely faced also by many regional and central healthcare infrastructures and related personnel across the whole country. Based on the epidemiological evidence, the second lockdown was actually extended till 7 January 2021; and was followed by one more week of a stricter nationwide lockdown till 11 January 2021.

A crucial dimension of the dramatic coronavirus expansion pattern is associated with the *structure* of infected population and *mortality* outcomes within the time span of March to December 2020.

As far as the *structure of infected population* is concerned (Fig. 15.7), a remarkable stability among the different age groups is noticed between March and July 2020. From July onwards, however, most age groups exhibit a, more or less, escalating pattern of infection, which was eventually attributed to the relaxation of population due to summer vacation but also the gradual restarting of the economic and social domains. Thus, a rather sharper increase of infection in almost all age groups is evident from September onwards, and especially between October and November, where a double, triple or even almost quadruple number of cases (e.g. in the age group of 65+) of infected population are registered in the various age groups. It is worth noting that from July onwards and especially from October to December, the age groups 18–39 and 40–64 demonstrate the sharpest increase of infected cases (and largest number too), rating first and at a certain distance from the rest age groups.



Mortality	March	April	May	June	July	August	September	October	November	December
0-17	-	0	0	0	0	0	0	0	0	0
18-39	-	2	3	3	3	3	5	6	16	38
40-64	-	34	39	43	45	51	72	107	331	691
65+	-	104	133	146	158	212	314	513	2059	4109

Fig. 15.8 – Mortality by age group in the time span from March to December 2020 in Greece – cumulative number of deaths from COVID-19 per age group. (Source: National Public Health Organization (NPHO), data from March to December 2020 from cumulative reports at the end of each month)

Regarding the *mortality pattern* by age group within the time span from March to December 2020 (Fig. 15.8), the highest rates were noticed at the age group 65+, namely the most vulnerable population, quite often suffering from other underlying diseases that placed additional burden and diminished survival potential of this group. Age group of 0–17 had no clinically confirmed deaths, whereas a small number of deaths appeared in the group 18–39. This pattern, however, changed in November, a *disease outbreak* time slot that displayed an almost triple number of deaths in the age group 18–39, compared to October, further increased (more than double) in December. A steady, although slight, increase in deaths was detected in the age group 40–64 from April to October, which sharply escalated in November, where almost a tripled number of human losses was noticed; and was further raised (more than double) from November to December. The most vulnerable age group, however, seemed to be the 65+, the ‘victim’ of coronavirus as evidence showed, counting a firmly rising rate of human losses, severely increasing from October to November (an increase of more than 400%) and from November to December (almost 200%).

It should also be noted that while mortality exhibited a certain low fluctuation in Greece from March to September 2020, with the number of human losses during these months being largely confined, compared to human losses in other countries, the same did not hold for October and mainly for November, where the COVID-19 outbreak resulted in an exponential increase of human losses (Fig. 15.9).

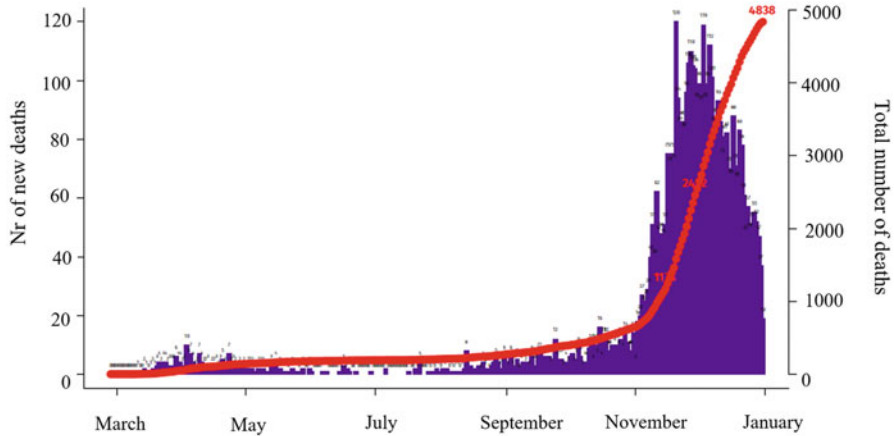


Fig. 15.9 Trajectory of cumulative laboratory confirmed deaths from COVID-19 in Greece in the time span from March to December 2020. (Source: National Public Health Organization (NPHO), Data from NPHO Report on 31 December 2020)

15.2.2 Combating COVID-19 at the National Level

Confrontation of the pandemic in Greece was based on a range of policy measures, properly adjusted to the aforementioned distinct phases; and was the outcome of *data-driven* and *science-based* decision-making processes. The different bundles or mix of measures, applied in each distinct phase, were accordingly shifting from case- and region-specific to horizontal, enforced throughout the country; and can be classified into *restrictive*, *supportive* and *ICT-enabled*, crosscutting the economy, society and, among others, the healthcare sector, which is perceived as a key pillar for handling the coronavirus pandemic. These measures are roughly sketched in the following, classified into the three aforementioned phases.

15.2.2.1 Phase I – Key Message ‘We Stay at Home’

The prevailing feature of Phase I was the *nationwide lockdown*. This had sharply affected the *economic domain*, since the severe *restrictive measures* enforced have led to the closure of all economic activities, apart from the commercial ones serving basic population needs. Entertainment venues, restaurants/cafes, non-essential shops, gyms/sport centres, hotels and other accommodation infrastructures, to name a few, were forced to shut down, while all kinds of cultural and other events were also forbidden. Country’s borders were closed, with flows from abroad being banned, apart from some minor exceptions (Greek students or citizens being blocked in a foreign country). As counterpart of these restrictions, a range of *supportive policy measures* were put in force, mainly encompassing measures ensuring the

financial support and survival of businesses, development of specific protocols for various workplaces/activities in function (e.g. shops, public transportation), staggering of working schedules for avoiding transport overcrowding, suspension of tax and insurance payments, discount in rental costs for entrepreneurs and ‘special goal’ reimbursement. The latter has been implemented since April 2020 by means of a comprehensive framework predicting four business support schemes, namely loan guarantees to businesses through the creation of a guarantee fund for working capital loans, interest subsidy of existing SME loans, interest subsidy of new SME working capital loans and partly repayable advance scheme in the form of grants to SMEs.

The ‘*stay at home order*’ of this phase in the *societal realm* incorporated the enforcement of a range of *restrictive measures*. Indicatively the following can be mentioned: Travel restrictions and self-isolation of travellers; quarantines of affected population; control of citizens’ mobility by use of SMS or special permission forms; ban on mass/public gathering; rules’ enforcement to the use of masks and social distancing in indoor activities; closure of public spaces, parks and outdoor places; closure of schools at all levels; restrictions to the number of employees in workplaces and so on. *Supportive measures* were mostly targeting the increase of population’s awareness and the shaping of collective understanding about the very essence of the pandemic and the precautionary actions needed. Towards this end, campaigns for raising individual and collective responsibility; day-by-day information on the coronavirus progression from COVID-19 Committee representatives; mass media advertisements by influential artists; promotion of a new safety and hygiene culture regarding the use of masks, hand washing and antiseptics and so on, were put into action. Financial support to vulnerable working groups, that is, employees who were affected by the lockdown and remained in work suspension (e.g. young people, low-skilled or precarious workers, part-time or temporary workers and self-employed), was also predicted, incorporating prorogation of tax payments and ‘special goal’ reimbursement. The promotion of *ICT-enabled measures* for serving societal needs is also of great importance at this level. Remarkable changes have been realized in this respect, highly motivated but also accelerated by the COVID-19 pandemic. Indicatively, the following can be mentioned: 13033 – e-service (SMS) for controlled citizens’ mobility; online learning at all school levels; teleworking in the private and public sector; remote working, mostly home-based, wherever possible, in whole or in part, for reducing overcrowding in workplaces and unnecessary travel; public sector e-service provision to citizens; e-medical and e-psychological support; electronic prescription of medicines; e-culture services (museums, books, theatre, e-concerts); digital applications for diffusing information to citizens.

The *supportive measures* for strengthening capacity of the healthcare system, such as the adequacy of protection stuff for the healthcare personnel; recruitment of new personnel in the healthcare sector; increase of healthcare beds and capacity of intensive care units; strengthening of epidemiological surveillance; and broadening of testing and contact tracing capabilities, are also noteworthy. Such interventions were of crucial importance as the healthcare system and its human resources were, and still are, the core of a successful confrontation of the pandemic. Additionally, the

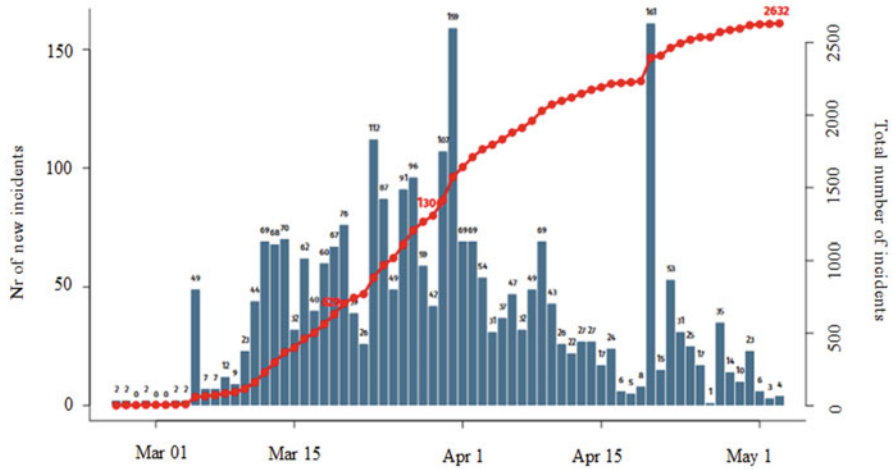


Fig. 15.10 Phase I – Outcome of the first lockdown in terms of decrease of daily new cases. (Source: National Public Health Organization (NPHO), Report of 4 May 2020)

volunteered contribution of the private sector and donations that upgraded capabilities of the healthcare system, thus complementing endeavours of the central government, are worthy to be mentioned. That kind of solidarity had a great contribution, while it also revealed the value of a cooperative spirit and the joint efforts against the common threat.

The result of this strict and proactive reaction had a positive effect in slowing down the further expansion of COVID-19 cases, as shown in Fig. 15.10.

15.2.2.2 Phase II – Key Message ‘We Remain Safe’

Intelligence gathering on the pandemic from the global scenery, coupled with experience-based results and lessons learnt from the severe enforcement of lockdown in Phase I, as well as the effectiveness and responsiveness of related policy measures, have set the ground for building up the *strategy* of Greece in Phase II. This strategy was featured by a gradual, careful and conditional (case-specific protocols) release of *restrictive measures*, imposed on the socio-economic domains, and the opening of the country to the outer world. It was also accompanied by a rigorous monitoring of the outcomes of this relief and the close observation of the coronavirus trajectory by increasing the number of tests and systematically evaluating results on a daily basis. At the same time, effort was devoted to *supportive measures*, mainly focussing on community’s awareness raising and wakening about the difficulties residing in the transition to a ‘new normality’, being definitely a ‘marathon’ venture, and the need for the adoption of a knowledgeable and more responsible behavioural pattern at both the personal and the collective level.

Implementation of this strategy in Phase II entailed the need to keep an eye on coronavirus outbreaks in every single settlement, structure, region, population group and so on; and produce targeted case- and group-specific measures for effectively handling it. Specific horizontal, emergency measures were also enforced in epidemiologically burdened cases, for example, tourist destinations, settlements, refugees' hot spots. Additionally, intense coronavirus tests were carried out in specific structures, for example, retirement houses, military camps, regions or cities with high virus load, large factories, airports and border entry points. Coronavirus outbreaks in specific regions (NUTS 3 level) in Phase II, for example, the northern part of Greece, introduced the necessity to shift from horizontal to region-specific handling, addressing different bundles of measures to different states of coronavirus infection/contagiousness in the Greek regional entities. This new way of dealing with the situation was implemented from early October 2020 onwards, by classifying Greek regional entities into *four layers*, according to their viral load. These were (Fig. 15.11) Layer 1, denoting a readiness level in terms of policy intervention; Layer 2, where pandemic status embedded the need for surveillance; Layer 3, claiming an increased level of surveillance; and Layer 4, interpreted as a high coronavirus risk regional entity. The whole undertaking was accompanied by the establishment of an *ICT-enabled platform* that facilitated the diffusion of region-specific information on policy measures in force in each single Greek regional entity at each specific time slot.

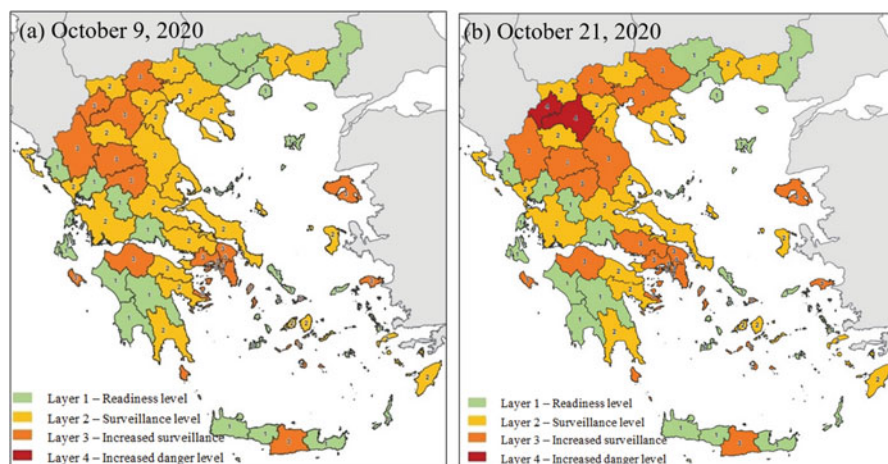


Fig. 15.11 Regional entity-specific mapping (NUTS 3 level) according to virus load on (a) 9 October and (b) 21 October 2020, demarcating diversified policy handling. (Source: General Secretary of Civil Protection, <https://bit.ly/35Cf93M> (9 October) and <https://bit.ly/3pzXhOD> (21 October))

15.2.2.3 Phase III – Key Message ‘We Remain Safe/We Stay at Home’

Phase III constitutes the outcome of the second pandemic wave, which has been cruelly hitting many countries around the globe since autumn 2020. As already described in the previous section, this phase was marked by a rapidly raising viral load throughout the Greek territory, displaying though more severe impacts at certain regional entities (see Fig. 15.11). The alarming signs of the virus outbreak of this phase appeared in the middle of October 2020. The expediently escalating number of COVID-19 daily confirmed new cases, deaths and patients in intensive care units; coupled with the wide spatial dispersion of the disease throughout the country, led to the decision for a *second horizontal lockdown*. This was announced to last from 7 to 30 November and has rendered the whole country one single layer in terms of coronavirus risk. During this time span, *restrictive and supportive policy measures* of the first lockdown, relative to the social and economic domains, were revoked and were further enriched by, among others, the obligatory use of mask in all outdoor activities. However, despite the almost 1 month lockdown, outcomes at the end of November remained far from those allowing a ‘back to normality’ policy decision. The ‘cost’ was unbearable in terms of human losses. Unbearable was also the suffocating state the public healthcare infrastructures were brought into, a fact that has led to the partial requisition of beds in private clinics in certain parts of Greece. Steady monitoring of the outcomes of this second nationwide lockdown has resulted in the systematic postponement of its end, reaching, at the time of preparation of this work, the 11 January 2021. Noteworthy is also the concomitance of part of the second lockdown period and the Christmas holy days, a time span that is full of expectations in both economic and social terms; and is marked by intense economic transactions and social gathering (shopping, entertainment, home celebrations and family gatherings and so on). In order for the economic and social stress of a lockdown in the middle of Christmas time to be partially relaxed and the burden of delivery services of e-commerce activity to be relieved, a *click-away* opening of certain economic activities was adopted during Christmas time (middle December onwards), carefully planned and strictly controlled by police officers. The way this will or will not jeopardize the lockdown desired end state remains to be proved in subsequent weeks of 2021.

15.2.3 The ‘Digital Jump’ of Greece in the Coronavirus Era

This section attempts to provide a short notice on the role of ICTs in managing organizational issues, but also the economic and social repercussions of COVID-19 in Greece. In fact, already planned innovations in the e-government realm, being discussed in Greece for quite a long time, have been accelerated in the coronavirus era, marking the, so called by many, ‘digital jump’ of Greece. The main pillar of this

'jump' was a single *digital government platform* (gov.gr), developed by the Ministry of Digital Governance. This platform, which is accessible by computer or mobile devices, was planned to replace citizens' physical presence in cases where they need to get involved into a number of trivial but time-consuming bureaucratic procedures. The platform was designed to carry through easily and quickly a range of digital services from different public agencies and organizations, representing thus a *single contact point* or a *digital service centre* for businesses and population in order for transactions that deal with the state to be digitally accomplished. The plan was to digitize and bring on board each single governmental department and related processes; and provide an '*e-one-stop-shop*' hub to businesses and citizens for serving their needs and minimizing bureaucracy.

In the COVID-19 era, the use of this platform provided some quite useful applications, aiming at reducing citizens' mobility and face-to-face interaction with public institutions, to the benefit of both the population and employees of these institutions. Among them, the most important *COVID-19-related e-government services* offered by gov.gr are as follows:

- *Forma.gov.gr* (<https://forma.gov.gr/>): It provided information to citizens about the mobility options available in lockdown periods and the necessary supporting documents that needed to be gathered for mobility legitimization. Such information was provided for both the different types of commuters (e.g. employees, self-employed, freelancers, students) and the permitted types of private movements, by use of specific forms or SMS messages.
- *COVID-19 Hub* (<https://covid19.gov.gr/>): This disclosed all sector-specific policy measures or restrictions enforced from the very beginning. More specifically, it provided sector-related instructions and restrictions for the: health sector, reporting precautionary measures undertaken for coping with the pandemic; transport sector, providing information on restrictions enforced in various transport means (sea, air, road); educational sector, listing coronavirus policy measures applied at the different educational levels and distant education options; state and citizens' section, summarizing information that dealt with the relationship of citizens with the state (e.g. electronic service provision, teleworking in the public sector, special purpose permits for employees); economy – employment sector, informing on support measures for businesses and employees as well as backing of unemployed population; cultural sector, offering a variety of opportunities for distant entertainment and so on.
- *Electronic (Paperless) Prescription System*: It facilitated the paperless medicine prescriptions. Prescriptions were received by citizens through an SMS or e-mail, serving thus respective needs without physical presence. Pharmacists could recall prescriptions through their barcode or the patient's social insurance number.
- *COVID-19 Observatory* (<https://covid19.gov.gr/category/paratiritirio/>): This URL made available detailed reports on a weekly basis, elaborating on the repercussions of COVID-19 on the health, economy and society realms, starting from 29 May 2020.

- *National Public Health Organization (NPHO)* (<https://eody.gov.gr/>): It facilitated access to information, targeting the protection and improvement of public health. Quite active in the coronavirus era, NPHO provided daily reports on COVID-19 trajectory, number of new incidents, number of deaths, age structure of infected cases, mapping of infected areas and number of tests conducted.
- *The #DigitalSolidarityGR* (<https://digitalsolidarity.gov.gr/>): This website focused on the provision to businesses and citizens of a range of applications, services or products that could facilitate distant working, learning and entertainment. During the coronavirus period, this stuff was voluntarily offered by businesses and private institutions to societal groups either free of charge or at a much lower cost. The initiative addressed the need to diminish the pandemic socio-economic impacts and improve everyday transactions of citizens and businesses by providing access to digital technologies for educational, working, entertainment, collaboration, life-long learning and other purposes. Free-of-charge teleworking and teleconferencing platforms, newspapers and books, tools for educational institutions, cultural products, website development services and so on were falling into the pool offered by this initiative.
- *The ethelontes.gov.gr Initiative* (<https://covid19.gov.gr/programma-gine-ethelontis-gia-tin-ant/>): This attempted to attract volunteer health personnel (doctors, nurses and medical assistants, psychologists, medicine students as well as medical personnel in pension) but also administrative or technical staff in order for the excessive demand for healthcare and supportive services in related infrastructures in the coronavirus era to be effectively dealt with.
- *COVID-19 Vaccine* (<https://emvolio.gov.gr/>): This URL diffused information with regard to the vaccine against coronavirus, the process of vaccination, responses to specific questions regarding the vaccine, appointment options, timetable and so on, in an effort to illuminate obscure vaccination aspects, motivate people to engage and technically handle the huge effort of organizing the nationwide vaccination venture.
- *COVID-19 and Culture*: This initiative provided options for virtual cultural entertainment, with the gov.gr platform enabling the free access to digital material that was produced by the Ministry of Culture (<https://covid19.gov.gr/draseis-politismou/>).

The aforementioned applications were perceived as a considerable step forward, placing digital technology and its applications at the service of the economy and society in this coronavirus ‘marathon’ effort; and a legacy that will definitely mark the post coronavirus era.

15.3 Addressing Coronavirus Challenges at the Local Level – Examples of Greek Cities’ Policy Initiatives

In this section, policy efforts of three distinct Greek city examples against the coronavirus disease are discussed. More specifically, Larissa and Trikala in the region of Thessaly and Piraeus in the region of Attica are explored (Fig. 15.12). These represent different city profiles as Larissa is an urban centre with a leading role in one of the most prosperous agricultural plains of Greece, the Thessaly plain; Trikala is a small peripheral city which has, during the last decade, undertaken a leading role at both the national and the international scenery as a smart city; and Piraeus is a coastal city, the largest port at the national level, located in the adjacent of the Athens metropolitan area. It is worth mentioning that since the coronavirus outbreak in Greece in autumn 2020, the cities of Larissa and Trikala have displayed a pretty high virus load, falling thus into the ‘red’ areas in terms of COVID-19 policy restrictions.

Before moving on to the very essence of this section, there is a need to elucidate the *city context* and the *wider decision environment* that frame policy initiatives of local governments against coronavirus in Greece. These will form the ‘lens’ through which endeavour of each single local government should be studied and interpreted. Speaking of the *city context*, this is principally determined by three key attributes, witnessed in the Greek territory. The *first one* pertains to the small *population size* of the majority of Greek municipalities. In Greece, three legislative reforms were carried out in 1997, 2010 and 2018, with the aim to establish a new architecture of local administration by consolidating adjacent municipalities and ending up with larger, more dynamic and functionally related administrative units. However, the resulting outcome still lacks a critical population *threshold* and a relative strength (in 2011, 29% of Greek municipalities counted for 20,000–50,000 inhabitants and 51% for less than 20,000 inhabitants) (Hellenic Agency for Local Development & Local Government, 2020). This small population size is tightly interwoven with deficient *manpower* and *adequacy* of local government structures or even the existence of certain services/capabilities (e.g. municipal police, civil protection, ICTs capabilities, programming capacity). The *second one* refers to the *morphological peculiarities* of the Greek territory. Rough terrain or water (sea) barriers are translated into a kind of *isolation* and related repercussions, faced by a large number of Greek peripheral municipalities in both the mainland and the islands. The *third one* goes beyond the above structural weaknesses of Greek municipalities; and is the outcome of the severe impacts of the *prolonged economic recession*, highly depriving municipal finances and organizational power by *budget cuts* of government grants of almost 46 per cent in the decade 2009–2019 (Hellenic Agency for Local Development & Local Government 2020). The diversification of the above structural (e.g. size, manpower) and budget-related key attributes also implies a diversifying potential for policy implementation against, among others, the coronavirus health crisis. As a result, policy initiatives of local governments are forced to adapt to each single city’s territorial and financial reality, as well as existing civil protection and risk reduction mechanisms and infrastructures.

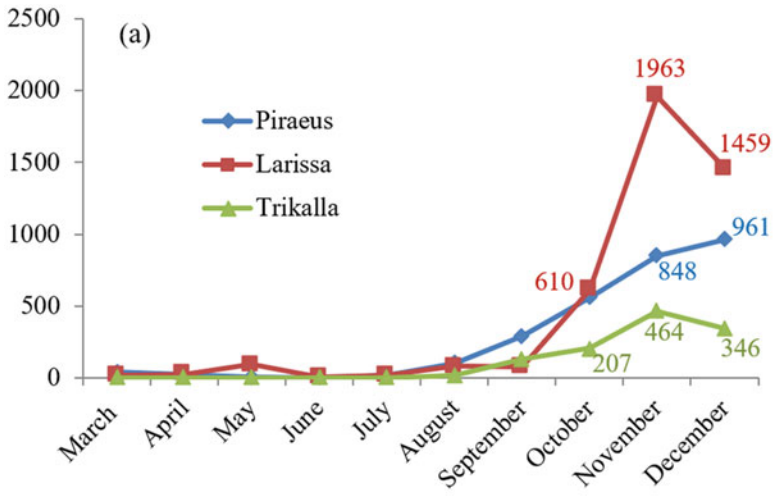


Fig. 15.12 (a) Number of confirmed COVID-19 cases per month (March to December 2020) in Larissa, Trikala and Piraeus urban contexts, (b) Location of selected urban contexts and related population. (Source: (a) COVID-19 data from National Public Health Organization (NPHO), 2020)

With respect to the *decision environment*, an important key dimension concerns *responsibilities* addressed so far to local government by the legislative framework.

Notwithstanding the acknowledgment of the local governments' role in coping with contemporary societal challenges, Greek legislative framework – till 2019 – demarcates their decision-making jurisdiction to notably two fields, namely civil and social protection. Within these fields, local governments can undertake roles of coordination, management, prevention, readiness and confrontation of disasters, occurring in their jurisdiction. Along the social protection field also, they can potentially implement public health emergency and vaccination programmes. However, such kind of actions by the Greek local governments is rather rare due to the lack of resources and adequate administrative structures, but also the fact that these are predominantly falling into the central government's jurisdiction. In early 2020 though, the role of local governments in civil protection fields is broadened (Law 4662 2020), although not yet accompanied with relevant resources.

Observed *spatiotemporal variations* of coronavirus infection in the Greek territory indicate that different local and regional spatial contexts were hit in diverse ways and with varying levels of intensity (see Fig. 15.11). This, in turn, introduced the need for different bundles of policy measures to be implemented in each single spatial context. Discussion in the following subsections elaborates on case-specific policy initiatives against coronavirus, carried out by the three aforementioned Greek municipalities; and is mainly grounded on the exploration, as well as the thorough and critical assessment of information provided by COVID-19 dedicated websites and related social media announcements of relevant local governments. Personal communication with dedicated – to the topics – municipal employees as well as COVID-19 data collected from the National Public Health Organization (NPHO) are used as complementary resources in this respect. It should also be kept in mind that policy measures in support of the economy at large were and still are mainly driven by horizontal, nationwide decision-making processes, rendering thus the Greek local governments the facilitators or intermediates for local, predetermined business support. In this respect, such measures, while presented as parts of the efforts in each single case study example considered, are not further explained in related text below, since this is largely confined to policy actions purely undertaken at the local governmental level.

15.3.1 The City of Larissa

Municipality of Larissa is an important urban centre of the region of Thessaly, with a population of 162.591 inhabitants in 2011. The city lies along the national road network that connects the two main metropolitan regions of Greece, Athens and Thessaloniki, as well as at the heart of the largest Greek agricultural plain, the plain of Thessaly. A noteworthy feature of the city is the dynamic profile of its population, as this is witnessed by the respective ageing index and its comparison with relevant indexes of the state and the region of Thessaly respectively. During the last few

decades, the city is also experiencing a remarkable population increase, hosting almost half of the population of the respective regional entity. Its location in the fertile plain of Thessaly has, through time, substantially affected the *local economic structure*. However, its direct connection to the national road network, its role as a regional administrative centre (capital of Thessaly region), and its proximity to important adjacent urban centres has gradually affected the city's economic profile, enabling the transition to a more tertiarized economic structure, although the share of the agricultural sector still remains important (more than 18%).

The *spatial distribution* of population in the city reflects a severe social segregation pattern. Therefore, the medium and high socio-economic population classes reside in the central district but also in a small area in the south-western part of the city. The parts surrounding the central district area are inhabited by lower socio-economic population classes. The north-eastern outskirts (i.e. Nea Smyrni suburb) are inhabited by low class and economically deprived, as well as marginalized population (refugees from Asia Minor and the Black Sea as well as Roma people) (Fig. 15.13a, area marked in red).

Speaking of the Roma district, main attributes of this land parcel are the low quality of residences; high density of the built environment; lack of public space, parks and squares; narrow streets; intensive use of the limited outdoor space; and high density of social contacts, reflecting the traditions of this specific population group. This was the part of the city where coronavirus first showed up in early April 2020, owing to the particular features of the built environment, but also the cultural profile, the inward-looking and the way of living of this population group. This has alarmed relative national/regional agencies (civil protection, local and regional

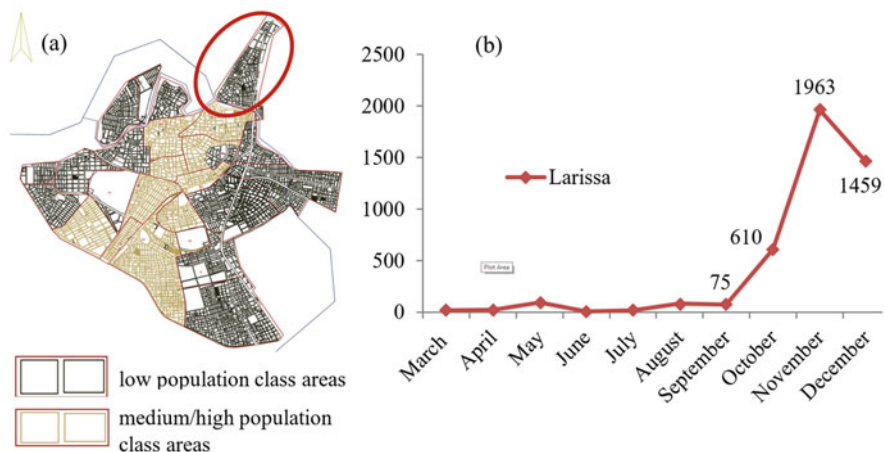


Fig. 15.13 The Larissa case study – (a) Spatial segregation of population classes – location of Roma population (red circle) and (b) Evolution of COVID-19 confirmed cases in the city of Larissa from March to December 2020. (Source: (a) Maloutas and Somaras 1997; (b) COVID-19 data from National Public Health Organization (NPHO), March to December 2020)



Fig. 15.14 Areas of COVID-19-related policy actions implemented in the city of Larissa. (Source: Own elaboration)

governmental structures) and has put into effect a giant emergency operational plan, enforcing quarantine in part of this district, close surveillance by means of a ‘Day 0–Day 7–Day 14’ COVID-19 testing plan, extended contact tracing procedures, mobility constraints and ban on social gathering.

Following this first appearance of COVID-19, the pattern of coronavirus expansion in the city of Larissa on a monthly basis is presented in Fig. 15.13b. This displays a certain stabilization of infected cases after this first mass incidence in the Roma city district; and a rapid expansion of infection from September onwards, placing the city among the high viral loaded areas. Likewise, the respective regional entity falls into the same category (see also Fig. 15.6), notably during the second coronavirus wave.

The *policy effort* of the local administration of Larissa is summarized in Fig. 15.14 and is shortly discussed in the following paragraphs.

Much attention was paid by the city government of Larissa to the upgrading of *local knowledge stock* about the coronavirus disease. Towards this end, a dedicated *COVID-19 website* was deployed (<https://www.larissamazi.gr/>), acting as a main hub for information diffusion to local population with regard to COVID-19 topics. Furthermore, a number of web-based events were organized during May and June 2020, falling under the umbrella-theme ‘*The new, post COVID-19 reality – challenges and limits*’. Prominent speakers were giving speeches on the education in the COVID-19 era and the challenge of distant learning; the challenges, risks and perspectives of the economy in the coronavirus era; the social repercussions of this health crisis; as well as issues raised about the public health in the pandemic era. Moreover, brief informative *videos* – also produced in sign language – were prepared and uploaded to the city’s COVID-19 dedicated website in order for instructions against virus expansion to be summarized and communicated to specific target

groups, namely children and vulnerable groups (e.g. elderly). Knowledge stock upgrading policy actions also incorporated a short video, stressing the importance of *voluntarism* in this coronavirus common battle and addressing health or sanitary skilled persons, who were willing to join efforts in this endeavour, to the respective application of gov.gr platform for applying and engaging. Various types of useful COVID-19 information were provided by linking to relative central government's digital resources. The *volunteered contribution* of businesses and people/institutions in response to relevant city government's invitations was also of great importance. In this respect, the city government managed to motivate a number of local businesses to engage and support its efforts to meet the increasing demand for social care actions, but also the needs of that part of population that was enforced to quarantine (e.g. Roma in Nea Smyrni district). The cooperation with the Institute of Psychosocial Development that offered valuable help to population; and the 'Smile of the Child' non-governmental organization in support of children population, to name a few, was also of vital significance.

Demand for *social care services* was dramatically increased during the coronavirus era, with additional burden added due to the lockdown and quarantine time slots, but also the financial repercussions of work suspension of part of the productive population. A variety of policy actions were undertaken by the city government to serve this demand. Among them, current programmes, such as 'Help at Home' for vulnerable persons or elderly and 'Social grocery' were expanded to incorporate anyone in need; support was offered for providing medicine prescriptions to patients who were unable to visit their doctor and medication was delivered at home; special effort was placed on expanding the provision of meals to deprived persons in order for those hit by work suspension or unemployment to be included. Finally the 'white taxi' service was expanded, in an effort to provide transport service to vulnerable or disabled community members.

An interesting policy field related to actions undertaken for serving *health and training needs* of population, especially during the lockdown slot. Local governmental action, use of technology and engagement of public (University of Thessaly) and private actors (local gym centres) have led to the deployment and uploading of a series of e-training programs to the COVID-19 dedicated website, aiming at keeping local population healthy, fit and optimistic within these unsafe, insecure and gloomy coronavirus times.

Under the motto 'Culture never shuts down', Larissa local government carried out a great effort to alleviate the impacts of social isolation and emerging stress that were evident due to the lockdown state. Towards this end, it succeeded to bring at home a great deal of *cultural and entertainment stuff* that satisfied the needs and interests of diverse citizens' groups, such as operas, concerts, documentary films and theatre performances from the Greek and the international repertoire. Additionally, access to a great variety of e-books from the Greek and world literature was provided – in cooperation with the initiative of the National Library entitled 'I change page/From library to home', but also access to local, national and world museums. Actions undertaken to support *children* at home were also of special interest. The most important of them were related to instructions for distant learning, targeting

familiarization with the digital educational platform and connection to school network; creative activities, serving educational and entertainment purposes; and games entailing crafts and constructions. Moreover, of great interest was the deposit created in the city's COVID-19 website, where children's tales, narrated by local writers, were uploaded. These actions, apart from helping children having a more pleasant and creative time at home during schools' shutdown periods, had also established a solid bridge between children and digital technology.

Additionally, during the COVID-19 period, the city government has broadened *e-government* actions by activating the municipality's digital platform in order for a number of *e-services* to be delivered to businesses and citizens. The platform was gradually enriched, in an effort to increase the number of available e-government services. Furthermore, applications of local businesses for financial support, in alignment with the horizontally defined business support measures announced by the central government, could be submitted via this particular platform.

Finally, the initiative undertaken by the city's government and the municipal kennel towards *stray animals' care* is worthy to be mentioned. Food and water deposits were located in numerous places in the city in order to properly serve the needs of stray animals, especially in the lockdown time slot.

15.3.2 *The City of Trikala*

The city of Trikala is the capital of the homonymous regional entity at the central part of Greece and one of the most significant urban centres of the region of Thessaly. In 2011, the city had 81,355 inhabitants and is characterized by a remarkable rising population trend during the last two decades and an escalating urbanization pressure. The north-eastern part of the city is inhabited by Roma citizens (settlements Ag. Apostoloi, Kipaki and Pyrgos) (Fig. 15.15a) (region of Thessaly 2015). Similarly to the city of Larissa, this marginalized part of population in the city of Trikala resides in city districts featured by low residence quality, densely built environment, deficit of public spaces, narrow streets and so on; and exhibit a living pattern highly marked by intensive outdoor activity and close social contacts.

The city's local economic structure, although traditionally characterized by the prevalence of the primary sector, has already displayed noteworthy tertiarization signs. A key feature of the city of Trikala is its preeminent position as the *first smart city* in Greece. This effort was initiated as a means to overcome isolation, economic stagnation, population decline and unemployment, and addressed new ICT-enabled developmental perspectives. The city has gradually transformed into a pioneer at the national and one prominent example at the international level, an endeavour that was grounded on visionary leadership, as well as inspiration and motivation of local community and businesses to engage in this smart city venture. Owing to its persistent and ongoing efforts, the city of Trikala was placed among the 21 'smart' communities in the world of the years 2009, 2010 and 2011, awarded by the Intelligent Community Forum (ICF) (Stratigea and Panagiotopoulou 2014).

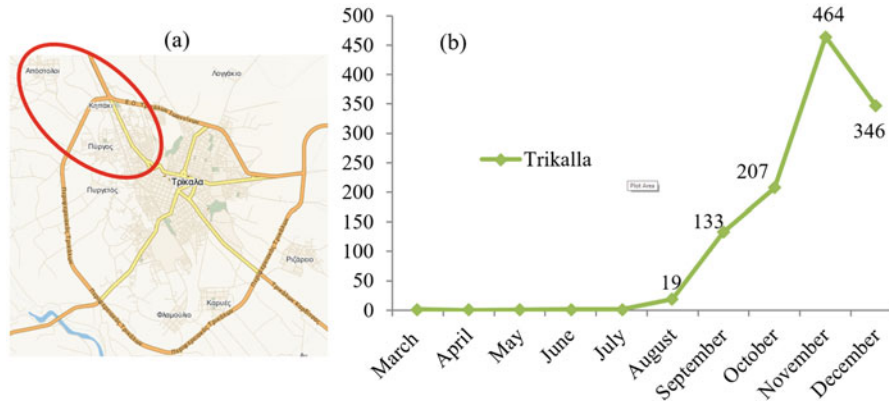


Fig. 15.15 The Trikala case study – (a) Spatial segregation of marginal groups – location of Roma population (red circle) and (b) Evolution of COVID-19 confirmed cases in the city of Trikala from March to December 2020. (Source: (a) Region of Thessaly 2015; (b) COVID-19 data from National Public Health Organization (NPHO), 2020)

Furthermore, the city of Trikala has participated in numerous highly innovative international research projects, contributing thus to the deployment of breakthrough innovations in its territory, for example, autonomous buses. Important initiatives have also been carried out in the field of sustainable mobility, smart homes in support of vulnerable population, open data, participatory processes and governance, as well as intelligent agriculture.

The evolution of COVID-19 infected cases in the city of Trikala displays the pattern shown in Fig. 15.15b. This seems to generally conform to the pattern noticed in Greece as a whole, although it demonstrates a lower intensity during the second coronavirus wave time slot.

Main areas of policy action undertaken by the city government are shown in Fig. 15.16 and are shortly discussed in the following.

At the heart of COVID-19-related actions in the city of Trikala lays the advocacy of the most vulnerable population groups. In this respect, the strengthening, but also the expansion, of *social care services* was at the core of the local policy agenda. These services offered valuable help to a range of vulnerable groups (e.g. elderly, disabled, economically deprived population) and represented an expansion of the ‘Help at Home’ social care programme. A phone call service was established in this respect and dedicated personnel was steadily available for serving specific needs of those groups, such as shopping and home delivery of essentials, medication prescription and delivery at home, home delivery of municipal documents or pension, to name a few. Moreover, free-of-charge food distribution to financially weaker groups was included in the social care actions.

A range of *citizens’ support actions* were also implemented, targeting population as a whole. Provision of credit facilities with regard to overdue water supply debts, shopping and delivery of products at citizens’ residences; psychosocial and

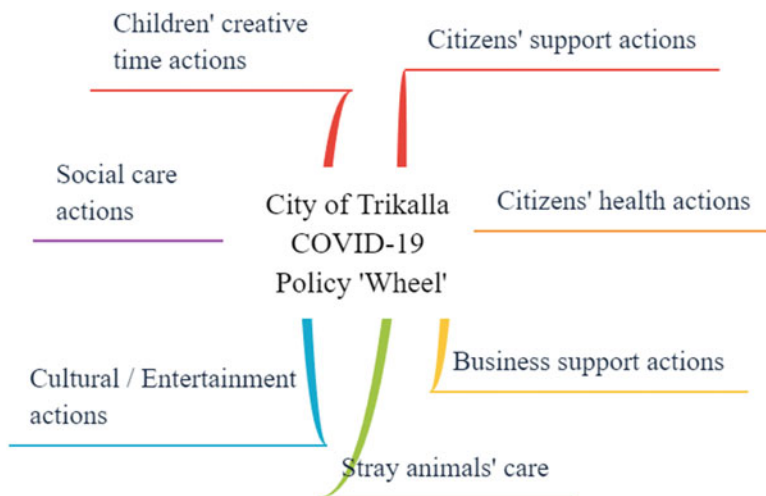


Fig. 15.16 Areas of COVID-19-related policy actions implemented in the city of Trikala. (Source: Own elaboration)

counselling services to those needed; guidelines with regards to food hygiene, nutrition and training against COVID-19 disease; door-to-door delivery of municipal certificates to citizens and so on, are considered as the most significant ones. These services were offered on demand by use of a dedicated phone call service. Furthermore, the local government has been regularly publishing *information* with regard to the protection of population from COVID-19 infection at each specific time slot (quarantine periods or periods in which the whole regional entity was under increased surveillance due to the high viral load); and the precautionary providences for restraining the virus expansion. For this purpose, relevant announcements were regularly disseminated from the municipality's dedicated COVID-19 website (<https://Trikalacity.gr/category/koronoios-covid19/>). Such information was also delivered in sign language via a brief video that was produced by volunteers. Moreover, the undertaking, by the non-profit organization iMEDD in cooperation with the local government, of the initiative 'We are Present', aiming at notifying and paying tribute to the vanguards of the COVID-19 battle (e.g. medical and supportive staff, cleaning staff, public transport employees) with their portraits being spread all around the central city places, was of great interest.

Special attention by the local government was also paid to *creative actions for children*. Various digital activities were offered in this respect, such as creative constructions, access to children literature, training and so on. Moreover, a children contest was organized, with children being invited to portray the coronavirus as a means for increasing knowledge, understanding and proper reaction as well as decreasing fear against the pandemic. An important initiative, entitled 'I change page – From library to home', was also undertaken, targeting the handling of coronavirus with inspiration and optimism. Placing at the epicentre literary books,

this initiative invited children to engage in selected book e-reading, with e-book content offered by both the local library and the National Library of Greece; ‘dream’ the day after the coronavirus health crisis; and become aware of equally critical, contemporary global challenges, such as poverty, climate change, energy and justice.

In the *citizens’ health actions*, apart from the diffusion of precautionary information for the effective protection of population from COVID-19, another important initiative was the provision of *specialized devices* to population with impaired health. These devices were used for digitally transferring arterial pressure and diabetes indications to doctors treating respective patients, thus steadily monitoring their health in times of constrained mobility. Lonely elderly population was also provided a set of *smart home sensors*, monitoring movement, front door opening, home temperature and so on, while also equipped with an emergency call button in case help was needed. Groups of population that possessed such devices were constantly monitored by the tele-care centre of the city.

Certain *cultural and entertainment actions* were also undertaken by the local government, mainly associated with a range of theatre performances of the Municipal Theatre of Trikala. These were accessible through the municipality’s YouTube channel. Playacting and scenario writing lessons were also delivered to those interested, as a means for entertainment and creative time spending.

The *stray animals’ care action*, undertaken by the local government, is also worth mentioning. Serving the needs of abandoned animals by properly located spots with food and water deposits was very important, especially in quarantine times when their survival was at stake. This initiative was further expanded to host pets of citizens who needed to be admitted to hospitals.

15.3.3 *The City of Piraeus*

Piraeus is a port city, located in the southern part of the Attica region. In 2011, Piraeus city accommodates 162,084 inhabitants and is a rather densely populated area (Fig. 15.17a). The developmental trajectory of Piraeus through time was severely affected by the refugee flows from Asia Minor in 1922 that finally resided in the city, leading thus to a surplus of labour force as well as a rapid industrialization and urbanization of this area. Technological developments and new economic orientation, appearing mainly during the 1980s, have disdained the city’s industrial profile. Strong tertiarization of the economy is the current trend, leading to the gradual shutting down of industrial units; unemployment of industrial labour force; and a large number of abandoned industrial buildings or ‘dead zones’ in the urban fabric and the port area (Operational Plan of Piraeus Municipality 2015). Currently, the city of Piraeus displays the attributes of a metropolitan area, as it is the one of the biggest ports of the European territory. Its role in the national economy as an international node of maritime transport and commerce and a gate to the European continent is highly acknowledged; and is notably witnessed by the huge investment

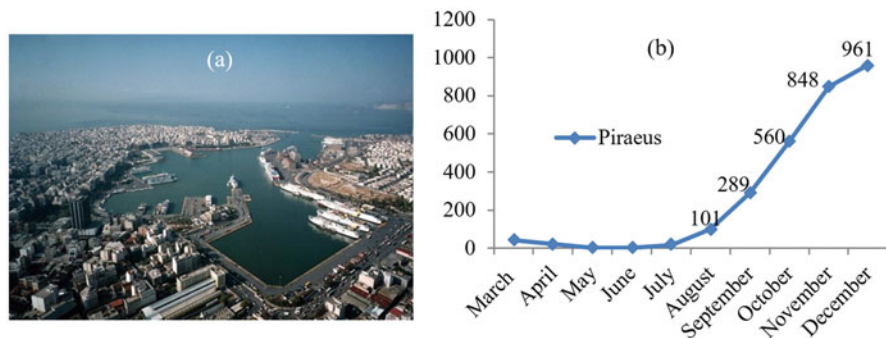


Fig. 15.17 The Piraeus case study – (a) View of the densely urbanized pattern and the Piraeus port, and (b) Evolution of COVID-19 cases in the city of Piraeus from March to December 2020. (Source: (a) www.piraeusport.gr; (b) COVID-19 data from National Public Health Organization (NPHO), from March to December 2020)

of the Chinese COSCO in the coastal section of the city. Blue growth nowadays seems to be the prevailing future developmental direction of the city; and it is anticipated to motivate a smart and innovative, sustainable and resilient future trail that is based on emerging opportunities in the maritime and shipping sectors. Founded on the blue growth strategy (Piraeus Municipality 2018), the city of Piraeus is expected to become a blue economy node with strong international orientation.

The number of COVID-19 infected cases in the city of Piraeus from the beginning of the coronavirus pandemic is presented in Fig. 15.17b, displaying a more or less similar pattern to that of the country as a whole, that is a rapidly rising pattern during the second coronavirus wave.

The main areas of Piraeus policy action (Fig. 15.18) in coping with the pandemic and supporting local community are shortly discussed in the following sections.

The overriding concern in the context of *citizens' support actions* in the COVID-19 era was the *raising of awareness* and shaping of *understanding* of Piraeus population about precautionary measures against the infection, and the need to commit to their firm implementation at both the individual and collective level. As a means for reaching this goal, campaigns and steady dissemination of information were adopted. More specifically, a number of street campaigns were organized, with dedicated municipality employees moving around the main congestion places of the city and informing people on proper social distancing, as well as the use of masks and other protective stuff. Furthermore, a dedicated COVID-19 website (<https://covid19.cityofpiraeus.org/>) was developed by the local government, used as a source of information to local community with respect to the trajectory of the infection both at the local and the national/global level. Through this website, a continuous flow of information was attained, announcing city's initiatives and support against the coronavirus infection, central governmental decisions and policy measures and news about the pandemic's evolution around the globe. Close cooperation of the municipality with the private sector was also pursued in this respect, targeting the

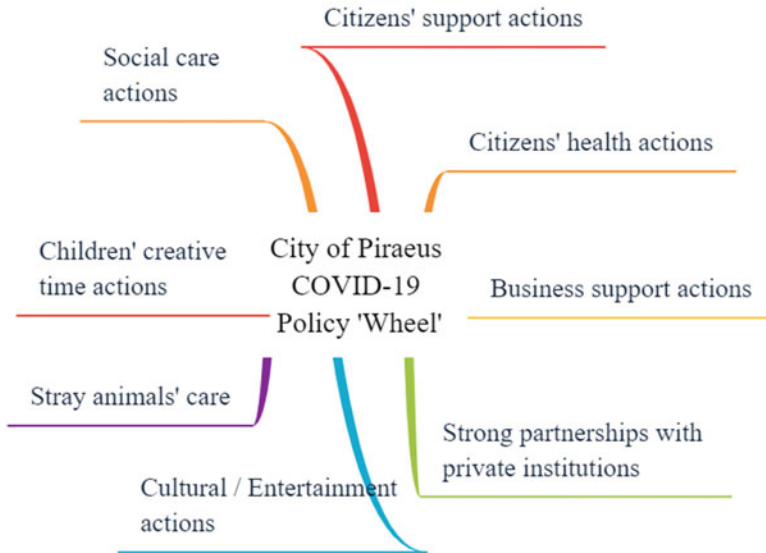


Fig. 15.18 Areas of COVID-19-related policy actions implemented in the city of Piraeus. (Source: Own elaboration)

increase of community's knowledge stock on specific topics. An indicative example was the partnership with an informatics company for organizing digital lectures that addressed COVID-19 topics, but also topics of cyber security, so that a more aware use of digital media by population, in these intensive digital interaction times, to be ensured. Additionally, the city government had taken advantage of a range of available municipal *digital communication means* and *social networks* (Facebook, Twitter and YouTube) in order for proper messages and information to be spread throughout the widest possible audience of the Piraeus community.

Social care actions were given high priority in the city of Piraeus. By the dedicated Municipal Corporation for Social Welfare, a range of initiatives were conducted on a daily basis in order to provide better living conditions and health protection to the population. Activities of this Corporation were properly expanded to establish a protective environment for vulnerable population groups, but also for groups that were cruelly affected by the coronavirus socio-economic impacts. Key actions in this respect were the 'Help at Home' expanded programme in the fields of food and medication support, at-home prescription of medication for helpless groups, meals for economically deprived population groups, on-demand psychosocial and counselling services, at-home delivery of municipal certificates, support to special groups of citizens (e.g. people with autism), to name a few. It is worth mentioning that the cooperation established between the local government and the private sector in the social care realm was really essential and remarkable. As part of it, efforts to attract sponsorships from local businesses were made, in order for the initiatives of the local government to be complemented and the excessive demand

(food, medication and other essentials) for social care actions to be met. Furthermore, Piraeus municipality became part of public–private or other cooperation schemes for strengthening social care actions. Indicatively, the cooperation of the Piraeus Municipal Corporation for Social Welfare with the non-governmental organization ‘We Can’ in implementing the initiative ‘We are Family – COVID-19’, can be mentioned. This initiative targeted those parts of the population which were highly affected by the socio-economic impacts of COVID-19 pandemic and was a part of the international endeavour undertaken by the Stavros Niarchos Foundation against COVID-19. The cooperation of the Piraeus government with the local chambers and the city’s commercial association for accomplishing the mass production of reusable masks and disposing them to the city’s market at a very low cost is also worth mentioning. Revenues of this initiative were planned to support the needs of Piraeus social structures and local hospitals, while the initiative’s financing burden was undertaken by the local chambers.

In the city of Piraeus, *creative actions for children* were provided by specialized municipality centres. Internet operation of these centres was predicted during the lockdown time slots, offering a range of creative options to children, such as painting and music activities, constructions, theatre acting and so on. Relevant digital training games were also offered by the Municipal Theatre of Piraeus. The initiative of the local government towards the support of deprived students in the context of distance learning school operation, by offering them relevant equipment (tablets) for unimpeded access to e-classes, was of crucial importance. This effort was also expanded to all schools in the municipality, broadening thus their capacity in terms of access to mobile devices for serving distance learning duties.

With regard to actions undertaken for serving *health and training needs* of population, the Organization of Culture, Sport and Youth of Piraeus municipality carried out an interesting initiative, which was communicated via Facebook and consisted of a number of live stream training sessions (10 videos of 25 minutes duration) so as to offer a chance to local population for indoor training, especially in the lockdown period.

Numerous *cultural and entertainment options* were also planned and offered through the web, with respective material uploaded to the website of the Municipal Theatre of Piraeus, offering interesting performances, for example, concerts, music videos from the Wind Philharmonic Orchestra of Piraeus, Christmas stories and children tales, awarded short-length cartoon films from all around the world and so on, in order for creative time spending of various age groups to be served. Great attention to such options was paid by the local government during the Christmas time, in an effort to ‘colour’ this highly restricted, in social and economic terms, period of the year. Towards this end, digital technology, contactless interaction, virtual reality, live streaming and Internet communication were enlisted. In this respect, a range of special digital events was organized, such as the live streaming of the lighting of Piraeus Christmas tree; a big spectacle by use of 3D animation on the ‘Heroes of 2020’ (medical and other kind of staff); the ‘Santa Zoom’ meeting of Santa Klaus and children with Christmas stories. These events managed to keep alive the spirit of Christmas days, gave hope and encouraged local population for the post coronavirus era ahead.

The *volunteer initiatives* undertaken by the Piraeus local government in support of the *health sector* and more specifically of the two hospitals located in its area were also of major significance. As such, the donation of sanitary stuff (e.g. portable electric respirators, masks and protection face shields for doctors and nurses), can be mentioned. The latter were produced by the Blue Lab Laboratory of Piraeus, using 3D printing technology. The donation of reusable masks, antiseptic stuff and thermometers for distant measuring of temperature to all community's schools, is also worth noticing.

Finally, support of *business community* in general and entrepreneurship in particular constituted a central concern in the policy agenda of Piraeus local government, thereby demonstrating the city's entrepreneurial spirit. In this respect, the Local Entrepreneurship Support Centre provided online and offline counselling to businesses about the current financial support opportunities, based on the economic and fiscal measures announced by the central government for relieving impacts of coronavirus on the various economic sectors and related businesses. Furthermore, potential beneficiaries were properly informed and directed to the specific Piraeus link in the gov.gr platform for digitally applying for financial support, in accordance with the nationwide horizontal measures.

15.3.4 Discussion

The role of the local government in confronting the current societal challenges is largely acknowledged by various studies (Rhodes 2000; Stratigea 2012; Nalbandian et al. 2013; Köseoğlu and Tuncer 2016; Rodriquez Bolivar 2018; Marava et al. 2019). The criticality of this role is mainly based on the local administration's proximity to community groups and the better understanding of local peculiarities, problems and related solutions (Stratigea 2015). This seems to hold true in the case of coronavirus crisis as well, where the contribution of local government in response to this crisis as the vanguard at the household and community level is pivotal, despite the need for emergency public health policy decisions that are made mainly at the central governmental level. This statement was confirmed in all three case studies explored in this work, revealing thus the heavy burden of everyday difficulties that was placed on local governments.

A critical consideration of policy actions, undertaken by the three case studies presented in this chapter, results in a number of key conclusions as follows:

- *Close cooperation* between the central government on the one hand and the local and regional on the other was ensured in cases of COVID-19 emergency, leading to the more effective adjustment to local peculiarities of prohibitive, centrally enforced, measures; cooperation and mobilization of a range of local/regional governmental agencies towards their strict implementation; and legitimization of these measures in the eyes of local communities. Despite the fragmentary or mostly informal nature of this cooperation, mainly driven by specific urgent

COVID-19 circumstances in each city context, the added value of local government's engagement in successfully implementing centrally enforced (top-down) measures was proven.

- Cooperation between the national and the urban context performed well in the *cultural and entertainment sector*. In this respect, local cultural and entertainment policy actions were largely enriched by the freely accessible cultural digital content, developed by the Ministry of Culture. This content was extensively used by the cities of Larissa and Trikala, resulting in multiple choices for citizens' creative time spending, while the city of Piraeus was predominantly based on its own produced cultural and entertainment digital content.
- The main burden placed on local governments was principally associated with keeping *society*, especially its most vulnerable groups, standing. Social care policy actions, in this respect, were lying at the heart of policy agenda in all three case studies. Towards this end, relative municipal structures have expanded target groups usually addressed and have undertaken new initiatives at the community level.
- *Community awareness* and knowledge stock upgrading with regards to precautionary action against COVID-19 was rated high in all three case studies as a means for protecting population health and restraining the proliferation of coronavirus in their areas.
- In all three case studies, in one way or another, *cooperation* was established among the various, public or private, actors of the local ecosystems and the community, driven by the strong willingness to join forces in coping with coronavirus repercussions.
- The issue of strong *social stress* from social distancing and especially isolation during the lockdown period was realized, and actions towards relieving this stress were undertaken in all three case studies. These were mainly linked to culture and entertainment, targeting more creative time at home as well as counselling actions and psychosocial support to those in need. Digitalization of cultural content and training courses as well as their unimpeded access by various community groups was a main choice in this respect. In case of psychosocial support, a dedicated phone emergency line was established in all three case studies.
- *Technology* and its applications were of critical importance in this coronavirus marathon endeavour. All three case studies had mainly based their policy actions on digital information flows or communication means. All of them developed COVID-19 dedicated websites for spreading information on coronavirus topics, while Piraeus local government made also extensive use of social media. Intensive use of technology and its applications, apart from serving communication objectives in the mobility constraining coronavirus crisis, it also established bridges between people and digital technology, with positive repercussions at the community level for both the COVID-19 era and the day after that.
- Despite the fact that all three case studies deployed policy actions in similar areas, a sort of diversified emphasis but also wealth of measures in each single area was noticed. Moreover, despite the quite different profiles of the three case studies, these did not show up in their policy repertoires. For example, in case of the smart city Trikala, expectations about smarter policy actions were not really fulfilled.

- Finally, the *lack of cooperation* among local governments in this COVID-19 crisis, either as an individual initiative or a collective effort orchestrated by the Central Union of Greek Municipalities, is worthy to be mentioned. This could enable the sharing of COVID-19-related outcomes of each single local governmental effort, for example, cultural e-content, to a larger number of local governments, broadening thus the impact of each single effort, saving resources and, most importantly, reinforcing relevant endeavours of less privileged local governments and related population.

15.4 Conclusions

Coronavirus outbreak represents an unprecedented, devastating and global, public policy and health challenge that forces governments around the world to urgently respond by means of nationally driven, preventive and supportive policy packages, thereby addressing, apart from the health sector, the societal and economic domains. The local governments' efforts towards undertaking policy actions that complement the national ones and address more specialized societal and local businesses' needs at this spatial level are of great support in this struggle. Design and implementation of prohibitive and supportive policy measures at both the national and the local level have placed a huge burden on national and local administrative bodies, but also a remarkable stress on their budgets, especially in economies that have been suffering from long-term economic recession, such as the Greek one.

Experience gained from studying the response of Greece to the coronavirus pandemic at the state but also the local governmental level, unveils the *distinct but also complementary role* of these two administrative levels. It also goes hand in hand with a collaborative effort both at the horizontal and the vertical level in order for wide alliances against the common 'enemy', enlisting every single governmental agency of the country, to be established. The first – *horizontal* – is expressed through the tight collaboration of various central governmental institutions (mainly the National Public Health Organization, but also ministries of health, finance, development, internal affairs and so on) with a distinguished Greek medical expert group towards keeping a steady, data-driven surveillance of COVID-19 course in order for the national response plan to be properly shaped and regularly updated. The second – *vertical* – has taken the form of informal, though close and essential cooperation of the National Public Health Organization with local and regional governmental bodies, in an effort to ensure the proper implementation of place- and/or region-based specialized measures; support population needs, especially during lockdown time spans; and quickly respond to any emerging challenge.

Information and Communication Technologies (ICTs) were a key enabler in managing organizational, but also everyday life and work issues in the COVID-19 era. In Greece, as in many countries around the globe, ICTs have largely enabled the effective handling of the above issues during the pandemic. With regard to the disease per se, their use was extended from mass surveillance and mapping of

infected cases based on (spatial) data management, to the detection of COVID-19 cases and mathematical modelling in order for predictions of the disease trajectory to be estimated (Boulos and Geraghty 2020). Extensive use of Geographic Information Systems (GIS) technology was also made, as a means for spatial data-driven contact tracing, but also tracking of disease contagion and guiding more informed place-specific policy measures. The proliferation of relevant spatial data deposits and websites, produced by a number of academic groups and set at the community's disposal in order for the COVID-19 data-driven evolution at various scales (from global to local) to be delivered, was also astounding. The role of ICTs in serving distant working and education purposes was exceptional as well; while the intensification of e-government efforts that offered the chance for online application and delivery of services to citizens was of great significance. The same holds for the local level. E-government services were expanded in all three case studies explored in this work. However, at this particular level, more emphasis was placed on the strengthening of social care services for vulnerable and deprived community groups; and on the deployment of supportive services, allowing community to go through this marathon effort in a more tolerable, e-creative and e-socializing way. The role of local government e-platforms as information hubs, enabling citizens to be informed on the course of the disease at the local, national but also (in some cases) global level, was also noticeable.

Defeating COVID-19 disease seems to be largely founded on cooperative efforts. Therefore *solidarity and voluntarism* became precious virtues in our society when going through such a mass and life-threatening challenge. Both virtues were noticed at the national and the local level in case of Greece as well. At the national level, these have taken the form of strengthening the healthcare system in its effort to cope with the ceaseless and intolerable pressure. Private donations of considerable quantities of medical stuff, a number of intensive care units and special equipment as well as ICT applications for serving citizens and business needs, to name a few, fall into the solidarity and voluntarism prism. The same holds true for the local level as well, where the private sector offered support in terms of medicines, living essentials, meals for deprived social groups, training courses on the disease and so on.

The implementation of an intensive COVID-19 *communication plan* and the *trust* developed between the society, the scientific community and the government was of valuable importance, at least during the first COVID-19 wave in Greece. The regular information diffusion that placed the medical community at the forefront; and the announcement of, basically political, decisions about the enforced measures by them, were critical in this respect. Association of these measures with medical facts and their proper explanation has led to the broadening of population ownership and confidence. The attention paid on deploying a *convincing COVID-19 narrative* and the way this was communicated to citizens in order to inspire trust, broaden comprehension of the disease and related measures and support commitment to them, that is, critical issues that are already stressed by relative research (e.g. Cairney and Wellstead 2020), were proven to be of vital importance; and admittedly the Greek government performed well in this field. The country's proactive and purposeful positioning against coronavirus in the first wave that led to a

globally acknowledged ‘success story’; and the courage to take politically sensitive decisions (e.g. ban of church services despite the power but also resistance of the Greek Orthodox Church and certain parts of the Greek society) can also be added to the positive governmental response. However, regardless of the ceaseless work at both the national and local level, and the fact that Greece still performs well compared to other countries of the European and the global scene, the second coronavirus wave has left deep scars in the Greek community.

COVID-19 pandemic seems to be a health nightmare that has shaken the whole planet in all respects, and has brought states and societies to their limits by taking them to a ‘*marathon journey in uncharted waters*’. This holds true not only for the scientific and policy community, but also for ordinary people. It is also evident that it has triggered the deepest economic crisis since the Second World War, and has mobilized waves of change that can end up to many different future world images. Recovery of societies and economies is predicted to be a tough task. The already observed severe societal and economic harms witness that the way ‘back to normality’, whenever this happens, will be a transition to a ‘new reality’ for many of us, sealed by the long-term multidimensional coronavirus impacts on society and economy as a whole. Recovery thus seems to be hard and painful. However, ownership and responsibility, solidarity and collective action undoubtedly constitute the humans’ power for successfully carrying out this common and unique struggle.

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Webgraphy

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Anastasia Stratigea is currently Professor in Spatial Planning and Policy, Department of Geography and Regional Planning – School of Rural, Surveying and Geoinformatics Engineering, National Technical University of Athens (NTUA). She holds a Diploma in Rural and Surveying Engineering, Aristotle University of Thessaloniki (1984); and a PhD, NTUA (1996). She has participated in a number of National and European Union (EU) Projects. She is member of several scientific national and international associations and networks (NECTAR, COST A22, EFONET, Smart Grid – Smart Cities Network) and Chair of the IGU – Commission for the Mediterranean Basin (COMB). She is reviewer in international journals/conferences and member of scientific committees of international/national conferences. She has published her work in book chapters, international journals and conference proceedings. Main research interests: Sustainable Urban and Regional Development, Spatial Planning and Policy, Integrated Urban and Regional Planning, Participatory Planning, e-Planning, Strategic Planning, Smart Cities and Communities, Foresight Methodologies, Culture and Urban/Regional Development. Her recent key publications include: Territorial Cohesion in Insular Contexts: Assessing External Attractiveness and Internal Strength of Major Mediterranean Islands (Journal Article); Gathering Global Intelligence for Assessing Performance of Smart, Sustainable, Resilient, and Inclusive Cities (S2RIC): An Integrated Indicator Framework (Book Chapter); Conceptualizing Small and Medium-Sized Smart Cities in the Mediterranean: An Ontological Approach (Journal Article); Potential of Participatory Urban Planning and Governance (Special Issue); Mediterranean Cities and Island Communities: Smart, Sustainable, Inclusive and Resilient (Edited Volume); Integrating Offline and Online Participation Tools for Engaging Citizens in Public Space Management – Application in the Peripheral Town of Karditsa-Greece (Journal Article)

Andreas Alexopoulos is Assistant Professor at the Department of Accounting & Finance, School of Administrative, Economics and Social Sciences, University of West Attica (UNIWA) since 2017. He holds a BA in Local Government Administration – Technological Educational Institute of Kalamata; an MSc in Local Government and Development – Birmingham University, UK; and a PhD in ICTs & Regional Development – University of the Aegean, Greece. He also gives lectures at the MSc Program of Public Finance and Policy, UNIWA (2014–today). He has participated in a number of National and EU Projects. He has long experience in local development topics as consultant in a number of local administrative units. He is member of scientific committees of national and international conferences and reviewer in a number of international journals. His research interests are local and regional development, local government, social innovation, e-government, participatory processes and organizational reforms. His publications include: *Implementing Participatory Innovative Local Development Initiatives in Competitive European Programmes: Korydallos Municipality in the URBACT II Programme* (Journal Article, 2017) (in Greek); *Tracking Paths to Smart Governance: The Case of Korydallos Municipality—Greece* (Book Chapter, 2019); *Barriers to Empowering and Engaging Youth in Sustainable Urban Development Endeavours – Experience Gained from Korydallos Municipality – Greece* (Journal Article, 2020).

Spyros Sapounas is Doctor, specializing in the fields of Endocrinology – Diabetology. He is the head of the Department of Readiness and Response of the National Public Health Organization (NPHO), Ministry of Health, Greece.

Angeliki Bistaraki is currently Associate Professor, Department of Nursing, School of Health Sciences, Hellenic Mediterranean University. She is a graduate of the Department of Nursing, University of West Attica and the National Kapodistrian University of Athens. She completed her postgraduate studies at City, University of London, graduating with honors. She completed her doctoral studies at University of London, focusing on “Interagency Collaboration in Mass Gatherings: The Case of Public Health and Safety Organizations in the 2012 London Olympic Games”. She conducted a postdoctoral research at the University of Peloponnese, entitled “Interagency collaboration among health and safety services in mass sporting events: the case of the Athens Marathon”. She has worked for 20 years as a Clinical Nurse (Operating Theatres) at the Army Share Fund Hospital and served as Deputy Manager for at least 10 years. She is a research fellow in the Postgraduate Program “Crisis Management and Public Health Nursing” of the Nursing Dept., National Kapodistrian University of Athens; and she collaborates with International Organizations on Crisis Management and Mass Gatherings. In March 2020, she was appointed as a Crisis Management Advisor to the Deputy Minister of Civil Protection and Crisis Management. Her recent key publications include: *COVID-19 Contact Tracing Online Platform and study results of SARSCoV-2 clusters during contact tracing* (Conference paper); *Organizing healthcare services for the 2017 “Athens Marathon, The Authentic”*: perspectives on collaboration among health and safety personnel in the Marathon command center (Journal article); *Leading interagency planning and collaboration in mass gatherings: public health and safety in the 2012 London Olympics* (Journal article); *The effectiveness of a disaster training programme for healthcare workers in Greece* (Journal article).

Chapter 16

COVID-19 Crisis Management in Croatia: The Contribution of Subnational Levels of Government



Dana Dobrić Jambrović

Abstract The activities of the Republic of Croatia related to the COVID-19 pandemic can be monitored in three phases. The first began in January 2020, when primarily preventive measures were taken to restrict international flights and sea transport, as well as to manage incoming passengers. The second phase began with the first patients' appearance at the end of February 2020 and lasted until June 2020 (so-called first wave). In that period, in addition to the Government of the Republic of Croatia, a number of measures were adopted by the National civil protection headquarters, regional civil protection headquarters, as well as local authorities at the proposal of local civil protection headquarters. A nation-wide “lockdown” was also introduced. Finally, the third phase began in autumn 2020 and is ongoing (so-called second wave). In the last phase, the measures have been much milder compared to the second phase, and it has not yet been declared, nor is it planned to declare, another “lockdown.” This chapter aims to identify: (1) the crisis management strategies and mechanisms implemented by Croatia, (2) the organizational and functional adjustments required for crisis management, and (3) the measures taken by local and regional units to combat the pandemic. Empirical research was conducted using the data content analysis (strategic documents, legal regulations, and soft law documents).

Keywords COVID-19 · Crisis management · Central government · Local and regional government · Local and urban governance · Croatia

16.1 Introduction

This chapter aims to present the COVID-19 crisis management model in Croatia and contribute to the discussion of various strategies developed by countries worldwide to combat the pandemic. The research focuses on organizational and functional

D. D. Jambrović (✉)
Faculty of Law, University of Rijeka, Rijeka, Croatia
e-mail: ddobric@pravri.hr

adjustments as a direct consequence of crisis management, the relationship between central and subnational levels of governance, and the extent to which local autonomy contributes to curbing the spread of COVID-19. Based on previous research questions, this chapter's main hypotheses are the following: "the emergence of the pandemic has caused the strengthening of centralization tendencies in the country," but "despite the tendency toward centralization, subnational units will take the initiative in additional crisis regulation." Therefore, the first part of the chapter will analyze Croatia's strategies and mechanisms during the first and second waves of the epidemic and how the crisis was managed from January 2020 to March 2021. The effectiveness of the applied epidemiological measures and the results of the conducted public opinion survey on the usefulness of the measures are also highlighted.

The second part of the chapter analyzes the legal framework relevant for organizational and functional adjustments during crisis management in order to verify the validity of the first hypothesis. The emphasis in the analysis was placed on the Civil Protection Act (CPA) and the Act on the Protection of the Population from Infectious Diseases (APPID). Individual decisions on epidemiological and economic assistance measures are commented on in the first and third parts of the chapter. Regulation of the civil protection system at the regional and local levels is the central theme of the third part of the chapter. Six areas were identified in which measures were adopted by local civil protection headquarters in cooperation with the executive heads of territorial units, and the measures most often adopted by regional civil protection headquarters were analyzed. This analysis aims to test the validity of the second hypothesis. In addition, the results of public opinion polls on citizens' trust in local institutions and the adequacy of the measures they adopted to prevent the epidemic are presented. The last section contains answers to the research questions and comments on the given hypotheses.

16.2 Course and Management of the COVID-19 Crisis in Croatia

The Government of the Republic of Croatia's activities related to COVID-19 can be monitored from the end of January 2020, when we did not yet find any individuals infected with the coronavirus in Croatia. Therefore, general measures concerning the restriction of international flights and sea transport and incoming passengers' management were first adopted. In addition to international airports in Croatia, in cooperation with the border police, emergency medical services, border sanitary inspectors, county epidemiologists, and airlines, prevention and protection measures were also provided at seaports. A measure of a systematic survey of passengers using special forms was also introduced to identify passengers who could potentially be exposed to the infection.

Due to the occurrence of isolated cases of the coronavirus in some EU Member States and given Croatia's Presidency over the Council of the EU, the Presidency decided to activate EU Integrated Political Crisis Response (IPCR) arrangements as a coordination mechanism that brings together all information coming from different actors (member states, international organizations, EU institutions). This is a useful tool for monitoring the development of the situation and assessing further activities.¹ The arrangements provide several tools to facilitate cooperation, such as (1) informal round tables, that is, crisis meetings chaired by the Presidency, with key actors (representatives of the Commission, European External Action Service (EEAS), EU agencies, most affected Member States, European Council President's Office, experts, and so on.), (2) analytical reports to provide policymakers with a clear view of the current situation, (3) online platforms for exchanging and gathering information, and (4) contact points 24 h a day, 7 days a week for a permanent link with key actors (EU Council 2016). After Germany took over the Presidency on July 1, it continued the IPCR practice.

At the end of February 2020, just before the appearance of the first infections in Croatia, the Republic of Croatia's Government introduced the first significant organizational adjustment. Pursuant to the Civil Protection Act,² it issued a decision on the appointment of the Chief and members of the Civil Protection Headquarters (hereinafter: Headquarters), whose primary task was to coordinate all services in the event of a coronavirus outbreak in the country. The Minister of the Interior (MIA) was appointed Chief of the Civil Protection Headquarters, along with other members, representatives of relevant ministries, the Croatian Institute of Public Health, the Croatian Red Cross, the Croatian Mountain Rescue Service, and so on.³ After the appearance of the first infections, from February 25, 2020, a number of special measures were gradually introduced related to the economy, public transport, education, restrictions on public gatherings, the way shops, clinics, and public services work, restrictions on the public's mobility, and so on. The first cases were reported in the City of Zagreb and the Primorje-Gorski Kotar County, and then the coronavirus spread to southern and central Croatia. Given the growing number of patients, the Minister of Health on March 11, 2020, based on the Act on the Protection of the

¹Arrangements for an integrated political response to the crisis support the rapid and coordinated decision-making at the EU political level in the event of large and complex crises, including terrorist acts. The need for a crisis-response mechanism at the EU level arose in the early 2000s after several tragic events, including the 9/11 attacks, the 2004 and 2004 London bombings, the 2004 Indian Ocean tsunami, and the December 2004 tsunami. In 2018, the Council adopted an implementing decision codifying the IPCR arrangements as a legal Act (EU Council, L320/28, 17 December 2018).

²Protection Act, OG 85/15, 118/18, 31/20.

³Decision on the appointment of the Chief, Deputy Chief, and members of the Civil Protection Headquarters of the Republic of Croatia, OG 20/20.

Population from Infectious Diseases,⁴ passed a Decision declaring an epidemic,⁵ in parallel with the decision of the World Health Organization to declare COVID-19 a global pandemic. At that time, regional and local civil protection headquarters began to be activated throughout Croatia, cooperating directly with the National headquarters, and the main role in governing the state was taken over by the executive bodies at the central, regional, and local levels.

Due to the fact that the first infection cases were imported from the Italian provinces, the first administrative measure of the Headquarters that directly affected the citizens was the closure of schools and universities in the Istrian County on March 13. Namely, the County of Istria borders the Republic of Italy, and daily cross-border migrations of citizens are frequent. The first quarantine measure, lasting three weeks, was declared by the regional civil protection headquarters of the Šibenik-Knin County, on March 25, for the area of the island of Murter where the local transmission of the disease was recorded.⁶ Since the number of patients increased significantly during that month, and the first death occurred (March 18), the work of all educational and cultural institutions was suspended. Online classes in schools and universities were introduced. Most catering facilities and shops were closed, while all public transport was suspended along with the prohibition of leaving the place of temporary and permanent residence.

It then became very predictable what dramatic consequences the necessary measures would leave on the economy and society. Therefore, by the beginning of April, two packages of Government measures to preserve the liquidity and work of entrepreneurs were implemented. Measures included interest-free deferrals of payment or installment payments of taxpayers, interest-free loans, a moratorium on credit obligations of clients of the Croatian Bank for Reconstruction and Development, special loans to finance the so-called “cold drive” of companies, a moratorium on all installments of micro and small loans and micro and small loans for rural development, expansion of the scope of the export insurance guarantee fund, compensation of workers’ salaries, insurance in the approximate amount of EUR 51 million for entrepreneurs’ working capital, and so on.⁷

During the “first wave” of the epidemic, the Headquarters informed the citizens about the country’s pandemic state twice a day through press conferences. The

⁴Act on the Protection of the Population from Infectious Diseases, OG 79/07, 113/08, 43/09, 130/17, 114/18.

⁵Decision on declaring the COVID-19 epidemic caused by the SARS-CoV-2 virus, <https://zdravstvo.gov.hr/UserDocsImages/2020%20CORONAVIRUS/ODLUKA%20O%20PROGLA%C5%A0ENJU%20EPIDEMIJE%20BOLESTI%20COVID-19.pdf>.

⁶Conclusion on quarantine measures for the Municipality of Murter-Kornati and the Municipality of Tisno, <http://www.tisno.hr/clanci/zakljucak-o-mjerama-karantene-za-opcinu-murter-kornati-i-opcinu-tisno/1155.html>; Conclusion on the abolition of quarantine measures for the Municipality of Murter-Kornati and the Municipality of Tisno, <http://www.tisno.hr/clanci/zakljucak-o-ukidanju-mjera-karantene-za-opcinu-murter-kornati-i-opcinu-tisno/1185.html>.

⁷A list and more detailed information on all Government measures are available at: <https://www.koronavirus.hr/vladine-mjere/101>.

Minister of the Interior, the Minister of Health, the Director of the Croatian Institute of Public Health, and the Director of the Clinic for Infectious Diseases “Dr. Fran Mihaljević” addressed the public. Citizens were repeatedly urged to stay at home and act responsibly because the end of the pandemic was not in sight. Also, two epidemiological measures were constantly highlighted through the media, social networks, and advertisements: wearing masks without exception and keeping a social distance of at least two meters. The “lockdown” lasted for a month, but the Croatian Parliament did not declare a state of emergency in the country.

The first measures of remission followed at the end of April when a decrease in the number of patients was recorded. The Headquarters first lifted the ban on leaving the place of residence in certain counties, that is, within certain areas of certain counties.⁸ Furthermore, by the beginning of May, a number of decisions were adopted to mitigate other necessary measures, and the decision to ban the movement of citizens was repealed.⁹ Apart from the declining number of daily illnesses, there was another important reason for the loosening of measures: on July 5, the parliamentary elections were held. Shortly before that, Prime Minister Andrija Plenković declared victory over the coronavirus in the first halftime. The then ruling Croatian Democratic Union (HDZ) party won a landslide victory in the elections.¹⁰

Crisis management was assessed as extremely successful during the “first wave.” The implemented measures and citizens’ discipline very quickly showed good results in terms of a significant decline in the number of new cases. Croatia’s measures in relation to the number of infected cases were among the most restrictive, which was confirmed by a University of Oxford study. Their scientists compared the measures taken by countries and the number of their infected cases, and Croatia was at the top of the scale. Namely, in terms of the number of deaths in relation to the number of infected people, only Japan was better than Croatia!¹¹ Also, the London company Deep Knowledge Group (DKG) research showed that Croatia was in the 19th place of the safest European countries, that is, on the 35th place among world countries. DKG has developed advanced analytical frameworks to analyze economic, social, and geopolitical stability to obtain results, and the survey was conducted in 60 countries. Countries were assessed using 24 specific parameters in 4 different categories, including quarantine efficiency, government management efficiency, monitoring and detection, and emergency preparedness. The safety and risk ranking takes into account protection against COVID infection, mortality and negative patient outcomes, surveillance measurements, infection detection and

⁸Decisions on the abolition of the necessary measure of prohibiting leaving the place of temporary residence and permanent residence, <https://civilna-zastita.gov.hr/vijesti/odluke-o-ukidanju-nuzne-mjere-zabrane-napustanja-mjesta-prebivalista-i-stalnog-boravka/2417>.

⁹Decision on repealing the Decision on the abolition of the necessary measure prohibiting leaving the place of temporary residence and permanent residence, OG 56/20.

¹⁰Final election results, <https://www.izbori.hr/sabor2020/rezultati/1/data/mrezultati.html>.

¹¹For example, on April 3, the number of infected people was 1079, and only 8 died (Official Government website for timely and accurate information on the coronavirus, <https://www.koronavirus.hr/>). Thus, mortality was 0.741%.

management, and safety and stability in the broadest sense, including protection against extreme adverse conditions.¹²

Despite the implementation of very restrictive measures, the citizens gave unprecedented support to the ruling party. A survey conducted by the Ipsos agency at the end of March showed that as many as 94% of surveyed citizens believed that the Government was taking appropriate measures. Only three percent of them believed otherwise, and also three percent of them were unsure. In addition, 43% of participants argued that citizens' mobility restrictions should be even stricter, while 54% of them believed that the restrictions were appropriate. The majority of citizens, 97%, believed that they were fully or mostly familiar with the measures, and 98% of them stated that they followed all or most of Headquarters' instructions.¹³

However, the favorable situation with the decline in the number of infected persons lasted only 2 months. On July 10, the highest daily number of people infected since the beginning of the epidemic in Croatia was recorded, a total of 116. That number tripled as early as the end of August. Consequently, due to the increase in the number of patients per 100,000 inhabitants, Croatia was on the red lists out of a total of 13 countries (Austria, Cyprus, Denmark, Estonia, Finland, Iceland, Italy, Latvia, Lithuania, Norway, Slovenia, Great Britain, and Slovakia), which meant that citizens traveling to these countries from Croatia would have to undergo a mandatory 14-day quarantine or get a mandatory coronavirus test not older than 48 h (Krnčić 2020a). Two Croatian counties, Split-Dalmatia and Šibenik-Knin, were on the red list for Belgium and Germany, and as of September 2, Poland banned flights from 46 countries, including Croatia. The Dutch marked Croatia in orange, which meant that trips to Croatia were recommended only in emergencies, and, upon return, a ten-day self-isolation was recommended (Dollar 2020).

The situation was further aggravated at the end of October when the number of daily cases rose above 2500. Due to the dramatic increase, the Headquarters announced new strict measures to combat the pandemic. The measures took effect on October 26, and their implementation was planned for two weeks. These included, for example, a ban on holding all public events and gatherings with more than 50 people in one place, limiting attendance at wedding ceremonies to a maximum of 30 people, holding sports competitions exclusively without spectators, banning the sale of alcoholic beverages from midnight to six o'clock in the morning, and the obligation to use face masks or medical masks.¹⁴ However, the implementation of the new measures did not yield results, and, at the beginning of December, a

¹²More detailed analyses are available at: Deep Knowledge Group, <https://www.dkv.global/covid-safety-assessment-200-regions>.

¹³News broadcast (*Dnevnik*), <https://dnevnik.hr/vijesti/koronavirus/istrazivanje-dnevnika-nove-tv-vlada-ima-nezabiljezenu-potporu-gradjana-u-borbi-protiv-koronavirusa%2D%2D-599459.html>.

¹⁴Decision on the necessary epidemiological measures restricting assemblies and introducing other epidemiological measures and recommendations to prevent the transmission of COVID-19 through gatherings, OG 117/20.

new dark record of 4620 new cases in one day was achieved.¹⁵ This was followed by daily decisions of the Headquarters on the implementation of necessary epidemiological measures for certain counties, cities, and municipalities, a decision to ban border crossings (in force until 15 January 2021),¹⁶ and a decision to re-ban citizens outside the counties of their temporary or permanent residence.¹⁷ The latter decision was revoked due to the tragic circumstances that befell the Sisak-Moslavina County. The county was hit by a devastating earthquake of 6.3 magnitude on December 29. In order to ensure the arrival of aid from all parts of Croatia (except for emergency services, many volunteers also arrived), revoking the decision was a rational solution. At the end of March, due to the large increase in new cases in the Primorje-Gorski Kotar County, the county headquarters passed a proposal for new stricter epidemiological measures. It is proposed to ban all public events and gatherings, to limit private gatherings to a maximum of eight people from two households, to limit the work of terraces of catering facilities until 7 pm, with the announcement of complete closure if the growth of new cases is not reduced. It also prohibits the operation of all sports, and fitness and recreation halls, and limits the number of customers in shopping malls to a maximum of 10 per 100 square meters. Schools and colleges are completely switching to online teaching.

The “second wave” of the pandemic proved to be significantly more severe across the entire European continent, but unlike during the spring, it now hit hard in the countries of Eastern and Central Europe as well. The situation in the countries that had previously been models in combating the pandemic was in many ways different, which is also true for Croatia. In mid-December, the Croatian Institute for Public Health calculated the cumulative rate, that is, the number of confirmed coronavirus cases since the beginning of the pandemic per million inhabitants, and concluded that only four EU members have a higher rate than us—Slovenia, the Czech Republic, Belgium, and Luxembourg.¹⁸ In Croatia, that number was 44,587.83, and in leading Luxembourg, 68,445.12. Finland had the lowest rate in that period, only 5751.96 patients per million inhabitants. In an interview conducted by *Jutarnji list* with several Croatian intensive care doctors, they all offered a similar answer to the question of why the number of deaths rose sharply during the “second wave”

¹⁵Official website of the Government for timely and accurate information on the coronavirus, <https://www.koronavirus.hr/>.

¹⁶Decision on the amendment to the Decision on temporary prohibition and restriction of border crossings of the Republic of Croatia, OG 139/20.

¹⁷Decision on the prohibition of leaving the county based on the place of permanent residence or temporary stay in the Republic of Croatia, OG 141/20.

¹⁸This calculation matches the data on the website: Our World in Data (Cumulative confirmed COVID-19 cases per million people, December 16, 2020, <https://ourworldindata.org/coronavirus-data-explorer?zoomToSelection=true&time=2020-12-16&country=HRV~BEL~AUT~CZE~CYP~DNK~FIN~FRA~DEU~GRC~HUN~ITA~LUX~LTU~MLT~NLD~NOR~ROU~PRT~SVN~SVK~ESP~SWE~BGR~IRL~POL~EST®ion=World&casesMetric=true&interval=total&hideControls=true&perCapita=true&smoothing=0&pickerMetric=location&pickerSort=asc>).

(Krnjić 2020b). An increased number of deaths was expected and associated with the diseases of the elderly population and those with chronic diseases, and a significantly higher number of patients. They stated that the average age of hospitalized patients in intensive care units was between 65 and 70 years. Also, they noted that most elderly people and those with chronic diseases were among those on respirators and with fatal outcomes,¹⁹ while all claimed that they had not had cases of young and healthy deceased people. These observations agree with the data on deaths and on persons on respirators obtained from the Croatian Institute of Public Health. It is important to note that mortality depends not only on the increased number of infected people but also on the health system's condition and efficiency. In addition to a sufficient number of available respirators, the medical personnel qualified to operate such devices should be provided. In recent years, Croatia has recorded a large deficit of doctors, nurses, and technicians.

It is interesting to note that during the "first wave," only 27 days after the first patient's appearance in Croatia and when the number of patients per day was 48, strict epidemiological measures were introduced, including a ban on leaving the place of temporary/permanent residence. In contrast, analog measures were activated only 5 months after the start of the "second wave." At that time, the number of daily cases was almost 100 times higher than during the "first wave," that is, it reached 4620 new cases in 24 h. Consequently, crisis management during the "autumn wave" did not achieve the success that was evident in the spring. Despite the support shown in the parliamentary elections, Croatian citizens' confidence in the national government has deteriorated so much that Croatia has become an infamous record holder in the EU in this regard. This was shown by a Eurobarometer survey conducted during September. Only 20% of citizens trust the Croatian Parliament and the Government, which is the second-lowest result among the 28 EU member states. Bulgaria has the lowest score of 17%, and the best has Luxembourg of 74%. A higher level of trust, 38%, was expressed by Croatian citizens toward EU institutions.²⁰ Since Government officials have repeatedly emphasized that the Headquarters is a political body that implements the Government's policy, it can only be assumed that the level of (distrust) in the Government is reflected in the attitude of citizens toward the Headquarters, a body that adopts and publishes specific rules by which we live in these pandemic times. Recent research of this kind has not been conducted. The last one was done in June when the percentage of citizens' trust in the Headquarters was relatively high. On the other hand, the Minister of Health's personal rating as a member of the Headquarters has dropped significantly in 6 months. In April, 30% of participants considered Minister

¹⁹Hypertension or high blood pressure are listed as the main concomitant or underlying diseases in these patients, while obese people, those with lung diseases, other cardiovascular diseases, and diabetes are among the most at-risk groups.

²⁰European Committee of the Regions (2020), The coronavirus crisis and the role of EU regions and cities, https://cor.europa.eu/en/our-work/EURRegionalBarometerDocs/CoR_Presentation%20v_final.pdf.

Beroš to be the most positive; 6 months later, that percentage is at 3.1 (Frlan Gašparović 2020).

Finally, a Valicon survey conducted in November showed a significant change in citizens' attitudes toward measures taken to curb the pandemic: as many as 42% of them consider existing measures too lenient. This represents a significant change in attitude compared to the period a month ago when only 23% of citizens had such an attitude. At the same time, the share of those who believe that the measures are too strict has almost halved in the past two weeks. According to the latest survey, there are 15% of such citizens. The poll showed that citizens would support the restrictions on private gatherings to ten people from a maximum of two households, or the ban on all public gatherings, including sports, religious, and cultural gatherings, which testifies to the developed awareness of the risks caused by the virus spreading by aerosolized droplets. Citizens' opinions were divided on the introduction of curfew, the closure of restaurants, and the closure of schools. These are measures that have been the subject of much public debate, but also among prominent politicians. Measures to close kindergartens and restrict movement within counties were the least acceptable. Namely, there are many parents who cannot work from home and have no other way to provide childcare if kindergartens are closed. The reason for the unpopularity of restricting mobility within counties lies in the excessive territorial fragmentation of Croatia and a large number of issued passes for crossing the borders of residence during the "first wave," which calls into question the usefulness of this measure (Valicon 2020).

16.3 Regulation of the Organizational and Functional Aspects of the Civil Protection System

In Croatia, the civil protection system, in the context of the COVID-19 epidemic, is regulated with two basic regulations: the Civil Protection Act (hereinafter: CPA) and the Act on the Protection of the Population from Infectious Diseases (hereinafter: APPID).²¹ The first Act regulates the system and operation of civil protection; rights and obligations of state administration bodies, local and regional self-government units, and legal and natural persons; training for the needs of the civil protection system; financing of civil protection; administrative and inspection supervision; and other important issues relevant for the civil protection system. The system is organized at the local, regional, and national levels and connects the participants' resources and capabilities, operational forces, and citizens into a single unit to reduce disaster risk, provide a rapid and optimal response to threats and dangers, and mitigate the consequences of major accidents and disasters.²²

²¹Civil Protection Act, OG 82/15, 118/18, 31/20; Act on the Protection of the Population from Infectious Diseases, OG 79/07, 113/08, 43/09, 130/17, 114/18, 47/20, 134/20.

²²CPA, Art. 5, para. 2.

The Government of the Republic of Croatia (hereinafter: the Government) manages the activities of all participants in the civil protection system with the support of the Headquarters, and, in addition to the Government, the main role is played by the Ministry of the Interior (hereinafter: MIA). MIA has a very extensive range of powers: it coordinates the operation of the civil protection system, drafts and submits regulations and planning documents for the implementation of CPA, proposes and implements international agreements in the field of civil protection, prepares and conducts international conferences, seminars, courses, workshops, exercises, and projects in the field of civil protection, gives and revokes the consent of public institutions and legal entities for training in the civil protection system, consolidates and maintains a single information database on the operational forces of the civil protection system, material means, and equipment and readiness for operational action, gives consent to the decisions of the executive bodies of local and regional self-government units on determining legal entities of interest for the civil protection system, submits to the Government of the Republic of Croatia a joint proposal of central state administration bodies, scientific institutions, institutions and public companies, and associations, and appoints the Chief of Headquarters and members of the Headquarters, conducts administrative and inspection supervision, and so on. To perform tasks within its scope, the Minister of the Interior issues decisions, orders, guidelines, instructions, communication standard operating procedures, and protocols.²³

On the other hand, the Government, at the proposal of the Minister of the Interior, establishes and appoints the Headquarters consisting of managers from state administration bodies, operational forces of the civil protection system, and other legal entities of special importance for the civil protection system of the Republic of Croatia. Its work is managed by the Minister, who also issues an ordinance on the composition, manner of work, and conditions for the appointment of the Chief, Deputy Chief, and members of the Civil Protection Headquarters. In the event of special circumstances, the management of the Headquarters is taken over by the Prime Minister or a member of the Government authorized by him. The Headquarters is then authorized to make decisions and instructions that are required to be implemented by the headquarters at the local and regional levels.²⁴ However, local and regional headquarters are also authorized to make decisions on stricter measures than those ordered by the Headquarters.

Due to the COVID-19 pandemic, in April 2020, amendments to APPID were initiated, especially in connection with measures to protect the population from infectious diseases. An institutional model of crisis management appropriate to the severity and urgency of the pandemic was established, which enables rapid action in the event of an increase in the number of patients, as well as the realization of the

²³CPA, Art. 12.; 13. para. 1.

²⁴CPA, Art. 22 and 22a.

principles of effectiveness and proportionality. This model ensures that the measures taken achieve the set goals, but that these measures, as well as their intensity, are at the same time such that they meet the needs of the moment and last only as long as circumstances require, so that citizens' constitutionally guaranteed freedoms and rights are at all times aligned with the circumstances and, if the situation so requires, are limited only to the extent necessary and appropriate to the nature of the need to limit them. Supervision over the achievement of these goals is the responsibility of the Government (Government 2021:3). In addition, the Act supplemented the list of infectious diseases contained in the relevant legal provisions with the new infectious disease COVID-19,²⁵ improved the existing regulation of the measure "isolation in the apartment," and prescribed additional powers to competent sanitary inspectors to monitor the implementation of measures to protect the population from infectious diseases.

During the "autumn wave" and the significant deterioration of the epidemiological situation, there was a need for additional amendments to APPID. New security measures have been introduced to prevent and combat infectious diseases—a security measure of the obligation to wear a face mask or medical mask, a security measure prohibiting or restricting public events and/or gatherings, and a security measure prohibiting or restricting private gatherings. Also, the circle of holders of the function of supervising the implementation of safety measures for the protection of the population from infectious diseases has been expanded. In addition to the Government, supervision is now performed by police officers, inspectors of state administration bodies responsible for civil protection, inspectors of the State Inspectorate, and inspectors of other state administration bodies within their competence. The Republic of Croatia, counties, municipalities, and cities are obliged to ensure the implementation of measures for the protection of the population, funds for their implementation, and professional supervision over the implementation of measures (Government 2021:5).

²⁵ At the proposal of the Croatian Institute of Public Health, the Minister of Health may order the following protection measures: (1) implementation of mandatory anti-epidemic disinfection, disinsection, and deratization, (2) establishment of quarantine, (3) travel ban to a country where there is an epidemic, (4) prohibition of movement of persons, i.e., restriction of movement in infected or directly endangered areas, (5) restriction or prohibition of trade in certain types of goods and products, (6) mandatory participation of health institutions and other legal entities, private health workers, and natural persons in disease control, (7) prohibition of the use of facilities, equipment, and means of transport, (8) isolation of persons in their own home or other appropriate space – self-isolation, (9) obligation to properly wear a face mask or medical mask, (10) prohibition or restriction of public events and/or gatherings, (11) a ban or restriction on holding private gatherings, and (12) other necessary measures (APPID, Art. 47, para. 1. and Art. 4).

Table 16.1 Overview of COVID-19 infections and deaths by Croatian counties on January 25, 2021

County	Size (km ²)	Population	Infected (%)	Died (%) ^a
Bjelovar-Bilogora	2.640	119.764	5.385 (4.50)	108 (2.01)
Brod-Posavina	2.030	158.575	7.789 (4.92)	104 (1.36)
Dubrovnik-Neretva	1.781	122.568	4.465 (3.64)	71 (1.60)
City of Zagreb	641	790.017	43.844 (5.55)	1477 (3.37)
Istria	2.813	208.055	6.007 (2.89)	66 (1.10)
Karlovac	3.626	128.899	6.280 (4.87)	238 (3.80)
Koprivnica-Križevci	1.748	115.584	5.800 (5.02)	154 (2.66)
Krapina-Zagorje	1.229	132.892	8.855 (6.66)	258 (2.91)
Lika-Senj	5.353	50.927	2.633 (5.17)	89 (3.38)
Međimurje	729	113.804	10.106 (8.88)	146 (1.44)
Osijek-Baranja	4.155	305.032	15.321 (5.02)	598 (3.90)
Požega-Slavonia	1.823	78.034	2.707 (3.47)	75 (2.77)
Primorje-Gorski Kotar	3.588	296.195	16.755 (5.66)	223 (1.33)
Sisak-Moslavina	4.468	172.439	8.564 (5.00)	112 (1.31)
Split-Dalmatia	4.540	454.789	28.303 (6.22)	384 (1.36)
Šibenik-Knin	2.984	109.375	5.437 (5.00)	84 (1.54)
Varaždinska	1.262	175.951	14.344 (8.15)	339 (2.36)
Virovitica-Podravina	2.024	84.836	3.600 (4.25)	65 (1.81)
Vukovar-Srijem	2.454	179.521	7.215 (4.02)	139 (1.92)
Zadar	3.646	170.017	7.465 (4.39)	118 (1.58)
Zagreb	3.060	317.606	18.159 (5.72)	10 (0.05)

Source: Official Government website for timely and accurate information on the coronavirus, <https://www.koronavirus.hr/>

^aNumber of deaths in relation to the number of infections per county

16.4 The Role of Local and Regional Units During the Coronavirus Crisis

There is no region in Croatia that has not been affected by the pandemic. The virus first appeared in the Primorje-Gorski Kotar, Zagreb, and Istria counties, and then it spread to southern, central, and eastern Croatia. Požega-Slavonia and Virovitica-Podravina counties were the last to record the infection. During both waves of the pandemic, the main hotspots were found in the City of Zagreb and the Split-Dalmatia, Zagreb, Primorje-Gorski Kotar, and Osijek-Baranja counties. These are also regional units with the largest population sizes in the country (Table 16.1).

In the fight against the pandemic, subnational authorities are obliged to apply measures from CPA and APPID and the Ministry of Health, the Headquarters, and the National Institute of Public Health decisions. Decisions at the central level are, as a rule, taken in consultation with regional civil protection headquarters. In addition, local units can adopt their own measures that are in line with central authorities' decisions.

Municipalities, cities, and counties are obliged to organize activities within their self-governing scope related to the planning, development, efficient functioning, and financing of the civil protection system. This includes strengthening the readiness of the existing operational forces²⁶ of the civil protection system in their area according to the risk assessment of major accidents and the civil protection action plan. If the existing operational forces cannot respond to the consequences determined with the risk assessment, they are obliged to establish additional civil protection units.

At the subnational level, powers in the field of civil protection are shared by the representative and executive bodies of the unit.²⁷ Councils/assemblies in the process of adopting the budget adopt the annual analysis of the current state and the annual plan for the development of the civil protection system with financial effects for a 3-year period and guidelines for organization and development of the system that are considered and adopted every 4 years, make decisions on the designation of legal entities of interest to the civil protection system and the establishment of civil protection units, and provide financial resources for the execution of decisions on the financing of civil protection activities. In addition, the executive bodies are responsible for adopting a civil protection action plan, preparing and submitting to the representative body proposals for determining legal entities of interest to the civil protection system and decisions on establishing civil protection units, deciding on providing material, financial, and other funding conditions and equipping the operational forces of the civil protection system, providing conditions for maintaining and updating the database on members, capabilities, and resources of the operational forces of the civil protection system, and so on.²⁸

²⁶Operational forces include civil protection headquarters, fire brigade, Croatian Red Cross, Croatian Mountain Rescue Service, associations, units, and commissioners of civil protection, site coordinators, and legal entities in the civil protection system (CPA, Art. 20, para. 1).

²⁷In municipalities, political bodies are the municipal council and the commissioner, in cities, the city council and the mayor, and in counties, the county assembly and the prefect. Representative bodies adopt statutes, decisions, and other general acts, establish and elect members of working bodies of councils/assemblies, regulate the structure and scope of administrative bodies, establish public institutions and other legal entities to perform economic, social, communal, and other activities of interest to units of local, i.e., regional self-government. On the other hand, executive bodies are authorized to represent the local unit and are responsible to state administration bodies for performing state administration tasks transferred to the scope of the unit body. They prepare proposals for general acts, execute, or ensure the execution of general acts of the representative body, direct the activities of the administrative bodies of the unit, manage real estate and movables owned by the unit, appoint and dismiss representatives of units in public institutions and companies performing activities of interest to the unit, and so on. In the performance of the tasks within the scope of self-government, they have the right to suspend the application of the Council of Representatives' general act if they assess that this act has violated the law. However, executive leaders are obliged to submit semi-annual reports on their work to the representative body, and the members of the council/assembly are authorized to request reports on certain issues within their competence and ask questions about their work (Blažević et al. 2020).

²⁸CPA, Art. 17, para. 1 and 3.

The executive body also establishes the civil protection headquarters and appoints the chief, deputy chief, unit administrative bodies, and other legal entities of special importance for the civil protection system. Following the example of the central level, the unit's headquarters' work is managed by the Chief. When special circumstances are declared, the management is taken over by the unit executive body.

Finally, CPA envisages the institute of connecting several local units in the field of civil protection. Therefore, those units that belong to the same geographical area and are connected into a single unit can organize a joint performance of civil protection activities. There are several possibilities for cooperation: (1) to establish a joint administrative body, (2) to develop a joint action plan for civil protection, which is confirmed by the executive bodies of the units, and (3) to establish joint civil protection units. The decision on cooperation is made by the representative bodies and, based on it, the executive leaders sign the agreement and submit it to the Ministry of the Interior.²⁹

The regional civil protection headquarters, 20 of which are located in each county, have two types of authority. The first consists of proposing measures to the National Headquarters, which concern a certain area or the entire county. Namely, the county headquarters collect information from the local headquarters' field and have the best insight into the pandemic movement. Therefore, the Headquarters' most common proposals relate to the adoption of special epidemiological measures for an area (for example, suspensions of church services, religious gatherings, and cultural events) and the abolition of passes for citizens to move outside their place of temporary or permanent residence. The second authority relates to independent decision-making on measures to be applied in the county. Such decisions most often refer to the regulation of the teaching process in schools and faculties, restricting the work of catering facilities and shopping centers and working with clients of city services, activating isolation units for COVID-19-positive patients, banning visits to patients in health care and social care institutions, postponement of sports meetings and competitions, and permission for recreational fishing and hunting activities.³⁰

In cooperation with the executive leaders of cities and municipalities, local civil protection headquarters make decisions and recommendations in accordance with the decisions of the Headquarters, but they can also take additional measures. The analysis of official gazettes of municipalities and cities has identified several areas in which decisions on necessary measures were made. The first group of measures relates to educational policy, that is, deciding on the application of a certain model of teaching for primary and secondary schools, the introduction of distance learning, the introduction and abolition of the obligation to wear protective masks in classrooms and indoor schools, and the temporary closure of kindergartens. The second measures relate to sports policy, that is, the postponement of training on football fields, sports halls, and small sports fields and public sports, cultural, and other

²⁹CPA, Art. 18. para. 1, 2, 4, and 6.

³⁰Counties, <https://www.koronavirus.hr/zupanije/139>.

gatherings. In some local units, based on the conditions, the number of participants was limited to 50 people. Third, measures in the field of service activities include a ban on nightclubs, bars, catering establishments, and adjusted working conditions for shopping centers, shops, bakeries, and retail markets. The fourth and fifth areas relate to utilities and public transport services. During the pandemic, the recycling yard services and the removal of bulky waste were suspended, and a special regime of public transport was introduced.

During both waves, some bus lines were canceled, while in the first wave, traffic between different counties was additionally canceled. Some local units have established an Emergency Service intending to deliver supplies to the elderly or have agreed to cooperate with the Red Cross for this purpose. Primarily, these activities were carried out in the first wave during the lockdown and the ban on citizens' movement from one local unit to another. Namely, for members of the elderly population whose relatives reside in different units, the described assistance was the only one they could receive. Finally, some cities have prepared measures that have a direct impact on the local budget. These are measures to help businesses and citizens, including the award of grants, a temporary exemption from paying utility bills and rents for restaurants, the introduction of free parking around health facilities, and the payment of funds to the Red Cross. To this end, during the "first wave," the mayors decided to reduce the salaries of the city administration and companies and institutions owned by the city by 10–50% for a period of 6 months. Compensation to local council presidents and councilors and payments to political parties were also abolished.³¹

In the context of the current crisis, a Eurobarometer survey showed that Croatian citizens have as little confidence in local and regional authorities as they do in central political bodies. Only 21% of citizens stated that they fully trust the local authorities, 74% of them do not trust them, and 5% expressed the attitude "I don't know." With this result, Croatia reached the back of a total of 16 surveyed EU countries. Participants from northern and western countries expressed a higher level of trust in the local government than Eastern and Southern Europe participants. Practically the same attitude was expressed by Croatian citizens when asked whether they believe that local units are taking adequate measures to overcome the economic and social consequences of the pandemic. Only 20% of participants were satisfied with the decisions made by the units.³²

³¹ Information was collected on the official websites of local units and in their official gazettes.

³² European Committee of the Regions (2020), The coronavirus crisis and the role of EU regions and cities, https://cor.europa.eu/en/our-work/EURegionalBarometerDocs/CoR_Presentation%20v_final.pdf.

16.5 Conclusion

The first step in the crisis management process is to choose a strategy for action. Based on the conducted research, we can conclude that during the “first wave” of the pandemic, Croatia applied a very restrictive strategy to combat the coronavirus. The insufficiently known information about the new infection, its rapid spread globally, as well as the fatal consequences that began to occur in neighboring countries were the reason for the introduction of strict epidemiological measures less than a month after the appearance of the first patient in Croatia. Initial measures that included the supervision of incoming passengers exclusively were soon upgraded by the closure of educational institutions, restaurants, and shopping malls, which ultimately led to a series of decisions that directly affected the restriction of fundamental human rights and freedoms. As a rule, it was a ban on public assembly, public religious rites, and restrictions on freedom of movement.

Although the number of patients increased tenfold during the “second wave,” to everyone’s surprise, the national government initially applied a very liberal strategy, which grew into a moderately restrictive one after a few months. The prescribed measures first determined the maximum number of persons who could participate in various activities, such as public cultural and educational events, wedding ceremonies, or sports competitions. After that, additional epidemiological measures were adopted, if necessary, for the area of an individual local unit and not for the entire state territory.

The basis for selecting and elaborating crisis management strategies consists of two basic legal Acts: the Civil Protection Act and the Act on the Protection of the Population from Infectious Diseases. The Croatian legal framework requires the activation of national and regional, and local civil protection headquarters in the event of a crisis such as the ongoing pandemic. Thus, adjustments in organizational terms are visible at all three levels of territorial governance. In addition to its main role in regulating the prevention of infection, the National Headquarters coordinates all regional headquarters’ work and jointly makes special decisions for each county. As a rule, local headquarters monitor the local community’s situation and ensure the implementation of measures of the national and regional headquarters. They are directly subordinate to the regional headquarters to which they transmit data from the field. Observing at the micro level, organizational adjustments were made in each building of public bodies, public services, catering facilities, and commercial premises in order to minimize the risk of infection to employees and citizens.

In terms of functional adaptations, we have identified several areas. The first is related to the executive leaders of local units who have been given a number of new tasks and responsibilities. They needed to strengthen coordination skills as well as remote management skills. As a rule, mayors and commissioners have a satisfactory level of communication and cooperation with local and regional headquarters (which is often pointed out in media statements of chiefs of regional headquarters) and continued to successfully direct and supervise the work of local administrations and services during the lockdown.

Second, municipal, city, and county administrations quickly adapted to additional online platforms for communication and teleworking. Since they either did not receive clients at all or were working part-time, they strengthened their activities on official websites and social networks and increased their visibility in the virtual environment. Third, local public services were also forced to adjust the way they did business as they were closed to work with customers and users. This applies in particular to educational and cultural institutions, utilities, and sports halls. Healthcare institutions have adapted their actions by inviting citizens to try to resolve their inquiries by phone and e-mail whenever possible. Patients were not admitted for examination without prior notice, except in emergencies. Public transport services have also been limited, most transport lines have been suspended, and the remaining numbers of passengers are allowed to travel in one means of transport.

Finally, a very important area that has been improved in terms of functionality is e-government, that is, the number of online services for citizens and legal entities has increased. Through the e-Citizens system, a number of innovations have been introduced that make it easier and faster for citizens to communicate with the public sector and contribute to the transparency of the provision of public services. For example, these are the services of issuing e-Passes, electronic records from the registers of non-profit persons, the system of payment of e-Fees, submitting applications for exercising the right to a pension, applying for student scholarships, and so on.³³

Implemented organizational and functional adjustments are a prerequisite for the greatest effectiveness of epidemiological measures in the fight against the pandemic. The measures of the National Headquarters have a binding effect on regional and local units. Most local and regional units acted according to this rule, except some of them in the area of central and southern Croatia with regard to non-compliance with the decision to close catering facilities (Jurišić 2020). However, the lower territorial levels also have the power to decide autonomously on additional measures according to national instructions and on measures of a stricter character in relation to national measures, which some subnational units did. Due to this fact, we accept the second hypothesis as well-founded. A step further that local units have taken in relation to central institutions is the decision to reduce the city administration's salaries and companies and institutions owned by the city. During the pandemic, the burden on local budgets increased significantly. In addition to tangible and intangible costs for the work of local headquarters, part of the funds was spent on the purchase of protective masks and disinfectants, information and communication equipment, financing of kindergarten services, school meals, and extended stays, and measures to help the economy.³⁴ Therefore, by reducing salaries by 10–50% for a period of 6 months, it was possible to cover part of the budget losses.

³³Personal userbox, <https://pretinac.gov.hr/KorisnickiPretinac/eGradani.html>.

³⁴City measures in the fight against the coronavirus, <https://gradonacelnik.hr/u-fokusu/pandemija-korone-zatvaraju-se-skole-i-vrtici-u-istri-gradovi-otkazuju-sva-javna-dogadanja-zatvaraju-se-gradski-bazeni-i-dvorane/>.

As in most countries, in Croatia, we see an increase in the concentration of political influence in the executive branch as one of the pandemic consequences. At the central level, it is the Government's influence, and at the lower territorial levels, local executive leaders' (commissioners, mayors, and prefects). These are political bodies that are authorized to activate and supervise the Headquarters' work, that is, local and regional headquarters. This institutional solution changed the previous framework for crisis management, with amendments to the Act on the Protection of the Population from Infectious Diseases. Given the severity and unpredictability of the pandemic, the legislator estimated that such a management model would enable the rapid implementation and realization of two basic principles of action and decision-making: the effectiveness of measures taken to protect human life and health and the proportionality of measures. The latter principle is crucial to "restrict the freedoms and rights of citizens guaranteed by the Constitution at all times only to the extent necessary and appropriate to the nature of the need to restrict them."³⁵

In addition, crisis management in any context leads to strengthening centralization processes in the country. We recognize such a situation in Croatia for several reasons; therefore, we accept the first hypothesis as well-founded. Amendments to the Act on Civil Protection in March 2020 entrusted the National Headquarters with very broad powers. Namely, when special circumstances occur that endanger citizens' lives and health, the Headquarters makes the necessary decisions and instructions that regional and local headquarters must implement. On the one hand, it is an insufficiently defined and extremely broad formulation of the phrase "instructions and decisions" and, on the other hand, it is about the actual coordination of the work of headquarters at lower territorial levels, which is assumed not to have been implemented before (Gardašević 2020).

The Headquarters is a professional, operational, and coordinating body that operates under the Government's direct supervision and makes all its decisions on the basis of close cooperation and recommendations of the Minister of Health and the Director of the Croatian Institute of Public Health. As an institution at the central level, the Croatian Institute has a strategic role in monitoring and preventing infection and making numerous recommendations for this purpose. However, it is certainly worth emphasizing the role of local and regional units in dealing with the coronavirus crisis. In addition to being able to adapt very quickly organizationally and functionally, they have, as a rule, effectively implemented the decisions of national institutions. In addition, by using guaranteed autonomy and making decisions in accordance with local circumstances, they have made their own contribution to combating the spread of the pandemic.

³⁵Government of the Republic of Croatia, Bill on amendments to the Act on the protection of the population from infectious diseases with the Final Bill (PZ n. 921), 9 April 2020.

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Dana Dobrić Jambrović, PhD is an assistant professor at the Faculty of Law Rijeka, Chair of Administrative Science. She defended her doctoral dissertation on the “Europeanization of Local Self-Government” at the Faculty of Law Zagreb. She performs teaching activities on the Integrated Study of Law, Undergraduate Professional Study Programme in Administration Studies, Specialist Graduate Professional Study in Public Administration, and Postgraduate Doctoral Study Program. She is Secretary of the Specialist Graduate Professional Study of Public Administration and a member of the Rector’s Award Committee for the best student project. She is also member of CIVICUS, Institute of Public Administration, Croatian Academy of Sciences and Art, Croatian Academy of Legal Sciences, and Commission on Statute, Rules of Procedure, and Regulations of the Municipality of Raša. Research areas: public administration, Europeanization, national

minorities, participatory governance, good governance. Publications: “Horizontal Europeanization of Local Self-Government: Importance of Local Authorities Networks in the Implementation of the European Principles for Good Governance,” “Urban dimension of the European policies and the New EU Urban Agenda in Croatia,” “European good governance standards in Croatia: An assessment,” “Municipal insolvency in Croatia: current state and prospects in the light of the Europeanization of multilevel governance,” “Implementing open government policies on subnational levels,” “The Subnational Dimension of Europeanization,” “Protection of National Minorities at the Local Level in Croatia and Bosnia and Herzegovina,” “Local Self-government in a Comparative Perspective,” “European Standards in Regulating Public Participation on Subnational Levels: The Case of Croatia,” among others.

Part III

Chapter 17

The Impact of the COVID-19 Pandemic on Local Government Units in Poland



Mariusz W. Sienkiewicz and Katarzyna A. Kuć-Czajkowska

Abstract The emergence of the coronavirus epidemic in Poland at the end of February 2020 changed the functioning of the state, society, and many sectors of socio-economic life. For the first time in history, the risk of contracting a serious disease has contributed to a total change in functioning plans, strategies, and development policies at the central and local government levels. The quick reaction of the Government authorities and the announcement of the state of the epidemic led to the adoption of the Act of March 2, 2020 on specific solutions related to the prevention and eradication of COVID-19, other infectious diseases, and the resulting crisis. The act regulates new rules for the functioning of the State, economy, and society. The systemic and organizational issues in the operation of local self-government units were also changed. The presented research results are intended to show the legal and organizational, as well as socio-economic, effects of COVID-19 in the functioning of local government units in Poland. The chapter also presents the practical, often innovative, activities of local communities that have been undertaken in recent months to minimize the negative effects of the epidemic on the community and the local economy. The research undertaken is aimed at answering the following questions: (1) Based on the specifics of the COVID-19 Act, what are the systemic and organizational responsibilities assumed by the local government? (2) To what extent has the state of the epidemic affected local government finances, and what effects does it have on various aspects of local government activities? (3) What kind of intervention and preventive actions in various areas of socio-economic life were undertaken by local government units? (4) Have local government units adopted separate programs and strategies to create mechanisms against pandemics and/or adapt local government to new conditions? The analysis was based on source materials, the sparse literature, legal acts, and selected case studies in individual local government units. The chapter is the first stage of a study on the conditions for the functioning and development of local government in

M. W. Sienkiewicz (✉) · K. A. Kuć-Czajkowska
Marie Curie Skłodowska University, Lublin, Poland
e-mail: m.sienkiewicz@rozwojlokalny.pl

Poland after the epidemic was announced in March 2020. In the next stage, it is planned to carry out a deepened empirical analysis.

Keywords COVID-19 · Poland · Local government · Tasks of local government · Local and urban governance · Condition of epidemic

17.1 Introduction

In the spring of 2020, Poland and many other countries felt the effects of the global epidemic. In every sphere of social and economic life, adverse economic, institutional, social, and psychological changes were noted. The Organisation for Economic Co-operation and Development (OECD) (2020) indicates three legitimate spheres of implications related to the existence of COVID-19, mainly territorial. In the first place, they mention health and social effects. These impacts are often contingent, for example, on the existence of degraded urban areas with higher mortality rates than in other regions. Second, there are economic consequences. Regions that are attractive to tourists are more exposed to the economic crisis. Thirdly, there are the effects that affect local government budgets. The crisis results in increased expenses and decreased revenues of local governments. The impact on sub-national finances is not uniform but is expected to be long-term (OECD 2020).

Local governments are at the forefront of the current crisis, working together with their communities and health organizations to mitigate the current outbreak of COVID-19, while maintaining an orderly functioning of public services in their municipalities. The crisis impacts local governments in five domains: (1) the outbreak has a profound effect on local public health; (2) the measures taken are having an unprecedented impact on local economies around the world; (3) the COVID-19 outbreak magnifies existing social issues; (4) the crisis may undermine local public order; and (5) developing and fragile countries may see the crisis disrupting local democratic processes (VNG International 2020; United Nations 2020).

Public organizations are increasingly faced with extreme events that cause significant, unpredictable, and disruptive changes and can cause significant damage to social and economic life (Zhang et al. 2018). Local government organizations are at the forefront of tackling the COVID-19 pandemic due to their proximity to affected communities, local crisis management responsibilities, and local prerogatives in managing public spaces (World Bank Group 2020). Local authorities have important responsibilities in carrying out: (1) national rescue operations to prevent transmission and care for victims; (2) targeted emergency support for the most vulnerable in terms of health and livelihood; and (3) remedial actions by implementing recovery and investment programs targeting businesses, communities, and livelihoods (World Bank Group 2020).

The development of the epidemic in China, Europe, and the United States, as well as the increasing risk of infection from the SARS-CoV-2 virus, forced the

Government administration to quickly develop and implement a concept of counteracting the negative effects of this epidemic. This was largely modeled on the experience of other countries affected by the epidemic, such as China (Gao and Yu 2020) or the countries of Southern Europe. Due to the risk of spreading SARS-CoV-2 virus infections, on March 2, 2020, the act on special solutions related to preventing, counteracting, and combating COVID-19 and other infectious diseases and emergencies caused by them was passed—hereinafter the COVID-19 Act. It defines the principles and procedures for combating infection, preventing the spread, and combating the effects of COVID-19, including the tasks of public administration bodies in the field of disease prevention and control.

From the very beginning of this situation, local government units also took an active part in the development of the anti-COVID-19 strategy. Local governments have undertaken actions focusing, *inter alia*, on such issues as: (1) limitation of work in offices, subordinate units, and commercial companies; (2) restricting access to city offices for residents; (3) canceling or not organizing mass events and additional cultural, sport, and other activities; (4) closing of nurseries, kindergartens, and schools; (5) the imposition of obligations on medical entities in the performance of specific tasks; (6) changing the method of convening and conducting deliberations of decision-making bodies—municipal councils, cities, poviats, and voivodeship assemblies; and (7) ensuring the protection of the local community (Owskiak and Peter-Bombik 2020).

According to the OECD (2020), local governments are responsible for critical technical and social infrastructure, health care, social services, economic development, and nearly 60% of public investment. Due to the existing situation, the level of tasks performed by the local self-government decreased. A lot of energy is spent on crisis management. An important factor is also the heterogeneity of the regional and local effects of the COVID-19 crisis. These effects have a strong territorial dimension that has significant implications for crisis management and the political sphere (OECD 2020).

The aim of the chapter is to show the legal and organizational, as well as socio-economic, effects of COVID-19 in the functioning of local government units in Poland. The chapter also presents practical, often innovative activities of local government that have been undertaken in recent months to minimize the negative effects of the epidemic on the local community and economy. The aim of the analysis undertaken in the chapter is to identify and assess actions taken by central and local government administration that have an impact on changing the rules of the functioning of local government. The analysis was conducted on the following levels: systemic and organizational, functional, political, financial, economic, and social. The analysis was based on legal acts adopted in connection with the outbreak of the epidemic, several studies (Augustyniak 2020; Izdebski 2020), and selected case studies in individual local government units.

17.2 The Activities of Public Administration in Relation to the Pandemic

When the first people infected with the virus appeared in Poland, the central government took immediate steps to create a system to counteract the spread of the virus and eliminate its negative effects. The chronological calendar of legal actions taken by the government administration is presented below, which outlined a new reality in various areas of social and economic life.

On March 18, 2020, the government presented economic measures in response to the coronavirus (COVID-19) pandemic, and among those measures were tax-related proposals. The Minister of Finance announced that the tax on retail sales would be deferred until the end of the year. On March 21, 2020, the government submitted a preliminary Anti-Crisis Shield for consultation and on March 25, 2020, the Office of Competition and Consumer Protection (UOKiK's) issued Anti-Crisis Shield proposals for consideration. On March 31, 2020, the Polish Parliament adopted the package of legislative laws related to the Anti-Crisis Shield, which was subsequently signed by the President. The majority of new regulations entered into force on April 1, 2020. On April 8, 2020, the Polish Sejm adopted an additional package of legislative laws related to the Anti-Crisis Shield. On April 17, 2020, the act was approved by the Polish Sejm and on the same day signed by the President. Also, on April 8, 2020, the Polish Government announced a new anti-crisis program called the Financial Shield, which was subsequently approved by the parliament and signed by the President on April 17, 2020. On April 30, 2020, the Polish Sejm adopted the Anti-Crisis Shield 3.0, a new support program that extended the application criteria of the antecedent Anti-Crisis Shield. On May 15, 2020, the act was signed by the President. On June 11, 2020, the Financial Shield was ultimately approved by the European Commission (EC). On June 24, 2020, an act on the subsidization of interest on bank loans granted to entities affected by COVID-19, and a simplified arrangement for approval proceedings due to COVID-19, commonly referred to as Anti-Crisis Shield 4.0, came into force. On July 21, 2020, the European Union (EU) leaders agreed on a recovery plan (Recovery and Resilience Facility) and a Multiannual Financial Framework for 2021–2027. To benefit from the plan, the member states must prepare Country/National Recovery Plans. In the beginning of August 2020, the Government launched a call for projects under the National Recovery Plan. On August 11, 2020, the act on granting public aid to rescue or restructure entrepreneurs came into force. On September 16, 2020, the Government announced a new strategy of tax and regulatory simplifications to help attract investments to Poland and to support domestic business in development along with foreign expansion. It was presented under the working name, “Poland: the economic center of Europe.” The details were presented at the turn of September and October 2020. On September 17, 2020, the EC presented guidelines for drawing up national plans for reconstruction—as part of the European Recovery and Resilience Facility—and the Government started to assess the projects submitted under the National Recovery Plan. The Government assumes that the first draft of the National

Recovery Plan will be submitted to the EC on October 15, 2020. On September 21, 2020, the European Commission approved the proposed Financial support for the tourism industry. Its value is estimated at ca. 193 million EUR. On September 22, 2020, the president signed the bill commonly referred to as the Anti-Crisis Shield for the tourism industry, or Anti-Crisis Shield 5.0. The provisions of the bill entered into force on October 15, 2020. On November 3, 2020, the Ministry of Health published a new strategy to fight the pandemic COVID-19 3.0.

At the end of October 2020, as part of the Industry Anti-Crisis Shield, the catering, entertainment, fitness, and retail industries were given opportunities to help fight the crisis caused by the pandemic. Entrepreneurs from these industries can count on, among other help, for exemption from the Social Insurance Institution (ZUS) and compensatory allowance for November, as well as subsidies to the amount of 5000 PLN. Over 1.8 billion PLN has been allocated for this purpose. Companies from the following industries can apply for support: catering, entertainment (stage, fair, photography, film), caring for physical health (gyms, sports, recreation), and retail sales (markets, bazaars) (Antykryzysowa Tarcza Branżowa... 2020).

One of the goals of the chapter is to examine the specificity of the regulations adopted in connection with the outbreak of the COVID-19 epidemic in Poland. In the event of an epidemic threat exceeding the capacity of government administration bodies and local government bodies, the government may specify an endangered area along with an indication of the type of zone where the epidemic threat occurred, and the type of solutions to be used there. For example, a place for quarantine; a ban on leaving the quarantine facility; temporary limitations on the use of premises or land; an order to evacuate at a specified time from specific places, areas, or facilities; an order or prohibition to stay in specific places, facilities, or areas; and an order for a certain mode of movement. In the event of COVID-19 occurring in a given area, the legislator introduced the following types of zones in all public administration units: (1) a zero zone—an area where an epidemic occurred around a virus outbreak, subject to restrictions, prohibitions, orders, and control measures; (2) a buffer zone—an area around the zero zone that is subject to restrictions, including prohibitions and orders relating to the movement of people; (3) a danger zone—an area where there is a risk of an epidemic; (4) a threatened area—the area of one or several units of a territorial division of the country; and (5) a place of quarantine—a separate building structure for the temporary stay of ill or suspected people, subject to quarantine. The Minister of Health issued an ordinance on the declaration of an epidemic threat and established various types of restrictions. This regulation was repealed and with another regulation, the Minister of Health announced the epidemic in Poland (Regulation of the Minister of Health of March 20, 2020).

The state of epidemic threat was introduced in §1 of the Regulation of the Minister of Health of March 13, 2020, on the announcement of an epidemic threat in Poland from March 14, 2020, in connection with infection with the SARS-CoV-2 virus. Then, from March 20, 2020, until further notice, by the ordinance of the Minister of Health of March 20, 2020, on the announcement of an epidemic in Poland, an epidemic was announced in the country in connection with SARS-CoV-2

virus infections. The interpretation of the provisions on the suspension of time limits leads to the conclusion that they are retroactive in nature—they operate retroactively, because they regulate events before the date of their entry into force before March 31, 2020 (the state of epidemic threat lasts from March 14, 2020).

17.3 Systemic, Organizational, and Procedural Changes in the Local Government in Connection with COVID-19

The state of epidemic announced in March 2020 has become the basis for changing the rules of functioning, and for reorganizing the work, of local government administration offices. The changes that took place concerned such spheres of self-government functioning as: (1) the activities of collective bodies; (2) remote work performed by officials; (3) the rules for the organization of public procurement; and (4) the right to issue orders by the government administration to local government units regarding the performance of new tasks.

The state of the epidemic means the introduction of a remote mode of work for local government authorities and local government employees. The possibility of limiting the functioning of offices and organizational units was also introduced. During the epidemic period, the constitutive bodies of local government units and collective bodies—executive local government units, associations of local government units, auxiliary bodies of local government—may deliberate, take decisions, and make resolutions using means of distance or correspondence communication in the so-called remote mode. The chairman of a collective body, for example, a decision-making body of a local government, decides about the form of remote deliberations. This solution also applies to collegial internal organs, such as committees and teams operating in governing bodies of local government units (Article 15^{zxx} of the COVID-19 Act; Misiejko 2020).

No changes to the statutes are required to convene and conduct a remote council session. The legislator allows for the convening of the meeting using the means of distance/correspondence communication. The concept of means of distance communication is broad—it means synchronous communication, that is, conducting a session in a manner similar to the traditional ones, but excluding the presence of councilors and the chairman in one place. The introduction of a remote mode for meetings of local government bodies is optional. Sessions can be convened and conducted in the usual way, while maintaining security requirements. Hybrid debates are also possible, for example, organizing a session with the use of a traditional debating room, where the chairman and some councilors are present, and other councilors communicate using, for example, a teleconference application. This solution is particularly important due to the need to keep the proceedings open.

The legislator allowed for remote deliberation but did not resolve the issues relevant to the evaluation of the resolutions thus adopted. The practice of conducting

sessions in a remote mode raises the problem of applying the provisions of the Act of March 8, 1990, on municipal self-government, concerning the course of the session and the obligations related to conducting the session. Therefore, the choice of a means of distance communication must take into account the following: ensuring the openness of the debate, the need to ensure a roll-call vote, broadcasting and recording the debates, and active participation of councilors in the debates (Misiejko 2020).

In the case of a session conducted purely remotely, residents may be deprived of, or have limited access to, the proceedings. In this case, it should be possible for residents to enter the room where the chairman and some councilors are present, with the course of the session broadcast from a monitor. The session should be broadcast and recorded. Such a problem does not occur in the case of a hybrid session, in which the use of tools appropriate for the remote mode will take place in the presence of the chairman present in the meeting room (Misiejko 2020).

Another problem with using the remote mode of the session is the possibility of uninterrupted participation in the session by all councilors, for example, defective notification of even one of them may lead to a significant violation of the law and be treated as a legal defect that results in the declaration of invalidity of the adopted resolutions. It seems legitimate to relate these comments to a situation where, for example, due to technical errors, the councilor would be prevented from participating in a remote session. Before calling a session with the use of remote communication means, efforts should be made to ensure the possibility of participation in the session for councilors who do not have the appropriate equipment (enabling the launch and proper functioning of the software). It may take place by providing a computer in the office building or by handing over computer hardware to the councilor.

One should also remember the obligation to consult draft legal Acts or prepare justifications. It is not possible to refer to the remote procedure in the event of ignoring the obligation to submit a draft resolution for an opinion, for example, regulations on spatial planning and development. If local government authorities are not able to ensure an appropriate procedure for working on projects, it is better to abandon their procedure remotely (Misiejko 2020). If the restrictions on the openness of the meeting are ignored, there is a risk that the resolutions adopted at such a session will be considered invalid.

In addition to the remote form of meetings of collective self-government bodies, the legislator created legal possibilities for officials to work remotely. Due to the spread of the epidemic, solutions have been introduced that have a direct impact on the functioning of local government units. In order to counteract COVID-19, the employer may instruct the employee to perform (for a specified period of time) work specified in the contract, outside the place of permanent performance (so-called remote work). During the epidemic, local government employees used the opportunity to work remotely. Such an order may be issued by the head of the office, that is, the mayor, poviát staroste, or voivodeship marshal, and in relation to employees of organizational units, by the person managing the given unit. The order may concern all or individual employees. The order must indicate precisely the time during which

the employee is to perform work outside the place of permanent performance (Article 3 of the COVID-19 Act; Potemska 2020; Wpływ... 2020).

At the same time, the continuity of operation of the local government unit and its possibility of carrying out all tasks should be ensured. Ordering employees to work remotely must be preceded by an analysis of the technical capabilities (access to systems, data, and so on.), security (ensuring data protection and confidentiality, integrity of IT systems, and so on.), and the continuity of performing tasks. In the period of an epidemic threat, that is, from March 14, 2020 until further notice, offices may introduce restrictions, for example, limiting the performance of only necessary tasks to provide assistance to citizens or performing tasks in a way that excludes direct service of clients. The decision on the type and form of the introduced restrictions is made by the head of the office or the head of the organizational unit (Wpływ... 2020; Starczewski 2020).

The introduction of changes to the public procurement law was also important for the efficiency of the decision-making process in local government authorities. In a situation where there would be a high probability of rapid and uncontrolled spread of the disease, or if it would be required for the protection of public health, the application of the provisions of the Act of January 29, 2004, Public Procurement Law, was introduced. The possibility of omitting these regulations applies to placing orders for goods and services necessary to counteract COVID-19. The exemption also applies to contracts awarded by regional development funds, when it concerns support necessary to counteract the economic effects of COVID-19 and is related to the implementation of: (1) tasks related to the management of funds created, entrusted, or transferred on the basis of separate provisions and related to the implementation of government programs, or other programs from public funds, or (2) tasks related to the use of such funds (Article 6 of the COVID-19 Act; Potemska 2020).

The parties to the public procurement contract inform each other about the impact of circumstances related to the occurrence of COVID-19 on the performance of the contract. Such information should be accompanied by a document confirming the occurrence of circumstances related to the epidemic, such as: (1) absence of employees; (2) decisions issued by the sanitary inspector in connection with counteracting COVID-19, which impose an obligation on the contractor to take specific preventive or control actions; (3) orders issued by the voivode and decisions of the prime minister related to counteracting COVID-19; (4) suspension of deliveries of products, product components/materials, difficulties in accessing equipment, and difficulties in providing transport services; and (5) the circumstances referred to above if they relate to the subcontractor (Article 15r of the COVID-19 Act).

If the contracting authority finds that the difficulties related to the epidemic may affect the performance of the contract, it may (in agreement with the contractor) change the public procurement contract, for example, by changing the date of performance of the contract or a part of it, temporary suspension, change of scope of the benefits, or a change in the contractor's remuneration.

Amending the contract and withdrawing from the determination and recovery of receivables arising from the non-performance or improper performance of the public

procurement contract, as a result of circumstances related to the occurrence of COVID-19, do not constitute a violation of public finance discipline. In addition, someone does not commit the offense referred to in Article 296 of the Act of June 6, 1997 of the Penal Code when: they do not determine or claim from the party to the contract receivables arising from the non-performance or improper performance of a public procurement contract due to circumstances related to the occurrence of COVID-19, or change the public procurement contract on the basis of the act (Article 15t of the COVID-19 Act).

Due to the announcement of the epidemic in Poland and actions taken to counteract COVID-19, the prime minister and, in each region, the voivode (the representative of the government administration in the field) have the right to issue orders to local government units regarding the performance of new tasks. There are two modes of obliging local governments to undertake specific actions. In the first, the Prime Minister, at the request of the Minister for Health, may impose on a local government unit the obligation to perform a task related to counteracting an epidemic. This can be any task related to counteracting COVID-19. The new duties will be treated as commissioned tasks in the field of government administration, for which funds from the state budget must be provided (Articles 10–11 of the COVID-19 Act; Kubalski 2020).

Assigning additional responsibilities to local government units is an exceptional situation that violates the independence of local government. It can be used exceptionally and only to the extent necessary. Importantly, the COVID-19 Act does not provide for any protection measures, for example, judicial measures, for local governments. As a result, they have no possibility of not following the prime minister's order (Wpływ... 2020).

In the second mode, the voivode may issue an order to local government authorities, legal personalities of local government, or local government organizational units without legal personality, in relation to counteracting COVID-19 (Article 11 of the COVID-19 Act of March 2, 2020). The legislator did not indicate what could be the content of the voivode's instructions, but it was clearly indicated that they could not concern, for example, decisions as to the essence of the case handled by an administrative decision. In order to ensure the speed of operation and thus increase the effectiveness of orders, they may be given orally, by telephone, or by means of electronic communication. In these cases, the content and essential motives for such a settlement of the matter should be recorded in the files in the form of a protocol or an annotation signed by the party. The voivode's orders are subject to immediate execution. If the addressee does not agree with the content of the order, he or she may ask the competent minister to suspend the execution of the order and submit a request to the Prime Minister to resolve the dispute (Kubalski 2020; Potemska 2020).

The voivode's orders are characterized by the highest degree of imperativeness. They are addressed to administrative bodies, although some of the bodies are not organizationally subordinate to the voivode (e.g., non-combined government administration bodies), and nor may they be part of the same system structure as the voivode (local government bodies). The voivode's orders may not violate statutory

provisions. By means of instructions, the voivode may not expand or narrow the scope of the tasks of the local government. The orders of the voivode must fall within the scope of tasks of the local government unit and may not involve significant changes in the external sphere, for example, changing the organizational structure of the subordinate unit, or transfer of resources outside the local government unit. The tasks included in the order of the voivode are financed in accordance with the provisions of substantive law, that is, if the order concerns a task of the local government unit, the costs are borne by the local government unit, and if they are government administration tasks (commissioned), then by the state budget (Legislacja ... 2012; Kubalski 2020).

The functioning of local governments, especially where the local government unit is the managing body, was influenced by the introduction of the possibility of imposing obligations by the Minister for Health on medical entities that operate in the form of a public health care institution, a budget unit, or a capital company in which the State Treasury is a shareholder. New obligations may include, inter alia, changes in the organizational structure of the medical entity, the provision of medicinal products, medical devices, foodstuffs for particular nutritional uses, and medical apparatus and equipment in order to ensure the continuation of the provision of health services in another therapeutic entity (Article 10 (3) and (3a) of the COVID-19 Act; Potemska 2020).

17.4 Intervention and Aid Activities of the Local Government in the Socio-economic Sphere

The local government in Poland, especially at the regional level, has many instruments to support socio-economic development (Flieger 2009). Sienkiewicz (2019) defines local development as a process of deliberate changes in the social and economic sphere, determined mainly by internal factors, but also subject to external influences, which lead to a more effective satisfaction of the needs of the society and local economy.

Potoczek (2012) distinguishes the following types of measures for influencing local development, which are used by local government institutions: (1) the budget as the basic economic and financial instrument, allowing for a comprehensive assessment of the functioning of the commune, as well as its development possibilities; (2) planning instruments, which are implemented by means of strategies, local and regional development plans, and a study of the conditions or directions of spatial development; (3) information and promotion instruments based on the use of various types of mass media; (4) institutional and organizational instruments that enable the creation of solutions for the development of broadly understood entrepreneurship and supporting business environment institutions; (5) investment instruments that are of decisive importance for shaping the pace and directions of development of technical and social infrastructure; and (6) legal and administrative instruments,

including the issuing of Acts of local law concerning, *inter alia*, local spatial development plans, environmental protection, sanitary standards, and land management.

In a crisis situation, which undoubtedly includes epidemics, development activities tend to be interventionist or aid-oriented and lead to the maintenance of the existing level of socio-economic development.

With a view to ensuring the safety and protection of the population, solutions have been introduced that will contribute to increasing the coordination and effectiveness of public authorities' activities in the field of counteracting COVID-19. Intervention and preventive activities in various areas of social life can be mainly boiled down to: (1) granting additional care allowance; (2) obliging local authorities to prepare special forms of help for the most needy; and (3) temporary suspension of the functioning of the education system units. In turn on the economic level, and mainly in the financial sphere, they consist in: (1) exemptions from real estate tax; (2) awarding targeted subsidies to support the tasks of local government; and (3) extending the possibility of making transfers in the budget of a local government unit.

Due to the closure of schools, kindergartens, and nurseries, many parents (including local government employees) had to look after their children. Due to the inability to perform professional duties in order to care for a child up to 8 years of age, or a child with a severe or moderate degree of disability up to 18 years of age, the right to receive additional care allowance for insured parents released from work was introduced (Article 4 of the COVID-19 Act). In the Regulation of the Council of Ministers of April 24, 2020, on the determination of a longer period of receiving additional care allowance in order to counteract COVID-19, it was specified that this allowance is due for the period for which nurseries, children's clubs, kindergartens, schools, day care centers, and so on are closed (Article 4 of the COVID-19 Act; Augustyniak 2020). This was set at 80% of the basic remuneration.

Mayors were also obliged to define specific forms of providing assistance to residents in order to protect the local community in connection with the possibility of a crisis situation. The commune's (*gmina's*) executive body was obliged to draw up a list of special forms of assistance and inform the inhabitants. These specific forms of assistance include, for example, increasing the amount of funds to purchase protective measures to prevent the spread of the coronavirus; assistance for the elderly, the disabled, and the quarantined in the form of food, medicine, and hygiene products; specific benefits for the purchase of medicines; and cleaning products for these people and their families (Article 24 of the COVID-19 Act; Article 21b of the Act of April 26, 2007, on crisis management; Augustyniak 2020; Potemska 2020; Wpływ ... 2020).

On the basis of the provisions added to the Education Law, the Minister for Education and Upbringing, in cases justified by extraordinary circumstances that threaten the life and health of children and adolescents, could temporarily limit the functioning of educational units in the country. On this basis, the Minister of Education and Upbringing limited the functioning of schools, kindergartens, and other institutions of the education system for the period from March 12, 2020, to the

end of the school year, that is, June 2020. The effect of the second wave of the epidemic was a complete limitation of full-time education in all types of schools and universities starting from November 2020. On the basis of these provisions, the Minister also has the right to exclude the application of certain provisions of the education law, for example, conducting recruitment procedures, assessing, classifying and promoting students, conducting examinations, organizing the school year, or organizing the work of these units.

Taking into account the changes in the field of local government finances, the body constituting the local government unit was granted the right to exempt from property tax (for part of 2020): land, buildings, and structures related to running a business, or entrepreneurs whose financial liquidity has deteriorated due to the economic consequences of the epidemic. It is up to the executive body of a local government unit to determine the detailed rules, for example, a particular decision to redeem, postpone, or spread the tax payment date into installments. In addition, the real estate tax exemption or extension of installment payment deadlines covers non-governmental organizations (Article 15p and 15q of the COVID-19 Act; Augustyniak 2020).

Local government units were also able to obtain a special-purpose subsidy from the state budget to support the implementation of tasks resulting from the provisions on preventing and combating infections and infectious diseases in humans. At the same time, the obligation to apply Article 128, Section 2 of the Act of August 27, 2009 on public finances, according to which the number of subsidies for co-financing their own current and investment tasks may not exceed 80% of the costs of the task, has been excluded (Wpływ... 2020; Potemska 2020).

In order to ensure the proper implementation of tasks related to counteracting the epidemic and streamlining the activities of municipalities, poviats, and provinces, the legislator introduced the possibility of making changes to the budget of the local government unit. These changes can include the following: (1) changes in the budget income and expenditure plan of the local government unit; (2) transfers of planned expenses between organizational units of local government and the delegation of powers to other organizational units of the local government to incur obligations under contracts, the implementation of which in the budget year and in the following years is necessary to ensure the continuity of the unit's operation and which result in payments exceeding the budget year; (3) changes made to the plan of income and expenditure related to changes in amounts or the obtaining of payments transferred from the EU budget; (4) changes in the implementation of the project financed with the participation of the EU; (5) changes in the long-term financial forecast and budget expenditure plan of the local government unit in connection with the introduction of new investments and investment purchases; (6) change in the purpose of the special-purpose reserve in the budget of a local government unit without obtaining the opinion of the budget committee of the constitutive body of that unit; (7) creating a new special-purpose reserve without obtaining the opinion of the budget committee of the decision-making body, and transferring to it the blocked amounts of expenditure pursuant to Article 260, Section 1 of the Public Finance Act; and (8) change the limit of liabilities due to credits and loans taken, and securities

issued, by increasing the limit of liabilities (Article 15zn of the COVID-19 Act; Potemska 2020; Augustyniak 2020).

The changes introduced with the adoption of the COVID-19 Act strengthen the executive bodies of the commune, powiat, and voivodeship in the field of financial decisions. This is to adapt the regulations to an efficient operation of the local government executive bodies (Augustyniak 2020).

17.5 The Impact of the Epidemic on the Finances of Local Governments

Sawicka (2013) defines the financial system of a local government as all legal and financial institutions related to its financial management, including the accumulation and organization of money resources and their spending. Individual legal and financial institutions operate at the level of communes, poviats, and voivodeships. The functions of local government legal and financial institutions are: (1) collecting funds by local government units (taxes, fees, special-purpose subsidies, subsidies, shares in state taxes) (Act on the Income of Local Government Units 2003), (2) the organization of financial resources (budget); and (3) the disbursement of funds by local government units, specified in specific Acts forming the basis for making public expenditure.

Local government units in Poland are in a difficult financial situation due to the economic slowdown caused by the adopted methods of combating the pandemic—the introduced lockdown, and later restrictions related to the state of the epidemic. In addition, local government budgets are strained due to the consequences of solutions adopted in the Personal Income Tax (PIT) Act of July 2019, that is, a reduction from 18% to 17% of the PIT tax and the introduction of a zero PIT rate for people up to 26 years of age. All this contributed to a significant reduction in local government budget revenues, including tax revenues. In the case of Warsaw, the income from PIT for March 2020 amounted to approximately 335.6 million PLN, which is 47.3 million PLN less than in March 2019 and as much as 81.2 million PLN less than in March 2018. In Kraków, a decrease in income was recorded (comparing March 2019 and March 2020) from 67.2 million to 57.8 million. In Częstochowa, revenues from shares in PIT for March 2020 decreased compared to March 2019 by almost 17% (13.2 million instead of 15.8 million PLN). In Gliwice, revenues in March were lower by 2.4 million year on year (in 2020 they amounted to 13.5 million). In Gdańsk, PIT revenues in March 2020 amounted to 38.5 million; in March 2019, 45.8 million PLN. In Sopot, in March 2019, PIT revenues amounted to 5 million PLN, and in 2020, 4.1 million PLN. In Wrocław, instead of 70 million PLN, as in March 2019, the budget received 60 million PLN in 2020. City authorities launched information campaigns encouraging residents to settle PIT tax at their place of residence, not registration. For example, in Wrocław, the campaign's slogan was “the Wrocław that you know and love depends on you.” As a result of the lockdown

and restrictions introduced by the epidemic, there was also a significant decrease in the number of tourists, for example, in Kraków in 2019, there were 14 million of them, and they spent 7.5 billion PLN (Jadczak et al. 2020).

In addition, local government authorities, trying to help the residents, decided to lower the rents for commercial premises owned by the city during the lockdown, for example, in Warsaw, the cost of a 100% discount is about PLN 20 million per month less revenue to the city budget (Jadczak et al. 2020).

The Association of Polish Cities (ZMP) asked the mayors of cities from all over Poland to prepare a statement: how much PIT cities received in March 2020 and what does this amount look like compared to March 2019? What types of expenses will be adjusted in the budget due to lower income during the epidemic? In this way, the ZMP collected data from 130 cities in Poland on budget revenues in June and in the first half of 2020, compared to June and the first half of 2018 and 2019. After analyzing the collected data, a significant reduction in income from PIT, rentals, leases, and public transport can be noticed, as well as perpetual usufruct and lower revenues from local taxes. The research shows (Table 17.1) that in June 2020 the shares in PIT were 6% lower than in 2019, while in June 2019 they increased by as much as 24% compared to June 2018. In the first half of 2020, a decrease by almost 8% was recorded compared to the same period of 2019; meanwhile, in 2019, the first half of the year brought an increase of over 11% compared to 2018 (Regres ... 2020; Finanse ... 2020).

As for the shares in corporate income tax (CIT), the entire first half of the year brought a decrease by about 1.5% year on year, while a year ago in the same group of cities there was an increase of over 16% compared to the first half of 2018.

Taking into account their own revenues in 2019, the first half of the year brought an increase in revenues from real estate tax by 3% compared to 2018. In 2020, there was a decrease of almost 1% compared to 2019, while the tax on civil law

Table 17.1 Year-to-year dynamics of revenues of local government units (%)

Revenues types	2018/2019	2019/2020
Share in personal income tax (PIT)	111.36	92.13
Share in the corporate income tax (CIT)	116.10	98.52
Property tax	103.04	99.10
Tax on civil law transactions	101.10	96.99
Agricultural tax	102.03	104.59
Forest tax	95.87	100.55
Tax on means of transport	103.78	94.93
Rental and lease income	100.63	90.85
Income from fees for perpetual usufruct	83.67	65.16
Other property income (including sale)	41.04	112.70
Proceeds from public transport	105.47	76.32
Proceeds for plumbing services	99.38	73.68

Source: *Finanse miast w I półroczu 2018, 2019 i 2020 – dynamika*. Data of the Association of Polish Cities (Związek Miast Polskich)

transactions brought more than 3% less revenues than 2019. A year ago, in this group of cities, these increased by 1.1%.

There are serious changes in the income from rental and lease of municipal property—the decrease is over 9%, while a 1% increase was recorded a year ago. Proceeds from perpetual usufruct fees for municipal real estate look bad—in 2019, they fell by over 16% in the first half of the year compared to 2018. In 2020, compared to 2019, the decrease is as high as 35%. This is an important income for municipalities, but the legal changes introduced in 2019 caused serious losses. Income from the tax on means of transport in 2019 increased by 4%; in 2020, it decreased by almost 5%. When it comes to public transport, in 2019 the revenues were 5.5% higher than in the first half of 2018, and in 2020 they decreased by 1/4. The receipts for water and sewage services are slightly better—in 2019 they increased by almost 1% (compared to 2018), while in the same group of cities in 2020, this income decreased by more than 1/4 (Regres ... 2020; Wplyw... 2020).

In this situation, the local authorities decided to make savings. Taking into account the example of cities in Poland, the decisions made can be characterized into several different points. Firstly, implementation of a savings plan in administrative expenses in offices and cultural units subordinate to local governments. The offices decided: to suspend the financing of extracurricular activities in schools and paying of scholarships for players of sports teams, to cancel cultural and sports events, and to increase the prices of public transport tickets. Looking for savings, some officials dealing with customer service and the employees of cultural institutions were put on standby, receiving 60% of their salary (Jadczak et al. 2020). Secondly, the investment process was suspended. A large proportion of local government authorities decided to continue or complete investments that were already begun (e.g., from EU funds). It was decided not to abandon the investments already started, as this could lead to the collapse of companies and contractors and, as a result, layoffs. On the other hand, all planned tenders were suspended, and no new tenders were organized. This happened even in larger cities in Poland. For example, in Sopot, investments to the amount of about PLN 40 million were frozen, including investments in the construction of floating piers at the pier and astronomical observatories at schools, renovation of the city hall building, and a sports field, which were suspended (Jadczak et al. 2020).

All these activities, on the one hand, were aimed at preserving the current jobs for officials and employees subordinate to cultural and sports units, and, on the other hand, translated into specific financial consequences for the inhabitants (a reduction in the salary). On assessing the actions of central authorities in Poland, including the adopted COVID-19 Act, it is found this did not protect the financial situation of local government units. In the opinion of local leaders, local governments, due to the previously introduced regulations (the Act of July 2019 on the reduction of the PIT tax) as well as due to the lack of revenues from taxes from natural and legal persons and other taxes and fees (due to the freezing of the economy in the epidemic), lost specific incomes that are not compensated for by the state budget (Jadczak et al. 2020).

17.6 Strategic Instruments of the Pandemic Prevention Policy at the Local Government Level

According to Article 3 et seq. of the Act on the Principles of Development Policy of 2003, local government units conduct development policy on the basis of development strategies and programs. The act also defines the essence of development policy, which is a set of interrelated activities undertaken and implemented in order to ensure the sustainable development of the country: socio-economic, regional, and spatial cohesion; increasing the competitiveness of the economy; and creating new jobs on a national, regional, or local scale (Article 2 of the Act on the Principles of Development Policy).

Strategic instruments related to counteracting the COVID-19 pandemic have been developed and were implemented, in particular, at the central level. The basic document in this respect and currently in force is the “Strategy for the fight against the COVID-19 pandemic. Autumn 2020. Version 3.0” developed by the Ministry of Health. In its assumption, Strategy 3.0 illustrates the most important directions of changes that have been taken in order to effectively fight the COVID-19 pandemic, while taking into account the long-term consequences of introducing restrictions. The strategy is also a response to the change in the nature of the epidemic (*Strategia walki z pandemią COVID-19...* 2020).

Based on the empirical research conducted, it should be stated that at present the local government in Poland is not undertaking the development of separate strategic documents devoted to the coronavirus epidemic. In view of the end of the EU programming period, 2014–2020, many local governments are in the process of developing development strategies and programs in the context of the new financial perspective 2021–2027. The analyses carried out, which have been adopted or have recently been prepared for selected municipal development strategies, have shown that some local government units have formulated goals related to counteracting the negative effects of the pandemic.

The situation in this respect is different at the regional level—voivodeship self-governments. Some regions have developed their own epidemic prevention programs. An example is the self-government of the Kuyavian-Pomeranian Voivodeship, which has developed its own program of counteracting the epidemic and mitigating its effects in the social sphere and the economy. They allocated 740 million PLN for its implementation. The package includes, among other aspects, support for hospitals, subsidies and loans for enterprises, new solutions for care institutions and social intervention institutions, as well as the purchase and distribution of personal protective equipment outside medical institutions (Krzemińska 2020).

Program documents related to preventing the negative effects of a pandemic are also developed by local government organizational units, in particular for medical facilities. One example of such activities is the Independent Public Provincial Complex Hospital in Szczecin, which developed and implements the program entitled “West Pomeranian Program for Monitoring and Prevention of the

SARS-CoV-2 Coronavirus Outbreak and COVID-19 Disease.” Over 15 million PLN was obtained for the implementation of this program from the European Social Fund (Zachodniopomorski... 2020).

17.7 Conclusion

The year 2020 marks the 30th anniversary of the establishment of autonomous local government units in Poland at the municipal level. The rebirth of the institution of democracy took place after more than half a century of real socialism, the leadership of the communist party, and the existence of a system of unified state power (Izdebski 2020).

The expansion of public tasks, and consequently the tendency to transfer them to the level of local government, requires increasing the share of local government units in all public resources. This is particularly evident in the recent period—in the situation of reducing the share of local government in public flows, especially in connection with the mitigation of the effects of the pandemic. The key challenge in the current situation is to provide self-government units with material resources so that they can meet the collective needs of residents at an appropriate level. Legislation on local government income has been one of the weakest parts of local government legislation in Poland for many years. The structure of the income of local government units is too much based on transfers from the central budget, and the share in income taxes classified as their own income, in connection with the reduction in the size and income from taxes (due to the epidemic), exacerbates the deficiencies in the finances of local governments (Izdebski 2020).

The financial impact of the COVID-19 pandemic on local governments can be severe. For example, the situation of local governments in the so-called operating surplus to current income. In a situation of high level of investments carried out by local governments, this may lead to an increase in the level of indebtedness of these units. Financial problems may also develop in the sphere of educational tasks. For several years, the gap in the financing system in this field has been increasing (Parchimowicz 2020).

It is also particularly important to follow a sound liquidity management policy in difficult times. Long-term financial planning, although more difficult in times of crisis, is an important risk management tool in the budgeting process, including how and when to use the balance and reserve funds (DiNapoli 2020).

According to the representatives of the Association of Polish Cities, the government’s Anti-Crisis Shield contains insufficient elements of assistance for local government. The introduction of the Local Investment Fund proposal should be assessed positively. Under the Local Investments Fund proposal, the government will allocate PLN 5 billion for municipalities and PLN 1 billion for poviats for planned investments. Proniewicz (2020) draws attention to the fact that when calculating the “affluence” index, cities with poviats rights in the proposed shape will be clearly disadvantaged in relation to other municipalities, and these cities have

relatively high current expenses related to a high concentration of services and relatively low operating surplus levels.

As for the expenses related to fighting the virus, it should be assumed that they will be financed under the financial plans of units obliged to finance specific tasks, with the possibility of financial support to make transfers of expenses in the state budget. In accordance with Article 15m of the COVID-19 Act, the COVID-19 Counteracting Fund was also established. It is a state earmarked fund administered by the Prime Minister. Actions taken on the basis of the special act affect the entire sector of the economy, including the activities of companies, citizens, and people residing in Poland.

The coronavirus became a fact in Poland at the beginning of March 2020 that surprised all spheres of social and economic life, including local government. The changes that have taken place in the functioning of the local government units presented in the chapter concerned: the activities of collective bodies, remote work officials, the rules for the organization of public procurement or the right to issue orders by the government administration to local government units regarding the performance of new tasks.

Local government units as well as the socio-economic sphere are facing the effects of the COVID-19. The intervention and aid activities in the socio-economic sphere concerned: obliging local authorities to prepare special forms of help for the most needy, granting additional care allowance, temporary suspension of the functioning of the education system units, exemptions from real estate tax, awarding targeted subsidies to support the tasks of local government, the possibility of making transfers in the budget of a local government unit.

The importance of local government increases in times of crisis, for example, an epidemic, and the consequences of COVID-19 have shown its fundamental role in creating safe and effective conditions for the life and work of residents. Anti-Crisis Shield solutions and the launched financial support tools have a lower per-balance value than the financial burdens borne by local governments due to the negative effects of the crisis, in conditions of rapidly declining possibilities of using external financing sources and rising fixed costs (Bazylak et al. 2020). It is not yet clear what real social, economic, and financial costs of this situation will be incurred. However, it should already be said that local government units in Poland, whose revenues are largely related to both the state budget revenues and the condition of the business sector, will lose their development potential. Even if the pandemic disappears in the coming months, they will need to rebuild their finances and investment capacity for a long period of time. But perhaps, thanks to the effective support of the state and EU funds in the upcoming programming period 2021–2027, the period of restoring the condition of local government will shorten.

It should also be said that the time of a pandemic is a kind of test of the effects of good management. Despite various crisis situations, many opportunities appear in the socio-economic environment. It is therefore important that local managers use them effectively and thoughtfully. It is crucial at this time to set goals and select those that are key, first of all, to ensure the safety and health of local communities,

support the local economy in crisis, as well as the financial stability of local government budgets.

People played a key role in triggering the COVID-19 pandemic. Hambleton (2020) rightly argues that “the incessant exploitation of people and the planet, the indifferent and thoughtless approach that has dominated modern capitalism for most of the last forty years, has directly led to the terrible situation we now find ourselves in. The COVID-19 pandemic has reminded us that our well-being is not dependent on us as individuals - it is social. We are all interdependent, and our quality of life depends on whether we make intelligent decisions that support the common good pp. 153–154” or destroy our environment, in which we live, and each other in the process.

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Mariusz W. Sienkiewicz, dr hab., works in the Department of Public Administration, Institute of Political Sciences and Administration, Faculty of Political Science and Journalism at the Marie Curie Skłodowska University (UMCS). He is a political scientist, lawyer, a specialist in the field of public finance, innovation policy, strategic management, public procurement law, and project management. He is an academic lecturer in the field of public finance management, public procurement, European funds and project management, management in public administration, and innovation policy. He is the founder and president of the Local Development Center Foundation, and the author and coordinator of several projects co-financed by external funds from public and private sector entities. He has many years of experience in conducting training and consulting in the field of public procurement and project management for public finance sector entities and

enterprises. He has experience in developing local development strategies for municipalities and counties, revitalization programs for municipalities, village renewal plans, economic change management strategies, financial plans, and investment in local government units. He also specializes in issues related to social participation in the process of spatial planning in communes. He carried out projects related to the implementation of strategic management solutions in local government administration in Ukraine under the Polish development aid programs of the Ministry of Foreign Affairs of the Republic of Poland. He is also the author of over 70 scientific publications.

Katarzyna A. Kuć-Czajkowska, PhD, an assistant professor in the Department of Public Administration, Faculty of Political Science and Journalism, Maria Curie-Skłodowska University in Lublin, Poland. Her research and educational activities are focused on the functioning of local governments in Poland and in a comparative perspective with Europe. She is the author or co-editor of about 50 publications, including books: *Local Government in Selected Central and Eastern European Countries. Experiences, Reforms and Determinants of Development* (Lublin 2016); *A Different View of Urban Policy* (Lublin 2016); *Functional Areas of Voivodeship Capital Cities in Poland. The Space of Cooperation and Competition of Local Governments* (Lublin 2019). She is a member of the Centre for Local Development Foundation in Lublin.

Chapter 18

Presidential Elections in Poland During the COVID-19 Pandemic: An Unexpected Challenge for Political Actors and the Relationship Between Central Government and Local Government



Tomasz Kaczmarek and Łukasz Mikula

Abstract The chapter presents the course of the election campaign and the elections for the office of the president of the Republic of Poland, which took place in the period of April–July, that is, the escalation of the COVID-19 pandemic. The extraordinary circumstances of the fight against the pandemic and the threats it posed to the health and life of citizens made these elections, otherwise being a quite ordinary political event, a very spectacular case of parliamentary struggles and conflicts between central government and local authorities. Three main issues covered in the chapter are: (1) the modification of standard legal rules for elections due to the COVID-19 pandemic; (2) the conflict between central authorities and local governments over the responsibilities for organisation of the election; and (3) the distribution of voting turnout in demographical and territorial perspective compared against COVID-19 statistics. The case of presidential elections in Poland gives a broader insight into the more general question of adaptation strategies of major political actors to the completely new and unexpected circumstances of the electoral process that were brought by the COVID-19 pandemic. It also leads to some deeper reflections on using the COVID-19 pandemic as a convenient explanation for own political actions by key players on the electoral arena.

Keywords Presidential election · Voting turnout · Pandemic COVID-19 · Central government vs. local government · Poland

T. Kaczmarek · Ł. Mikula (✉)
Adam Mickiewicz University, Poznań, Poland
e-mail: lukasz.mikula@amu.edu.pl

18.1 Introduction

The COVID-19 pandemic has disrupted all aspects of life, politics included. In 2020, such ‘fixed elements’ of the political game as presidential, parliamentary, regional and local elections, as well as referendums, plebiscites and public consultations planned at that time, were put into question almost all over the world. Elections are the cornerstone of democratic systems and the basis for continuity and stability of political governance.

Elections legitimise democratic authorities and make them accountable for the functions they discharge. In order for elections to fulfil their rightful role in shaping civil societies, it is vital that they be organised properly and that conditions are created for full participation of all citizens. Elections are particularly important in countries in transition from authoritarianism to democracy, from deep political crisis to stability or from war to peace. In relatively young democracies, too, their importance is greater than usual. In such cases, elections are expected to legitimise governments and contribute to the consolidation of democracy, peace and stability. However, if decisions about the timing and sequencing of transitional elections are not carefully considered, elections may instead exacerbate tensions and thus increase the risk of renewed conflicts or even the backsliding of democracy (Alihodžić et al. 2019; James and Alihodžić 2020).

The decision-making processes and the course of the 2020 elections were disrupted in an unprecedented way, not so much by political factors, but by the global COVID-19 pandemic. The extraordinary context of the fight against the pandemic and the threats it posed to the health and lives of citizens turned elections for major offices of power in central and territorial administration, a regular occurrence in many political systems, into an arena for unique and often spectacular political disputes. This context undoubtedly contributed to additional threats not only for the electoral processes but also for undermining the legitimacy of elections and thus the continuity of democratic transition. Elections are the moment when the nation decides on who will govern it. A decision to postpone a vote, on the other hand, suspends political rights and as such undermines the social contract between the government and the people. All decisions of those in power regarding the steps to be taken should therefore be transparent and comprehensible. Citizens also need to know when normal election procedures will be restored.

One of the hottest political issues in Poland in 2020 was the presidential election to be held in May. It was crucial for shaping the political scene of the country, due to several years of its domination by the right-wing populist party Law and Justice (PiS). The presidential elections in Poland scheduled for 10 May 2020 did not take place on that day and were postponed until 29 June and 12 July (run-off); the winner was the incumbent President Andrzej Duda (who received strong support of Law and

Justice, with a majority in Parliament and government). Duda narrowly defeated (51%:49%) Rafał Trzaskowski (from the leading opposition party, the Civic Platform, strongly represented especially in the local governments of large cities). The victory of the ruling party's candidate consolidated its dominance in the highest bodies of power – Parliament, government and the office of the president – putting off by another few years the opposition's hopes for creating a greater balance of power in Poland.

While the determination of the principles and schedule of all elections, in accordance with Polish law (Constitution of the Republic of Poland, Electoral Code Act), is the responsibility of the central state authorities and the institution appointed by them, that is, the State Election Commission, their organisation is a task delegated to local governments. Thus, having a practical impact on the electoral process, local governments became a real player on the electoral political scene. An additional indication of the unusual course of the election was the fact that in the run-off for the office of president, the candidate of the Law and Justice party (PiS), in power together with its coalition partners since 2015, stood against a candidate of the opposition Civic Platform party (PO), who was also the Mayor of Warsaw, and thus represented local government. These and other circumstances permit a more comprehensive examination of the case of the presidential election in Poland as a more general question of the main political actors' adaptation strategies to the completely new and unexpected circumstances of the electoral process brought about by the COVID-19 pandemic.

This chapter presents the course of the electoral campaign and the very election for the office of President of the Republic of Poland, taking place between April and July 2020, which coincided with the first wave of the COVID-19 pandemic in Poland. The unusual context of the fight against the pandemic and the threat it posed to the health and lives of citizens made this election, an otherwise ordinary political event, a very spectacular case of parliamentary tug-of-war and a source of conflict between the central and local authorities organising the election.

The three main issues addressed in the chapter are as follows:

- (1) Modification of standard election legislation due to the COVID-19 pandemic
- (2) The dispute between the central and local governments over the responsibility for holding elections
- (3) Demographic and geographical distribution of voter turnout in light of COVID-19 statistics

The COVID-19 pandemic affected both the shape of the political arena and the tools of the campaign, influencing in an unprecedented way the electoral mechanisms that eventually led to the re-election of the incumbent President of Poland. The Polish case should be considered as one of the few in the world related to elections during a pandemic, which may be a valuable lesson for the formation of democracy in such extraordinary times as an infectious disease pandemic.

18.2 Theoretical Assumptions, Hypotheses and Research Methods

Voting is fundamental to participation in political life (Gallego 2015). Answering the question of why people vote is one of the most thoroughly researched areas of political science (Aldrich and Jenke 2017). The most common factors that determine voting decisions include (e.g. Smets and van Ham 2013; Wass and Blais 2017):

1. Perception of voting as a civic duty and the high significance of elections for creating a civil society.
2. Political benefits, perception of differences between parties, identification with a party and its electoral programme and elections as a factor influencing improvement of living conditions of citizens.
3. Costs of voting (time, economic, health) borne by a voter, such as registration requirements, administrative penalties in systems where voting is compulsory, costs related to getting to the voting station, health risks and so on.

In the last case, the smallest amount of research concerned the effects that unexpected events (e.g. economic crises, natural disasters, terrorist attacks, infectious disease epidemics) may have on voter turnout in terms of the benefits and costs of voting. On the one hand, crises and shocks can intensify benefits because they reinforce the sense that elections are important and voting is a duty and thus have a mobilising effect. On the other hand, they can also intensify costs, as they reduce the economic resources of individuals and increase the risk of, for example, getting sick. A distinctive feature of the COVID-19 pandemic is that, unlike other emergency factors such as natural disasters and terrorist attacks, the importance of voting costs increases due to the risk of contagion during voting, especially at the ballot box in polling stations. These costs will therefore depend largely on the information provided to citizens about the occurrence of such a risk, which in turn will increase or decrease voters' sense of threat, or even fear, of leaving home to cast their vote. As Lerner and Keltner (2001) note, fear leads to pessimistic estimates of risk and consequently reduces the number of risk-averse voters and, by extension, voter turnout.

Consequently, assuming that the health risk (risk of infection) matters to most citizens, the chapter formulates the following hypothesis:

H1: COVID-19 impacts voter turnout. The change in the organisation of the election, the rescheduling of the election date and the context of the COVID-19 pandemic all contributed to a decline in public interest in the election and thus lower than usual voter turnout.

The pandemic had a significant negative impact on economic activity in general, particularly on the resources and economic situation of companies and individuals, which would imply greater voter demobilisation. The pandemic proved to be a long-term phenomenon, not limited to a specific moment in time. In this context, drawing on the literature that shows how voters reward parties in government when economic

conditions are favourable but punish them when the economy performs less satisfactorily (Foa and Mounk 2016; Ruiz-Rufino and Alonso 2017; Rudolph and Kuhn 2018), a second hypothesis can be formulated:

H2: The threat to the economy and social life posed by the COVID-19 pandemic did not favour the candidate representing the ruling party, which adversely affected his electoral performance.

It is not the purpose of this chapter to prove a strict correlation between the pandemic and voter turnout (which would require in-depth research using quantitative and qualitative methods). However, on the basis of the data on the organisation of elections and their turnout in Poland, an attempt can be made to verify the above hypotheses in relation to the presidential elections in Poland.

The principal research methods in this study are as follows:

1. Desk research, that is, an analysis of the records of available sources of information and data on the presidential elections in Poland. The main sources here were legal regulations related to the election and the COVID-19 pandemic, scholarly and press articles, comments from healthcare and political analysts on the context and course of the election in Poland.
2. Analysis of data on voter turnout and election results available from official sources such as the State Election Commission and statistics on pandemic incidence from the COVID-19 in Poland database compiled by Michał Rogalski.¹

This analysis provides a basis for developing conclusions about the impact of the COVID-19 pandemic on the course and outcome of the presidential election in Poland.

An account of the presidential elections in Poland in light of the COVID-19 pandemic is preceded by a presentation of the international context, that is, the type and forms of elections and voter turnout during the pandemic in other countries. This analysis is based on the results of reports by The International Institute for Democracy and Electoral Assistance (International IDEA or IDEA).

¹Michał Rogalski is a 19-year-old activist, volunteer and a statistics aficionado. Since the beginning of the pandemic in Poland, he has been monitoring its course and collected morbidity and mortality statistics. He detected errors in official Polish data (Ministry of Health, Chief Sanitary Inspectorate), substantiating the data that became the basis for forecasting by scholars from the University of Warsaw. In December 2020, he was awarded the Ombudsman Prize. In the justification of the award, its committee emphasised that the activities of Michał Rogalski are an outstanding example of active citizenship; Rogalski serves the truth and consistently uses the right to public information.

18.3 Elections During the COVID-19 Pandemic: Recommendations and a Global Review

Nearly at the onset of the pandemic (with respect to the situation in Europe), on 18 March 2020 the Swedish International Institute for Democracy and Electoral Assistance (International IDEA) published a set of recommendations for national governments concerning decisions on holding elections. In order to avoid direct contact between election organisers and the voters themselves, IDEA recommended that governments and citizens vote remotely, that is, by mail, online or through mobile applications (Bicu and Peter 2020). This solution would have to be followed, as the recommendations emphasised, by education of the public on how to use alternative methods, for which there was often no more time. Voters should be informed about the modified format of elections well ahead of time, preferably through various communication channels, both traditional media (radio, television, newspapers) and online platforms, including social networking sites. Only a well-timed awareness-raising and education campaign and various forms of its outreach ensure that it targets all groups of voters, especially various age cohorts.

Another IDEA recommendation is to create a coherent decision-making process. It was deemed vital that the state should develop mechanisms for consultation and communication among the various bodies to carefully analyse the threats to public protection, the constraints and procedures, and the impact the pandemic will have on democracy. This is particularly important for those states whose laws do not explicitly set rules for imposing a state of emergency and postponing elections. Furthermore, the situation where the holding of elections would be a distraction from matters of utmost importance, that is, protecting people from COVID-19 disease, should be avoided at all cost.

The pandemic forced electoral authorities in some countries to postpone elections (e.g. Kiribati, Northern Macedonia, Sri Lanka), to suspend voting rights for people infected with the virus (e.g. Galicia and the Basque Country in Spain) or to adjust postal voting laws to guarantee citizens' voting rights and reduce voter fraud (e.g. Bavaria, Germany).

Independent data on historical and upcoming elections in nearly all countries in the world are included in the *Election Guide* of the International Foundation for Electoral Systems (IFES) and in an IDEA report. Both institutions are currently conducting ongoing analyses on the impact of the COVID-19 outbreak on voting in each country. According to IDEA, from 21 February 2020 until 9 May 2021 at least 78 countries and territories across the globe have decided to postpone national and subnational elections due to COVID-19, out of which at least 41 countries and territories have decided to postpone national elections and referendums. At least 118 countries and territories have decided to hold national or subnational elections despite concerns related to COVID-19 of which at least 97 have held national elections or referendums. At least, 53 countries and territories have held elections that were initially postponed due to concerns related to COVID-19 of which at least 28 have held national elections or referendums (Fig. 18.1). According to IFES data,

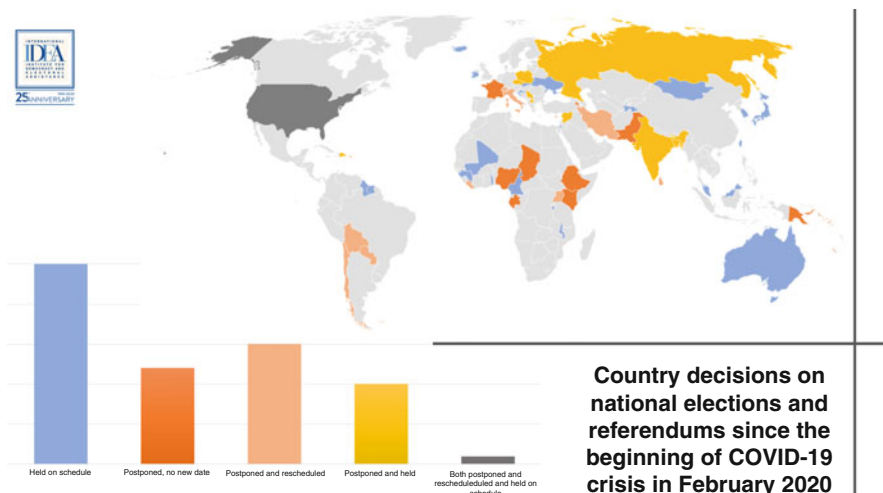


Fig. 18.1 Decisions on holding elections during the COVID-19 by country

Source: International IDEA. <https://www.idea.int/news-media/multimedia-reports/global-overview-covid-19-impact-elections>

due to the coronavirus pandemic, elections were postponed in countries such as: Serbia (parliamentary elections were to be held on 26 April), Austria (local government elections were to be held on 15 March), Spain (local elections in the Basque Country and Galicia were to be held on 5 April), the United Kingdom (local elections were to be held on 7 May and were postponed by exactly 1 year), Syria (parliamentary elections were to be held on 13 April and were postponed until 20 May 2020) and Romania (parliamentary elections scheduled for March were held on 9 December 2020). Furthermore, referenda were postponed in several countries. Residents of such countries as Armenia (referendum on changes to the Constitutional Court was scheduled for 4 May) and Chile (date of the constitutional referendum was originally set for 26 April, but was moved to 25 October 2020) did not go to the voting stations in accordance with the electoral calendar. The same was true for Gibraltar (a referendum on abortion was originally scheduled for 19 March), Italy (a referendum on reducing parliamentary seats was scheduled for 29 March), Russia (a constitutional referendum was scheduled for 22 April) and the Falkland Islands (a referendum on constituencies was scheduled for 26 March but was rescheduled to 26 September).

Despite the ongoing pandemic, voting took place as scheduled in many countries or regions. These were mainly local elections, taking place in countries such as: France (15 March; however, the second ballot was postponed), the German state of Bavaria (15 March; however, the vote in the second round was by postal ballot), Hâncești in Moldova (15 March – the vote took place in the traditional manner despite calls to postpone it from the Minister of Health), Queensland in Australia (29 March) and Poland, where by-elections for 11 municipalities or city councils were held on 22 March. The Swiss city of Geneva also decided not to postpone the election date and the second round of local elections took place on 5 April. However,

polling stations were closed and voting took place by mail only. Some countries also held nationwide parliamentary elections, for example, Mali on 29 March. Indonesia's regional elections to elect provincial governors, among others, attracted just over 100 million citizens. This was the largest single-day election held during the COVID-19 pandemic. Admittedly, the US presidential election had a larger number of voters (158 million) but was held over more than one day (the US election was held on 3 November, yet voters could cast an early vote in-person or by mail).

Equally important as the changes in the electoral format and calendar is the level of voter turnout. As signalled in the literature (Santana et al. 2020), there were legitimate concerns that voter turnout would be lower during the elections taking place during a pandemic. The main reason here is the voters' anxiety to leave their homes to cast a vote (in the case of traditional elections), a lack of experience in many countries in organising and conducting elections by other methods (via electronic means and by mail). IDEA international data show that in most of the national elections and referendums held in 2020 and 2021 (as of 31 March 2021), voter turnout was lower when compared to similar historical elections, taking into account the 2008–2019 average (see Fig. 18.2). Of the 71 countries analysed, voter turnout was higher in 30 (42%) of them and lower in 41 (58%). These data demonstrate, at least a priori, the recognition of the pandemic, that is, a global health emergency, as a factor that may have influenced not only the organisation of elections but also their (generally lower) turnout.

These findings are supported by the first in-depth study of the impact of the COVID-19 pandemic on voter turnout around the world by Santana et al. 2020. To do so, they collected data on all parliamentary, presidential and regional elections held worldwide within the first 7 months of the outbreak of the COVID-19 pandemic (1 March to 30 September 2020). Their results show that while voter turnout overall did not drop significantly compared to pre-pandemic elections, it still was lower in the countries most affected by the pandemic, both in terms of infections and, especially, fatalities. This seems to indicate that, when faced with a choice (civic duty versus personal cost and risk), in many cases fear of contagion prevailed among voters.

18.4 Presidential Elections in Poland: Legal Background and Calendar in the Face of the COVID-19 Pandemic

The election of the President of the Republic of Poland² takes place every 5 years, unless for some reason (mainly due to the president's death or stepping down), the term comes to an end earlier. The main legal basis for presidential elections in Poland is the Constitution, which devotes Articles 127–130 to the election of the President of the Republic of Poland. Detailed provisions and procedures for

²General elections for the office of president have been held in Poland seven times so far, the first time in 1990.

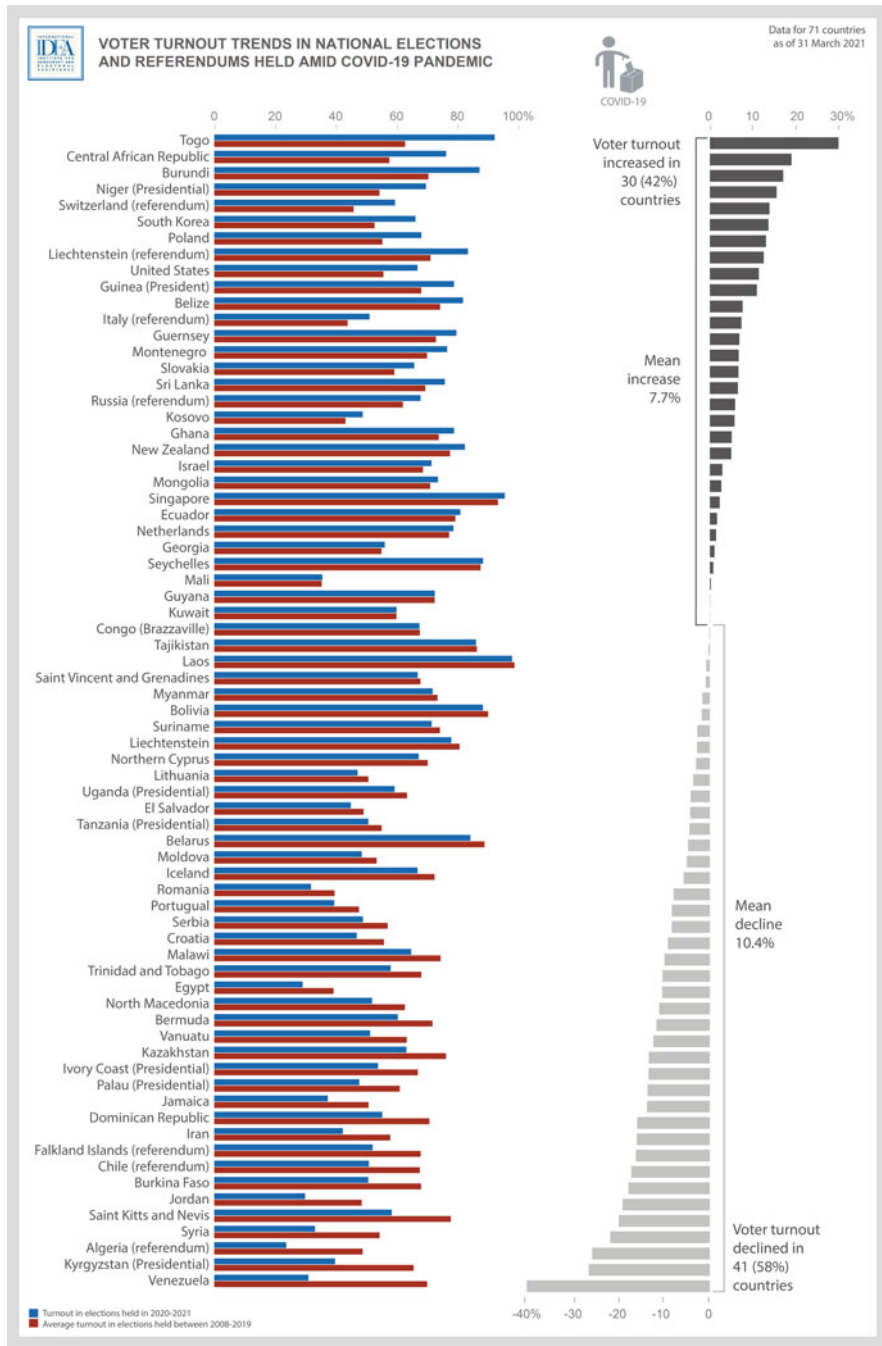


Fig. 18.2 Voter turnout during the COVID-19 pandemic by country

Source: International IDEA. <https://www.idea.int/news-media/multimedia-reports/global-overview-covid-19-impact-elections>

submitting candidates and conducting elections, as well as the conditions for their validity, are set forth in Section V of the Act of 5 January 2011, that is, Election Code (Journal of Laws of 2020, item 1319). Presidential elections are held by order of the Speaker of the Sejm (lower house of Parliament).

The same person can only hold the office of president for two terms. All Polish citizens who are over 35 years of age, have not been deprived of the right to vote in the Sejm and have collected at least 100,000 signatures in support of their candidature have the right to stand for election. All adult citizens of Poland have the right to vote, including those residing permanently abroad (since 2000 they can also vote in the second round of elections). The candidate who receives more than half of all valid votes becomes president. If no candidate receives the required number of votes, a second ballot takes place 2 weeks later. The contestants are the two candidates with the highest number of votes received in the first ballot. It is enough to receive more votes than the other candidate to win in the run-off.

Voter turnout does not affect the validity of elections, although it should be noted that in Poland during presidential elections it is usually higher than in elections to the European Parliament, Polish Parliament and local government (regional and local).

In the period 1990–2005, presidential elections were held in the autumn. This changed due to the death of Lech Kaczyński, president of the Republic of Poland from 2005 to 2010, who died in a plane crash in Smolensk on 10 April 2010. As a result of the expedited elections, since 2010 they have been held in late spring.

Pursuant to Article 128 of the Polish Constitution, presidential elections must be held on a holiday (traditionally on Sunday) between the 75th and 100th day before the end of the incumbent president's term of office. Since the 5-year term of President Andrzej Duda ended on 6 August 2020, the first round of the presidential election could be held on a holiday between 27 April and 22 May 2020 (the second round between 11 May and 5 June 2020, respectively). According to the decision of the Speaker of the Sejm of 5 February 2020 on the announcement of the election of the President of the Republic of Poland, the next election was to be held on Sunday, 10 May 2020, between 7:00 a.m. and 9:00 p.m. If no candidate received more than half of the valid votes, in accordance with the Constitution, 2 weeks later (i.e. on 24 May) a second ballot would be held with the participation of the two candidates with the highest number of votes in the first round.

The spread of the COVID-19 pandemic in early March 2020 in Poland³ did not initially halt work on the preparation of the presidential election, announced for

³The incidence of the acute infectious respiratory disease COVID-19 caused by the Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) virus in Poland dates back to 4 March 2020, when a 66-year-old man who arrived by bus from Germany was diagnosed in a hospital in Zielona Góra. In the period from 14 March to 20 March, a state of epidemic emergency was in force in Poland, and from 15 March a cordon sanitaire was introduced at Polish borders, significantly limiting border traffic. Since 20 March, in accordance with the order of the Minister of Health, the state of an epidemic was in force in Poland. By 8 January 2021, 1,365,645 cases of infection were reported nationwide; of these, 30,574 people died and 1,104,599 people recovered (worldwide, respectively: 88,574,597; 1,908,034; and 63,669,561).

10 May 2020. According to the law, elections must be held on a specified date. The Constitution of the Republic of Poland provides as an exception to this rule only the introduction of one of the extraordinary states set out under Chapter XI (state of emergency, martial law, state of natural disaster). During a state of emergency and for 90 days thereafter, elections to the Sejm, Senate, local government bodies, and elections of the President of the Republic may not be held, and the terms of office of these bodies are extended accordingly (Article 228 (6) of the Constitution). Therefore, until such a state has been introduced, it is not legally possible to ‘suspend’ or postpone the elections.

The context of the COVID-19 pandemic for the course of Poland’s 2020 presidential election requires an overview of basic coronavirus incidence statistics superimposed on the calendar of major election events (Fig. 18.3). The first wave of the pandemic in Poland was not particularly severe compared to other European countries (especially Italy, France and Spain). However, the number of daily cases increased consistently throughout March and in early April began to incidentally exceed 400 new cases per day (300 cases on a 7-day average). During this period (6 April 2020), a decision was taken in the Sejm to hold elections on the

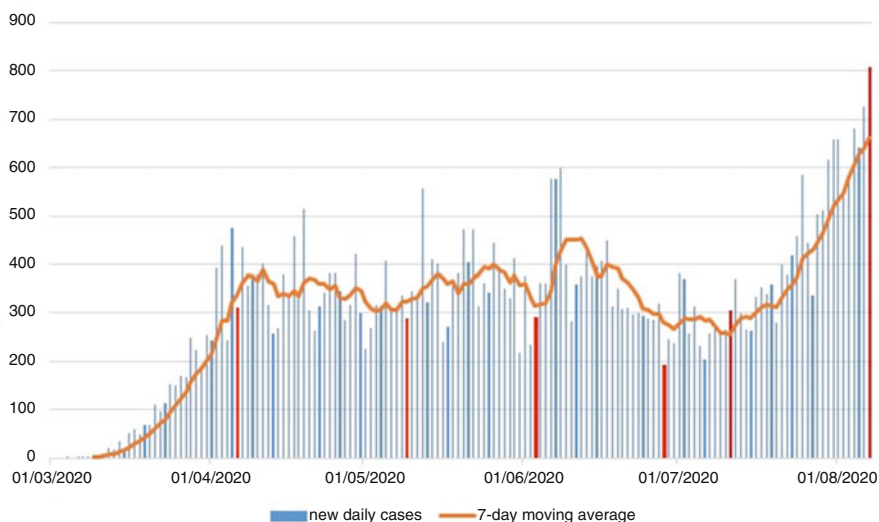


Fig. 18.3 The course of the COVID-19 pandemic in Poland from March to August 2020: number of daily cases

Red bars with numbers: important dates from the 2020 presidential election calendar

1. Adoption by the Sejm of an act on postal ballot (6 April)
2. Initial election date (10 May)
3. Announcement of a second election in a traditional form (3 June)
4. First round of the election (28 June)
5. Second round of the election (12 July)
6. President Duda sworn in for his second term of office (6 August)

Source: Author’s work based on COVID-19 in Poland database compiled by Michał Rogalski

pre-scheduled date, but exclusively by mail. In April, the situation in terms of new cases stabilised relatively at the level of about 350 cases per day and remained stable until 10 May, the original election date. Due to the 30-day deadline for consideration of the Elections Act and numerous refusals by municipal authorities to hand over voter lists, undermining compliance with the constitution of the procedure, the elections were not held on that date. The epidemic situation did not improve significantly by the end of May or in the first half of June, when on 3 June re-elections set for 28 June and 12 July were ordered. Record numbers of cases during the first wave period were recorded on 6–8 June (575–599). The situation began to improve at the end of June; from 26 June, the 7-day average of new cases permanently fell below 300 and remained stable at this level until mid-July. The immediate election period was thus the time of the greatest decline in pandemic activity since the beginning of the outbreak, at least according to official data on the number of cases. Since mid-July, the situation deteriorated again. In late July and early August, the 7-day average exceeded 500 cases per day for the first time. On the day President Duda was sworn in for his second term (6 August), 726 cases were reported.

Importantly, despite the fluctuations described above, the first wave of the pandemic in Poland was incomparably weaker than the second one, which swept through the country with great intensity in autumn (Fig. 18.4). After a temporary amelioration of the situation in the first half of September, the number of cases began to soar at the end of that month, reaching its peak in November (up to 35,000 cases per day). The recorded official numbers of cases (data on the number of deaths indicate an even higher number of unrecorded cases) were two orders of magnitude higher than for the spring wave. The situation in January 2021 was also far from stable (5000–10,000 cases per day). The course of the second wave provides an interesting context and a kind of answer to the postulates assuming that in spring 2020 the elections would be postponed until the autumn of that year.

The initial decision of the Polish government to quickly impose a strict lockdown was received with understanding and was backed up by the majority of Poles. In a poll conducted by Ipsos in mid-March, 71% of respondents supported the government's response to the pandemic. However, this initially favourable reaction quickly turned into distrust and even frustration on the part of the public. The government provided no clear justification for imposing further restrictions. Efforts to contain the virus exposed flaws in the underfunded healthcare system, and the ruling party continued to push for the 10 May presidential election despite widespread public concern. In a 20–23 March poll conducted by the National Academy of Sciences Political Cognition Laboratory, the only group in the public that evoked stronger negative feelings than the government were those who deliberately broke the regulations to contain the pandemic.

Due to the COVID-19 pandemic, numerous people called for the postponement of the election date. This need was voiced by six of the ten presidential candidates,⁴

⁴The State Election Commission registered ten candidates for the President of the Republic of Poland. Their electoral committees delivered the signatures of 100,000 people supporting a given candidate by 26 March 2020.

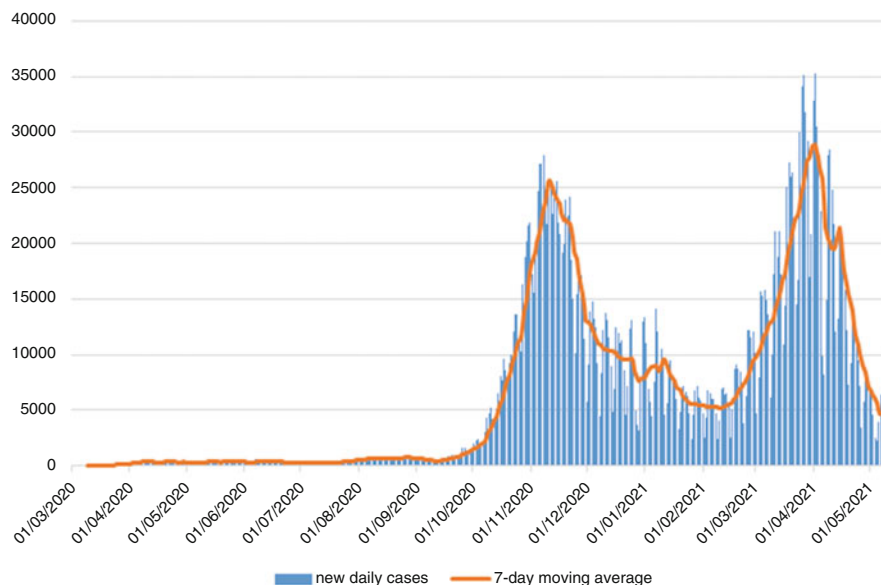


Fig. 18.4 The course of the COVID-19 pandemic in Poland from March 2020 to February 2021: daily number of cases

Source: Author's work based on COVID-19 in Poland database compiled by Michał Rogalski

Małgorzata Kidawa-Błońska, Robert Biedroń, Szymon Hołownia, Władysław Kosiniak-Kamysz, Krzysztof Bosak and Marek Jakubiak, as well as eminent constitutionalists (e.g. professors Marek Chmaj, Andrzej Zoll, Marcin Matczak, Ryszard Piotrowski and Ewa Łętowska). The ruling party, Law and Justice (PiS), and its candidate, incumbent President Andrzej Duda, were in favour of holding the vote as scheduled, while opposition parties and candidates (as well as part of the coalition party Covenant, including its chairman Jarosław Gowin) were in favour of rescheduling the vote. The Civic Coalition (as well as former prime ministers, Members of the European Parliament on behalf of the Left Alliance) additionally called for a boycott of the vote if it were to be held in May.

In an analysis conducted for the Stefan Batory Foundation concerning the impact of the epidemic on the electoral process, it was concluded that holding the elections was impossible in practice due to logistical and personnel reasons. According to the aforementioned report, almost 27,500 election commissions with 236,000 members would have had to be organised during the presidential elections (Michalak 2020). Due to the threat of the pandemic, it became unfeasible to set up those committees with an even minimum number of members (137,000), to gather such a number of people and to train them to work on the commissions.

The Ombudsman (Commissioner for Citizens' Rights) Adam Bodnar stressed that holding the elections on the scheduled date would be a violation of the protection of health and life of citizens and the Supreme Court noted that in the situation of a pandemic it is impossible to collect the required 100,000 signatures for

a candidate (Koronawirus. RPO... 2020). In addition, more than 550 scholars, academics, physicians and other medical professionals appealed in an open letter to the government to postpone the elections scheduled for 10 May. The signatories of the letter called for the elections to be held on another date, in conditions that do not compromise the health and lives of citizens (Środowisko medyczne apeluje...2020).

On 6 April, the Sejm received a parliamentary bill (submitted by members of the governing coalition headed by the Law and Justice party) stipulating that the elections would be held on the scheduled date but in a changed format, only via postal voting. On the same day, after three readings, the draft was passed (230 Law and Justice deputies were in favour) and sent for further work. On 27 April, the Office for Democratic Institutions and Human Rights of the Organization for Security and Co-operation in Europe issued an opinion that indicated that the presidential elections in Poland in the proposed form do not meet the requirements of the Organization for Security and Co-operation in Europe to be recognised as democratic. On the same day, the Supreme Court issued an opinion stating that the draft law of 6 April on elections by postal ballot, due to the procedure in which it was passed by Parliament and its numerous factual flaws (including lack of compliance with other legal instruments), should not be subject of further legislative work. On 5 May, the upper chamber of Polish Parliament, the Senate, with the majority of opposition parties, passed a resolution to reject the bill. The following day, a joint appeal was issued by over 400 academics, including the deans of the Faculties of Law and Administration of Jagiellonian University, University of Gdańsk, Nicolaus Copernicus University, University of Silesia and University of Szczecin. In their open letter to the authorities, they emphasised that the planned elections will not be confidential, universal and transparent, which in effect may effectively undermine their outcome. Moreover, the signatories pointed out that the manner in which the draft law was being handled violates the fundamental principles of proper legislation and appealed for the elections not to be conducted in a form contrary to the Constitution.

Former presidents of Poland also spoke on the matter – Lech Wałęsa, Aleksander Kwaśniewski and Bronisław Komorowski – as well as former prime ministers Marek Belka, Jan Krzysztof Bielecki, Włodzimierz Cimoszewicz, Ewa Kopacz, Kazimierz Marcinkiewicz and Leszek Miller, making it plain that they would not vote in the presidential election. In their opinion, ‘the postal ballot pushed by the Law and Justice party was adopted in violation of the Constitution and the Sejm regulations. The election will be neither universal nor equal. The draft law does not guarantee that all voters will receive ballots. It would be possible to illegally cast a vote on behalf of others. The secrecy of the vote is not ensured. Citizens are prevented from effectively monitoring the integrity of elections. Elections held during the epidemic poses a threat to the life and health of citizens, <https://for.org.pl/pl/a/7722,wszyscy-byli-prezydenci-oraz-byli-premierzy-nie-wezmiemy-udzialu-wpseudowyborach-korespondencyjnych>’. Earlier, another former prime minister (and also former president of the European Council, currently president of the European People’s Party), Donald Tusk, announced a boycott of the elections.

On 6 May 2020, the presidents of the two parties belonging to the ruling coalition, Jarosław Kaczyński (Law and Justice) and Jarosław Gowin (Covenant), in a dispute over the ultimate support in the Sejm for a bill on postal voting that would allow voting in May, pledged their parties' support for the bill on the assumption that voting would not take place in May and in the belief that new elections would then be called. A day later, the Sejm overrode the Senate's resolution rejecting postal voting and submitted the bill to the president, a candidate himself, who signed it the next day.

Following the initial passing of the law on postal voting in the Sejm, at 2:26 am on 23 April, Polish local mayors received e-mail requests for the submission of data from electoral lists (including the personal identification numbers, postal codes, addresses, given names and surnames). The data were to be submitted via a non-encrypted text file (.txt) within two working days. Incoming letters lacked an electronic signature; there was only information that the sender was Polish Post (Poczta Polska).⁵ Many local government officials, including the mayors of the largest cities of Warsaw, Bydgoszcz, Gdańsk, Sopot and Gdynia, announced their submission of the matter to prosecution authorities, notifying them about possible criminal offences. On the same day, the spokeswoman of Polish Post confirmed the authenticity of the e-mails sent and announced that they would be resent with the appropriate signatures. In the applications sent, Polish Post requested the release of voters' data, invoking Article 99 of the Act on special support instruments in connection with the spread of the Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) virus (Journal of Laws of 2020, item 695). According to, for example, lawyers from the Department of Criminal Law of the Jagiellonian University, Polish Post did not have sufficient legal basis to do so and the activity could constitute a criminal offence.⁶

On 29 April, 11 days prior to the pre-scheduled election date, one of the presidential candidates, Stanisław Żółtek, presented during a press conference copies of the ballot with the candidates' names and the form to fill in the voter's data, which were supposed to be strictly confidential and therefore not available to the public before the election. He stated that he had obtained them from an employee of one of the companies commissioned with packaging the election kits before they were sent out. The next day, an article appeared in *Gazeta Wyborcza* blaming the Ministry of State Assets headed by Minister Jacek Sasin for the leak.

⁵Poczta Polska is a treasury company, a national postal service provider, the biggest on the Polish market as far as communications, logistical and courier services go. Its services are used by ca. 90% of Poles.

⁶On 15 September 2020, on the basis of the Ombudsman's complaint, the Provincial Administrative Court in Warsaw issued a judgement stating that the decision of Prime Minister Mateusz Morawiecki to instruct Polish Post to prepare for the postal ballot was issued without legal basis and in gross violation of the law and is invalid. Thus, in connection with the PLN 70 million spent by Polish Post for the printing of ballots, the company took legal action to receive compensation for the costs incurred in connection with the preparation of the postal voting.

In its communication of 7 May 2020, the State Election Commission indicated that voting on 10 May would not take place because, as a result of the Act of 16 April 2020, the Commission had been stripped of its authority to determine the format and order the printing of ballots, which are a precondition for conducting the vote. As a result, it gave notice that polling stations would remain closed and declared that election silence would not apply. On 10 May, the day of the failed vote, the State Election Commission issued a resolution with an interpretation that the impossibility of casting a vote for the candidates was tantamount to a situation where there were no candidates and therefore it would be up to the Speaker of the Sejm to convene new elections.

Tension over the election divided the ruling coalition. The leader of the Covenant group, Jarosław Gowin, a minority partner of Law and Justice, was strongly opposed to the May vote and effectively threatened to wreck the government's parliamentary majority if the elections were not postponed. Yet the decision to delay the election and preserve the fragile unity of the ruling camp came at a price. The last semblance of legitimacy was abandoned when the election was not officially postponed, but simply did not take place, following an agreement among political leaders.

Had the vote been held on 10 May, turnout would have been around 20%, according to polls. Most opposition supporters, convinced that elections cannot be free, fair and confidential under the circumstances, would have abstained from voting in protest against the violation of democratic standards. However, many ruling party supporters also said they would not vote, mostly out of concern for their health.

On 3 June, the Speaker of the Sejm, Elżbieta Witek, convened a new election and the vote was scheduled for 28 June 2020. The turnout in the presidential elections was generally high in the first round, with both postal and in-person voting. In both rounds of Poland's presidential election (28 June and 12 July 2020), a number of health protection measures were introduced at polling stations. Voters were urged to wear masks and gloves, to social distance, use hand sanitiser and bring their own pens.

18.5 A Dispute Between Central Government and Local Governments over the Organisation of Elections

The COVID-19 pandemic disrupted the election calendar and became one of the key topics of the electoral campaign. In the presidential election scheduled for 10 May 2020, the local government was unexpectedly on the front line. It was the local authorities, as those responsible for organising the elections, that had to cope with the many consequences of the epidemic and with ambiguous laws, regulations and government recommendations. Further exacerbating the situation was the looming threat of financial collapse of local government units, caused among others by a dramatic reduction in tax revenues as a result of the freeze of the economy. Local

governments became the principal ‘hostages’ of the dispute over the election date, and in the end they also became one of the key topics of the new election campaign. These topics were raised by a new candidate, Rafał Trzaskowski, Mayor of Warsaw, representing the main opposition party as a candidate of Civic Platform party.

Local self-government units are the key links when organising elections. According to the Electoral Code, it is mayors who are in charge of preparing polling stations and the process of creating the committees (Michalak 2020). Although this is a purely logistical function, it is impossible to imagine a smooth conduct of elections in Poland without local government commitment. That is why the attitude of self-governments had significant influence on the fact that the election was not held on 10 May. Furthermore, the way the elections were conducted on 28 June, and the second round on 12 July 2020, largely depended on local governments.

From the very beginning of the sanitary crisis and the announcement of the epidemic in March, the representatives of the local government indicated that it was impossible to organise the elections with voting in polling stations, mainly due to the safety of the employees of the election commissions and the residents of their municipalities. The symbolic moment was the ‘cancellation’ of the election by Mirosław Lech, mayor of a small rural municipality of Korycin (Podlaskie Voivodeship in eastern Poland). On 30 March, he withdrew the authorisation of the employee responsible for organising the election and informed the State Election Commission that he refused to be involved in the election out of consideration for the safety of the residents. Local self-governments had to take their stand on the elections well in advance, because the work schedule resulting from the law imposes specific deadlines, for example, for completing election commissions. That is why the biggest intensification of local government protests against the 10 May deadline took place at the end of March and the beginning of April. Local self-government activists could count on the support of experts in electoral law; members of the Expert Group on Elections of the Stefan Batory Foundation (Bendyk 2020), among others, expressed their opinions on this matter. The expert opinion of one of the most prominent Polish administrative lawyers, Prof. Hubert Izdebski, drafted after threats formulated by representatives of the ruling party, was also unequivocal. While government representatives argued that the resistance of local government is unlawful and may be a basis for replacing executive bodies of communes with commissioners, Prof. Izdebski argued that the threats against local government officials were groundless and that possible repressions had no legal basis because the actions of local authorities were fully legal.

Another act of electoral chaos in Poland was the attempt to organise elections solely by means of postal voting. The key element of the preparations for the correspondence elections scheduled for 10 May 2020 was the fastest possible transfer of the electoral registers by the municipalities to the postal operator (Poczta Polska), whose duty it is to keep the electoral registers and to prepare the registers for each election. In the situation when the law on postal voting was still being considered in the Senate, the basis for the demand to transfer the lists to Polish Post was general letters from government institutions and the administrative decision of the Prime Minister, the legality of which was questioned from the start. Under the

circumstances, the municipal authorities responded to the demand for the issue of the registers in a variety of ways, ranging from stark refusal, through only partial data provision to full compliance with the instructions obtained. In most cases, mayors turned down the demands put by Polish Post, deeming it illegal to transfer sensitive data about their residents to an unauthorised entity without proper legal grounds. It is worth noting that local government officials identified as associated or sympathetic to the ruling camp also refused to provide voter registers.

The geographical distribution of particular responses seems interesting; it can be illustrated by the activity of civic organisations that independently collect data from municipalities about their actions.

The data collated by the Sieć Obywatelska Watchdog show that the communes' tendency to transfer the voter registers to Poczta Polska had some regional variations (Table 18.1). This tendency was definitely strongest in those regions where Law and Justice and Andrzej Duda were the most successful (Podlaskie, Lubelskie, Małopolskie, Podkarpackie, Mazowieckie regions – except for the Warsaw metropolitan area), although it should be noted that even in those regions most local government officials refused to cooperate in organising the postal voting. In western regions, refusal was practically uniform.

At the end of June 2020, mayors of Polish municipalities faced another challenge, that is, how to efficiently hold elections at an unprecedented short notice, in addition to the ever-present health threat. It became crucial to ensure both the safety of all participants in the elections and the highest possible turnout, encouraging residents to participate in the elections.⁷

However, local government became a hot topic during the 2020 presidential election for another reason. The announcement of a new date, and indeed a new election, created the possibility of changes in the line-up of candidates for the presidential office. This opportunity was embraced by the main opposition party Civic Platform, which replaced their earlier candidate Małgorzata Kidawa-Błońska (who officially withdrew her candidacy) with Rafał Trzaskowski. Counting on the support of local communities, the Mayor of Warsaw made self-government a vital topic of his campaign. At the same time, direct engagement of local government activists coming from Civic Coalition or supporting it made it possible to overcome logistic challenges connected with the short duration of the presidential campaign. The best example is the success in collecting signatures of support for Trzaskowski's candidacy. Obtaining over 1.6 million signatures would have been impossible if it hadn't been for the participation of many local government officials in the local campaign staffs. Tadeusz Truskolaski, Mayor of Białystok, showed his overt involvement when he observed: 'Rafał Trzaskowski is an extremely talented man with ample experience. He is energetic and has a feel of local self-government.

⁷Some mayors held campaigns to boost voter turnout. For example, Mayor of Szczecin Piotr Krzystek promoted the presidential election with the motto, All Poland votes! ['Cała Polska. Na wybory!'], following the idea 'let us be united by the fact that we are going to the polls, not divided by who we want to vote for', which aimed to reach as many residents as possible and encourage them to vote (Prezydent Szczecina... 2020).

Table 18.1 Structure of municipalities in individual regions by type of reaction to the demand of submitting electoral registers to Polish Post in the 2020 election

Region	Municipalities that submitted electoral registers	Share of the municipalities that submitted registers	Total number of municipalities in the study	Total number of municipalities in the region	Political affiliation of regional government	Run-off winner
Dolnośląskie	6	3.7	161	169	PiS + non-partisan	Trzaskowski
Kujawsko-Pomorskie	21	14.8	141	144	Opposition	Trzaskowski
Lubelskie	78	37.3	209	213	PiS	Duda
Lubuskie	4	5.0	79	83	Opposition	Trzaskowski
Łódzkie	25	16.1	155	177	PiS	Duda
Małopolskie	37	23.5	157	182	PiS	Duda
Mazowieckie	59	20.7	284	314	Opposition	Trzaskowski
Opolskie	4	5.9	67	71	Opposition	Trzaskowski
Podkarpackie	26	17.5	148	160	PiS	Duda
Podlaskie	44	39.6	111	118	PiS	Duda
Pomorskie	4	3.7	108	123	Opposition	Trzaskowski
Śląskie	7	4.6	152	167	PiS	Trzaskowski
Świętokrzyskie	8	9.1	87	102	PiS	Duda
Warmińsko-Mazurskie	6	5.5	109	116	Opposition	Trzaskowski
Wielkopolskie	18	9.2	194	226	Opposition	Trzaskowski
Zachodniopomorskie	4	4.1	96	113	Opposition	Trzaskowski

Source: Author's work based on Sieć Obywatelska – Watchdog Polska database

His victory in the presidential elections would be a huge boost for self-governments. He is a politician who understands perfectly well their needs and problems, even from the perspective of Warsaw, because these problems are similar everywhere. That is why I am involved in his campaign as the chief of staff of his campaign in Podlaskie region. Rafał Trzaskowski asked me to do it and I agreed. Our first success is three times more signatures of support than for the previous candidate and in much shorter time at that, <https://www.polityka.pl/tygodnikpolityka/mojemiasto/1960502,1,prezydent-bialeghostoku-jestem-szefemsztabu-wyborczego-trzaskowskiego-na-podlasiu.read> (Prezydent Białegostoku. . . 2020). A similar statement was offered by Jacek Jaśkowiak, mayor of another large Polish city, Poznań: ‘Of course, I am involved in the campaign and I supported Rafał Trzaskowski unconditionally. I believe he can count on strong and extensive support from other local government activists, because we all know that this election is crucial for our future. If the opposition candidate does not win, it will mean the end of self-governments. Rafał is our only hope, because not only does he have a chance to defeat Andrzej Duda, but he is also one of us, he understands local governments. His victory is the only way to save them. Of course, regardless of the support for Rafał Trzaskowski, I will always encourage everyone to participate in the elections, <https://www.polityka.pl/tygodnikpolityka/mojemiasto/1960490,1,prezydent-poznania-nikt-nie-był-gotowy-nawybory-w-maju-dlatego-sie-nie-odbyły.read>’ (Prezydent Poznania. . . 2020). The two statements illustrate well the calculations behind direct involvement. At stake was not just the victory of a candidate politically close to the party. What really mattered was halting a tendency to centralise public administration, the future of local self-governments and the idea of self-governance in Poland in general.

The leader of the United Right, Jarosław Kaczyński, has never hidden his distrust of local government autonomy, just as he distrusts an autonomous civil society. After the failed attempt to hold elections on 10 May, he had even more reason to be dissatisfied. More importantly, however, the practice of the Law and Justice governments since 2015 clearly showed a systematic weakening of the position of local government in the structure of public power in Poland. The process of recentralisation of the state was precisely described by Sześciło (2020) in the study ‘Samorząd – centrum. Bilans po trzydziestu latach od odrodzenia się samorządu i pięciu latach nowego centralizmu’ [Self-government-centre. An overview of 30 years of self-government revival and 5 years of new centralism]. A report by Swianiewicz and Łukomska (2020) is an important supplement to this analysis. Titled ‘Ewolucja sytuacji finansowej samorządów terytorialnych w Polsce po 2014 roku’ [Evolution of the financial standing of local self-government in Poland after 2014], it illustrates the erosion of the self-government financing system from the time before the pandemic and the attendant economic crisis. Both the above studies clearly indicate that the process of dismantling the system of local self-government based on the principles of subsidiarity, devolution and self-rule has been ongoing and consistent, despite other constitutional principles being formally in place. Local government activists experiencing unfavourable changes on a daily basis realised that these changes can only be stopped by a power shift. Rafał Trzaskowski’s possible victory offered a chance to halt the destruction of local government. In

the long term, it would offer the chance to restore the proper relations between the central government and the local authorities. This is why many local government activists, supporting Trzaskowski outright, counted on his victory in the hope that trust in local authorities, standing at 74% of respondents according to public opinion survey published in April 2020, and a high rating of their activities during the pandemic, would provide an additional impulse at the polling station and increase the pool of votes cast in favour of the Mayor of Warsaw.

Rafał Trzaskowski, appearing as a local government candidate, presented himself as a candidate representing not so much the large city of Warsaw, but the local identity and interest in local problems, which in structural terms are similar in every municipality. In this way, he ceased to be a candidate of the big-city elite and became a representative of the interests of a self-governing local Poland. The elections showed that this strategy was a good one, but it did not ultimately bring success. Unexpectedly, however, both the crisis caused by the pandemic and the presidential elections held in the year of the 30th anniversary of Polish self-government, provided an opportunity for a great test of both the strength of local Poland and the political attractiveness of the agenda that appealed to that strength (Bendyk 2020).

18.6 Voter Turnout Versus COVID-19

The first wave of the pandemic was relatively concentrated, largely spreading through institutions such as nursing homes and hospitals, and in a later phase through coal mines. Thus, the intensity of the pandemic varied in regional scale, and at the same time, the data for individual regions fluctuated strongly over time, related to the emergence and extinction of subsequent outbreaks. During the election period at the end of June and the beginning of July (Table 18.2), in several regions, COVID 19 cases were still occasional (Kujawsko-Pomorskie, Lubuskie, Pomorskie, Warmińsko-Mazurskie, Zachodniopomorskie) and the threat of the pandemic might have seemed small. Most active cases were concentrated in three regions: Śląskie (mainly outbreaks in coal mines, additionally an extensive screening testing campaign), Mazowieckie and Łódzkie (the largest urban agglomerations in the country). In these regions, the sense of risk could therefore be greater, despite the still contained nature of the pandemic and its small scale, especially in comparison to the second wave from a later period. It seems interesting, therefore, to see whether regional variations in pandemic intensity impacted residents' voting behaviour. In particular, data on the size of the pandemic can be compared with voter turnout rates and the share of voters voting by mail.

Turnout in the 2020 presidential elections was higher in both rounds (64.51% in the first round, 68.17% in the run-off) than in the parliamentary elections held in autumn 2019 (61.74%), which can serve as a reference base (Table 18.3). A comparison of voter turnout at the level of regions can be used as a method to gauge the impact of the pandemic on voting behaviour.

Table 18.2 Number of active COVID-19 cases in regions – as of the day of the first and second rounds of the presidential election

Region	Population	Active cases of COVID-19			
		Total		Per 1 million people	
		Round 1 (28.06)	Round 2 (12.07)	Round 1 (28.06)	Round 2 (12.07)
Dolnośląskie	2,898,525	516	398	178	137
Kujawsko-Pomorskie	2,069,273	81	82	39	40
Lubelskie	2,103,342	129	212	61	101
Lubuskie	1,010,177	26	94	26	93
Łódzkie	2,448,713	1567	918	640	375
Małopolskie	3,413,931	448	635	131	186
Mazowieckie	5,428,031	2252	1948	415	359
Opolskie	980,771	318	329	324	335
Podkarpackie	2,125,901	222	374	104	176
Podlaskie	1,176,576	343	234	292	199
Pomorskie	2,346,717	96	93	41	40
Śląskie	4,508,078	4962	3548	1101	787
Świętokrzyskie	1,230,044	272	158	221	128
Warmińsko-Mazurskie	1,420,514	62	78	44	55
Wielkopolskie	3,500,361	479	783	137	224
Zachodniopomorskie	1,693,219	67	60	40	35

Source: Author's work based on COVID-19 in Poland database compiled by Michał Rogalski

The data in Table 18.3 show that the increase in voter turnout in the 2020 elections as compared to the 2019 elections in two regions hit the hardest by the pandemic (Mazowieckie, Śląskie) was indeed the lowest. The data for Mazowieckie region would require further verification, as they take into account the results of voting abroad. Besides, it is the region in general with the highest turnout, surpassing that of other regions, so voting behaviour here might be unique. On the other hand, the significantly lower relative increase in turnout in Śląskie region in comparison to the rest of the country seems to be due to the COVID-19 epidemic. The scale of this negative deviation, of ca. two percentage points, is not excessively high and therefore it does not seem that the COVID-19 epidemic had a significant impact on the level of electoral activity on a regional scale.

The scale of the postal voting did not demonstrate major regional differences (Table 18.4), and in general, this voting method turned out to be of marginal significance (less than 1% of eligible voters). Admittedly, the largest number of persons used it in Śląskie region, which was actually the most affected by the pandemic at that time (0.88% of those eligible). Still, only a slightly smaller result was recorded in Małopolskie region (0.85%), where the number of COVID-19 cases was at that time ten times lower.

Table 18.3 Turnout in the 2019 parliamentary elections and the first and second rounds of the 2020 presidential elections by region

Region	Turnout (%)			Change in p.p.		
	2019	2020: round 1	2020: round 2	1/2020 to 2019	2/2020 to 1/2020	2/2020 to 2019
Dolnośląskie	60.9	63.5	67.0	2.6	3.5	6.1
Kujawsko-Pomorskie	58.1	61.0	65.3	2.9	4.3	7.2
Lubelskie	58.0	62.3	66.1	4.3	3.7	8.1
Lubuskie	57.2	61.4	65.0	4.2	3.5	7.8
Łódzkie	63.5	65.7	69.7	2.1	4.0	6.2
Małopolskie	63.8	67.2	70.4	3.4	3.2	6.6
Mazowieckie	69.5	70.3	73.8	0.9	3.5	4.3
Opolskie	52.9	56.7	59.9	3.8	3.2	7.0
Podkarpackie	58.6	63.4	66.5	4.8	3.1	7.9
Podlaskie	57.0	60.4	64.3	3.4	4.0	7.4
Pomorskie	63.5	65.6	70.0	2.1	4.5	6.6
Śląskie	62.3	64.3	66.9	2.1	2.6	4.7
Świętokrzyskie	57.7	62.1	66.4	4.4	4.3	8.7
Warmińsko-Mazurskie	53.6	57.1	62.1	3.5	5.0	8.5
Wielkopolskie	63.0	65.5	69.3	2.5	3.8	6.3
Zachodniopomorskie	57.9	61.7	66.4	3.8	4.7	8.5

Source: Author's calculation based on data from State Electoral Commission

Table 18.4 Percentage of votes cast by mail in the 2020 presidential election by region

Region	Votes cast by mail (%)
Dolnośląskie	0.58
Kujawsko-Pomorskie	0.48
Lubelskie	0.61
Lubuskie	0.44
Łódzkie	0.60
Małopolskie	0.85
Mazowieckie	0.72
Opolskie	0.55
Podkarpackie	0.72
Podlaskie	0.54
Pomorskie	0.51
Śląskie	0.88
Świętokrzyskie	0.53
Warmińsko-Mazurskie	0.35
Wielkopolskie	0.69
Zachodniopomorskie	0.49

Source: Author's calculation based on data from State Electoral Commission

Table 18.5 Turnout in the 2019 parliamentary elections and the first and second rounds of the 2020 presidential elections by age cohort

Age cohort	2019	2020: round 1	2020: round 2
18–29	46.4	64.0	67.2
30–39	60.3	64.6	66.2
40–49	75.7	69.6	74.6
50–59	59.6	72.3	75.3
60+	66.2	55.4	61.9

Source: Ipsos exit polls

Table 18.6 Comparison of the electoral results of Law and Justice and Andrzej Duda in total and in the 60+ cohort

Votes for PiS (2019) and Andrzej Duda (2020) in %	2019	2020:round 1	2020: round 2
Total	43.6	43.5	51.0
60+ cohort	55.8	59.5	62.5

Source: Author's calculation based on data from State Electoral Commission

On the other hand, the impact of the COVID-19 outbreak on electoral activity across age groups was more pronounced and had a concrete political implication (Table 18.5). The first round of the presidential election saw a very large increase in turnout compared to the 2019 election in the youngest 18–29 age group (+18 percentage points) and a marked decrease in the 60+ group (–11 percentage points). Especially the latter change may be due to the pandemic situation. Such a shift in the age structure of the electorate had a certain political significance, especially from the point of view of the ruling Law and Justice party and its candidate, incumbent President Andrzej Duda.

Both in the parliamentary elections and in the first round of the presidential elections, Law and Justice and A. Duda achieved much better results than their rivals in the group of voters 60+, with conservative preferences (Table 18.6). Mobilisation of voters in this age group could therefore be the key to victory in the second round of the election. In the period between the first and second rounds of the election, Prime Minister M. Morawiecki's statement at one of the election rallies resonated loudly (2 July 2020): *'I am glad that we are less and less afraid of the coronavirus and the epidemic. This is a good approach because COVID-19 is in reverse, we don't need to be afraid of it anymore. We need to go to the polling stations, <https://www.termedia.pl/mz/Morawiecki-Koronawirusa-juz-nie-trzeba-sie-bac,38595.html>'* (Morawiecki 2020). Such assurances were partially successful. Although in the second round of the election the turnout in the 60+ group was still below the national average, it increased significantly compared to the first round (the highest among all age cohorts). As expected, A. Duda won decisively among the oldest voters, which undoubtedly brought him closer to the final electoral triumph.

18.7 Conclusion

Attempts to contain the coronavirus pandemic have sparked discussions about which political systems are best able to handle health crises. Non-democratic countries seem well equipped to impose lockdowns and enforce physical distancing, while strong democracies tend to do better when it comes to ensuring transparency, protecting access to information and coordinating the efforts of state actors and civil society. During the outbreak of the coronavirus, Poland, which Freedom House classified as a semi-consolidated democracy in its Nations in Transit 2020 Report (2020), found itself at a tipping point between flawed democracy and gentle authoritarianism. In the country's deeply polarised political system, institutions of liberal democracy such as an independent judiciary and NGOs have been weakened in the last 5 years. The Report recognises that such divided systems are at serious risk of further democratic regression during the pandemic.

One area where the regression of democracy in Poland could potentially have been exacerbated was the presidential elections. The Polish government was determined, on the one hand, to impose a strict freeze on the activities of selected sectors of the economy and public life and, on the other hand, to hold presidential elections regardless of serious health and legal issues. This dissonance was one of the main factors causing dissent from both parliamentary and non-parliamentary opposition, experts, academics and a large part of the public. Accusing the government of a blatant power grab, the presidential candidate of the largest opposition party Civic Platform threatened to boycott the elections. Many local authorities responsible for organising the elections announced that they would not assist the Polish Electoral Commission out of concern for their citizens' welfare. In response, the government tried to pass a new law and impose universal correspondence voting, which, as highly experimental (as not widely practised in Poland before) and not prepared in terms of education and information, also met with a strong negative social response.

Had it not been for the severe measures of physical distancing, the manipulation of democratic elections would probably have provoked mass street demonstrations.⁸ When the Law and Justice government undermined the independence of Poland's constitutional court and supreme court in the years following the 2015 elections, thousands of people protested across the country. In 2020, protests took place mainly online, with the notable exception of Alarm Signal for the government. The protests, supported by a coalition of civil society organisations, encouraged citizens to demand the postponement of the elections by honking their car horns and activating alarm signals from their windows.

The analysis of Poland's 2020 presidential election also leads to deeper reflections on the use of the COVID-19 pandemic as a convenient explanation for the key players' own political actions during the elections. The ruling party tried to use its

⁸Proof of this is the ruling of the Constitutional Court concerning the introduction of stricter abortion laws in Poland, which, despite the pandemic, has resulted in numerous protests, involving many thousands of people in dozens of Polish cities.

edge in the polls against the opposition candidates, limited in their campaign, and organise the election on the original date, changing the voting method immediately, despite the obvious legal and organisational disadvantages of such a solution. The main justification for this action was the threat of a coronavirus pandemic. At the same time, a few weeks later, with the level of the disease essentially unchanged, in the face of a very even contest with the strongest opposition candidate in the second round, the main politicians of the ruling party were very actively calling for personal participation in the elections, especially elder voters. In turn, the main opposition party, by calling for a boycott of the elections and effectively delaying the legislative works on the rules of their organisation, created a situation in which it was able to replace its candidate during the electoral process with a person with a much better outlook of winning in view of the very poor poll results of the earlier promoted and officially registered candidate.

The course of the electoral process proved also the great strength of local self-governments in Poland and an effective mechanism of legal and political protection of their independence against arbitrary and illegal actions of the central government. On the other hand, the strong mobilisation of local self-government activists, in particular municipal mayors, was nevertheless insufficient to secure a victory in the general elections of the candidate they supported as representing their interests.

An analysis of the voter turnout revealed that the health risk (infection risk) was not significant for the majority of citizens. Thus, hypothesis H1 was not confirmed and it was found that the COVID-19 pandemic did not affect participation in the elections. The change in the organisation of the elections, the postponement of the elections and the context of the COVID-19 pandemic did not contribute to a decrease in public interest in the elections and thus a lower turnout than usual. In fact, a reverse situation was observed, as the turnout in the 2020 presidential elections was higher in both rounds (64.5 in the first round, 68.2% in the second round) than in the parliamentary elections held in a non-pandemic situation in autumn 2019 (61.7%). A comparison of turnout at the regional level can be used as a yardstick to estimate the impact of the pandemic on voting behaviour. This could be a result of the waning of the pandemic itself in the second election date and also of citizens becoming more accustomed to the emergency situation. The aim of this chapter was not to prove a direct correspondence between the pandemic and voter turnout. However, data show that the weakest increase in turnout in comparison with pre-pandemic elections was observed in large cities and conurbations, which were the main foci of the pandemic.

An additional factor important for voter turnout, not analysed in this study, may have been the massive propaganda of the public (in fact government) media, which promoted the incumbent president, the Law and Justice candidate, as well as the spread of information from the government that the pandemic is on the wane thanks to the actions of the central authorities. Thus, the factors that were considered as premises for the formulation of hypothesis H2 were reduced. Given the early and still relatively low threat to the economy and social life posed by the COVID-19 pandemic and the reassuring information campaign of the public media, the candidate representing the ruling party was able to win the election. COVID-19 in its early phase (the first wave of the pandemic) did not affect the election result of the

incumbent president, although the result achieved was unspectacular, generally weaker than the polls had suggested. This points to the need for research into the significance of the mass media during the election campaign, which can significantly influence voter turnout and preferences, especially at a time of information chaos in an extraordinary period such as the COVID-19 pandemic.

All the actual effects of the atypical presidential elections held in Poland in 2020 will probably only become apparent in the long term, both in political–legal and socio-economic terms. The question of what conclusions the unconsolidated Polish democracy will draw from this process remains an open one.

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Tomasz Kaczmarek is a professor at the Adam Mickiewicz University in Poznań, Director of the Metropolitan Research Center and Head of the Department of Urban Systems and Territorial Governance. He is a member of the Steering Committee of the Commission on Geography of Governance – International Geographical Union, as well as a member of the national scientific bodies: the Committee for the Spatial Development of the Country of the Polish Academy of Sciences, the Committee on Geographical Sciences of the Polish Academy of Sciences, and the Council of Scientific Excellence. His research specialisations include: local governance in Europe, strategic management and spatial planning in metropolitan areas, and social participation in decision-making processes in the public sector. He is a contractor of international grants, among others Accommodating Creative Knowledge – Competitiveness of European Metropolitan Regions within the Enlarged Union (Framework Programme of the EU), and Grant Manager of National Center for Research and Development project ‘Geoportal supporting social participation in spatial planning’. He has authored 180 publications, including 8 books, which include ‘*Territorial and Administrative Structures and their Reforms in European Countries*’ and ‘*Territorial and Administrative Systems of Metropolitan Areas in Europe*’. He is Laureate, with a research team, of the Prime Minister’s Award for scientific and technical achievements (2017). His other publications include: ‘Top-Down and Bottom-Up Metropolitan Integration in Poland’, ‘Models of Governance in the Urban Functional Areas’, ‘Soft Planning for Soft Spaces’, ‘Concept of Poznań Metropolitan Area Development’, ‘Geoweb Methods for Public Participation in Urban Planning’ and ‘The Use of Geo-Questionnaire in Spatial Planning’.

Łukasz Miłkuła is a professor at the Faculty of Human Geography and Planning (Adam Mickiewicz University in Poznań). He has authored of ca. 50 publications in Polish and English on local and metropolitan governance, spatial policy and strategic planning, including the book *Zarządzanie*

rozwojem przestrzennym obszarów metropolitalnych w świetle koncepcji miękkich przestrzeni planowania [Management of Spatial Development of Metropolitan Areas in Light of the Soft Spaces of Planning Concept] (2019), as well as co-author of *Development Strategies and Planning Concepts for the Poznań Metropolis* (2010, 2015, 2016). He is member of international research teams in projects 'Local Public Sector Reforms: An International Comparison' (COST), '? CONNECTING? Nature' (Horizon 2020) and 'Geoportal supporting public participation in spatial planning' (National Centre of Research and Development). He is also a member of Polish Town Planners Society (Central Executive Board 2015–2018, Vice-president of Poznań Unit 2018–2021). He is also Chairman of Spatial Planning and Urban Regeneration Committee of Poznań City Council (since 2010) and Metropolitan Planning Commission for the Poznań Metropolis (since 2017).

Chapter 19

Local Self-Government and Governance During Covid-19 Pandemic in Slovakia



Ján Buček

Abstract The Covid-19 pandemic seriously affected the societies, economies and public sector operations in most of the countries. This is also the case in Slovakia. Although the first wave of the pandemic seemed less critical, the second wave was more devastating in terms of positive case number and the death rate. We identify the scope and timing of Covid-19 spread using health data, combined with related key central state anti-pandemic measures. Within a summary of the public health institutional framework, we focus on the increasing role of local self-government in this field and the retreat from a more centralist approach applied at the beginning of the pandemic. We document and evaluate the impact of Covid-19 on the local self-governmental operations and the most frequent measures adopted in selected cities. Besides directly assessing public health-related measures, we will pay attention to an assessment of the fiscal effects of Covid-19 on local self-government functioning, including the accompanying central–local fiscal relations. We document the rising role of local self-government in a set of measures such as micro-area quarantines, population-wide testing, locally initiated mass testing, and testing centres’ network. Finally, we evaluate the anti-pandemic effort in Slovakia from the governance perspective.

Keywords Local and urban governance · Covid-19 pandemic · Measures · Mass testing · Slovakia

19.1 Introduction

The global Covid-19 pandemic seriously hit local communities across Slovakia. Both waves of the pandemic induced serious challenges and new tasks for all levels of government, including local self-government, though it is true that local self-government has minimal powers in the healthcare sector. However, being

J. Buček (✉)

Comenius University, Faculty of Natural Sciences, Bratislava, Slovakia

e-mail: jan.bucek@uniba.sk

responsible for all aspects of local life and providing many necessary public services, its involvement was inevitable. Its role, less clear initially, grew with the rising complexity of the anti-pandemic effort and the central state's limits in shaping and implementing measures. Studies addressing the Covid-19 pandemic from this point of view are only emerging in Slovakia (e.g. Nemeč and Špaček 2020; Takáč 2020), but this issue will certainly elicit extensive coverage.

The anti-pandemic effort in Slovakia substantially influenced the change of the government following parliamentary elections held immediately before the spread of the pandemic (29 February 2020). The shift to a new coalition government led by a populist, the non-system party (Ordinary People and Independent Personalities), the uncertainty and lack of preparedness in addressing the pandemic and the reorganisations and personal changes across state administration (including key ministries) were later accompanied by governmental coalition tensions caused by the different visions of how to address the pandemic (e.g. measures timing, permanent mass testing, the secret purchase of the Russian Sputnik V vaccine, which was unregistered in the EU). The dominant position of Prime Minister Igor Matovič and his unclear communication with citizens were controversial. Although the central government was successful in some policy fields, it was less convincing in the anti-pandemic effort. As Buštková and Baboš (2020) outlined, we could observe a specific type of populist pandemic response. As a result of many inconsistencies, criticism and loss of population support, Minister of Health (Marek Krajčí) and later also PM Matovič resigned from their posts in March 2021.

This study's primary goal is to evaluate local self-governments' role and inter-governmental position during the coronavirus pandemic in Slovakia. In this context, we also intended to provide sufficient detail concerning some specific features of the anti-pandemic effort in Slovakia (e.g. population-wide testing). The Covid-19 challenge is often perceived as a complex intergovernmental issue that requires extensive coordination and co-operation (e.g. Paquet and Schertzer 2020). We begin with an outline of the pandemic's evolution, complemented with the relevant institutional framework outline. Several known approaches and concepts inspire the sections that follow. Because the coronavirus significantly affected intergovernmental relations, we address the changes in central–local relations and the nature and development of multi-level governance (Stephenson 2013). We also focus on the horizontal meaning of governance applied at the central and local levels. We try to reveal the central government's and local self-governments' abilities to develop an efficient partnership with other actors (social partners, professionals). We also focus on the impact of legal and legitimacy issues (input, output, throughput; e.g. Schmidt 2013). This concerns the specific conditions applied during the 'State of Emergency' and the institutional agility and adaptations induced by the pandemic (e.g. Janssen and van der Voort 2020). The legal framework and management of the crisis also influenced the scope of local autonomy (e.g. Pratchett 2004). Another specific issue is spatiality during the pandemic, which is linked to institutions, measures and the perception of spatial differentiation and their conversion into decisions.

We argue that the local self-government role in addressing the coronavirus pandemic increased in Slovakia. This was caused by a worsening of the pandemic

situation and its long duration. In the meantime, there increased the need for more complex and smart measures to balance all aspects of public health along with social and economic life. Local self-governments also confirmed their ability to manage various types of measures. We could observe a slow shift towards systemic, regionally and locally specific measures, with local self-governments playing an inevitable role in their final shaping and implementation. The nature of central–local relations in addressing the coronavirus shifted from a centralised to a more decentralised and governance based. The personal and organisational capacities, communication linkages and local networks of local self-governments were beneficial and irreplaceable. The central state’s role shifted towards a general framework of provision, legal backing, the setting of nation-wide measures, the provision and distribution of material resources and the financing of selected local measures. Local self-government demonstrated its role as the most efficient actor at the local level. However, this shift was not straightforward, and it was accompanied by various tensions and periods when local self-governments were in the dark about their role.

The main sources of information used in this chapter are data on Covid-19 development and responses at the national level and the related legislation and guidance adopted by relevant ministries and the Public Health Authority of the Slovak Republic. When focusing on local adaptation and measures, we used local self-government documents (City Council meeting records and decisions) and publicly available official statements of local self-government representatives (primarily mayors), in the respective national and local press, as well as social media (e.g. aktuality.sk 2021). We focus in detail on the experiences and measures adopted by a set of cities of various sizes (Bratislava, Trenčín, Pezinok, Senec), the scope of their powers and activities and various Covid-19-related problems. Two suburban cities in the Bratislava region accompany Bratislava, as the nation’s capital, and Trenčín, as a centre of an administrative region. They provide a fair reflection of various approaches and measures adopted in diverse fields of local life. These cities and their city-regions suffered periods of being under the pressure of a high coronavirus incidence rate. This chapter covers the situation until the end of March 2021.

19.2 A Summary of the Covid-19 Pandemic Timing and Key Measures

The first confirmed case of Covid-19 in Slovakia was recorded on 6 March 2020. Nevertheless, preventive laboratory testing started already on 3 February 2020 and the first elementary measures had been adopted on 28 February 2020. At the national level, measures adoption coordinated the Central Crisis Staff introduced at the end of February 2020. The first serious anti-epidemiological measures were adopted after the first positive cases appeared in the Bratislava region (the first introduced Bratislava regional self-government and selected local self-governments). With rising

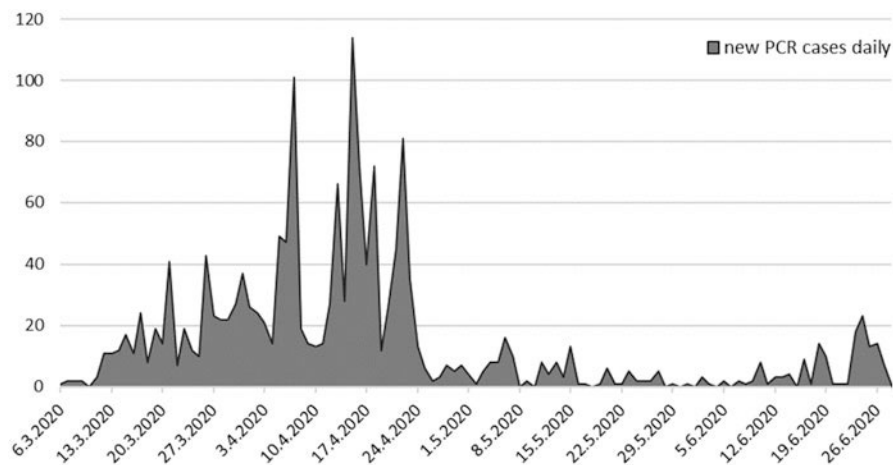


Fig. 19.1 First wave of Covid-19 pandemic in Slovakia: Daily positive cases (March–June 2020)
 Source: korona.gov.sk

numbers, an Emergency Situation (as defined by national legislation) was approved on 11 March 2020, and a stricter State of Emergency was declared from 16 March 2020, and applied until 14 June 2020. This period is usually considered to be the first wave of the Covid-19 pandemic in Slovakia. It is frequently concluded that the country was poorly prepared, lacking critical material resources (tests, personal protective equipment) and with less elaborated crisis management and planning in the field of pandemics (e.g. the Supreme Audit Office of the Slovak Republic 2020). Taking into account the already available experiences of other countries and lack of preparedness in various fields, the new central government adopted stringent measures, including a lockdown, that substantially circumscribed economic and social life. The adopted measures were successful also thanks to the respect for the threat within the whole society and attention to the enforcement of adopted measures. The number of positive cases decreased after a peak in April 2020. As a result, Slovakia ranked among the countries that passed through the first wave of the pandemic with the lowest number of infected (from March to end of June 2020 this was 1687 positive cases, Fig. 19.1) and low level of mortality caused by Covid-19 (28 deaths up to the end of June 2020).

After a moderate level of Covid-19 spread during the summer months, the number of positive cases started to grow again at the end of September 2020. The central government reacted to this situation with a second State of Emergency introduced since 1 October 2020, which is often considered as the start of the second wave of the Covid-19 pandemic in Slovakia. Under the pressure of the quickly expanding number of the positive cases, the central government decided on population-wide antigen (AG) testing from 31 October to 1 November 2020. Additional extensive testing continued in November in the more affected districts and local self-governments. Mass population-wide testing combined with a

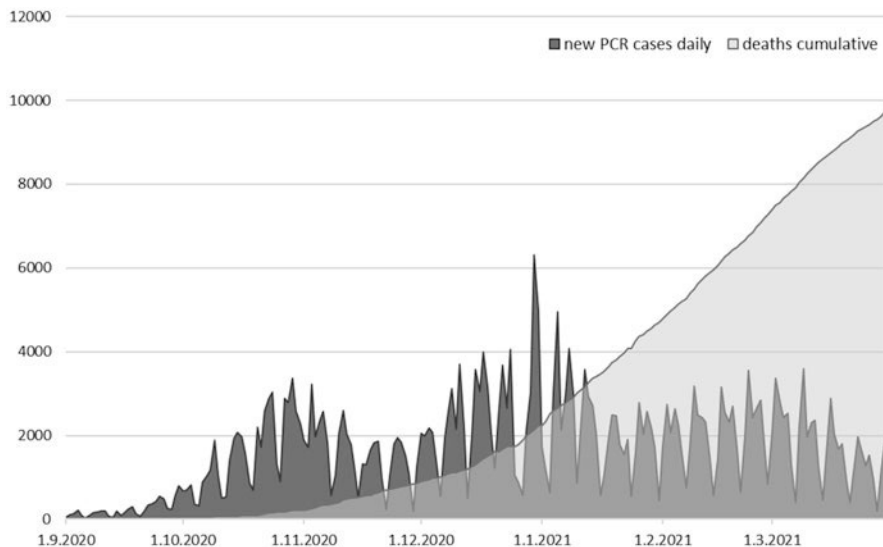


Fig. 19.2 Second wave of Covid-19 pandemic in Slovakia: Daily cases/deaths (until 31 March 2021)

Source: korona.gov.sk

lockdown (e.g. Pavelka et al. 2021) caused an interim decline in the positive cases' growth (see Fig. 19.2). Although the longer-term effect was not achieved, mass testing at least took thousands of infected people out of the circulation (Holt 2021). Nevertheless, the subsequent relaxing of measures caused a new rise in infections starting in early December (including a rapidly rising incidence in selected regions). New and stricter measures were adopted before Christmas. However, due to a lack of discipline, too many exemptions and less attention on enforcement measures, the situation did not improve. Even with stricter measures, adopted since 1 January 2021, it was not easy to mitigate the high incidence due to the transfer of new coronavirus mutations into Slovakia. Despite the combination of intensive testing and strict measures, the situation started to improve only at the end of March 2021.

The second wave was much more demanding compared to the first wave. The anti-epidemic measures were less consistent and less strict (most of the economy continued working) and were accompanied by populist responses and political tension at the central level (e.g. tensions concerning the scope and nature of the measures caused a late response to the rising incidence in December; e.g. *Hospodárske noviny* 2020; ZMOS 2020). The typical feature had been the emphasis on the role of extensive testing effort (primarily antigen – AG testing) and less strict attention to other measures. This generated the false dilemma that there is a choice between mass testing (primarily population-wide) and lockdowns (a set of measures including social distancing, limits to various social activities and mobility). The most debated was the strong preference given to population-wide testing. Such a huge operation with minor outcome caused a weakening in

population's trust towards the government's anti-epidemic measures (e.g. Leksá in Holt 2021) and was also questionable from a cost-efficiency point of view. It appeared to be hard to mitigate the spread of the pandemic without parallel use of more pillars (e.g. mobility reduction, social distancing, accessible and reliable testing, later accompanied by vaccination), including the strict implementation and enforcement of measures. Vaccination started in Slovakia on 26 December 2020 thanks to the first deliveries of vaccines within the EU distribution scheme (Pfizer-BioNTech). Vaccination progressed at an EU average rate, with almost 1 million (mln) vaccines applied by the end of March 2021.

19.3 Institutional Framework Addressing Public Health and Covid-19

The Slovak Republic has long had developed an administration addressing public health issues. Nevertheless, the coronavirus responses concern the whole health system organisation. During the last 20 years, the health system in Slovakia was liberalised and more privatised. It is based on universal coverage, compulsory health insurance and a basic benefits package (e.g. Smatana et al. 2016). Besides the central state (the Ministry of Health), the other important element consists of a competitive insurance model, currently with three healthcare insurance companies (two of them private). These insurance companies collect compulsory contributions from employees and employers and contract healthcare provisions among various providers.

However, the system has been underfinanced over the long term and requires additional transfers from the state budget and private sources (see e.g. OECD/European Observatory on Health Systems and Policies 2019). Hospitals generate large debts (occasionally reduced by subsidies from the state budget), and there is a long-term investment gap in the sector. Private resources flow includes, for example, fees for additional services and co-payment for prescribed pharmaceuticals. The health sector also suffers from a lack of staff (physicians, nurses). In the central coordinating role in health issues is the Ministry of Health, along with other sectoral regulatory institutions (e.g. the Health Care Surveillance Authority, the National Health Information Centre). The largest regional hospitals, university hospitals and specialised hospitals also are subordinated to the Ministry of Health (in various legal forms). Only large state hospitals have departments for infectious diseases.

Public Health Authority plays a decisive role in public health (Public Health Authority of the Slovak Republic 2020). This state-financed administration is responsible for a wide scope of sensitive tasks such as surveillance of communicable diseases, hygiene (including food hygiene) and sanitation, environmental and occupational health and health prevention and promotion. The Public Health Authority is represented and managed by the Chief Hygienist appointed by the Ministry of

Health. It operates across the country through 36 regional offices responsible for practical communicable diseases surveillance and measures implementation and enforcement. These offices can adopt needed measures according to their regions and are responsible for specific tasks, such as contact tracing of infected persons. In the case of Covid-19, measures and guidance issued by the Public Health Authority/Chief Hygienist as a result of central state advisory and the outcomes of decision-making bodies (government resolutions, crisis management bodies' decisions) have critical importance.

The meso-level of government institutions has a limited role within the healthcare system. As far as regional self-government is concerned, it mostly has regulatory powers (Acts 567/2004, 362/2011) in managing selected health and pharmaceutical activities in their regions (e.g. permissions, opening hours, health districts, registry). They also have hospitals, but most of them are already rented out or privatised. The majority of 'regional' hospitals operate like private companies (AGEL Group with 13 hospitals, Svet Zdravia a.s., AGEL SK 2020; Svet zdravia 2020). Only a partial coordinating role in the anti-pandemic effort have District Offices of general state administration (working in 79 districts) with staff and responsibilities in crisis management. However, they have less experience in addressing pandemic issues (usually focusing on, for example, natural risks). Only during the later phases of the second wave of the pandemic did their role increase. Their spatial network is denser compared to public health authorities, and they are also responsible for District Crisis Staff functioning, until now mostly without official involvement of local self-government.

The Covid-19 pandemic was a serious challenge to local self-governments. Public health issues are not among the obligatory local self-government powers (Act 369/1990, as amended). Local self-governments do not have specialised departments and staff. This is understandable when we consider the fragmented self-government system, which has about 2900 local self-governments (with many small ones), and the specific professional aspects of health administration and services. Nevertheless, health issues are essential aspects of local public services provision and local quality of life. Local self-governments pay attention to these issues as an essential factor in local community satisfaction. Under the current local autonomy scope and legislation, local self-governments can act freely and initiate their own measures outside their obligatory powers. However, public health activities are coordinated with other public administration bodies and health-services providers. The accessibility of primary care in particular is considered a sensitive issue (although the outpatient sector is also private). For example, this is expressed by ownership of local health centre buildings or by providing space for physicians' ambulances. Specific is the position of a few larger cities that own and operate local hospitals (usually smaller, with a reduced scope of specialisations and a limited number of beds). During the healthcare transformation processes, many traditional city hospitals were closed or converted into outpatient health centres, privatised, or changed into joint-stock companies with non-public partners with operational know-how.

The Slovak Republic has a well-developed system of crisis management and planning, security, and crisis bodies at all levels in general (central, regional, district, local). However, it was less prepared for a pandemic on such a scale. The Covid-19 pandemic induced a challenge to the crisis management institutional framework, which was changing and less transparent under the pressure of time and circumstances. The decisive role in the managing of the coronavirus pandemic belongs to the central state. After the rise of the coronavirus pandemic, the Central Crisis Staff, based on general crisis management legislation (not focusing explicitly on pandemic issues), served as the tool for managing and coordinating the anti-pandemic effort. Due to the specific nature of the coronavirus threat, an interdisciplinary and cross-sectoral Permanent Crisis Staff (PCS) was spontaneously established in March 2020. It included a set of prominent Slovak scientists, managers, experts in relevant fields and top officials. This staff permanently monitored the pandemic situation (it had its own support staff for data analyses and foreign experiences evaluation) and provided proposals for measures. The PCS operated, with unclear legal backing, within the Government Office, in close contact with the Prime Minister (he nominated the chair) and regularly communicated adopted measures to the public. An interim Council of Experts, primarily professionals in epidemiology and infectology, also had an advisory role. Both finished their functioning at the end of the State of Emergency in June 2020. The Council of Experts continued in affiliation to the Ministry of Health and the Public Health Authority but with less influence than before and it changed its composition. As a result, many previously involved experts were no longer participating. During the second wave, the Pandemic Commission of the Slovak Government (with administrative backing at the Ministry of Health) took on an increasing role in the proposing of measures and their coordination. Surprisingly, despite its longer-term existence in Slovak legislation, it was overlooked and not activated during the first wave (it started to function in June 2020). It is composed of representatives of crucial central state administration bodies (primarily ministries). However, it is without formal local self-government representatives (includes all eight chairs of regional self-governments) and the only minor representation of experts (representing public health, epidemiology and infectology).

19.4 The Covid-19 Pandemic and Local Self-Government Functioning

The rapid spread of the coronavirus pandemic influenced various aspects of local life and local self-governments' functioning. We can divide these aspects into several groups: the functioning of local self-government offices, the impact on selected powers and public services, inevitable direct interventions in the field of local public health, the crisis communication during the pandemic, the financial aspects of local self-government functioning, the implementation of new and specific tasks (such as mass testing) and the position of local self-government associations. Participation of

local self-governments in the anti-pandemic effort was also based on legal requirements of synergy between local self-governments and the central state during a State of Emergency.

19.4.1 Basic Features of Covid-19 Pandemic Impact on Local Self-Government

Besides the standard institutional framework (Council, Office), many local self-governments established or activated their Local Crisis Staff (based on crisis management legislation) for more flexible management of the local anti-pandemic effort. They concentrated on the protection of its decision-making capacity, the offices' elementary functioning and secure public services provision. Most critical for local self-governments in pandemic times is to fulfil the public health standards in their key powers (e.g. primary education, social services, public transport, public spaces).

Surprisingly, among the first problems that local self-government was confronted with were the difficulties in organising local/city councils' meetings and voting under the conditions of the suddenly introduced lockdown and State of Emergency. There emerged a dispute concerning the threat of democratic decision-making at the local level. This was a serious issue, especially when urgent local decisions concerning Covid-19 measures were to be adopted. As a result, some local self-governments organised their council meetings in large halls (sports halls, cultural centres) or even held open-air council meetings to respect the adopted national measures. Under the pressure of local self-governments, the Slovak Parliament then adopted new legislation (Act 73/2020) allowing under the crisis conditions (e.g. under the declared State of Emergency) council meetings to take place through videoconferencing, with online voting, as well as the use of information technologies in general to replace in-person meetings. It specified rules to guarantee democratic decision-making and transparency (e.g. required documentation before meetings, complete video record published). It also focused on inevitable measures and decisions and restricted decisions in specific matters (e.g. they can be valid only for a limited period of time). This legislation was applied occasionally during both waves of the pandemic.

Local self-governments had to adjust and adopt numerous measures to prevent the spread of the pandemic. Lockdowns and the rising incidence (e.g. office staff quarantine) caused reduced office hours. A significant side effect is a considerable shift in favour of e-government practices, which were introduced during the pandemic. A similar impact could be observed in the reductions and rescheduling of local public transport. Many local cultural and sports facilities closed, and local events were cancelled. Among specific effects, we can mention the much larger volume of waste generated by households during lockdowns. During the pandemic, local staff affiliated with local self-government often had to fulfil different tasks than usual. Under the pressure of pandemic circumstances, local self-government

initiatively intervened in the field of local public health. They increased sanitation, disinfection and cleaning activities and introduced new hygienic standards and technologies in public facilities and spaces (e.g. in local offices, schools and cultural facilities). Specific measures were adopted to protect local public sector staff responsible for providing public services by specialised protective material (social services workers, municipal police, teachers, first contact local government staff). A large amount of protective material was distributed among various local institutions, including those outside of local self-government powers. Some local self-governments co-operated in strengthening the disinfection of open public places with a large concentration of people, like bus stops, local open-air markets, playgrounds for children, sports grounds and parks. Additional treatment addressed hygiene and disinfection in means of local mass transport (interior surfaces and air). Local self-governments had a critical role in the dissemination of information on proper behaviour. Bratislava's self-government implemented its own Covid-19 semaphores, as a permanent monitoring and warning system against the uncontrolled spread of coronavirus, and the possibility of quick and planned responses at the local level. The municipal police units (managed by local self-government) also played a locally relevant role in implementing and enforcing these measures.

Due to the higher vulnerability, local self-governments paid extra attention to their elderly population. They addressed the elderly population, the residential care homes for the elderly, and daily care centres for the elderly managed by local self-governments (elderly care homes are owned mostly by local and regional self-governments, or they are private). They used their social services capacities to arrange care and monitor all elderly, especially those living alone. In co-operation with volunteers and NGOs, local self-government social services centres provided them with extended assistance (meals, shopping, medicine and so on). For example, face masks were distributed to the elderly population in some cities. Most Covid-19 victims during the first wave in Slovakia were living in elderly homes. For example, 17 deaths occurred in one elderly care home in Pezinok (there were 28 Covid-19 deaths in Slovakia during the first wave, until 15 June 2020). The city of Pezinok's local self-government co-operated in settling a complicated situation (with the regional public health office and regional self-government, as the owner of this elderly care home), including the isolation of the elderly home building as well as the surrounding area.

Among specific anti-pandemic measures with more extensive local self-government involvement, we must mention the quarantine of selected local communities. This concerned the quarantine of marginalised Roma communities, where the central government have imposed a mandatory quarantine (lockdowns in selected micro-areas, not over the whole local self-government territory). This decision was based on the risk related to the return of these communities' members from abroad (from areas with a higher incidence of coronavirus, primarily the United Kingdom), combined with low hygienic standards (including a lack of protective equipment), overcrowding (problems with contacts tracing, distancing) and the worse social and economic background in these settlements and the subsequent potential spread of Covid-19. Roma settlements were selectively targeted, and the quarantine did not

apply to other communities. This approach was imposed by the central state according to the ‘Plan for Covid-19 disease management in marginalised Roma communities’ (Government Office 2020a, b). However, aside from central state authorities (including the Government Plenipotentiary for Roma Issues), this plan was initiated by representatives of selected local self-governments aware of the threat to their communities. It started by mass testing of more than 9000 Roma in more than 290 localities around Slovakia. As a result of the higher coronavirus incidence, five Roma communities (with about 6200 inhabitants) were closed into a mandatory quarantine supervised by the armed forces and police (which also provided repeated testing and healthcare). Most of these communities were isolated for three to four weeks. During these ‘micro-area lockdowns’, local self-governments (with their own municipal police, Roma civic patrols, office staff and social workers), volunteers, NGOs and local entrepreneurs substantially complemented the army and police to maintain acceptable living conditions within the closed communities. The provision of drinking water, food, shopping, medicines, protection equipment (e.g. face masks, disinfectants), communication concerning appropriate behaviour and all other everyday issues was possible, thanks to their involvement. Nevertheless, the central government approach was criticised as selectively addressing only Roma communities and as an inappropriate use of state power (see e.g. Amnesty International 2020). Only a few similar cases occurred during the second wave of the pandemic (with lesser populations and of shorter duration).

19.4.2 Local Finance Adaptation

The above-mentioned pandemic circumstances and adopted measures were also reflected in the local finance situation. This has been only rarely studied until now (see e.g. Nemeč and Špaček 2020), due to the lack of availability of final annual fiscal documentation (e.g. final accounts). We can identify such consequences according to the local budgets’ sections (revenues and expenditures, current budget, capital budget, financial operations) and also according to the already adopted measures. It is also important to notice that measures adopted during the first wave (Spring 2020) were much stricter compared to the second wave (Autumn 2020–Spring 2021), when measures were more moderate (less strict lockdowns, more exemptions, the majority of the economy still working).

The impact of coronavirus on local finance during Spring 2020 was unclear (e.g. duration, acuteness), so many local self-governments adopted the prudent preventive approach and prepared more scenarios. Later on, the situation was partially relieved and more moderate scenarios prevailed. During 2020, most local self-governments approved new and often modified budgets. Some other smaller savings/expenditures transfers were initiated during the year, according to the current financial development. It seems that local self-governments were able to cope with the pandemic without any devastating impact on their functioning. They

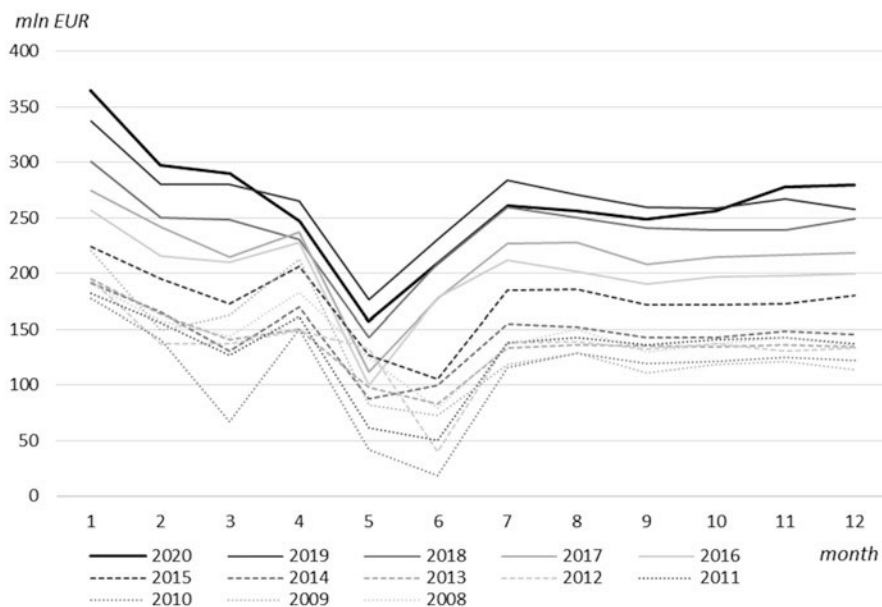


Fig. 19.3 Monthly personal income tax transfers to sub-national budgets 2008–2020
 Source: Financial Administration of the Slovak Republic (2021)

were able to initiate their own policy measures or participate in local implementation of nation-wide measures. Despite the uncertainty in their own fiscal situation, due to the temporary closure of many local businesses, local self-governments frequently decided to provide them with assistance (especially for small businesses in local tourism, catering and so on.). This usually included a reduction/postponement of property tax payments and reduced rents for those operating in public buildings or using public spaces.

The usual problems of Slovak local self-government revenues during any crisis are related to a substantial decrease in personal income tax yield – PIT (Buček and Sopkuliak 2014). This tax yield is the primary source of local tax revenues (local self-governments obtain 70% and regional self-governments 30%). Any economic slowdown immediately causes a lower yield from this tax. The Ministry of Finance quickly calculated a decline in PIT revenues according to the public finance forecast for each local self-government. This meant a loss of 121 mln EUR in total for all local self-governments in Slovakia in 2020 (e.g. almost 10 mln EUR for Bratislava, Ministry of Finance 2020a). This less devastating decline in PIT yield was thanks due to the central state measures to prevent mass business bankruptcies or unemployment growth. Local self-governments were also aware and prepared for the usual interim decline in this revenue during the second quarter of the year (see Fig. 19.3). Reduced income from property taxes (real estate) due mainly to the permitted postponement of tax declaration filling and payments was less important.

Among other sources of revenue decline, those related to local self-government measures linked to the postponement of rent payments by business entities operating on their land or buildings can be mentioned. The more serious impact was the decrease in the fees paid for public services, caused by lockdowns and reduced population mobility. The most considerable impact concerned the much-reduced need for public transport (critical in large cities), which was reflected in a substantial decline in mass transport and in the public companies' income (30–50% in the lockdown months). This resulted in a need for additional subsidies provided by local budgets. The absence of parents' contributions to the operating of some additional school services (e.g. meals, school clubs, art schools) and reduced user fees in cultural and sports facilities were less critical. Due to social distancing requirements, many social activities that regularly contributed to local budgets (e.g. traditional markets, festivals, mass sports events) were cancelled (or organised with reduced capacities). State subsidies (e.g. for primary education) and other transfers from the state budget, which were provided without a reduction, had a stabilising role. Capital revenues declined due to the economic slowdown and less interest in investment (e.g. property transactions). EU-funded projects in progress remained financed; however, some planned project schemes financed by the EU were postponed due to the reorientation of funds to anti-pandemic measures. Among the usual steps for balancing the revenue side, we can find transfers from reserve funds (although also planned for different purposes). To a lesser extent, local self-governments turned to municipal borrowing. The better financial situation of local self-governments in general allowed additional borrowing within local debt caps.

Local self-government expenditures were also put under pressure. The usual responses included a search for savings and transfers among expenditure items within the year. Expenditures in everyday operation and local public services provision had a natural priority in this period. The financial coverage of anti-pandemic measures (own measures and participation in nation-wide measures) required additional attention. Immediately after the first weeks of the Covid-19 pandemic spread, many local self-governments adopted finance-saving measures. The savings were to come from salary freezing (during the first wave), or other personnel cost reductions (often linked to reduced office hours, part-time jobs and interim contract reductions). We can frequently find reduced subvention programmes for various local entities (e.g. in culture, sport) and participatory budgets.

At the same time, there were much higher personnel costs concerning, for example, social workers, municipal police and the salaries of those involved in the testing effort (additional staff, overtime work). Coronavirus caused many other expenditures to rise (e.g. material, equipment, online work hardware and software). Local self-government also had to pay external contractors for various additional specialised services related to public hygiene. Cancelled cultural and sporting activities due to preventive measures provided some savings as well. Among the most relevant fiscal expenditure measures were the reduction in investments with a planned start in 2020 and preparing new planning documents for future investments.

Some cities also negotiated more relaxed conditions for older debt payments with banks.

The central state recognised the worsening of the financial situation of local self-governments. However, its approach to mitigating local fiscal stress was different from previous crises (Buček and Sopkuliak 2014). Considerations made by the Ministry of Finance influenced coronavirus-related PIT reductions and the long-term increase in personal income tax yields during previous years (see Fig. 19.3). The central state also took on most of the heavy load of extra pandemic-related costs into the state budget deficit and debt. As the primary mitigation tool, it offered to all local self-governments financial assistance in the form of a soft loan, available at zero rates and with payment postponement (these are to be paid between 2024 and 2027). The size of such loans was up to the total PIT loss of individual local self-governments calculated by the Ministry of Finance. Local self-governments could decide based on their own considerations if they wanted to take this loan, and more than 1700 local self-governments chose to do so (Ministry of Finance 2020b). Despite the central state proclamation, local self-governments were not compensated for all coronavirus-related extra costs and losses (e.g. mass transport companies losses). Transfers of resources for selected activities and measures implemented during the State of Emergency (e.g. testing) were delayed, and not all costs were accepted. Relief in budgetary rules in the free use of specific resources (e.g. reserve funds) for current expenditures until the end of 2021 was a specific form of support.

19.4.3 The Role of Local Self-Government in Mass Population Testing

Among the inevitable tasks of any anti-pandemic effort is to cope successfully with the concentration of positive cases in a particular territory or even on the national scale. One of the possible strategies is mass nation-wide testing (usually with some exceptions based on age, e.g. children, elderly persons). While mass testing experiences are more frequent at the city or regional levels, country population-wide testing is unique in Europe (see, e.g., Frnda and Durica 2021). In the Slovak case, we can observe the experiences of population-wide mass testing at all levels of territorial organisation, which provide useful experiences concerning the local self-government role. The Slovak experience demonstrates local self-governments' inevitable role in managing mass operations at the local level under the existing institutional framework. However, population-wide testing was a more complex operation than they regularly manage, comparing, for example, to elections.

19.4.3.1 The Role of Local Self-Governments During Country Population-Wide Mass Testing

The Slovak government decided on population-wide testing in mid-October 2020 (Government Office 2020b), to be carried out from 31 October to 1 November 2020. However, this country-wide measure had been quietly prepared much earlier within a very narrow group of officials and experts around the PM I. Matovič. It was based on an effort to buy a large number of AG tests quickly and at a reasonable price (13 mln units for 52.3 mln EUR, Transparency International Slovensko 2020). The intention also was to avoid opponents' attacks based on various grounds and to react to an accelerating number of positive cases. It was accompanied by a set of other measures valid from 1 October 2020 and strengthened by a strict lockdown from mid-November, when only negatively tested citizens could move freely. Although population-wide testing was initiated as voluntary, most of the population considered it obligatory (otherwise they would have to remain in a two-week quarantine). Population-wide testing generated tension on the Slovak political scene between its proponents (primarily around the Prime Minister) and opponents (including some government coalition parties, ZMOS - Association of Towns and Communities of Slovakia, health sector representatives, experts).

Box 19.1 Population-Wide Testing Timing and Results in Slovakia (October–November 2020)

Population-wide testing, known as operation 'Joint Responsibility', included four rounds of AG testing within one month. Mass testing started with a first (pilot) round (23–25 October 2020) in selected regions already suffering from a higher rate of infected citizens (four districts). Almost 141 thousand citizens took part, with a positive case rate of 3.91%. Participation in the main second round of population-wide testing exceeded 3.63 mln people (with 38,359 positive cases, 1.05% positive). High-prevalence districts (those with a prevalence above 0.7%; 45 districts) were targeted with a subsequent third round on 7–8 November (2.04 mln tested; 13,509 positive cases, 0.66%). The fourth round of testing (21–22 November 2020) took place in 458 urban and rural self-governments with a positive test rate above 1% in the previous round. Participation in the fourth round exceeded 110 thousand citizens and showed positivity rate of 2.26%.

Source: Ministry of Defence of the Slovak Republic, 2020

During all the rounds, 5.9 mln AG tests were carried out with almost 60 thousand positive persons, who subsequently went into quarantine (Ministry of Defence 2020). Due to differences in a pandemic situation, some citizens participated in one round of testing, while others had to participate in all four rounds. The next population-wide testing rounds, scheduled for December 2020, were cancelled due to a dispute on testing strategies and lack of testing kits. Permanent country population-wide testing is quite exhaustive for the main actors (the healthcare sector, military and police capacities, local self-government, volunteers). The main round of

population-wide testing in particular required the mass mobilisation of resources and personnel capacities. It was also a logistic challenge in distributing testing kits to all sites.

The Ministry of Defence estimates the total cost of this operation at 100–105 mln EUR. Because it was combined with other restrictions, the effect of population-wide testing as such was not so apparent (Mahase 2020) and less efficient in less infected regions. Nevertheless, a combination of population-wide testing with a certain kind of lockdown contributed to the mitigation of the spread of Covid-19. It provided additional time and a few weeks of more relaxed restrictions (later questioned) from the end of November 2020.

Population-wide testing was managed as a central state operation, with the Slovak armed forces playing a leading role. However, practical experiences confirmed the more critical role of local self-governments as was initially expected. The success of the testing ultimately depended on the effort and capacities of local self-governments and local communities, their cohesion, including the mobilisation of local medical and support staff. Mass testing meant 4961 sites (two days) with testing teams across the country. Each testing team was to consist of six to eight persons, including two to four medical staff for rotation, one military person, one policeman and two administrative staff. Overall, more than 40,000 persons participated in the testing teams (e.g. approximately 15 thousand medical staff and 8 thousand military staff, in the main population-wide round). The demanding nature of population-wide testing indicated that only 60% of testing teams' staff were available one day before the testing was to start (as reported by the Slovak Army Forces representatives to Z. Čaputová, President of the Slovak Republic, 2020). Thanks to local self-governments' mobilisation activities, almost all testing teams were supplemented and all sites prepared, combined with the increase in testing staff payment provided by the central government. As a result, 98% of the testing teams were complete on the first day of testing.

Slovakia experienced a shift from top-down to a more balanced mass testing approach as one of the most demanding activities during its anti-pandemic effort. While in the beginning, the role of local self-government should be secondary, its role began growing when testing preparations began getting complicated. Initially, the local self-governments were to be responsible only for testing site preparation and administrative staff provision. Later on, other tasks appeared: material support, disinfection, the filling out of testing teams (healthcare workers), covering additional costs and the extensive involvement of local offices (with many regular tasks being left aside). This was repeated in many local self-governments for four weeks. Such a model led to the exhaustion of those involved in the testing. The high frequency, waiting in discomfort and the nature of AG testing (limited reliability) led to frustration also among citizens. This caused the unwillingness of local self-government to participate in the next planned population-wide testing. They also preferred to organise testing by themselves, within their own capacities and without the central state's lack of clarity in management. The central state should provide local self-governments testing kits, logistic support, protective equipment (for testing teams) or sufficient financial compensation.

19.4.3.2 The Role of Local Self-Government in the City of Trenčín's Mass Testing

The mass testing carried out on 19–20 December 2020 in the city of Trenčín (55 thousand inhabitants, 2019) represents the opposite case in approach to population-wide testing. This mass testing was the outcome of a rapidly rising number of positive cases in this region and pressure on hospital capacities in the region. The city's mayor, in co-operation with the Regional Hygienist office and the local university hospital, initiated mass testing in the city in order to mitigate the spread of the disease (with a possibility for testing also for residents living in Trenčín's urban functional region). In this case, the testing of residents was entirely voluntary. The central state (ministries of interior and defence) provided 40 thousand AG tests for free. Additional PCR tests for confirming problematic cases were provided by a private sponsor (the Slovak PCR tests producer). The whole procedure was also the subject of consultations with specialised scientific advisors. The city's self-government used its own organisational and communication capacities, knowledge of the local environment, good relationships with local partners (with the critical role of the local healthcare sector) and operated 33 testing sites. This was accompanied by stricter measures addressing distancing (e.g. a ban on all events with more than six persons). The participation of residents exceeded expectations (at about 60% of the relevant population). In total, 21,660 persons were tested, 560 of whom were positive (2.59%). Those asymptomatic were invited for PCR tests (159 persons participated, 148 of whom were confirmed as positive by PCR tests). The Mayor of Trenčín prepared testing within four days, and local self-government total costs did not exceed 60 thousand Euros (City of Trenčín 2020). As a result of these experiences, other local self-governments also decided to organise local population-wide testing (e.g. Košice, Nitra in January 2021).

19.4.3.3 Mass AG Testing System

Since mid-November 2020, Slovakia applied various alternatives of lockdowns combined with free AG testing. In parallel, PCR testing remained available as before. Massive AG testing was considered an important tool for imposing only moderate measures. For example, the share of AG and PCR tests was firmly in favour of AG testing (76.6:23.4) in December 2020. The rising testing capacities enabled to test about 10% of the population (400–500 thousand tests) within 7–10 days in December 2000. Such massive expansion of testing allowed for testing decentralisation, compared to the previous testing, which was concentrated into health facilities and specialised companies mostly operated by 'biomed' laboratory capacities.

Testing decentralisation and expansion started with a less dense network of mobile testing sites (so-called MOMAG in Slovak) in all district cities. Later on, it was extended into all settlements above 5000 inhabitants to improve access and

reduce the risks of too much population concentration during testing and mobility. This network of MOMAGs reached 230 testing sites across the whole of Slovakia at the end of December 2020. The Ministry of Health covered the costs of free testing and also provided enough testing kits.

The ministry also issued a standard for the provision and staff qualifications (at least one healthcare worker in the case of AG testing sites, a total of four persons at minimum per one site, inevitable equipment and so on). Clear rules and financial support allowed MOMAG to be opened by all entities able to fulfil the required standards. Among operators of MOMAGs we can find standard healthcare providers (public, private), public health authority regional centres, non-profit entities active in this sector, emergency rescue and fire services centres, local Red Cross branches and others. Local self-government initiated and supported these centres, e.g. by providing suitable spaces (often not used during lockdowns). They were aware that such testing is also crucial for their elderly care centres or the schools they manage. Decentralisation of testing also responded to citizens' demand for more accessible testing opportunities. So-called commercial MOMAGs (paid testing) were established in winter tourist centres according to rules allowing recreational activities with the negative test not older than 72 hours (in this case paid for by the tourists) around Christmas.

The experiences with MOMAGs were core for the next population-wide testing (so-called screening) organised during a more extended period (18–26 January 2021; 2.9 mln tested; 1.24% positive cases). In this case, central state institutions transferred this task to local self-governments (and large employers, if interested). In co-operation with partners (having the right to test approved by a public health authority), local self-government increased the number of testing sites enormously (e.g. on 22 January 2021 there operated more than 1000 testing sites, often with more testing teams; e-VUC, 2021). The central state distributed testing kits (to district offices) and guaranteed financial compensation according to the number of tests performed. Mass AG testing remained one of the key tools of the anti-pandemic strategy (e.g. a negative test not older than seven days was obligatorily required for many activities) with almost 800 testing sites operating permanently throughout the country during February and March 2021. More than 23 mln AG tests were completed in Slovakia between October 2020 and March 2021 (in a country with a population of 5.4 mln). Testing progress was improved by online registration and ordering for a particular place and time of testing. This population screening was also accompanied by a longer lockdown period.

19.4.3.4 Participation of Local Self-Governments in Vaccination

Although vaccination started in Slovakia already at the end of December 2020, it accelerated only from March 2021. This reflected the initial lack of vaccines needed for a massive application. The first experiences confirmed the minor role of local self-governments in this field. Nevertheless, they remain an important partner in achieving a reasonable level of vaccination, focusing mainly on the vaccination of

the more vulnerable groups of their citizens (e.g. elderly, marginalised communities). They will contribute to overcoming the ‘digital divide’ and the accessibility of vaccination to such groups of citizens (e.g. assistance with online registration, transport to vaccination centres, invitation and support of mobile vaccination units). It has to be mentioned that local physicians were not included in the early stages of the vaccination strategy in Slovakia.

19.4.4 The Role of Local Self-Government Associations

Associations of local self-governments covering almost all local self-governments in Slovakia (ZMOS – Association of Towns and Communities of Slovakia, UMS – Union of Slovak Cities) have important intermediary roles between central state and local self-governments. There is a long-term tradition of close partnership and co-operation between the central government and these representative bodies (expressed, for example, by joint meetings and participation in public policies preparation). The new central government did not follow this tradition on such a scale. Despite many local aspects of the anti-coronavirus effort, it did not co-operate extensively with local self-government associations. Systematic participation and the coordination of tasks were absent.

Communication often rested on media statements, an occasional informal meeting with selected representatives (e.g. mayors also serving as MPs), and key decisions came at the last possible moment. The reduced partnership was reflected in repeated demands of the associations to be fully involved (not as invited, or with observer status) in crisis management bodies at all levels (central, regional, district; Ministry of Interior 2020; ZMOS 2021). Under such a situation, the associations of local self-governments and their offices attempted to effectively assist their members in coping with coronavirus and fulfilling the initiated tasks, but less in the details elaborated by the central state. The associations prepared guidelines, sample documents and forms, identified good practices and experiences and distributed them to all their members.

Such limited involvement of local self-government led to various tensions. They culminated in October 2020 concerning population-wide testing and in December–January 2020, when the central state approach was vague and did not respond sufficiently to the changing pandemic situations. ZMOS (2020) asked the President of the Slovak Republic and Ombudsperson of the Slovak Republic to appeal to central state bodies for clearer, justified and legally well-grounded decisions. Slovak President Zuzana Čaputová stated that self-government is a natural authority in their territory and should be considered a partner and not a subordinated entity. The central–local relations were also undermined by the comments of PM Igor Matovič (January 2021) on the possible centralisation and a command-based approach to local self-government through the new legislation. ZMOS, the Union of Cities and many mayors categorically refused such subordination to the central government

(e.g. ZMOS 2021). They emphasised that local self-governments are a reliable partner that had provided interoperability during the whole pandemic period.

19.5 Conclusion

The pandemic period has been a test of the local self-government's role and position under specific conditions accompanied by a different and evolving institutional and legal framework and an inevitable search for new policies to manage the crisis successfully. We could observe a shift in favour of the role of local self-governments compared to that at the beginning of the pandemic. They provided the most efficient capacities available at the local level, capacities not easily replaced by other institutions. The Covid-19 period also confirmed the stable position of local self-governments in local life and the suitability of the already developed local governance structures and networks. However, the pandemic situation was also accompanied by central–local tensions, including their partial subordination to the central state and a threat to their autonomy within the State of Emergency legislation. The experiences of the pandemic times confirmed the need for their deeper involvement in the institutional and legal framework during times of crisis. However, local capacities should be exploited carefully to prevent their exhaustion and overloading with too many tasks imposed outside of their main powers. Nevertheless, the pandemic initiated large-scale mobilisation of all involved and allowed the pandemic's impact to be reduced at the local level.

Governance-based, partnership and participatory approaches to public policy issues were underestimated under the new central government and the coronavirus challenge. Despite understandable centralisation of decision-making during crises, the anti-pandemic management was too dependent on the central government as a single dominant actor, with the key role being taken by the Government Office and selected ministries (health, defence, interior) and their deconcentrated field capacities. Such a limited perspective influenced the efficiency of particular anti-pandemic measures. More extensive co-operation with social partners, such as employers' associations, professional associations, local authorities and others, was not initiated and thus neither was societal support. Even less rational was the fact that crisis-addressing bodies did not directly include local self-government representatives (e.g. their associations). This restricted possible practical proposals in adopting suitable measures and the reasonable use of local self-government capacities. Part of the problem was known obstacles in co-operation and coordination of institutions that had previously not co-operated on such an issue, and on such a scale (see e.g. Paquet and Schertzer 2020). All the anti-pandemic efforts were influenced by the long duration of the crisis and the changing dynamics of the coronavirus spread after mutations. While a short-term crisis is possible to overcome even with a certain scope of improvisations, a more elaborated and coordinated approach across the whole society is needed during a longer-time crisis.

The insufficient application of multi-level governance seems to be among the weaknesses of the anti-coronavirus effort. In the beginning, a top-down, centralist approach predominated and only slowly changed under the pressure of circumstances to a more intergovernmental and more decentralised approach. There was the problem of institutional inclusion and incorporation of various levels and tiers of public administration, as well as sub-state crisis management bodies. Nevertheless, during the second wave, their role increased step by step. Even the central state recognised that more complex measures could go into effect only with extensive local-level involvement and adaptation to local conditions. Rising expectations concerning implementation at the local level revealed a less prepared framework for co-operation among local self-governments and state administration below the centre.

A more elaborated incorporation of institutions at the regional and local levels was absent. The central state attempted to manage many pandemic affairs by using limited capacities of specialised state territorial administrative structures (primarily regional public health authorities). Population-wide testing was organised according to the 16 regional military regions/headquarters of the Slovak Army Forces, and not according to standard administrative division into regions and districts. Clear communication was lacking, as was a clear flow of tasks and instructions to public institutions operating at the sub-state level (either state administration or self-government). This limited the opportunities to share responsibility and to adopt measures suitable to the situation in the regions and localities. The regional, district and local crisis staff's potential was also not used extensively. During the pandemic, accumulated experiences should have been exploited, leading to inevitable changes concerning crisis management and planning at the sub-state levels. Issues of their autonomy, powers and partnership among various local/district bodies should have been addressed. Clarified should also have been vertical intergovernmental linkages. The ambiguities of anti-pandemic institutional framework were long-term and there was no effort to solve them immediately when shortcomings appeared (e.g. clarification of roles among crisis bodies). Regional self-governments were unable to find a relevant role and were marginalised during most of the pandemic. Nevertheless, they took on a very serious role during the vaccination by initiating and managing mass vaccination centres serving their regions.

Unitary approaches to crisis management prevailed and the perception of spatial differentiation and its use in anti-pandemic decision-making was absent. More targeted measures addressing diversely affected regions with their specific conditions were rejected during most of the pandemic period (first and second waves). Prime Minister Matovič criticised regional differentiation in measures and preferred the perception of Slovakia as an integrated territory, claiming that Slovakia is not a country of city-states and that measures focused on regions are not helpful (TASR 2020). The central state addressed only selected regions and localities with very high incidence (quarantines, mass testing). Calls for more sensitive regional differentiation in adopting measures across the country were adopted, still with doubts, only during the culmination of the pandemic's second wave. However, even at that time regional (district) differences could be applied only after fulfilling selected national

criteria and with many ambiguities (Ministry of Health 2021 – Covid Automat alert system). Besides these shortcomings, flexible spatial approaches appeared that perceived realistically the regional dimension initiated by local self-governments. We could observe the city-region perspective (large cities with their hinterland) and numerous cases of inter-municipal co-operation used in the adopting and implementation of anti-pandemic measures.

The local governance mode that has developed under the leadership of local self-governments during the last 20 years confirmed its usefulness. The experiences of various local collaborations, joint documents preparation and networking developed over many areas helped in the preparation and implementation of anti-pandemic measures at the local level. Local self-governments mobilised their local partners and community members to execute and share responsibilities under the pandemic threat. This confirmed the decision-making capacity and implementation potential based on co-operating local institutions under local self-government leadership. However, local self-governments cannot execute enormous new tasks regularly for a long time without systematic arrangements (e.g. population-wide testing on a weekly basis in small local self-governments with just a few hundreds of inhabitants). Local self-government should have a reasonable and well-defined level of autonomy in addressing the local situation through their own measures during crises.

Among the problems that emerged during the anti-pandemic effort at the central level was a lack of respect for professional, scientific and fact-based decision-making. The expert background of some decisions was less transparent. Less compact approaches caused partial data incompatibilities. During the pandemic, several analytical teams at the ministries collapsed (health, education) and broader scientific and professional expertise (experts outside government) had shifted to a second track. Except for the first two to three months, there were repeated tensions among representatives of the central state and scientific community (experts active in various disciplines, specialised associations, Slovak Medical Chamber, the Slovak Medical Association, the ‘Data without Pathos’ initiative). With less clear professional backing, the central government in some cases supported less balanced and poorly timed measures (e.g. the emphasis on permanent population-wide AG testing). Many rigorous analytical results were permanently left aside and overlooked, misunderstood or openly criticised by the Prime Minister (e.g. Čunderlíková and Hopková 2021). The lack of generally respected expertise of selected central-level measures also complicated the situation of local self-governments in their implementation among citizens. Local expertise accumulated by local self-governments was not taken into account on a more extensive scale, and they responded with their own modifications, if possible, thanks to incorporating health sector experts into their crisis management bodies.

Some of the already mentioned obstacles influenced the overall legitimacy of anti-pandemic effort. We could observe a perhaps unintentional but not negligible delegitimisation process. Many typical dimensions of legitimacy (e.g. Suchman 1995, Schmidt 2013) were underestimated. The absence of broader participation and consensus building in decision-making threatened political legitimacy. Discussions concerned output legitimacy – many measures were implemented with

complications, wrongly communicated and without convincing results. The leadership qualities and respect, trustworthiness, managerial and professional abilities of the new political elite were also in question and threatened their legitimacy. Legality aspects (clear legal grounds, stable rules, fair procedures, adoption of decisions, proper use of institutional framework) were also vulnerable. During the second pandemic wave, the government lost its strong technocratic background of prominent experts. Such challenges to legitimacy endangered the trust in anti-pandemic measures among citizens, as well as other societal partners, including local self-government. Under such developments, local self-governments confirmed their high legitimacy among citizens. Their position was sustained thanks to available local autonomy as an immunity against selected decisions and the possibility for an initiative, agile approach to the pandemic in their communities.

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Ján Buček is Professor and Head of the Department of Economic and Social Geography, Demography and Territorial Development at the Comenius University in Bratislava. He holds PhD in economic geography (Comenius University). During more than 30 years of experience in research, he has focused primarily on various governance and development issues at the local/urban and regional levels, local fiscal issues, urban policy and urban shrinkage. He was Chair of the International Geographical Union Commission on Geography of Governance (2008–2016). Within the last decade, he co-edited several books on local government and governance, urban development, including in Ashgate/Routledge and Springer.

Chapter 20

Anti- and Post-COVID-19 Measures Taken by the Czech Government in Relation to the Spatial Distribution of COVID-19 Indicators



Vít Pászto, Karel Macků, and Jaroslav Burian

Abstract The world soon ends up the first year of the novel coronavirus SARS-CoV-2, causing a disease labelled as COVID-19. As this disease has been new to everyone, different countries have approached the fight against the disease differently. There is no universal guide on how to deal with the disease's spread or mitigate its consequences. This chapter introduces and summarises the most important policy measures and strategies taken by the Czech Government to fight the disease and consequent economic issues. The governmental interventions are related and accompanied by regional situations in terms of fundamental COVID-19 indicators (e.g. number of cases, tests ratio, number of hospitalised people) provided by the Czech Ministry of Health. In this chapter, we draw a line between the measures introduced and their effects and present what socio-economic stimuli were applied to support a comeback to a new normal in the country. Although most of the Government's actions have been nationwide, geographically, we try to focus on regional differences and commonalities as the disease is often of a hotspot nature. Based on our findings, the measures taken by the Government can control the spreading of COVID-19. Still, it is also strongly dependent on several additional factors like sufficient economic support, Government confidence, restrictions explanations and logic, and people's willingness to follow these regulations.

Keywords COVID-19 · Czechia · Trend analysis · Bivariate mapping · Pandemic · Local and urban governance

V. Pászto (✉) · J. Burian
Palacký University in Olomouc, Olomouc, Czechia

Moravian Business College, Olomouc, Czechia
e-mail: vit.paszto@upol.cz

K. Macků
Palacký University in Olomouc, Olomouc, Czechia

20.1 Introduction

The world experienced the COVID-19 pandemic in 2020 to such an extent that it changed our lives. The novel coronavirus started to spread from Wuhan City (Hubei province, China), with the first case officially reported to the World Health Organization (WHO) on 31 December 2019 (World Health Organization 2020). However, researchers traced back the Patient Zero; some claim the first patient was dated 17 November (Lu 2020), other studies even earlier, late September (Li et al. 2020). This indicates that the novel coronavirus transmitted to humans in autumn 2019. During just a few months, COVID-19 spread globally, and the World Health Organization (WHO), after some weeks of hesitation, declared a pandemic state on 11 March 2020 (World Health Organization 2020). A day after, Europe was identified as the pandemic epicentre at that time, with around 20,000 cases of COVID-19 (World Health Organization Europe 2020). The novel coronavirus spread first from smaller (regional) clusters to the rest of the countries and was ultimately imported from abroad. It is known from previous studies that geographical hotspots, such as transportation hubs, are associated with the spread of viral infectious diseases (Kissler et al. 2019). Moreover, these places, among others, are typical with population concentrations (Ferguson et al. 2006), making them an ideal environment for further diffusion of the virus and evolving into regional outbreaks. According to Spiteri et al. (2020), the first two clusters in Europe were identified in Bavaria (Germany) and Haute-Savoie (France) retrospectively in late January 2020. The study was based on the detailed investigation of 38 early cases, from which 14 were infected directly in China and 21 acquired infections through local transmission. In total, 171 people were quarantined in the case of the French cluster and 200 from the German cluster. It is now widely known that timely contact tracing and isolation could keep clusters latent.

Unfortunately, the virus had begun spreading in an uncontrolled way (community spread), which later caused a serious pandemic situation, mainly in Italy, Spain, and France. In February and March 2020, most European countries applied unprecedented measures against the spread of a pandemic. These measures included complete national, regional, or city lockdowns; closures of shops, public and sports facilities (including cancellation of sports competitions), and schools; public transport reduction; and closure of state borders. All these resulted in a significant slowdown in countries' economies (especially industry and services) and their social life (culture, sports, social events), including educational institutions. As soon as possible, anti-epidemic measures were dismantled, and each country approached the return to the new normal differently, maintaining certain types of measures. During the summer of 2020, the virus no longer spread in the community, but new disease clusters continued to form. New increases in the incidence of COVID-19 were expected in autumn 2020, mainly in connection with the season of 'common' respiratory diseases and full operation of educational institutions in September. Such expectation was confirmed with different intensities in different countries, and almost the whole of Europe experienced the so-called second wave of the

pandemic at the end of 2020. Various strategies for testing and tracing patients, but mainly anti-epidemic measures as prevention, have been deployed in individual European countries to avoid or at least slow down the growth of COVID-19 cases, and thus the pressure on healthcare. And again, different policies have been put in place in individual European countries with varying success. To conclude, there is no universal guide on how to deal with the disease's spread or how to mitigate its consequences and educate citizens to behave responsibly.

This chapter introduces and summarises the most important policy measures and strategies taken by the Czech Government to fight the disease and consequent economic issues. We also critically discuss their timing and efficiency. Later, we aim at describing the spatial pattern of COVID-19 incidence with detail on regional units of Czechia. Moreover, we present the spatial distribution of COVID-19 cases in terms of a time trend within selected periods of the pandemic. Both geographical manifestations of the disease in connotation and the context of the major anti-epidemic measures taken in Czechia are explored. Lastly, we comment on the pandemic's follow-up evolution after the main analysed phases. This chapter helps to answer the following two research questions: (1) what does the data tell us about spatio-temporal patterns of the COVID-19 distribution in Czechia; and (2) which regions were the most hit by the pandemic, and what was the governmental response (local and national)?

20.2 COVID-19 in Czechia

The era of COVID-19 started in Czechia on 1 March 2020 when the first three cases were confirmed (Dzúrová and Jarolímek 2020). Since then, the number of new cases gradually increased, resulting in greater governmental concerns to virus spread contagion. At that time, the absolute number of cases was one of the most important 'number' that was followed. The pandemic numbers in spring 2020 in Czechia climbed to 377 new daily cases on 27 March. Retrospectively, in terms of this indicator, the numbers were almost 42 times lower than during the peak in autumn 2020. During spring 2020, Czechia applied unprecedented restrictions and anti-epidemic measures right on time. They made the country one of the most successful in Europe in pandemic management, and Czechia 'won widespread international praise as infection numbers remained modest compared with other countries' (Tait 2020).

This timely governmental approach to dealing with the situation made it possible to loosen most of the restrictions at the end of May, thus restoring the country's functioning to a relatively normal state. From June to August, the period was in the spirit of further relief accompanied with only slight increases in infected cases, especially characterised as geographically limited (point) occurrence of clusters. With the notion that the pandemic is under control, which today is considered naive, all school facilities have been open since September without major restrictions. All social and economic life in Czechia got back to pre-pandemic times. As a

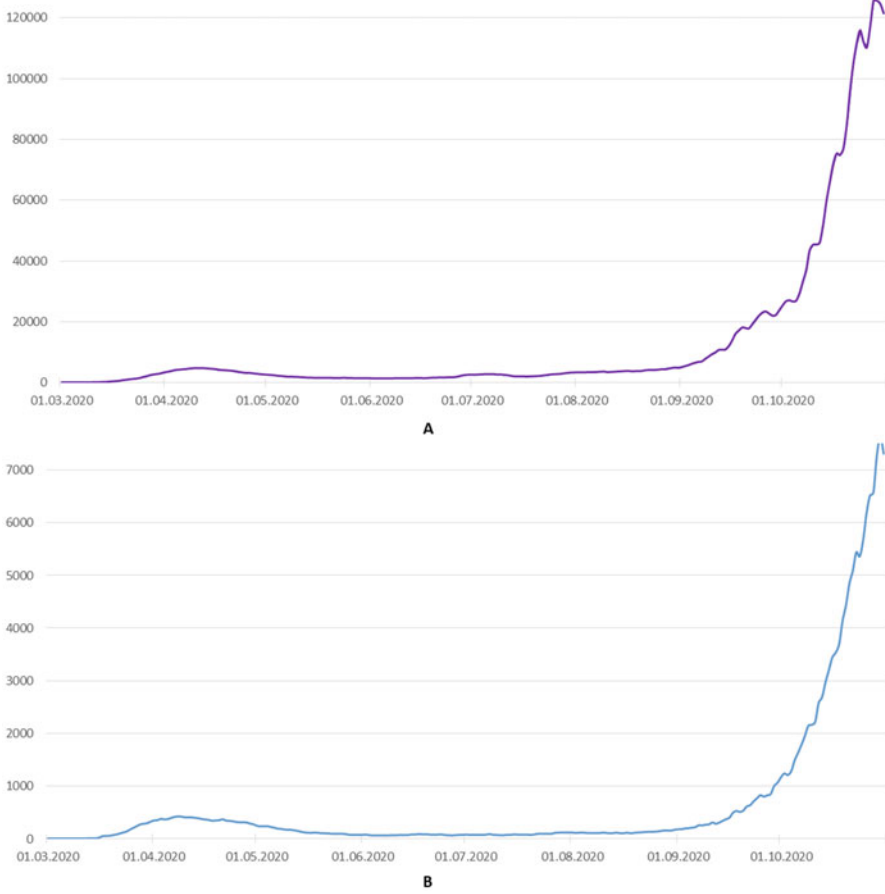


Fig. 20.1 COVID-19 in Czechia from 1 March to 31 October 2020: (a) number of active cases; (b) number of hospitalised cases
Source: Authors, Ministry of Health of the Czech Republic (2021)

result, the numbers began to increase dramatically (Fig. 20.1a). However, despite the early warnings from medical doctors, virologists, scientists, and other experts, the Government’s anti-epidemic actions were delayed. The worsening situation resulted in the reintroduction of a state of emergency in early October. The Czech healthcare system faced extreme pressure at the end of the month (Fig. 20.1b).

The following sections describe the detailed situation of the COVID-19 pandemic in Czechia concerning the Government’s restrictions and anti-epidemic measures. We divide the timeline into four phases (Table 20.1) based on the pandemic’s major moments in Czechia and the COVID-19 numeric indicators (to make them better visible for comparisons).

Table 20.1 Four major phases of the COVID-19 pandemic in Czechia

Phase	Label	Period	Characteristics
1	The rise of COVID-19	1 March–24 May	First cases of COVID-19, strict restrictions, lack of medical supplies, citizens' responsibility and solidarity, mobility decrease
2	Restored standard with clusters	25 May–31 August	Services opening, controlled social distancing, international travels, COVID-19 clusters
3	A new start	1 September–4 October	Schools opening, rule of masking, social distancing and sanitation, gradual and steep increase in COVID-19 cases
4	Second wave and closures	5–31 October	State of emergency reintroduction, strict restrictions, closure of selected services

20.3 Data and Methods

20.3.1 Data

The data provided by the Ministry of Health of the Czech Republic (Ministry of Health of the Czech Republic 2021) were used to process a basic overview in individual administrative units of Municipalities with Extended Powers (MEPs). Municipalities with Extended Powers are special regions used in Czechia for practical reasons. For instance, MEPs' area defines municipalities belonging to a certain office with delegated self-government powers (e.g. citizen records and registers). Due to MEPs' function and scope, it forms a subunit between NUTS (Nomenclature of Units for Territorial Statistics) and LAU 1 (Local Administrative Units) nomenclature. In this administrative detail, we used the basic indicators: incidence (total number of newly diagnosed cases in a given period) and prevalence (total number of infected at a given time). For the time-series visualisation for the whole of Czechia, the numbers of hospitalised patients and active cases were used. Incidence and prevalence indicators data are available for each day in the form of the sum of the previous seven days. The incidence was selected as the main monitored indicator. Firstly, it was necessary to modify these data to monitor the trend's time development and quantification. The incidence's daily values were obtained by subtracting the previous weekly sum from the actual date, starting from the beginning of the pandemic situation captured by the data (1 March 2020). Obviously, the selected administrative detail defined by the MEP classification does not have a uniform population in individual units. To make the selected indicator comparable across the areas of interest, the daily values of incidence were standardised by the number of given MEP inhabitants. The relative indicator adjusted in this way served as an input measure to the trend analysis.

20.3.2 *Methods*

Despite other indicators, besides total and a relative number of cases important for an (spatial) epidemiological evaluation, we used this simple indicator as an input for a visual analysis using a bivariate approach and trend analysis. Keeping in mind the complex nature of spatial epidemiology, we wanted to use easy-to-interpret indicators to reach a wider audience.

20.3.2.1 **Bivariate Visualisation and Visual Analytics**

Visual analytics represents a research discipline that uses the power and necessity of the human vision, understanding, and reasoning of visualised data (Andrienko et al. 2020). Visual analytics combines computational processing and visualisation to transform and summarise data for searching specific information (Andrienko et al. 2020). There are several ways to display analysed data, but a cartographic visualisation is the most appropriate in our case to observe a spatial pattern. We applied a bivariate method of symbology, which allows showing the quantitative relationship between two variables. This method reduces the visualisation's dimensionality by showing the spatial relationship between two indicators in a single diagram (Taylor 2001; Teuling et al. 2011). In our chapter, we used a sum of COVID-19 daily cases and its relative counts per 100,000 people to be combined for the bivariate visualisation. By dividing the indicators' values into terciles (each containing a third of the data), we obtain nine categories resulting from the bivariate combination. Interval delimitation using quantiles (in general) allows us to compare visualisation results among observed Phases regardless of the absolute numbers and time-spans. The reason was to avoid discrepancies in map visualisations due to different magnitude of infected cases among individual Phases; similarly with the trend analysis map visualisations, where we used pentiles (five same-sized parts).

20.3.2.2 **Trend Analysis**

The evaluation of the trend's presence in the defined periods was carried out by the Mann-Kendall test (Kendall 1975; Mann 1945). This statistical tool is often used to monitor trends in meteorological series (Duhan and Pandey 2013; Subash et al. 2011; Tabari et al. 2011), and, in general, it can be applied to any time series. Mann-Kendall test is a non-parametric test, and it does not require any assumptions about the distribution of input data; the recommended minimum number of samples is eight to ten. The null hypothesis of the test states that there is no trend, that is, the observations x_i are randomly ordered in time, against the alternative hypothesis, where there is an increasing or decreasing monotonic trend (Drápela and Drápelová 2011). The Mann-Kendall statistics (S) is calculated as follows:

Table 20.2 A statistical overview of MEPs according to the trend in four phases

Phase	Increasing	Decreasing	No trend	No COVID-19 cases
1	188 (91.3%)	0	9 (4.4%)	9 (4.4%)
2	141 (68.4%)	30 (14.6 %)	35 (17.9%)	0
3	200 (97.1%)	0	6 (2.9%)	0
4	206 (100%)	0	0	0

$$S = \sum_{k=1}^{n-1} \sum_{j=k+1}^n \text{sgn} (x_j - x_k)$$

where j and k represent the consecutive time steps, n is the number of observations, and with

$$\text{sgn} (x) = \begin{cases} 1 & \text{if } x > 0 \\ 0 & \text{if } x = 0 \\ -1 & \text{if } x < 0 \end{cases}$$

Kendall (1975) describes a normal-approximation test that could be used for datasets with more than ten values, provided there are not many tied values within the dataset. If these expectations are violated, the test may provide unreliable results.

Concerning a defined level of reliability ($\alpha = 0.05$), the z -score values resulting from the test can be classified into three categories: containing a significant increasing trend, containing a significant negative trend, and do not contain a statistically significant trend. At the same time, it is also easy to identify MEPs, where no cases of COVID-19 infection were recorded in the monitored period. A basic overview of registered trends in the monitored periods is shown in Table 20.2.

Simple identification of whether there is a trend in the time series or not is not a satisfactory result. It is necessary to quantify the magnitude of this trend. If the data do not contain too many values, the trend can be measured, for example, by the slope of the regression line calculated by the linear regression. In this case, a robust estimate in form of the non-parametric procedure was used – Sen’s slope (Sen 1968):

$$\text{median}(d_k) = \text{median} \left(\frac{X_j - X_i}{j - i} \right), k = 1, ..n, j > i$$

which is calculated as the median of the slopes of each consecutive time-series pair. The method is applicable even for a small number of records (e.g. ten) if most of them are not the same values (Salmi et al. 2002). Transferred to the analysed topic, the slope of the trend, in this case, can be interpreted as how the number of infected people changed on average per day.

A statistically significant trend (<0.05) with a slope value equal to zero can occur when there are many data ties. This situation occurred, especially in the first and

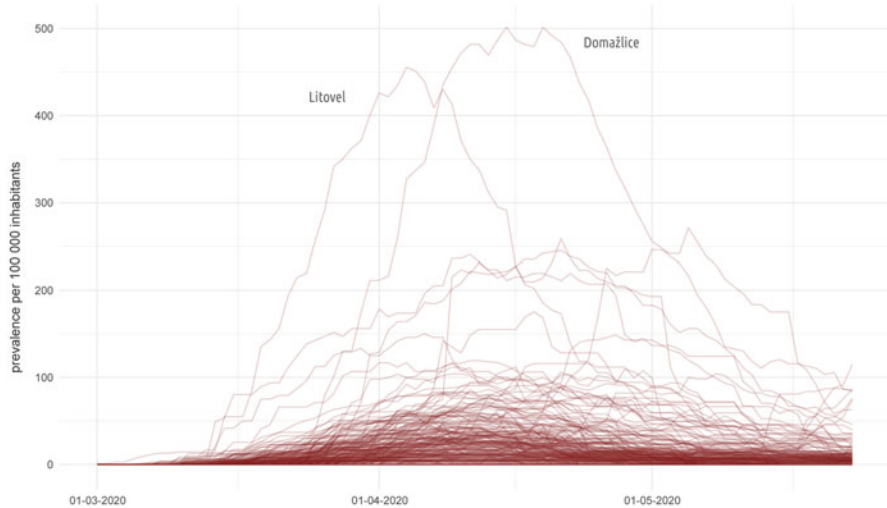


Fig. 20.2 MEPs with statistically significant Mann-Kendall test, but Sen's slope equal to zero (Phase 1)

Source: Authors, Ministry of Health of the Czech Republic (2021)

second Phases. For a deeper examination of these cases, three MEPs were selected: Svitavy, Holešov, and Karlovice. Visualisation of incidence time series in these MEPs (Fig. 20.2) reveals several days where the daily incidence remains unchanged. In the overall scope of the defined period, no clear trend is visible since in the first part of the period the values increase, but later decrease back to zero. Although the Mann-Kendall test turned out to be statistically significant, the calculation of increases and decreases in the data caused Sen's slope's median value to be 0. These cases occur mostly in the first Phase (40 units), even more often in the second Phase (84 units), and at least in three Phases (two units). In the fourth Phase, a growing trend dominates in all MEPs.

20.4 Results

20.4.1 *The Rise of COVID-19 (Phase 1)*

The first cases of COVID-19 in Czechia were directly linked to their stay in Italy, so one of the first protective measures concerned the ban on flights to and from Italy valid from 5 March (Government of the Czech Republic 2020b). However, the key date at the beginning of the pandemic in Czechia was 9 March. That day two important moments happened: (1) Uber taxi driver was identified COVID-19 positive with more than 90 contacts while being infected, which means the start of community transmission (so far, only imported cases were detected); and (2) experts

presented the Government a basic disease spread model with thousands of cases at the end of March if no anti-epidemic measure is taken. Two days after, 11 March, all educational institutions were closed. It took just 11 days from the first case of COVID-19 in Czechia for the Government to declare the state of emergency from 12 March (and extended later until 17 May), accompanied by unprecedented nationwide restrictions. Since the restrictions applied to the whole country, local governments and hygienic stations had to obey them. In fact, local governments and hygienic stations have fewer powers (especially concerning movement restrictions and curfew) in comparison to those available during the state of emergency. However, local governments can communicate with citizens more effectively as they are ‘closer’ to the people. The most important anti-epidemic policy measures contained a ban on the operation of restaurants, shops (standalone and in shopping malls), and other services including sports venues, theatres, cinemas, and similar, closing state borders (with exceptions), the prohibition of mass activities, and obligation to wear masks anytime outside the home (before WHO’s official recommendation – see Cheng et al. 2020). Several towns and villages were in a complete lockdown for 14 days during this period. Many factories preventively closed or drastically reduced their production to avoid the disease’s uncontrolled spread among workers. Such measures’ main goal was to decrease people’s mobility (see, e.g. Pászto et al. 2020) and social contacts in risky places and thus flatten the incidence of COVID-19 cases (Chubarova et al. 2020). Figure 20.3 shows the prevalence of Czech MEP cases, clearly illustrating peaking the pandemic in mid-April 2020, with 422 hospitalised patients (Ministry of Health of the Czech Republic 2021). From this moment, the spread of the disease started to slow down, which allowed loosening some

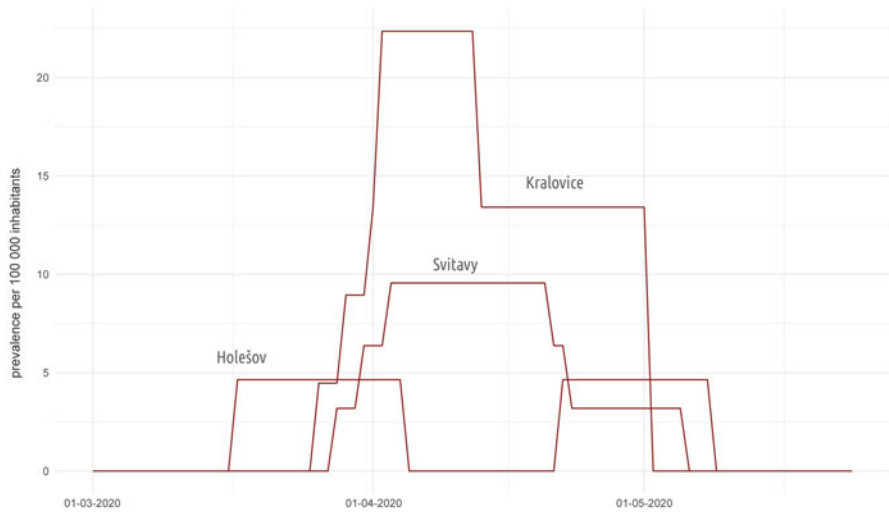


Fig. 20.3 Prevalence of COVID-19 cases per 100,000 people in MEPs during Phase 1 (1 March–24 May)
 Source: Authors

and Germany, respectively. It is clearly visible that except for these regions, the first COVID-19 wave also strongly impacted the Prague region and its surroundings, with a spike heading northwest towards Czech–German borders. Other regions affected significantly by COVID-19 included the central part of Czechia and the region around Olomouc. In both areas, the strongest measures were applied. One small village was completely locked down in the central part, and two towns and one village in the Olomouc region comprised almost 23,000 inhabitants. In general, the cities and bigger towns represented the ‘seeds’ of the COVID-19 spread. At the same time, rural or countryside settlements were not affected by the disease at all or only sporadically (light blue colour).

Figure 20.5 captures the strength of COVID-19 spread in MEPs based on trend analysis. The trend complements the visualisation of COVID-19 cases emphasising regions with emerging (and relatively steep; given to observed period) numbers of positive cases on a day-to-day basis. Some methodological drawbacks were mentioned in the previous chapter; however, the trend highlights the most affected MEPs (dark red colour). Most of them correspond to those severely hit by COVID-19 cases (Fig. 20.4), but some MEPs did not exhibit that serious trend situation. For instance, MEPs around Ostrava in the northeast were affected gradually throughout the given period due to the spillover effect from major clusters. Compared to the previous visualisation (Fig. 20.4), regions without COVID-19 cases are marked in the trend map (Fig. 20.5). All of these MEPs are located in hilly areas with less population density and lower transport accessibility.

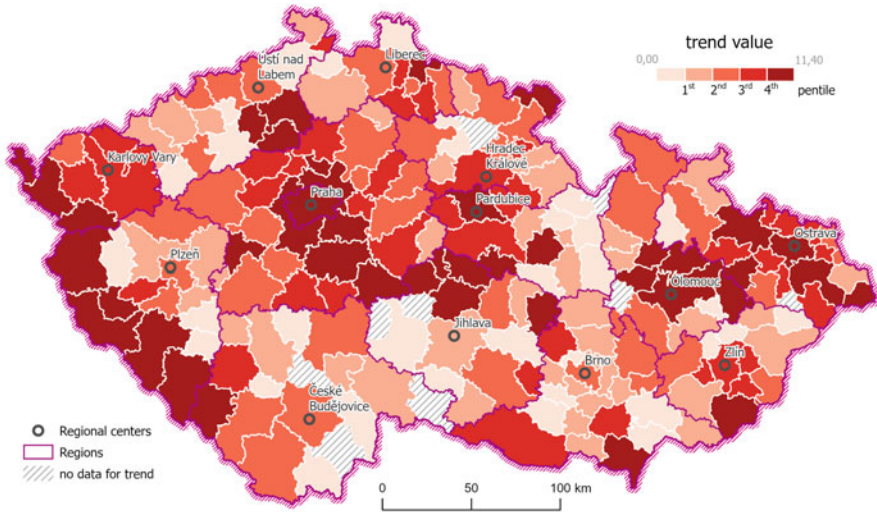


Fig. 20.5 Spatial distribution of the COVID-19 cases trend analysis during Phase 1 (1 March–24 May)

Source: Authors, Ministry of Health of the Czech Republic (2021)

20.4.2 Restored Standard with Clusters (Phase 2)

At the beginning of the ‘new normal’ in late May 2020, most of the restrictions and anti-epidemic measures were lifted. However, particular services could operate under certain basic rules, for example, ensuring two-metre distance, provision of disinfection, availability of plastic gloves, regular cleaning of surfaces, the limited number of attendees, and similar. The number of daily new cases and hospitalised patients reached the bottom of the pandemic beginning in Czechia. The average number of new cases stabilised around 50, and there were only around 60 patients in hospitals in early June 2020 (Ministry of Health of the Czech Republic 2021). At the time, hygienic stations successfully traced most of the COVID-19 positive cases’ contact, and there was no community transmission of the pandemic.

Thanks to the relatively low number of new cases and smart quarantine framework, supplemented with other technologies, such as memory maps, mobile application eRouška/eFaceMask, and tracing widget within widely used maps portal Mapy.cz, it was possible to identify, locate, and detain newly emerging clusters. One of the biggest hotspots was connected to the black coal mining area of MEP Karviná in late May in the northeast of Czechia around the regional centre of Ostrava (Figs. 20.6 and 20.7). Tight shifts and close contact led to the disease spread among workers and, consequently, family members. A high share of positive cases in MEP Karviná and its surroundings resulted in closure of mining for three weeks, and local and regional reintroduction of some restrictions (e.g. shortened opening hours for restaurants, obligatory face masks in indoor public spaces, and transportation).

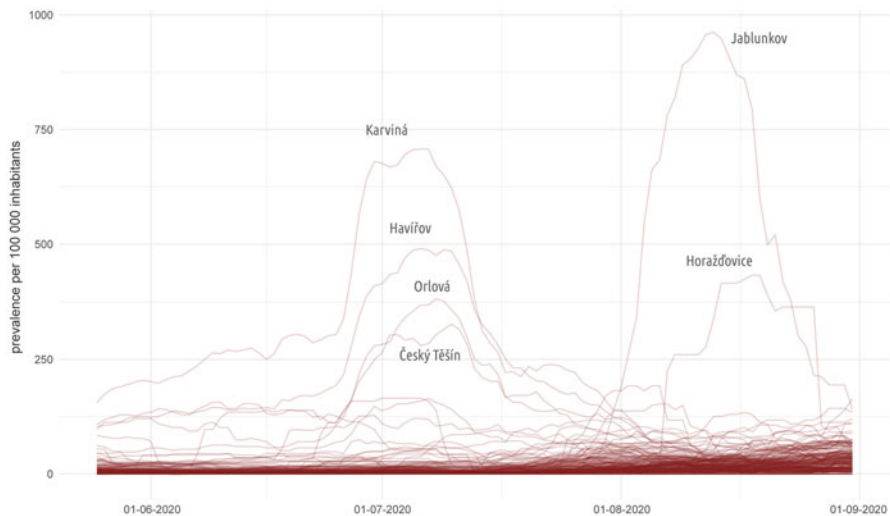


Fig. 20.6 Prevalence of COVID-19 cases per 100,000 people in MEPS during Phase 2 (25 May–31 August)

Source: Authors, Ministry of Health of the Czech Republic, 2021

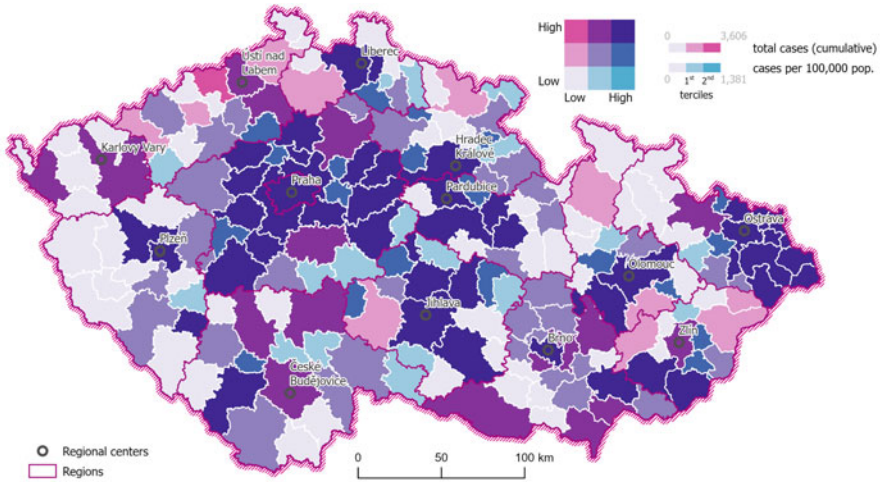


Fig. 20.7 Bivariate combination of absolute and relative total cases in Czech MEPs during Phase 2 (25 May–31 August) showing the spatial distribution of COVID-19
Source: Authors, Ministry of Health of the Czech Republic (2021)

Moreover, under the Ministry of Health’s supervision, local government and the hygienic station remained retirement homes, hospices, and the hospital closed for visits. Unlike the rest of the country, mass events of more than 100 people were still banned in MEP Karviná. Besides MEP Karviná, there were three other clusters detected in June, and all clusters together were responsible for almost 60% of all new cases that month (Ministry of Health of the Czech Republic 2020). In the vast majority of districts, no case of COVID-19 was detected or only as an isolated seizure.

In order to prevent community transmission, a scoring system for evaluation of local (regional) risk development was introduced. The system scores regions in a range from 0 (no risk) to 10 (maximal risk) based on actual/daily changes (e.g. hospitalisation and senior age-group positivity changes) and seven-day trends (e.g. average daily increments, escalation of the trend based on EARS-C3 (Early Aberration Reporting System) algorithm, a steady increase in hospitalised patients).

In the summertime vacation period (July and August), the situation was generally stable, with a slight increase in cases indicated at the bottom right in Fig. 20.6. Unlike all others, some MEPs showed a decrease in the trend of new COVID-19 cases in Phase 2 (Fig. 20.8), which underlines the relative stability of COVID-19 spread occurring mainly as regional clusters.

There were three major sources of COVID-19 clusters: (1) workplaces (e.g. coal mines, industrial companies), (2) local spread due to imported cases from vacations abroad, and (3) unconscious transmission in bars and at parties. The last point can be illustrated on an example of a massive spread of COVID-19 after a party in the ‘Techtle Mechtle’ bar in Prague on 11 July. It was just one asymptomatic person visiting the party, from which almost 170 people got infected and around

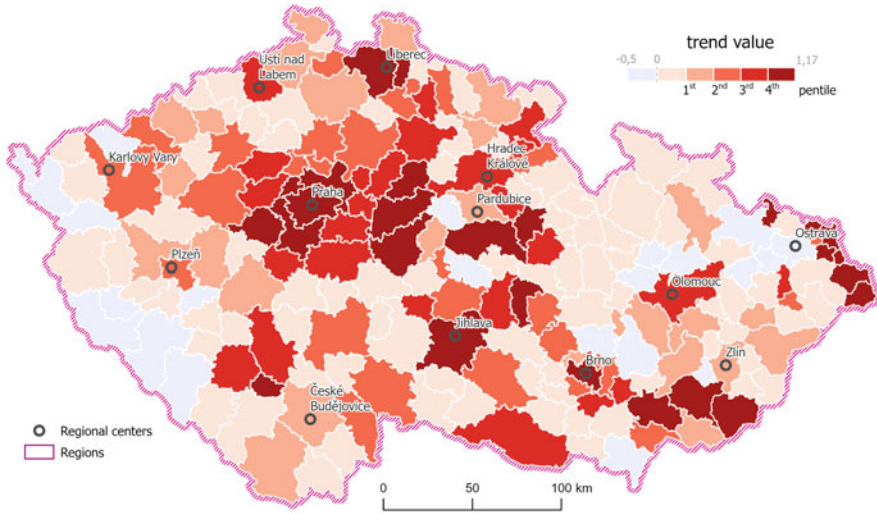


Fig. 20.8 Spatial distribution of the COVID-19 cases trend analysis during Phase 2 (25 May–31 August)

Source: Authors, Ministry of Health of the Czech Republic (2021)

300 quarantined. Prague became a hotspot with a potential risk of an uncontrolled community transmission (unlike MEP Karviná mentioned above, which was detained). Therefore, the local municipal government in Prague put restrictions in place (e.g. obligatory masks in metro and healthcare facilities). As a consequence of still relatively high numbers of COVID-19 cases, the local government and hygienic station introduced a preventive measure for the whole Moravskoslezský region (where MEP Karviná is located): all of a sudden banned social events with more than 100 attendees. In total, there were nine major clusters responsible for almost 62% of all new cases that month in July in Czechia.

On 23 July, the Ministry of Health warned about the existence of several clusters (even smaller than Prague) with a potential of community transmission and a higher ratio of positive tests (Ministry of Health of the Czech Republic 2020). From half of July, the average daily number of new cases oscillated around 200, and increased incidence of the disease was monitored in more than 20 districts at the end of the month, which raised the pandemic's vigilance development.

According to reports from the Ministry of Health (Ministry of Health of the Czech Republic 2020), Prague was marked as an 'on the edge' region with a high risk of community transmission in August. This month, a total of ten clusters were identified, with a share of 50% of daily new cases. However, the lower share of major clusters indicated that the COVID-19 started to spread nationwide in numerous MEPs, albeit with low incidence. Retrospectively, the uncontrolled community transmission began covertly in August and formed an 'ideal' basis for an impending crisis. However, in the light of the seemingly calm summertime development of COVID-19, on 18 August, the central Government introduced only partial restriction

targeting mainly public transport and social services and healthcare facilities but coming into force from 1 September (Ministry of Health of the Czech Republic 2021). The daily increments were increasing, and record values of around 300 in Phase 1 were not rare in late August and sometimes almost doubled. Besides, the share of positive tests increased from about 1% in June to 5% at the end of August (Ministry of Health of the Czech Republic 2020). In September, the expected opening of schools with proposed regulation of obligatory face masks, expected to be worn during classes, became a political and social hot topic. Finally, it was decided that face masks will not be obligatory, not only in schools but also in shops, restaurants, and bars, and other services (such as those with close contact between customer and provider, e.g. hairdressers). This public debate became symbolic for the whole pandemic in Czechia, turning the country from mutual solidarity to irresponsibility.

As regards the compensations, the Government prolonged the key Antivirus programme, which was available in the three main variations: (1) Antivirus A was dedicated to forced limitations to service operation and quarantine, (2) Antivirus B covered related economic difficulties (e.g. obstacle at work, significant reduction in the workforce due to childcare, lack of available raw materials or other inputs), and (3) Antivirus C used for a waiver of social security contributions for employers with up to 50 employees (Government of the Czech Republic 2020a). Besides, the programme COVID III supporting by a guarantee for the operating bank loans of entrepreneurs, and other specialised programmes – e.g. COVID-Tourism to support travel bureaus, agencies, and tour guides, and COVID-Outdoor schools, intended to support accommodation facilities that organise outdoor schools (ended 31 June) – were available until the end of August, or extended further.

Geographically, the situation in the southwest border regions stabilised (Fig. 20.7), and many of them experienced an improvement in the trend, which was decreasing (blue colour in Fig. 20.8). The disease's spatial pattern appeared to be more dispersed due to the cluster-driven character of the disease spread during Phase 2. Apart from four MEPs (Ústí nad Labem, Karlovy Vary, Zlín, and České Budějovice), the most affected MEPs were the centre of the regional city. Such hit regions influenced surrounding MEPs that created a sort of buffer zone of COVID-19. The disease slowly penetrated formerly unaffected regions, which can be illustrated on MEPs south from Zlín (southeast part of Czechia). Again, trend analysis (Fig. 20.8) emphasises regions with a significant increase in new COVID-19 cases with the most endangered regions in the central part of Czechia, together with already mentioned coal mine area in the northeast (collocation of MEP Karviná, Český Těšín, Havířov, Orlová, and Jablunkov later – see also prevalence peaks in Fig. 20.6) and hotspots south from Zlín on the southeast. Except for Prague's buffer zone and predominantly rural MEPs adjacent to major clusters, most unaffected regions still represent the countryside and mountainous areas. Thus, although it might appear geographically straightforward, spatial proximity played an important role in the COVID-19 propagation through the population.

20.4.3 A New Start (Phase 3)

The first day in September meant starting a new beginning for Czech society because all educational institutions were set to open fully with no major restrictions. All education levels involved more than two million young pupils and students, significantly increasing social gathering and people's overall mobility. Until then, schooling was only voluntary, and there was no study during the summertime. According to the research published in *Nature* (Haug et al. 2020), the closure of educational institutions ranked as the second most effective governmental intervention. As mentioned earlier, face masks were initially not mandatory. However, if a school facility is located in an 'orange' region (a beginning of community transmission within the scoring system), face masks are required. The decision-making on anti-pandemic mechanisms was laid on local hygienic stations, which had the power to order the closure (or regulation) of concrete schools, following the manuals prepared by the Ministry of Health. Based on the materials from the Ministry of Health (Ministry of Health of the Czech Republic 2020), a seven-day prevalence of COVID-19 cases per 100,000 people in the first two weeks in September exceeds European Union recommendations (European Commission 2020) for the first time.

Overall, daily averages of new cases were higher than 1000 from 8 September and did not return under this 'psychological' threshold ever after (except weekends). Figure 20.9 shows COVID-19 prevalence in Czech MEPs with a steadily increasing trend with some emerging clusters. As assumed by He et al. (2020), the maximum

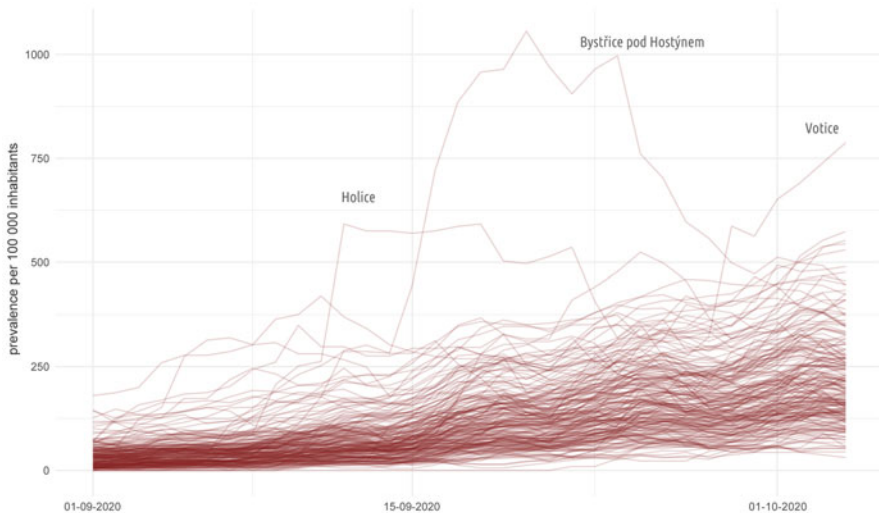


Fig. 20.9 Prevalence of COVID-19 cases per 100,000 people in MEPs during Phase 3 (1 September–4 October)

Source: Authors, Ministry of Health of the Czech Republic (2021)

exposure window might be 21 days before symptom onset of the secondary cases. Resulting from this, the actual number of positive cases reflects events approximately 14 days before. Thus, in the first two weeks of September, educational institutions' opening was not the primary cause of the disease increase. It was assumed that returns from vacation in late August intensified work and social contacts implying higher transmission rates. A mix of schools opening, a sharp start of the work season, higher mobility, reduced prudence of people, and weak and delayed nationwide restrictions reintroduction resulted in worsening the pandemic in Czechia during September.

Based on data from the Ministry of Health (Ministry of Health of the Czech Republic 2021), the number of new cases reached its maximum on 17 September with more than 3000 cases, which was almost 6 times higher than at the beginning of the month. From 8 September on, the average daily increments fluctuated around 2000 new cases on average per day. Just for context, it took only (any) four and half average days of September to equal the total number of COVID-19 positive cases of the whole Phase 1 (1 March to 24 May). More importantly, pressure on the healthcare system strengthened, and the pandemic situation in Czechia was becoming urgent. The number of positive medical doctors, nurses, and other healthcare staff grew exponentially. For instance, there were seven times more infected nurses at the end of the month compared to its beginning (Ministry of Health of the Czech Republic 2020). The number of hospitalised people increased sixfold to a maximum of almost 1300 people in Phase 3 (1 September to 4 October). The ratio of positive tests oscillated around 15% from all tests. The reproduction number was as high as 1.6 (meaning one person can transmit the virus to 1.6 people), and contact tracing was not sustainable in terms of early isolation of potentially infected people. All together, Czechia was on a direction to uncontrolled community transmission of the virus.

From a political and policies perspective, the Government did not put any stricter restriction measures in practice at that time, which was rumoured to be due to regional elections that took place in early October. The general dissatisfaction with the solution of the situation around the COVID-19 pandemic led to public pressure (especially the professional one) on the Government, which resulted in the resignation of the Minister of Health (however, the newly assigned Minister of Health stayed in the office just until 29 October).

Geographically, the disease's spillover character accounted for the occurrence of new MEPs in the most hit category (Fig. 20.10), compared to the previous Phase. Half of the MEPs with regional centres remained the most hit, while in others, the situation was relatively more stable – this is best visible in the coal mine area around the Ostrava region on the northeast and on the central-north part around Pardubice and Hradec Králové regions. In general, the overall maximum numbers (for both cumulative total cases and cases per 100,000) levelled up. On the other hand, more mountainous and rural regions belonged to the most hit category. At this time, no significant clusters in such regions were identified. This fact suggests gradual

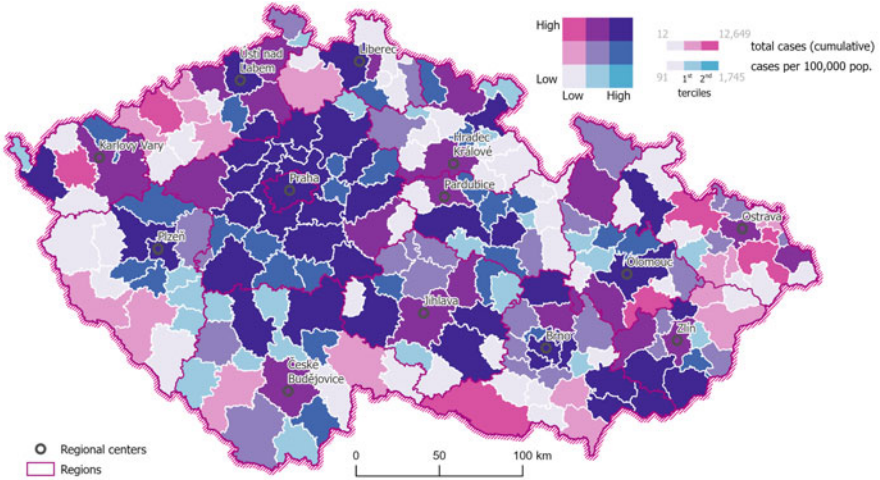


Fig. 20.10 Bivariate combination of absolute and relative total cases in Czech MEPs during Phase 3 (1 September–4 October) showing the spatial distribution of COVID-19
Source: Authors, Ministry of Health of the Czech Republic (2021)

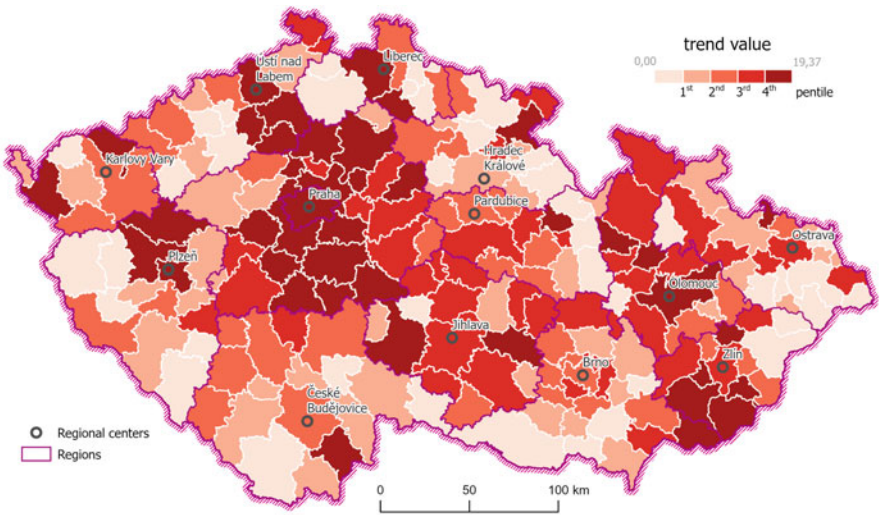


Fig. 20.11 Spatial distribution of the COVID-19 cases trend analysis during Phase 3 (1 September–4 October)
Source: Authors, Ministry of Health of the Czech Republic (2021)

penetration of the disease to remote parts of Czechia. The high trend values (Fig. 20.11) can underline problematic regions. Still, not every region in the fifth pentile has to belong to the hard-hit category (dark blue colour in Fig. 20.10), and vice versa.

20.4.4 *Second Wave and Closures (Phase 4)*

The situation around COVID-19 described in the previous section further escalated. Epidemic models presented to the Parliament on 30 September predicted 20,000 new daily cases in late October (and almost 80,000 daily increments) if no restrictions and control measures are quickly introduced (Ministry of Health of the Czech Republic 2020). During the first four days in October, the daily incidence of COVID-19 diagnosed persons was 3000 and higher (except weekends), and overall seven-day prevalence for Czechia raised to 167 per 100,000 people, which made the Czech Republic the most affected country in Europe. As a logical consequence, the Government declared a state of emergency that came into force on 5 October. Along with this declaration, nationwide anti-epidemic measures were reintroduced. Such measures prohibited mass events for more than 10 people held indoors and 20 outdoors (with two-metre distancing) and all artistic performances, which primarily involve singing (Ministry of Health of the Czech Republic 2021).

Further restrictions regulated the number of attendees at artistic performances without singing, during which serving and consuming food is prohibited. Professional sporting leagues, church visits were also limited to 130 and 100 attendees, respectively. The operation of dining facilities was also regulated so that they cannot be opened from 10 p.m. to 6 a.m., and there cannot be more than six customers at one table, which must be at least 1.5 metres from other tables. The dynamic of changes was so great since then, so it resulted in misinterpretations and biases by the public, and the whole governmental decision-making process appeared to be chaotic. Four days after (9 October) the state of emergency announcement, indoor sports grounds including all building premises were closed, as well as indoor premises for outdoor sports. All the facilities offering swimming (swimming pools and bathing pools) and wellness, including saunas, were locked down. The Government also shortened the open hours of catering facilities (newly closing 8 p.m.) and reduced the number of customers at one table to four. As risky places, clubs and discotheques were allowed to be open only until 8 p.m., which *de facto* meant stopping their operation. Various restrictions regulated shopping centres with a sales area larger than 5000 square metres (e.g. only two non-family members could group). From 12 October, prohibition regulating public mass events (10 people indoors, 20 outdoors) was also applied to church services and sporting events. Trade fairs, congresses, museums, galleries, tours, castles, and other historical buildings, concerts, theatres, and other artistic performances were completely banned.

Universities, including foreign universities and their branches, were prohibited from the personal presence of students. The second level of primary education at elementary schools was formerly allowed only for half of the pupils, shifting after a week with the second half. But even before this system was applied, the Government ordered to close all educational facilities from 14 October (excluding kindergartens). Since then, all educational institutions stayed closed until 7 December. From 22 October, the Government prohibits persons' free movement throughout the country (except travel to work, essential family visits, healthcare visits etc.) and

gatherings of more than two non-family members. On the same date, all retail sales and the sale and provision of services at establishments were prohibited. Only essential shops stayed open, including supermarkets and groceries, fuel stations, drugshops, pharmacies, newsagents, tobacco shops, laundries, repair facilities, or locksmiths, to name a few. Catering facilities were also closed, with only takeaway and delivery services offerings. Accommodation services (with exceptions) were forced to close their facilities as well. On top of it, the drinking of alcoholic beverages in publicly accessible places was no longer allowed. At the end of the month, a curfew from 9 p.m. to 6 a.m. was introduced. It was also ordered to use remote work (home office) if employees could perform it at their residence.

Along with the restrictions and anti-epidemic measures, the Government prepared a set of compensations. Many of the previous support programmes were prolonged or modified to fit the current situation. A special set of compensations were added to the pillar Antivirus programme. Specifically, the sub-programme Antivirus A Plus was added, and it was dedicated to all employers that were forced to close their activities. It contributed 100% of paid wage compensation, including levies to a maximum of 50,000 CZK (approx. 1900 EUR) per employee per month (Government of the Czech Republic 2020a). There was also an updated compensation for caregiver's allowance for full-time employees and people with work agreements (not full-time workers). Moreover, a new compensation bonus came into force, guaranteeing 500 CZK (approx. 20 EUR) per each day the business is closed due to governmental regulations. This bonus also supports self-employed individuals who cannot easily replace their income (e.g. theatre actors, gym coaches, and so on). COVID-Accommodation programme subsidises accommodation facilities for each empty room during the close, COVID-Culture II helps self-employed individuals in the field of artistic and artistic-technical professions, and COVID-Sport II supports business entities organising or co-organising sports events and covering operating costs of professional championships clubs.

Restrictions and compensations reflected the epidemiological situation in October 2020, which was unprecedentedly critical. Considering Phase 4 (5–31 October), the daily average of new cases was approximately 9300, with a so-far record value on 27 October reaching 15,666 people (Ministry of Health of the Czech Republic 2021). From 20 October until the end of the month, the daily increments were lower than 10,000 only once. The prevalence of COVID-19 positive cases in individual MEPs is depicted in Fig. 20.12, which illustrates a steep trend of the disease spread. The ratio of positively tested people (from all tests) got over 30% in the half of October and stayed at such levels for the rest of the month (Ministry of Health of the Czech Republic 2021).

Most importantly, hospitals faced enormous pressure due to high numbers of patients requiring hospitalisation. The total number of hospitalised patients had increased fivefold since the beginning of the month (from approximately 1500 to 7500). The problem was not so much in the number of available beds and the necessary equipment but the morbidity among the medical staff in hospitals. The

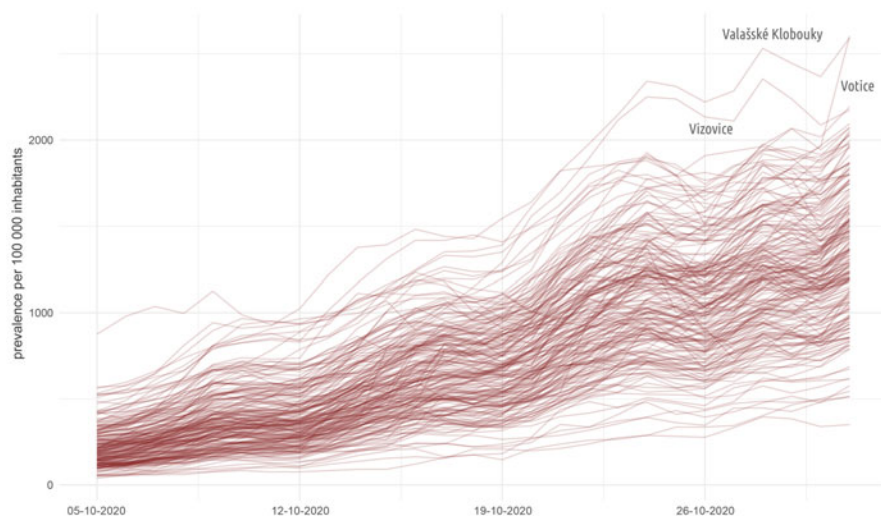


Fig. 20.12 Prevalence of COVID-19 cases per 100,000 people in MEPs during Phase 4 (5–31 October)

Source: Authors, Ministry of Health of the Czech Republic (2021)

number of not-available doctors increased six to seven times from the beginning of October (Ministry of Health of the Czech Republic 2020). All this marked indisputable evidence of massive community transmission of the disease.

From a geographical perspective, the Prague region remained one of the most affected MEP (Fig. 20.13). However, since local measures had been applied earlier than the nationwide ones, the situation calmed down there. The relatively stable situation in Prague MEP and its neighbourhood is clear from trend values (Fig. 20.14). The community transmission of the virus can be spatially understood in a way that most hit regions are no longer only those with major cities and towns. COVID-19 was spread throughout the nation during Phase 4, with MEPs in the most hit category that was previously only moderately (or mildly) affected. The alarming situation occurred in the MEPs west from Plzeň, forming a north-south oriented belt, and the border region with Slovakia east from the regional centre of Zlín (Fig. 20.14). In the latter, two MEPs (Vizovice and Valašské Klobouky) were 'top 2' regions in terms of the disease prevalence (Fig. 20.12). From the other end, a south Moravian region with its major city of Brno was spared of the massive disease spread compared to other parts of Czechia. Interestingly, inner peripheral MEPs located on regional borders, which are the most typical remote and rural regions (Pászto et al. 2015), did not experience a high number of total cases. However, taking the relative indicator (cases per 100,000), rural regions appeared to be hardly hit (bottom right colour in the bivariate legend in Fig. 20.13).

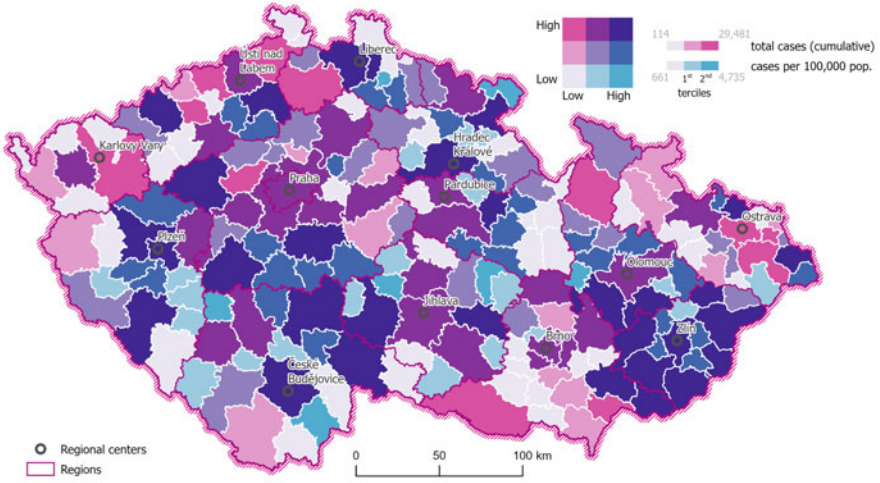


Fig. 20.13 Bivariate combination of absolute and relative total cases in Czech MEPs during Phase 4 (5–31 October) showing the spatial distribution of COVID-19
Source: Authors, Ministry of Health of the Czech Republic (2021)

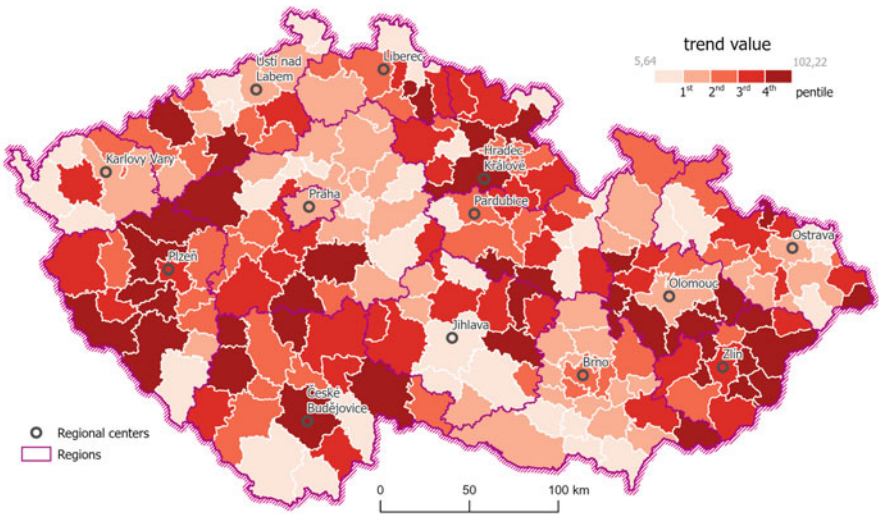


Fig. 20.14 Spatial distribution of the COVID-19 cases trend analysis during Phase 4 (5–31 October)
Source: Authors, Ministry of Health of the Czech Republic (2021)

20.4.5 COVID-19 Sequel (November 2020 to March 2021)

In this part, we introduce the main pandemic events that occurred after the period we analysed spatially. Since the situation around the COVID-19 pandemic developed dramatically (in a wrong sense) in Czechia, we aim to provide a comprehensive and contextual overview of the situation in the country. It should be noted that this section discusses the context of the pandemic situation up to the time of writing of the text (March 2021).

As mentioned in the previous part, the pandemic peaked at the end of October 2020, but the situation continued to be critical at the beginning of November 2020. However, due to strict restrictions during the state of emergency, the pandemic situation generally improved in November. Consequently, the central Government decided to loosen some of the restrictions and regulations even though it contradicted the newly established anti-epidemic system. The anti-epidemic system introduced by the newly assigned Minister of Health has based a summary risk score that took several indicators into account (e.g. 14-day notification rate, basic reproduction number, or test positivity rate). The system quantitatively evaluated the situation, and loosening/strengthening should have been in line with scores.

Nevertheless, because of the seemingly improving pandemic situation and the upcoming Christmas Advent time (usually accompanied by shopping), the situation worsened again. All the retail units were opened under the condition that basic sanitation rules are applied, together with services (e.g. indoor sports venues), including restaurants and bars. Retrospectively, the Alpha variant of COVID-19 was already the prevalent mutation at that time, which speeded up the disease spread. Epidemiologically, in this third wave, from mid-December 2020 to mid-January 2021, the number of daily infected people hit its maximum with almost 18,000 on 6 January 2021 (Ministry of Health of the Czech Republic 2021). The test positivity ratio was also the highest, with almost 50%, indicating that the viral load in the population is extremely high. The worsening situation forced the Government to reintroduce anti-epidemic measures valid from the end of Christmas time (27 December 2021). Events from the end of 2020 sowed the preconditions for the third and fourth waves of uncontrolled spread of the disease in January 2021 and March 2021, respectively. The epidemiological basis from which the third wave rose in January 2021 was twice as high (around 5000 daily infected people in December 2020) than in the second wave (Phase 3) and almost three times higher in the case of the fourth wave in February/March 2021. The average daily incidence during the ‘stabilised’ period from mid-January to mid-February was around 7000, and the test positivity rate fluctuated in this period between 35 and 25% (Ministry of Health of the Czech Republic 2021). The last fourth wave started in the second half of February 2021, peaking at the beginning of March 2021 with almost 17,000 positively tested people in one day (Ministry of Health of the Czech Republic 2021). On average, 185 people died from COVID-19 daily during the fourth wave. Considering the ratio indicators, such as the total number of cases and total deaths per 100,000 inhabitants, Czechia had become ‘the worst in COVID-19’

country globally in this manner (Worldometer 2021). The average 14-day notification rate (number of infected people per 100,000 inhabitants) in Czech NUTS 2 regions fluctuated around 1300, with some regions (e.g. in the northeast and central part of the country around Prague) reaching almost 2000 (European Centre for Disease Prevention and Control 2021). At that time, one of the most important indicators that the Government followed was the number of hospitalised patients. In comparison with the second wave (Fig. 20.1b), the number remained the same or higher ($n > 7500$) for more than four weeks during the fourth wave with its maximum of 9466 on 15 March 2021 (Ministry of Health of the Czech Republic 2021). Due to the occupancy of beds, unnecessary medical care was limited to acute procedures only. Another unprecedented step during the fourth wave was the local lockdown of the three districts (LAU 1 unit) in early February 2021. It appeared to be an effective anti-epidemic move, so from 1 March, all districts in Czechia were locked down. Free-time outdoor activities were limited only to the cadastre of the municipality where the person lives. Moreover, all schools allowed teaching first- and second-grade pupils until then, and kindergartens were closed too. Obligatory use of respirators both indoors and outdoors was also a new anti-epidemic measure introduced at the beginning of March 2021. Other restrictions already in place included the curfew, retail closures, ban on visits to hospitals and social facilities, and similar. In total, there were 1.5 million people with confirmed infection of COVID-19 by the end of March 2021 (Ministry of Health of the Czech Republic 2021), which represents 10% of the total population in the country. Considering the high test positivity rate and non-reported cases, it is generally supposed that this number might be doubled (i.e. reaching three million people who encountered the infection).

20.5 Discussion and Conclusion

Based on our analysis's previous sub-results, it is possible to answer research questions defined at the beginning of the chapter. First, we draw a conclusion on the spatio-temporal pattern and most hit regions. The spatial analysis revealed several significant spatial patterns in pandemic behaviour: MEPs with the highest values of monitored indicators are in most cases concentrated around regional centres (Prague, Pilsen, Olomouc, Ostrava, Zlín, Pardubice, Brno, and others), which confirms the general expectation about community spread of the disease at places with high concentration and interaction of people. In contrast, a better situation was observed in rural areas, typically located on the inner border of two regions distant from the regional centres. The spatio-temporal pattern of COVID-19 could have characterised as the spillover effect. In terms of time, there were visible transitions between the individual phases. The MEPs strongly affected in one phase showed (in many cases) a significant improvement in the following phase.

A typical example is an improvement in the situation on the southwestern border of Czechia. It would have to be retrospectively analysed by epidemiologists in future

if this effect was caused by herd immunisation or what were the reasons. As the overall intensity of the pandemic progresses, the spatial differences are smoothed, as best seen in Phase 4, when MEPs with the highest values of selected indicators occur without significant regional spatial patterns as the disease gradually penetrates even the distant rural and mountainous areas.

This chapter also focused on policy interventions (restrictions and measures) taken by the Czech Government and local authorities concerning the spatial distribution of selected COVID-19 indicators. For this purpose, we divided the timeline into four phases based on the pandemic's key milestones: (1) the first wave, (2) the new normal situation during summer, (3) a new start, and (4) the second wave. For each phase, we elaborated the incidence of COVID-19 (absolute numbers and trend) at the regional level (205 MEPs), and explained and discussed decisions and interventions taken by the national or local government (or hygienic stations). We analysed geographically 245-day-long period in detail, from which the country spent 108 days under the state of emergency with nationwide restrictions.¹ However, even during the times without the state of emergency, the many anti-epidemic measures were still controlled and ordered by the national Government. Local governments or hygienic stations introduced only a limited number of measures and restrictions, mostly based on the national Government's recommendations. This illustrates limited powers (or maybe unknown powers at the time) of local governments compared to other countries (especially to German federal states' competencies).

Nevertheless, if local governments and hygienic stations applied their powers, they included restrictions banning healthcare facility visits, limiting the number of public event attendees, ordering wearing face masks, or school regulations and closure, to name a few. To illustrate the strength of the anti-epidemic measures in Czechia, Fig. 20.15 depicts the Government Stringency Index, a composite index based on several indicators (e.g. school and workplace closures, travel bans) developed at Oxford University by Hale et al. (2021). It shows that the Czech Government measures were equally strict at the beginning of the pandemic (Phase 1) compared to neighbouring countries. Unfortunately, during the late Phase 1 and almost whole Phase 2, the restrictions were lifted – similarly as in other countries except Germany – which, combined with citizens' decreased morale, resulted in worsening of the pandemic in the next Phases. Hand in hand with that, the stringency of the restriction rose during Phase 4.

Based on our findings presented in the results section, the Czech Government's measures had a significant and positive impact on the COVID-19 spreading in Phase 1. Most Czech citizens followed all restrictions and stacked together to fight the disease. Several local clusters appeared, and cities and bigger towns were affected more than the countryside, which was not affected by the disease. This success resulted in a very low incidence of COVID-19 and a relatively quick return back to the 'normal situation'. On the other hand, hard lockdown had a significant effect on the economy and the educational system. The majority of the people were not even

¹The state of emergency still lasts at the time of writing this chapter (March 2021).

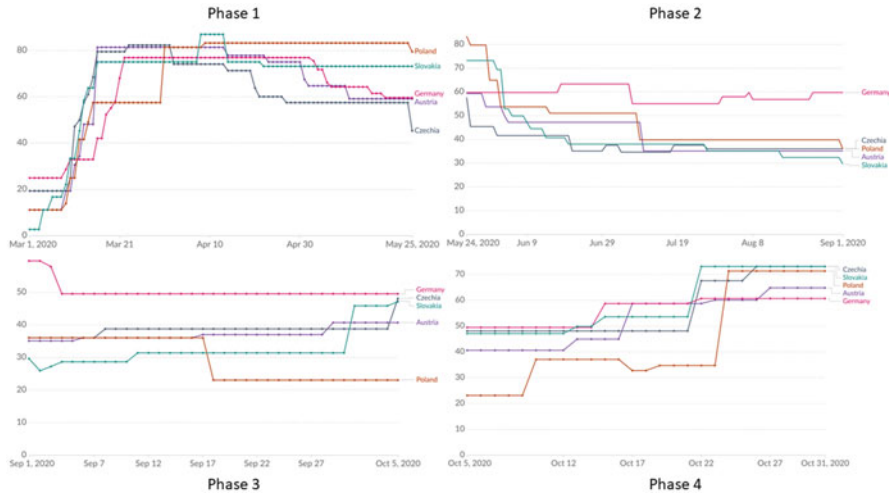


Fig. 20.15 COVID-19 Government Stringency Index in Czechia and neighbouring countries during the observed periods

Source: Hale et al. (2021)

in touch with COVID-19, and the public opinion considered the governmental restrictions as exaggerative. Even though the Government started several supporting programmes, most of the entrepreneurs affected by the restriction were not supported by the Government sufficiently (especially in terms of timely payments) to cover their losses, but they dealt with this situation on their own.

During Phase 2, only a few local clusters appeared (most importantly MEP Karviná, Prague – ‘Techtle Mechtle’ bar), people’s behaviour returned to the normal situation, and the economy started to work properly. Simultaneously, the public’s general feeling (Government included) was influenced by this positive development, and the preparation for the expected second wave was not intensive. On the other hand, almost all experts warned the Government against the situation during autumn with a very high probability.

Unfortunately, the successful approach to eliminating COVID-19 spreading during Phases 1 and 2 changed during Phases 3 and 4. While in Phase 1, the Czechia faced the COVID-19 with success, Phases 3 and 4 can be described as an example of the worst approach at almost all decision-making levels. Due to the late and insufficient restrictions, the COVID-19 started to spread out not only in the local centres and cities but also across the countryside. This situation affected the massive (and not controlled) spreading of the COVID-19. As government officials succumbed to public pressure before Christmas 2020, and due to an unexpected spread of the Alpha variant of COVID-19, another wave of the epidemic struck with greater force during the third and fourth waves of the pandemic. Especially during the fourth wave from mid-February to the end of March 2021, the situation became unprecedentedly critical, making Czechia the most affected country worldwide.

We assumed the following major faults that caused this situation: (1) slow and populist reaction of the Government, (2) unclear or illogical restrictions and measures, (3) insufficient financial support for entrepreneurs, (4) decreasing public confidence in the Government, (5) consequent lower willingness to follow restrictions, (6) fake news or misinterpretations sharing, and (7) inefficient speed and distribution of vaccination during the third and fourth waves (but it is fair to admit that this was mainly due to delayed deliveries of vaccines) and not sufficient governmental pro-active vaccination campaign, as the willingness of the public to get vaccinated was not stimulated enough.

It is not surprising that due to not popular interventions, the support to the Government decreased, especially if some restrictions and measures were illogical (or at least not explained properly) and the support for entrepreneurs was not timely and was highly burdened by bureaucracy. Due to these facts, more and more people did not want to follow restrictions (e.g. positively diagnosed people did not report their close contacts during hygienic tracing procedure), resulting in a more intensive spread of COVID-19.

We conclude that the interventions taken by the governments (either local or national) can control the spreading of COVID-19 if done timely and clearly communicated to the public. Still, it is also strongly dependent on sufficient economic support, Government confidence, restrictions explanations and logic, and most of all on people's willingness to follow these regulations.

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Vít Pászto received his PhD in Geoinformatics from Palacký University, Olomouc, Czechia, in 2015. He is currently an assistant professor at the Department of Geoinformatics, Palacký University Olomouc, and Department of Sustainable Development at Moravian Business College Olomouc. His scientific interests cover application of spatial analysis using GIS in domains of human geography, specifically health and economic geography. He publishes scientific papers in the above-mentioned topics and is active in geospatial communities in Czechia as well as abroad. He leads several international projects (e.g. Erasmus+ KA 2, Jean-Monnet Action) and is team member in several nationally funded projects. His latest publications cover COVID-19-related research, for example, ‘Changing Mobility Lifestyle: A Case Study on the Impact of COVID-19 Using Personal Google Locations Data, or an early pandemic paper, ‘COVID-19 Data Sources: Evaluation of Map Applications and Analysis of Behavior Changes in Europe’s Population’. He was the main editor of a Springer-Nature book on Spationomy (*Spatial Exploration of Economic Data and Methods of Interdisciplinary Analytics*) published in 2020.

Karel Macků earned his PhD at the Department of Geoinformatics, Palacký University, Olomouc, Czechia, where he currently works as an assistant professor. His main research is focused on evaluation of regional quality of life in the European context, where he applies quantitative methods on spatial/statistical data. He also specialises on various spatial statistics applications on geographical data and is actively involved in several departmental research projects (e.g. Spationomy). His latest publications include topics related to COVID-19 pandemic (‘Changing Mobility Lifestyle: A Case Study on the Impact of COVID-19 Using Personal Google Locations Data), subjective life satisfaction (‘Subjective or Objective? How Objective Measures Relate to Subjective Life Satisfaction in Europe’), or evaluation of quality of life in Europe (‘Linking the Quality of Life Index and the Typology of European Administrative Units’).

Jaroslav Burian works at the Department of Geoinformatics at Palacký University Olomouc (since 2019 as associate professor of Geoinformatics) and at the Department of Sustainable Development at Moravian Business College, Olomouc. He teaches geoinformatics in human geography, public administration, and spatial planning. His scientific focus is primarily on the implementation of geospatial technologies into spatial planning and analysis, modelling, and simulation of the urban environment using quantitative methods. Since 2009, he has been developing software Urban Planner used for modelling scenarios of land suitability, deployed in several cities and regions for regional and local spatial planning in Czechia. His latest publications cover topics such as land parcel prices ('Sustainable Spatial and Temporal Development of Land Prices: A Case Study of Czech Cities'), COVID-19 ('Changing Mobility Lifestyle: A Case Study on the Impact of COVID-19 Using Personal Google Locations Data), or urban planning ('SimUrb – Software for Identifying Similar Municipalities by Comparing Urban Indices Using a Graph Algorithm').

Chapter 21

The Role of Regional and Local Governance in Dealing with the Socioeconomic Consequences of the COVID-19 Pandemic in Russia



Olga Glezer, Evgeny Antonov, Sergey Safronov, Alexander Sheludkov, Kirill Strakhov, and Maria Zotova

Abstract In Russia, in 2020, the pandemic led to a remarkable decentralization in the power distribution from the federal government to the regional authorities, which were free to choose restrictive measures and, in general, to implement strategies to deal with the pandemic and its consequences. Based on an analysis of legal regulations and statistical data, the chapter examines how policy measures varied among Russian regions and how they reflected the trade-off between spread of the disease, economic well-being, and political priorities, all highly dependent on the regional context. We conclude that although regional authorities acquired responsibility for the situation, during the pandemic they often had a lack of relevant resources to deal with its economic consequences. Crises primarily affected the market services sector, for example, hotels, catering, culture and leisure enterprises, and B2B services. The resulting unemployment rates varied highly among regions partly because of the initial differences in the sectoral structure of labor markets, but also due to the effectiveness of policy measures adopted by regional and local governments. The case of St. Petersburg, which recorded the highest death rates from COVID-19 in Russia, shows the incompleteness and contradictions in official

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O. Glezer (✉) · E. Antonov · A. Sheludkov · K. Strakhov
Department of Social and Economic Geography, Institute of Geography, Russian Academy of Sciences, Moscow, Russia
e-mail: olga.glezer@igras.ru

S. Safronov
Faculty of Geography, Moscow State University, Moscow, Russia

M. Zotova
Laboratory of Geopolitical Studies, Institute of Geography, Russian Academy of Sciences, Moscow, Russia

statistics that complicated the adoption of governmental decisions. Inadequate regional and municipal budget planning and implementation undermined an effective policy response to the pandemic in the city.

Keywords COVID-19 · Pandemic · Power decentralization · Federal government · Regional authorities · Legal regulations · Regional and municipal budget · Employment · Service sector of economy

21.1 Introduction

The COVID-19 pandemic very quickly became a threat and not only to public health. The initial conclusions on the socioeconomic consequences of the pandemic were logical: a decrease in cross-border mobility and tourist flows, a decrease in production and consumption, disruption of global supply chains, and a drop in international trade (Leiva-Leon et al. 2020; Responding... 2020). According to preliminary International Monetary Fund (IMF) and UNCTAD estimates, global GDP in 2020 decreased by a record 4.3–4.4% (Ivanov and Svinova 2020; Gopinath 2020). Most experts attribute the COVID-19 pandemic to civilization-level systemic challenges affecting all aspects of the life of the modern world community, characterized by a change in the relative price of assets, a rapid decline in some areas (tourism, the automotive industry, passenger air transportation, container transport), and growth in others (digital industries, pharmaceuticals) (Auzan 2020; Vymyatnina 2020). The scientific community quickly reacted to the spread of the pandemic: specialists in different fields began to study the impact of coronavirus infection on the economy and society.

Political scientists consider the consequences of the COVID-19 pandemic primarily by comparing the success of different political regimes (democracies and autocracies) in countering it (Repucci 2020; Schmemmann 2020; Youngs and Panchulidze 2020). According to the research, the most effective measures for containing the spread of coronavirus at the national level were forced restriction of mobility, which made it possible to stop or reduce transmission of the virus to unaffected or slightly affected regions (Frey et al. 2020), as well as domestic social restrictions, self-isolation, and transfer of the national educational system to online mode. According to one group of experts, collectivist societies that exist in an authoritarian political regime and ensure conformity, group loyalty, and obedience to the eldest in the hierarchy (Gorodnichenko and Roland 2017) were more successful in the crisis. Other researchers have noted the greater importance of factors unrelated to the political regime and the fallacy of reducing today's international problems to confrontation between democracies and autocracies (Burns 2020). Lifestyle and managerial culture (Milanovic 2020), as well as the level of trust between citizens and government, are more important than political schemes (Baunov 2020). In federal states, with many powers at the regional level while maintaining a number of decisions common for the country, the measures taken and their effectiveness markedly differed from one territory to another. For Russia, the

opinion was expressed that the federal basis of the state played a positive role in combating the crisis, despite the recent erosion of federalism under the influence of overcentralized powers and finances at the federal level (Obshchestvo. . . 2020).

Economists study the consequences of the COVID-19 pandemic primarily through the prism of crises (Leiva-Leon et al. 2020) and cyclicity—not standard, but more complex, threatening a prolonged depression, since a macroeconomic crisis is exacerbated by a consumer crisis (Gopinath 2020). Emergency from the crisis is beleaguered by the growing debt burden due to continuing direct support of economies through fiscal measures, as well as aggravation of all other global problems requiring concentrated international economic coordination to solve (Maslennikov 2020). Studies by economists also consider in detail specific economic support measures at the national and regional levels, which differ in their effectiveness for various reasons: the level of economic development, peculiarities in legal regulation, and the financial situations of countries (Pilnikova et al. 2020; Ehrenberg et al. 2021). A special place is occupied by analysis of actions to support entrepreneurs and their employees, in particular, direct financing, introduction of a special tax regime and rent holidays, loans on preferential terms, information support, organization of temporary jobs, and so on (Rejting. . . 2020). Russian authors draw attention to the aggravation of longstanding problems in economic relations between the center and regions as a result of the pandemic, such as ambiguity in delineating powers between federal and regional authorities, limited budgetary resources of most regions, and lack of transparency in the interbudgetary transfer system (Kuznetsova 2020).

Uncertainty as to the duration of the pandemic, treatments, and measures to prevent the spread of COVID-19 complicates the plight of businesses and the public, posing threats not only to the economy, business models, and politics but also to lifestyles and social interactions, increasing anxiety and worsening emotional balance in society (Responding. . . 2020). The population's response to the spread of coronavirus infection was considered by social scientists primarily as people's perception of global challenges and threats. The risk of contracting coronavirus has brought the majority of Russia's population to a state of fear, faced with a global threat and the requirement of many significant changes in social behavior (restructuring of employment, change in work activity format, restriction of movement, lockdowns, physical distancing, and so on). According to studies, the pandemic itself did not generate new regimes or forms of employment, but it changed the proportions and configuration of existing forms (Obshchestvo. . . 2020). Timely studies conducted from March to June 2020 showed a wide range of people's possible reactions to the threat of mass disease and epidemiological safety requirements: from complete refusal to acknowledge (ignoring) to panicked fear and excessive (pathological) self-isolation (Nestik and Zadorin 2020). The content and dynamics of fears have since become little connected with COVID-19 itself, which since the beginning of April 2020 has been accepted by the majority of Russians as a fait accompli (Obshchestvo. . . 2020). People were primarily worried about the social and economic consequences, which the pandemic was highly likely to trigger.

Lastly, regionalist studies address the spatial aspects of the pandemic and subsequent crisis. In a number of studies, the spread of infection was modeled using the

adapted theory of diffusion of innovations, which describes three mechanisms for spatial diffusion of the virus disease depending on the proximity of the source of infection (Mahajan et al. 2000; Wu et al. 2020; Kucharski et al. 2020). Deviations from the standard model were determined by random factors, including the actions of the authorities, the importance of which increased as the virus infection spread across a territory (Grant 2020).

Spatial aspects are extremely important for Russia, given the size of the country and the diversity of its territory, both naturally and socially. In accordance with the hierarchical diffusion model, the most susceptible to the pandemic are the largest agglomerations; densely populated cities with large airports; northern mining centers with rotating shiftwork; and regions close to large domestic and foreign markets, where the share of active and mobile members of the community is higher and both domestic and international relations are more intensive (Zemtsov and Baburin 2020). The spreading rate of coronavirus infection was higher in regions where the population was highly susceptible to disease, and lower in regions with a low level of trust in society, a smaller density of small businesses, and fewer points of intersection and communications of the most socially active part of the population, including due to low-intensity interactions within the community. The possibilities for the population and business to adapt to the consequences of the pandemic proved higher where there was a high degree of Internet coverage, various forms of remote work, and widespread use of online services (Zemtsov and Baburin 2020). Whereas in Moscow and other major cities, most workers could switch to working remotely, and in industrial areas with factories on a nonstop cycle, people continued to work, the negative economic consequences were more significant in regions dependent on tourism and small businesses in retail trade and consumer services. In turn, at the intracity level, an increased role of microgeographic, random, and subjective factors was revealed, associated, among other things, with the location of hospitals, nursing homes, and other places where people are concentrated.

Spatial differences in the economic crisis caused by the pandemic, the duration and character of its stages, as well as the role of the pandemic in increasing regional differentiation—which decreased at the shock lockdown stage—may further increase due to various spatial polarization factors, including quality of administration, access to vaccines, and the nonuniformity of digitalization. Differences in the rate of decline are due not only to the severity of quarantine measures that affected consumption indicators, but also to the structure of the regional economy, on which production and budget revenue dynamics depend (Zubarevich and Safronov 2020).

21.2 Formulation of the Problem: Materials and Methods

Throughout 2020, Russian authors analyzed various spheres in which the COVID-19 crisis manifested itself, and integral studies appeared (Obshchestvo. . . 2020, and so on). However, there is still no (nor could there be yet) sufficiently complete, consistent explanation for the spatiotemporal dynamics of the process. As for the epidemiological situation, new factors arising as the situation develops, which

overlap in specific territories, are gradually complicating a spatial pattern that had initially become clearer. The novelty of the situation in the initial period and the increasing multifactorial nature of the spread of the pandemic make it difficult to develop a clear plan of action and adequate—regionally specific—administrative decisions that could limit spread of the disease and preserve economic well-being.

The objective of the study is to examine the crisis and response to it, with emphasis on regional differences. Our analysis covers two socioeconomic spheres where the crisis manifested itself particularly strongly: the tertiary sector of the economy and employment. Additionally, these were the main economic spheres of innovations in legal regulation. We investigate the role of governance in combating the crisis by comparing federal and regional legal regulation measures. The regional and local situation and measures are concretized with a case study of St. Petersburg.

The methodology of the study includes a multiscale approach (national, regional—by federal subjects, and local levels) and various quantitative and qualitative analysis methods, which are described in the thematic sections of the study.

Separate thematic segments of COVID-19 crisis research—legal regulation, the tertiary sector of the economy, employment, the regional (local) situation—are closely interrelated and in aggregate help to understand the peculiarities of its occurrence in Russia and adaptation to it. However, since each topic is also of independent importance, particular conclusions are presented in each thematic section. The chapter ends with general conclusions.

The study is based on aggregate federal and regional regulations, tax statistics, and employment indicators for the federal subjects. Data on the epidemiological situation in Russia as a whole and its regions were also used. In assessing the situation with COVID-19, the authors faced a number of problems caused by incompleteness and distortions in official Russian statistics (for details, see Sect. 21.3.4).

The analysis covers various time periods within the first year of pandemic: from several months to the whole of 2020; time periods depend upon the features of the analyzed phenomena, characteristic processes, and the availability of data. Further research is needed for consideration of the whole first-year dynamics and results.

21.3 Results and Discussion

21.3.1 *Legal Regulation in Crisis Conditions*

21.3.1.1 First Regulative Steps

In accordance with the objective of the study, this section analyzes¹ only those aspects of COVID-19 crisis management system that reflect the relationship of

¹The database of legal acts of the ConsultantPlus Reference Legal System “Consolidated Regional Legislation” as of April 20, 2021, was used.

different levels of governance. Due to the limits of the chapter, only those measures, which are most expressive for revealing the situation, are taken into consideration; at the same time, it is not so much the measures themselves that are analyzed, but their legal context. The limitation here is also possible because the measures that have affected the situation in the tertiary sector of the economy and employment are mentioned in the appropriate sections of the chapter. It is acceptable to limit consideration to the first few months of the COVID-19 crisis, that is, before the beginning of summer, although it does not negate the need for further systematic analysis, since this period provides enough material for fundamental conclusions about the relationship between different levels of legal regulation.

The nature of the spatial differences in institutional and legal decisions related to the COVID-19 crisis in Russia is determined a priori by three of the country's peculiarities: large size and internal diversity, federal state structure, and weakness of the municipal governance. Specific regional, city, and district measures depend on local factors: the epidemiological situation, its dynamics, and socioeconomic characteristics. Federal and regional decisions are studied simultaneously, giving a clearer view of the relationship between them or absence thereof. At first, administrative measures developed gradually, then snowballed.

The first signs of regulation at the federal level were medical and submedical departmental acts by the Federal Service for Supervision of Consumer Rights Protection and Human Welfare (Rospotrebnadzor) and its head, the chief health officer, in January 2020. Since then, Rospotrebnadzor have become the main regulator of federal decisions to limit the spread of the pandemic, as well as the authorities' chief daily mouthpiece for conveying information to the public. In early January of 2020, this information consisted of advisory letters about the situation with coronavirus infection and additional measures to prevent importation of the infectious disease (e.g., organization of laboratory diagnostics); in the second half of January, instructions on disinfection measures were issued. However, already on January 24, Rospotrebnadzor issued a decree addressed to federal subjects (both their senior officials and Rospotrebnadzor's territorial offices). They were recommended the approval of regional plans for organizational sanitary and antiepidemic (preventive) measures and measures to strengthen the current disinfection regime; at the same time, the question of ensuring the readiness of medical organizations to admit patients was already being raised. It was indicated that these activities should be financed by regional budgets. Several more resolutions, similar in essence, were subsequently adopted, which consistently reflected the spread of an unfavorable situation and severity of the tasks: whereas the first resolution (January 24) mentioned "in order to prevent the import and spread of a new coronavirus infection"; the one on January 31 stated "in connection with the threat of importation"; and the one on March 2, "on reducing the risks of importation" and the introduction of restrictive measures, taking into account the emerging epidemiological situation in the region. All these decrees were based on Federal Law of March 30, 1999, no. 52-FZ, On the Sanitary and Epidemiological Well-Being of the Population.

Following the first federal medical directives, restrictions on movements from outside of Russia began to be introduced in relation to certain countries: first China, then Italy, South Korea, Iran, Poland, and Norway; only in mid-March was the entry of all foreign citizens restricted. In addition, measures taken at the federal level contained special instructions for Russian territories with checkpoints at the state border with China (regions of the southern Far East) on testing for coronavirus infection and temporary quarantine of Chinese citizens with a residence permit in the Russian Federation. Among the sectoral measures of the very first period, we also mention the recommendations adopted at the beginning of February on special disinfection at public catering establishments. The Government of the Russian Federation, with its decree of January 31, 2020, supplemented the list of diseases posing a danger to others (approved in 2004) with the addition of coronavirus infection (2019-nCoV).

The first comprehensive federal management decision on the interaction of specialized executive bodies was adopted on January 27, 2020: an operational headquarters was created.

21.3.1.2 High Alert Regime

At the beginning of March, it became clear that not only regular sanitary and antiepidemic measures were mandatory, but decisive restrictive and prohibitive actions were also needed, which, as it seemed, would be impossible without “the operational participation of the country’s top political leadership” (Obshchestvo... 2020, p. 415). However, their implementation began in a different, unexpected way for Russia, not from the federal center, but from regions.

A landmark event was the Decree of the Mayor of Moscow dated March 5, 2020, which introduced a high alert regime in the city.² Legal decisions related to this regime reflect important aspects of the national and regional agenda during the pandemic.

The high alert category is envisaged by amendment made in 2012 to federal law 68-FZ adopted in 1994.³ This regime results from the threat of an emergency situation and occupies a position between two other response levels on the part of the authorities: daily activities in the absence of a threat, and emergency in the case of its (the situation) occurrence and elimination. In the 2010s, a high alert regime was briefly introduced in different territories in many federal subjects. The reasons were mostly unfavorable meteorological conditions, seasonal natural hazards and disasters; less frequently, they were man-made accidents, sometimes social events and holidays fraught with potential societal tensions. However, it has always been a

²Decree of the Mayor of Moscow of March 5, 2020, no. 12-UM, On the Introduction of a High Alert Regime.

³Federal Law no. 68-FZ of December 21, 1994, On Protection of the Population and Territories from Natural and Man-Made Emergencies.

regime for the authorities, particularly functionally specific ones (related to the state system for prevention and elimination of emergencies); the regime is standardized, with measures elaborated beforehand.

From 5 to 20 March 2020, following Moscow, a high alert regime was introduced by all federal subjects on their territory (in many of them, also in individual municipalities). In several Far Eastern regions, the corresponding legal acts were adopted at the turn of January–February. In general, the adoption dates depended neither on the degree of the epidemiological situation (the number of cases—at that time, according to official data, in the overwhelming majority of regions such had not yet been identified) nor on any nonepidemiological objective factors. Some influence of the status of the capital and border (with European countries, if we are talking about March) position can be seen, which led to the earlier (right after Moscow) introduction of the regime in St. Petersburg, Moscow and Leningrad oblasts, and in the northwestern Russian regions.

In each federal subject, a high alert regime is introduced via a legal act by its highest official or government (sometimes both). Mandatory rules of conduct are addressed to citizens and organizations.⁴ In a quarter of regions, the wording about the regime “on the territory” is used without direct mention of the response agencies. Thus, the unusual phrase “high alert” has suddenly determined public discourse, social life, and the life of every person in Russia. Due to confusion among representatives of the authorities, their traditional inability to talk with the people, or the uncertainty of the situation itself, the essence of the high alert regime was not publicly explained, only the measures associated with it were listed. As a result, people perceived high alert primarily as a call to themselves in relation to their own actions. At first, in April–May 2020, this phrase generated heightened anxiety and mobilization associations, especially among residents of large cities, who faced the greatest restrictions.

For more than a year during the pandemic, the regional authorities have repeatedly changed the measures within the high alert regime depending on the epidemiological situation: intensifying and expanding, then easing and narrowing. However, this dependence, and ambiguous⁵ even back then, can be traced at the level of individual regions, although not in totality: at the same morbidity level, the regulatory measures and set and degree of restrictions differ, and vice versa: the situation differs, but the measures are the same.⁶ Just like the spatial chronology of the

⁴However, the orders of regional and municipal departments and organizations regulated their own work regime and the behavior of their employees at work and in the performance of official duties.

⁵For a little more than a year of the pandemic, in some regions, acts were changed less than ten times; in most, dozens of times; and in some, more than a hundred. Obviously, such a spread cannot correspond to either the dynamism of the epidemiological situation or the particulars of legal adjustment to the situation; it can be explained only subjectively.

⁶According to (Obschestvo... 2020), wearing masks was mandatory in 81 (out of 85) federal subjects; self-isolation has been introduced in 71 regions; a pass system, in 47; restrictions on movement between individual municipalities, in 20; administrative liability for violation of the regime, in 15; quarantine, in 10; partial suspension of transport links, in 8; restrictions on entry into a region, in 5.

regime's introduction, it is impossible to recognize the reasons for particular measures: the logically expected correlation with the geographic location of a region and degree of connectivity with other parts of the country, population concentration, ethnocultural characteristics of lifestyle, economic situation, level of healthcare, and so on, is weak and not present everywhere, if it exists at all. There are some indications that these factors play a larger role in municipal decision-making, but this requires special analysis. It is obvious that along with the sanitary and epidemiological situation, the authorities are guided by economic, social, and political priorities as they understand them, and the latter motives often outweigh the former.⁷

Only on April 1, 2020, were amendments⁸ made to the federal law no. 68-FZ associated with coronavirus infection and the high alert regime. "Spread of disease dangerous to others" was added to the definition of an emergency situation. However, the following provisions were especially important in the delineation of powers, which is one of the purposes of the law, which had no analogs in its previous version:

- (a) The Government of the Russian Federation "makes a decision on the introduction of a high alert or emergency regime on the entire territory of the Russian Federation or part thereof in the event of a threat and/or emergency of a federal or interregional nature" (Article 10, subparagraph a.1).
- (b) The Government of the Russian Federation "establishes rules of conduct that are binding to citizens and organizations when a high alert or emergency regime is introduced" (Article 10, subparagraph a.2).
- (c) Public authorities of the federal subjects in cases of emergency situations of a regional or intermunicipal nature "establish rules of conduct that are binding to citizens and organizations when a high alert or emergency regime is introduced" (Article 11, subparagraph 1u) and, taking into account the specifics of an emergency situation in a region, "may establish additional rules of conduct that are binding on citizens and organizations. . ." (Article 11, subparagraph 1f).
- (d) The priority of federal rules over regional is established: the latter cannot contradict the former (Article 11, Clause 1.1).

⁷Numerous social and political events (in 2020 and early 2021, they abound) significant for the entire country or for individual regions and municipalities were used by the authorities to weaken or strengthen restrictive measures. In turn, the measures were widely used to regulate the political agenda: e.g., restrictions on holding mass events served as a permanent basis for prohibiting protests, but they did not interfere with the organization of pro-government or official state actions with an incomparably larger number of participants. The most recent example is the sudden, but not justified by the epidemiological situation, reduction in the permissible number of those present at meetings by a subsequent (49th in a row) amendment to the Decree of the Governor of Novgorod oblast of March 6, 2020, no. 97, On the Introduction of a High Alert Regime 4 days before the start of the All-Russian Congress of Independent Municipal Deputies, which the authorities frowned upon (Zemsky Congress in Novgorod does not fit, *Kommersant*, May 22, 2021. <https://www.kommersant.ru/doc/4818642>. Accessed May 23, 2021).

⁸Federal Law of April 1, 2020, no. 98-FZ, On Amendments to Certain Legislative Acts of the Russian Federation on the Prevention and Elimination of Emergencies.

Note that the amendments to 68-FZ were adopted after all federal subjects introduced a high alert regime and established and even expanded restrictive measures, referring to 68-FZ in its previous edition. At the same time, in March 2020, “the law could be relatively controversially applied to antiepidemic measures” (Obshchestvo. . . 2020, p. 418). The nature of emergency situations in it was defined only as natural or man-made. The role of the federal and regional authorities in the high alert regime was indicated exclusively in relation to “the activities of governing bodies and forces of the unified state system for the prevention and elimination of emergencies,” but not in relation to the rules of conduct for citizens and organizations. The high alert regime did not assume the possibility of significant restrictions on human and civil rights and freedoms. Thus, the federal law of April 1 legalized what was previously illegitimate in the regions.⁹ However, not *de jure*, but in the aspect of epidemiological safety, the actions of the regional authorities should *de facto* be assessed positively. It can even be said that in conditions of lag (confusion, indecision?) on the part of federal authorities, regional authorities have saved the situation, attempting to slow the spread of COVID-19 with the introduced measures. This especially applies to the Moscow Mayor S.S. Sobyenin¹⁰ and leaders of a number of other densely populated regions with the most open external relations, who followed the mayor’s example.

The next day the amendments to the 68-FZ were adopted, in accordance with its new 10th Article, the Government of the Russian Federation defined the rules of conduct for citizens and organizations.¹¹ In their content, they are of the most general universal nature and deal with response to notification, compliance with public order, and the requirements of relevant legislation, evacuation rules, and so on.

A high alert regime on Russia’s entire territory or part thereof was never introduced by the Government of the Russian Federation. The specific content of the high alert regime is determined in each federal subject by its highest official and differs significantly among subjects. Measures can be divided into four groups: (1) restrictions and prohibitions; (2) control over compliance and responsibility for nonobservance; (3) support for citizens and businesses; and (4) definition of industries, organizations, and persons not subject to certain restrictions and prohibitions.

⁹For example, it was in the framework of 68-FZ (according to the preamble of the Decree of the Mayor of Moscow of March 5, 2020, no. 12-UM) that a universal self-isolation regime was introduced in Moscow from the end of March 2020, forbidding to leave one’s place of residence with a few exceptions for urgent reasons. By the morning of March 31, another 25 regions had introduced a self-isolation regime, and the day before, such a request had come from the federal level, the prime minister.

¹⁰With all the ambiguity, inconsistency, and lack of developed measures, which often led to organizational misunderstanding and excesses, especially regarding the rights of citizens (e.g., reduced fares on Moscow public transport were blocked on the social cards of schoolchildren, students, and those aged 65 or older).

¹¹Decree of the Government of the Russian Federation of April 2, 2020, no. 417, On Approval of Rules of Conduct Mandatory for Citizens and Organizations, When a High Alert or Emergency Regime Is Introduced.

Generalized maximum restrictions during the acute phase of the pandemic included bans on sports, entertainment, public, and other mass events in the full-time presence of citizens; restrictions on the operation of public eating establishments and certain categories of trade enterprises, beauty salons, and similar institutions; restrictions for students to visit educational organizations of all levels and profiles; restrictions on visiting cemeteries and religious sites; restrictions on repair and construction work in residential and nonresidential premises; the duty to inform about movements of citizens and contacts with sick people; observance of the self-isolation regime; use of personal protective equipment for respiratory organs and hands when in public spaces; and so on. Failure to comply with the measures is punishable by fines applicable to both organizations and individuals. Support for citizens at the regional and municipal level included remote provision of state and municipal services, delivery of groceries and other goods, and targeted social assistance. The most significant assistance, including financial, was provided in accordance with federal, regional, and municipal regulations and included for organizations, individual entrepreneurs, and citizens: tax and credit breaks, identification of affected industries and businesses, limits of business inspections, assistance in organizing work, institutional changes in unemployment and job seeking (see Sect. 21.3.3), targeted financial assistance, and compensation to tourists. This is far from a complete list, but no matter how long it was, in monetary terms, the volumes of direct and indirect assistance were small.¹²

In 68-FZ, high alert and emergency regimes are mentioned together and linked by the conjunction “or.” The only criterion for differentiating them is very tenuous: the threat of an emergency situation or its onset. According to the classification,¹³ an emergency situation is of a federal nature if the number of people who died and/or suffered injury to health is more than 500; it is of a regional nature if more than 50 people. In Russia, the death toll from COVID-19 exceeded 500 people on April 22, 2020 (cases of infection: on March 25, three-fifths were in Moscow; on March 29, already without Moscow, but with differences of up to one or two orders of magnitude between regions).¹⁴ In Moscow, there were 50 cases by March 13 and 50 deaths by April 10. Based on the definition of an emergency¹⁵ and morbidity and

¹²At the beginning of April 2020, the Moscow mayor had an odd message, that it was wrong to pay everyone, because “the budgets have cracks” and even the healthcare system could not be provided for (<https://www.rbc.ru/society/03/04/2020/5e874f352ae596dd7c9fe4ae> (accessed March 23, 2021)).

¹³Decree of the Government of the Russian Federation of May 21, 2007, no. 304 (as amended on December 20, 2019), On the Classification of Natural and Man-Made Emergencies.

¹⁴In the section, quantitative values are given according to official data presented on coronavirusstat.ru

¹⁵“An emergency situation is a situation in a certain territory that has developed as a result of an accident, a dangerous natural phenomenon, a catastrophe, spread of disease posing a danger to others, a natural or other disaster that may or has resulted in loss of life, damage to human health or the environment, significant material loss, and violation of people’s living conditions” (68-FZ as amended on April 1, 2020, Article 1).

mortality statistics in March–April 2020, in a number of federal subjects, primarily in Moscow, nonrequalification of the previously adopted regime seems argumentative. It may be that the emergency regime was not declared as a more alarming one, but not all measures adequate to the situation could be taken within the framework of the high alert regime (see Sect. 21.3.4).

Additionally, in a number of regions, in April–May, due to local outbreaks of disease in individual municipalities, a quarantine was declared in the form of a ban on movement outside their borders. Only in Krasnodar krai, as a resort region, was the quarantine extended to the entire territory to protect its residents in relation to an inflow of vacationers from other federal subjects during the nonworking days announced in the country (see below). In addition, in 40 regions, as well as by many federal agencies, the high alert regime was recognized as force majeure, which made it possible to mitigate the institutional and economic consequences of COVID-19. However, its dissemination, as explained by the Supreme Court, is not a universal force majeure, and in many cases, court decisions that take into account the specific conditions for application of this category are indispensable.

21.3.1.3 The President of Russia and Federal Subjects

The country's top political leadership, represented by the government, began to actively participate in combating the spread of COVID-19 in mid-March, when the situation in Russia, in contrast to many other countries, was still perceived as relatively calm.

On March 11, WHO Director-General announced the assessment that COVID-19 can be characterized as a pandemic. “There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives” (WHO Director. . . 2020). By this time, there were 28 cases in Russia. WHO called for countries to take urgent and aggressive action.

“In connection with the announcement by the World Health Organization of a pandemic” by Decree of the Government of Russia of March 14, 2020, no. 285, a Coordination Council was established to combat the spread of new coronavirus infection in the Russian Federation; it was headed by prime minister M.V. Mishustin. Moscow mayor S.S. Sobyenin, who had already shown himself to be the most active and decisive in introducing a high alert regime, became the first deputy chairman of the council; the next day, by decree of the president of the Russian Federation, he headed a working group of the State Council to counter the spread of COVID-19. The imposition of both roles on the head of a federal subject, even taking into account its status as a capital, indicated a change in the configuration of power, which had previously been firmly centralized at the federal level. The purpose of the Coordination Council is to ensure interactions between federal authorities, federal subject authorities, local authorities, and other bodies and organizations, including for the development of proposals to combat the spread of COVID-19. Sobyenin's commanding role was firmly entrenched at the national level for a long time, and Moscow's experience was extended to all regions.

During March 16–18, 57 federal subjects adopted legal acts on the introduction of a high alert regime, and by March 21 it was already in effect in all 85 federal subjects (although cases were revealed in only half of them, 306 people in total). At the same time, federal agencies continued to adopt regulations governing all public spheres. On March 24, the Ministry of Health of the Russian Federation launched an electronic service for COVID-19 for citizens.

Finally, on March 25 (658 cases, or 4.5 per 1 million people, in two-thirds of regions), for the first time since the beginning of the pandemic, the President of Russia publicly made an “Address to the Citizens of Russia.”¹⁶ Nonworking days with preservation of wages were announced (from March 30 to April 3). This regime has become a key instrument at the national level (adopted without agreement with federal subjects) to reduce the spread of COVID-19. Thus, the risks of economic losses from the pandemic fell on businesses and citizens, since employers either ensured the transition to remote work or paid employees’ wages in full for the period of actual downtime. It was emphasized that all life support structures, including medical institutions, pharmacies, shops, banking, financial institutions, transport, as well as authorities at all levels, would continue operations. The second topic of the address was the announcement of social security of citizens, preservation of their incomes and jobs, as well as support for small and medium-sized businesses.

One week later, on April 2 (the number of cases reached 3500, registered in nine-tenths of regions), V.V. Putin delivered a second address.¹⁷ He announced an extension of the nonworking regime with preservation of wages until April 30 (ultimately, until May 8). Almost the entire population regarded the more than a month of downtime with bewilderment and trepidation, rightly fearing a decrease in income or loss of work, especially since monetary compensation had just been promised and concerned only a small part of the population. The alarming expectations were justified: according to Zubarevich and Safronov (2020), in comparison with 2019, in April 2020, personal income tax (PIT) receipts to the consolidated budgets of regions decreased by 19% in total; in April–June, by 10% (Zubarevich 2021).

In the second address, Putin decreed¹⁸ the granting of “additional powers” to federal subjects (such words are absent in the decree itself). Putin explained that in such a large and diverse country, it was necessary to take into account the peculiarities of regions and municipalities: “In some places, more stringent restrictions must be observed, and in others, while maintaining a high level of availability, there are now sufficient local, point solutions.” Such a political step in a federal state might seem unnecessary,¹⁹ if centralization of power in Russia is not taken into account.

¹⁶<http://www.kremlin.ru/events/president/news/63061> (accessed March 23, 2021).

¹⁷<http://prezident.org/tekst/stenogramma-obraschenija-putina-k-grazhdanam-rossii-02-04-2020.html> (accessed March 23, 2021).

¹⁸Decree of the President of the Russian Federation of April 2, 2020, no. 239, On Measures to Ensure the Sanitary and Epidemiological Well-Being of the Population in the Territory of the Russian Federation in Relation to the Spread of New Coronavirus Infection (COVID-19).

¹⁹Conversely, in Germany, e.g., Angela Merkel stated that if the states do not take necessary restrictive measures, then they can be adopted by federal law (Merkel fordert härteren Kurs der Länder. <https://www.tagesschau.de/inland/innenpolitik/merkel-annewill-corona-101.html> (accessed March 28, 2021)).

According to this decree, the heads of federal subjects had to ensure the development and implementation of a set of restrictive and other measures, including identification of the relevant territories; suspension (restriction) of the activities of individual organizations located in the corresponding territory, regardless of the organizational and legal form and form of ownership, as well as individual enterprises; and establishment, if necessary, of a special procedure for the movement of people and transport. Thus, the heads of federal subjects were ordered to do what they had already done since the adoption (in March) of regional acts on the introduction of a high alert regime and to which they received the right (April 1) according to the newly amended 68-FZ. As a result, in our opinion, the meaning of the decree lies not so much in expanding the “political mandate” for regions to take independent measures (Obshchestvo. . . 2020, p. 416), but in making regions responsible.

The presidential decree contained two provisions that, as it were, gave regional authorities freedom to maneuver: it was they who determined which enterprises and their employees would continue to operate on nonworking days, and which essential enterprises²⁰ could not (as agreed upon with the Government of the Russian Federation). The second, however, caused a struggle of regions over which enterprises would be classified as essential and would be able to continue to operate. Each federal subject created a regional list of enterprises playing a systemic role.

The next public action of the President of the Russian Federation was a video meeting with the heads of federal subjects, which took place on April 8 (almost 8600 thousand cases registered in 81 regions; in all 85, they would be revealed only on April 17), and broadcast on TV and included the third address to the citizens of Russia. It was not easy to combine President Putin’s calls to action. On the one hand, nonworking days were announced, while on the other, “it is impossible to massively restrict the work of enterprises. Many companies in capital continued to work or have switched to remote work.”^{21,22} At the meeting, the regional heads, in describing their progress in implementing plans for preventive measures, raised the issue of federal funding. The Ministry of Finance was instructed to give the regions the opportunity to act flexibly; however, according to N.V. Zubarevich (2021), as a result, the regions were forced to spend additional funds mainly on goals prescribed from above.²³

Two more similar presidential decrees on instructions to regions to ensure the sanitary and epidemiological well-being of the population were adopted on April 28 and May 11; the latter is still in force. The high alert regime introduced by federal subjects on their territories continued. The measures it envisaged at the initial stage of the pandemic began to relax mainly in June 2020.

²⁰ An enterprise whose products or services are important for the vital activity of a particular territory or functioning of a particular industry or socioeconomic system of a region.

²¹ <http://www.kremlin.ru/events/president/news/63176>

²² According to Sobyenin at this meeting, “to close industrial plants, construction plants, construction industry, metalworking, and the production of building materials. . . would be improper.”

²³ The Governor of Moscow oblast also addressed this at the meeting.

21.3.1.4 The Center and Regions: Innovations at the End of the First Pandemic Year

The responses to subsequent developments in the summer and fall of 2020 were not as novel as the fundamental legal decisions at the initial stage of the pandemic in Russia, in March–early May 2020, and were generally predictable. The downturn of the first wave of COVID-19 since early summer and a gradual decrease in the number of new daily cases in Russia by a factor of 2.5 (from 11,656 at the peak, May 11, to 4696, August 25), in Moscow, by a factor of 11 (from 6703 to 619 at the same period), led in the regions to a gradual removal and relaxation of a number of restrictive measures under the high alert regime. The second, much higher wave of a pandemic with an increase in the number of daily new cases from the end of September to the third decade of December by a factor of 4.7 (from 6.5 to 30 thousands) in Russia and of 8 (from 1.05 to 8.2 thousands) in Moscow caused the return and strengthening of restrictive measures until the beginning of March 2021. They varied by region, but, despite the greater severity of the epidemiological situation, in general, in terms of the set and implementation mechanisms repeated the 2020 spring measures or were even less severe.

The beginning of 2021, however, was marked by the legal formulation of a radically different approach to organizing actions in the event of situations like the COVID-19 pandemic. This innovation has not yet attracted researchers' attention, although we think it is extremely important in the context of the relationship between the federal and regional levels of governance. On January 4, the President of Russia issued the Decree (no. 12) Procedure for Actions of Public Authorities to Prevent the Threat of Emergency Situations Associated with the Introduction of Dangerous Infectious Diseases and Spreading Thereof in the Territory of the Russian Federation. It solves a fundamental problem defining a set of measures and regulating the interaction of public authorities. The decree speaks of three territorial risk levels (outside Russia, in its territory, and in one or several federal subjects) and the functions of various departments in the event of risk at each level. The decree fixes what was done spontaneously at the beginning of the pandemic, that is, the creation of a Coordination Council under the Government of Russia and federal operational headquarters; however, other legal provisions it contains are different from the 2020 experience.

In accordance with the decree, the Government of the Russian Federation on March 27, 2021, with its order (no. 741-r), approved the Unified Algorithm for Interdepartmental and Interregional Cooperation to Prevent the Threat of Emergency Situations Associated with the Introduction of Dangerous Infectious Diseases and Spreading Thereof in the Territory of the Russian Federation. The main roles at all three levels are assigned to federal authorities, while regional authorities play auxiliary roles. Even at the third risk level, participation of regional authorities is not envisaged in the development of an action plan and preparation of proposals for the introduction of restrictive measures. It is the operational headquarters that should develop an action plan and prepare proposals for the introduction of restrictive

measures (including quarantine), organize an information campaign, and inform the population about the measures taken. The tasks of regional and municipal authorities are to ensure the regulation of entry into and exit from settlements in case of restrictions; compliance with the ban on holding mass events (one of the few decisions taken independently is to close places of mass stay of people); compliance with the instructions of the Rospotrebnadzor; introduction of restrictions in educational organizations; security of water supply and food, preventing environmental pollution; observance of restrictions by trade and service organizations dealing with the public; implementation of sanitary and antiepidemic measures.

Thus, after a year of the pandemic, federal subjects do not retain the powers they were endowed by the new edition of 68-FZ, adopted on April 1, 2020, and the 2020 spring presidential decrees. Perhaps this means that, in the opinion of the country's top political leadership, the federal subjects did not cope with the tasks. Perhaps, this is the way the experience accumulated in 2020 in the distribution of powers to prevent threats to the epidemiological well-being of the population is comprehended. Maybe, also in this area, this is just a return of governance to the centralized model.

21.3.1.5 Section Summary

In sum, a fundamental feature of COVID-19 crisis management in Russia in the first year of the pandemic is strengthening of the role of federal subjects in decision-making. Decentralization occurred, in essence, not at the behest of the federal center through the transfer of powers, but as a result of the initiative taken by regions on measures to prevent the spread of COVID-19 on their territories. Federal legislation only consolidated the new powers.

The Mayor of Moscow became the decision-making leader during the pandemic. Not only regional, but also federal authorities followed Moscow's lead. The federal authorities lagged behind the regional authorities, at least in the first, most acute period of the pandemic.

In all federal subjects, a high alert regime was chosen; at the federal level, it was never introduced. In developing measures in federal subjects, their socioeconomic, geographical, cultural, ethnic, and other features were poorly taken into account. The lack of experience in combating the spread of such diseases, the need for a quick response, and the pursuit of not only the goals of the epidemiological well-being of the population, but also economic and political ones, were affecting.

At the end of the first year of the pandemic, the legal decisions by Russia's top political leadership on the procedure for actions on the part of public authorities to prevent threats to the sanitary and epidemiological well-being of the population indicated a return to centralized administration, which contrasts to the role that regions played in the early periods of the fight against COVID-19. Thus, the decentralization observed in Russia, at least in what concerns combating COVID-19, proved temporary but did not lay the foundations for a change (did not provoke a change) in the centralist model of governance.

21.3.2 What Is Happening in the Tertiary Sector of the Economy?

21.3.2.1 Dynamics of the Crisis for Russia as a Whole

The more complex nature and structural specifics of the economic crisis in 2020 compared to previous ones make it possible to analyze it, including through the dynamics of the tertiary sector. Managerial decisions to mitigate the consequences of the current crisis are complicated by the complex nature of the economic downturn, which has arisen as a result of two combined, mutually reinforcing groups of factors. Negative macroeconomic trends, which exacerbated problems in key sectors of material production, were aggravated by the crisis in consumer demand associated with both severe social restrictions during the pandemic and the continuing decline in household income (Zubarevich and Safronov 2020).

Traditionally, attention to the tertiary sector in Russia is associated with the strengthening of its role in employment and the significant contribution to forming regional budgets (Safronov and Zotova 2021). In 2019, the share of the tertiary sector in own tax revenues of regional and local budgets in Russia as a whole exceeded 60%. For most regions, the tertiary sector is the most important source of their own revenues. Its less “profitable” sectors providing nonmarket social services are distinguished by the number of jobs and volume of personal income tax (PIT; Fig. 21.1). “Advanced” sectors, primarily providing B2B services, are distinguished by a higher share of value added tax (VAT) going to the federal budget and profit tax, 85% of which is credited to the regional budget.

Although the shock of the social restrictions during the spring lockdown did in fact affect the entire tertiary sector to some extent, the 2020 wave of the crisis affected its subsectors to varying degrees: primarily, areas providing market services to legal entities and the population.

Most expert assessments of the scale of the recession in 2020 pertain either to the economy as a whole or to individual sectors better provided with quarterly or monthly Federal State Statistics Service (Rosstat) data, for example, trade or paid services (Monitoring... 2020). Possibilities for a more detailed analysis of the dynamics of certain types of economic activity (TEA) are provided by quarterly Federal Tax Service (FTS) statistics.²⁴ Based on tax revenue data for 2020, the branches of the tertiary sector can be divided into three groups.

1. The crisis had a relatively small impact on sectors of nonmarket services, which have a high share of personal profit tax in the structure of tax revenues: public administration, education, and healthcare (Fig. 21.2). After a slight decline in the

²⁴A significant problem that arises in analyzing tax revenues by branches of material production and transport is tax refunds complexly “smeared” throughout the year, primarily VAT and excise. As a result, the amount of actually collected taxes decreases, which significantly reduces the accuracy of assessing economic activity for a given period. However, data for the tertiary sector, with the exception of transport, are least affected by this drawback.

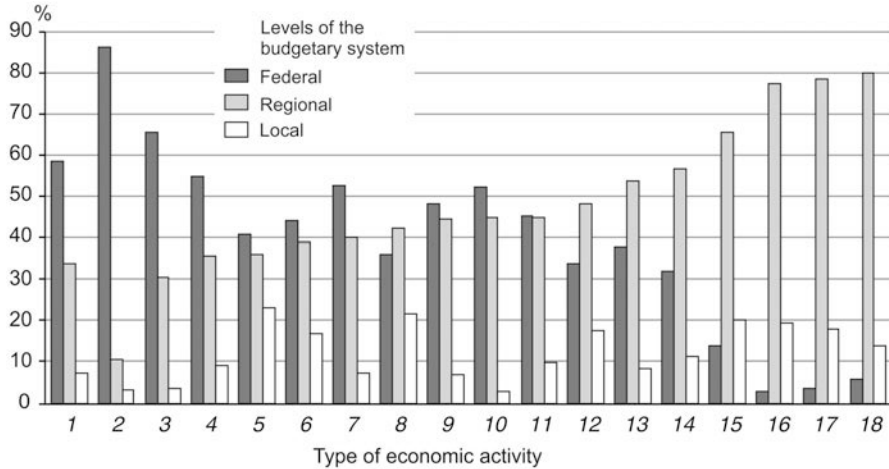


Fig. 21.1 Assessment of structure of distribution of tax revenues from various types of economic activity by levels of Russian Federation budgetary system in 2019 (in %)

Source: Compiled from Federal Tax Service (FTS) data: https://www.nalog.ru/rn77/related_activity/statistics_and_analytics/forms/ (accessed January 15, 2021). Type of economic activity: 1, all economic activities; 2, mining and quarrying; 3, manufacturing; 4, construction; 5, accommodation and food service activities; 6, administrative and support service activities; 7, information and communication; 8, other service activities; 9, water supply; sewerage, waste management, and remediation activities; 10, electricity, gas, steam, and air conditioning supply; 11, professional, scientific, and technical activities; 12, real estate activities; 13, financial and insurance activities; 14, wholesale and retail trade; repair of motor vehicles and motorcycles; 15, arts, entertainment, and recreation; 16, education; 17, healthcare and social work activities; 18, public administration and defense; compulsory social security

second, most difficult quarter, they reached the level of the corresponding period of 2019. Emergency injections into healthcare and an increase in the volume of COVID-19 aid did not have much effect on tax revenues and apparently could not compensate even the decrease in volumes of other medical services, not to mention their quality and availability under COVID-19 restrictions.

2. Sectors that showed slight growth even after taking inflation into account were retail trade, which began to rapidly restructure as a result of development of the online segment; information services, the demand for which has grown significantly; and so-called administrative services, primarily at the expense of cleaning companies.
3. The strongest decline was observed in sectors that provide market services and have a higher share of profit tax in their deductions: most of them did not manage to restore at least precrisis level by the end of the third quarter. In addition to the hospitality, catering, culture, sports, and leisure establishments working for the end consumer, this group also includes the majority of sectors that provide services to legal entities. The prospects for the restoration of the latter are associated not only with the normalization of the social life of society but also with the general prospects for the resumption of economic growth. Wholesale

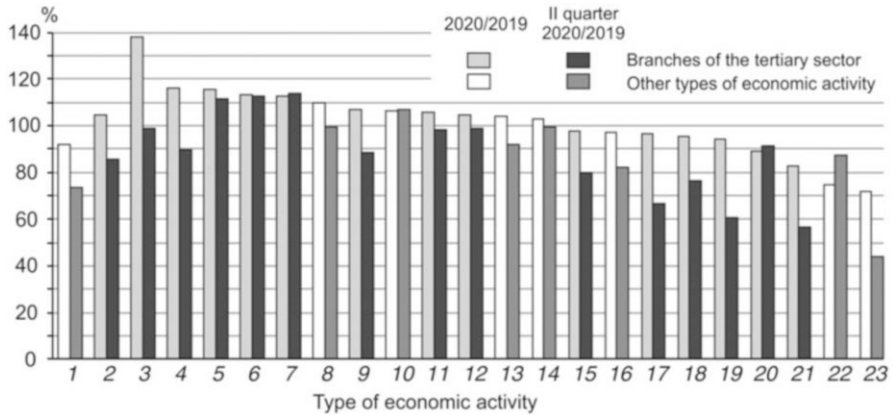


Fig. 21.2 Dynamics of tax revenues by type of economic activity for 2020 to the corresponding period of 2019 (in %)

Source: Compiled from Federal Tax Service data: https://www.nalog.ru/rn77/related_activity/statistics_and_analytics/forms/ (accessed January 15, 2021). Type of economic activity: 1, all economic activities; 2, tertiary sector; 3, administrative and support service activities; 4, wholesale trade; 5, retail trade; 6, public administration and defense; compulsory social security; 7, information and communication; 8, water supply; sewerage, waste management, and remediation activities; 9, professional, scientific, and technical activities; 10, manufacturing; 11, healthcare and social work activities; 12, education; 13, construction; 14, electricity, gas, steam, and air conditioning supply; 15, other service activities; 16, agriculture, forestry and fishing; 17, financial and insurance activities; 18, arts, entertainment, and recreation; 19, real estate activities; 20, transportation and storage; 21, accommodation and food service activities; 22, other economic activities; 23, mining and quarrying

trade occupies an intermediate position, which after a strong recession managed to reach the level of the previous year in the third quarter.

The amount of time worked²⁵ is another indicator for assessing the scale of the crisis. Although it generally confirms the conclusions drawn on the basis of tax statistics, the disproportionately smaller reduction in volume of hours worked in the shock second quarter compared to tax deductions is noteworthy (Fig. 21.3). This may indirectly indicate a decrease in the volume of services provided per employee, that is, labor productivity. In the future, this may entail optimization of the number of employed, which will primarily affect the most advanced market services sectors (see below in Sect. 21.3.3).

21.3.2.2 The Tertiary Sector as a Regional Projection of the Crisis

Three factors had a decisive influence on the dynamics of the tertiary sector during the most acute phase of the crisis. First of all, this was the position of the main cities

²⁵The hours worked by the main personnel at medium and large enterprises are taken into account.

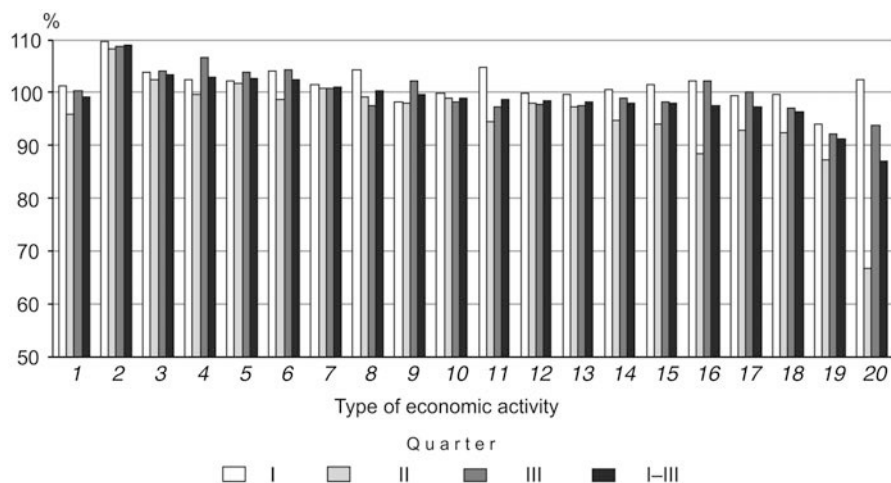


Fig. 21.3 Dynamics of number of man-hours worked by employees of medium and large enterprises and organizations in 2020 to corresponding period of 2019 (in %)

Source: Compiled from EMISS: <https://www.fedstat.ru/indicator/57851> (accessed January 15, 2021). Type of economic activity: 1, all economic activities; 2, information and communication; 3, administrative and support service activities; 4, professional, scientific, and technical activities; 5, public administration and defense; compulsory social security; 6, wholesale and retail trade; repair of motor vehicles and motorcycles; 7, water supply; sewerage, waste management, and remediation activities; 8, mining and quarrying; 9, financial and insurance activities; 10, electricity, gas, steam, and air conditioning supply; 11, real estate activities; 12, agriculture, forestry, and fishing; 13, construction; 14, healthcare and social work activities; 15, transportation and storage; 16, arts, entertainment, and recreation; 17, education; 18, manufacturing; 19, other service activities; 20, accommodation and food service activities

of a region in the hierarchy of central places, which determined the inclusiveness of a territory in interregional and international migrations. At the initial stage of the pandemic, this factor best explained the geographic pattern of the COVID-19 spread (Zemtsov and Baburin 2020). In addition, in regions located in the hinterlands of the country, for example, the Central Chernozem Economic District, restrictive measures were introduced later, which caused fewer economic losses (Fig. 21.4).

The significant influence of the sectoral structure of the economy on the decline in the tertiary sector in the shock second quarter of 2020 makes it possible to distinguish three groups of federal subjects. The tertiary sector proved more stable and adaptive in regions with large urban agglomerations and with centers with a developed and diversified services structure (Moscow, St. Petersburg, Novosibirsk and Voronezh oblasts). A strong decline was typical, first, of more industrialized regions, in which the decline in effective demand of the population was aggravated by the decline in volume of B2B services provided primarily to key, export-oriented specialization sectors, and second, of national republics with poorly diversified economies, where social restrictions led to a reduction in retail trade, the main market tertiary sector. In regions of Asian Russia and the European North with a

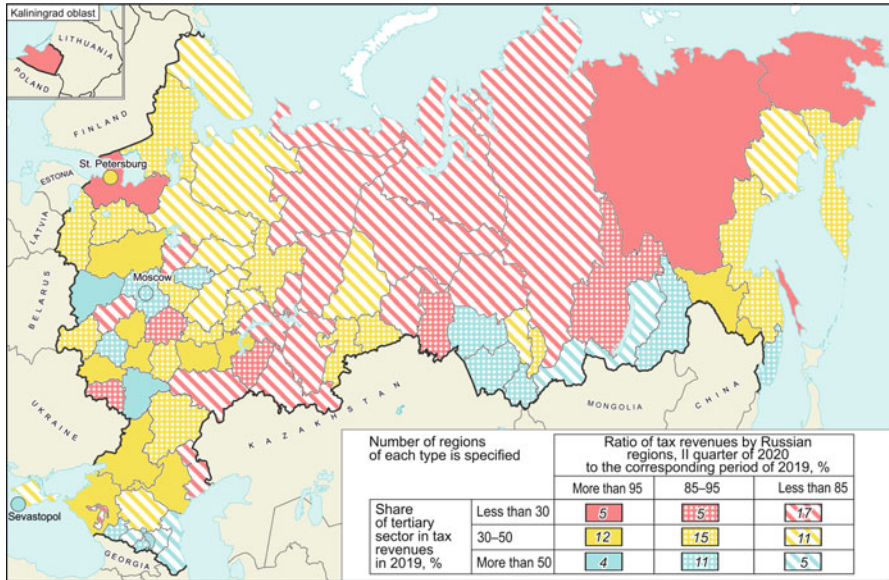


Fig. 21.4 Types of Russian regions by ratio of share of tertiary sector in tax revenues in 2019 and dynamics of tax revenues in second quarter of 2020 to the corresponding period of 2019
 Source: Compiled from Federal Tax Service data: https://www.nalog.ru/rn77/related_activity/statistics_and_analytics/forms/ (accessed January 15, 2021)

focal type of development, the settlement pattern factor had a negative impact on the situation. This led to an increased concentration of services in a limited number of large urban centers that were more epidemiologically vulnerable.

The consequences of the current socioeconomic crisis are also manifested in the negative dynamics of the number of small and medium-sized enterprises (SMEs)²⁶ observed in Russia since 2018. State support measures for SMEs, which peaked in the second quarter of 2020, temporarily slowed this process. However, at the end of the year, the rate of decline of SMEs remained the same as in 2019 at a level of 6–7%. The most vulnerable groups of SMEs were those operating in the tertiary sector, which account for more than 70% of their total number. The higher the share of the tertiary sector in the sectoral structure, the higher the rate of decline in SMEs in a region (Fig. 21.5a). Meanwhile, against a general negative dynamics in some, primarily economically weak regions, there were examples of new, apparently fictitious SMEs registered with the expectation of expanding federal and regional support measures.

At first glance, under these conditions, the slight increase in the number of people employed in SMEs seems illogical (Fig. 21.5b). This is related to the specifics of

²⁶SMEs include legal entities with no more than 250 employees and sole proprietorships officially registered and listed in the SME registry.

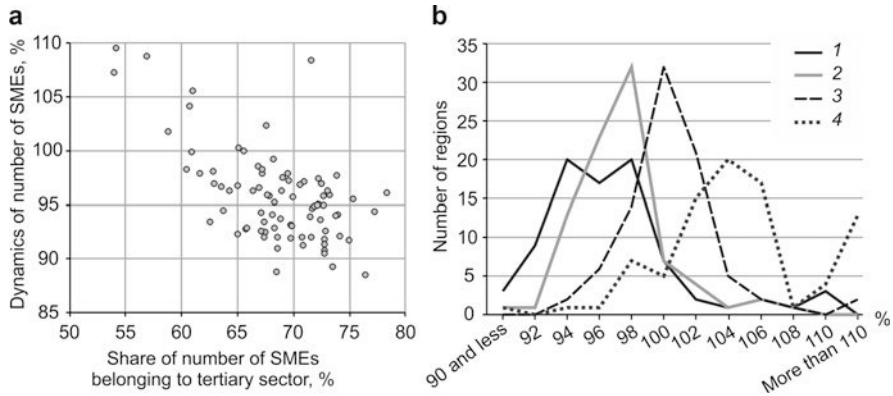


Fig. 21.5 (a) Dynamics of number of SMEs (y-axis, %) as function of share of number of SMEs belonging to tertiary sector (x-axis, %), by regions. (b) Dynamics of number of subjects and people employed in SMEs, January 10, 2021, compared to January 10, 2020 (% , number of regions) *Source:* Compiled from FTS SME registry, <https://rmsp.nalog.ru> (accessed January 17, 2021). 1, legal entities; 2, sole proprietorships; 3, legal entities' employees; 4, sole proprietorships' employees

state support, for the provision of which the authorities rely on official SME registration data. This prompts some sole proprietors waiting for continuation or expansion of grant subsidies to SMEs to indicate a larger number of employees in registry, some of whom were previously employed on informal terms.²⁷

21.3.2.3 Section Summary

In sum, the branches of the tertiary sector of the economy reacted differently to the new, more complex, COVID-19 crisis, in which negative macroeconomic trends were exacerbated by severe social restrictions. The greatest stability in these conditions was shown by nonmarket social and state services. Although the largest losses were typical of sectors providing market services to end users, most B2B services did not fully recover financially by the end of the year.

The features of the regional dynamics of the tertiary sector during the COVID-19 crisis were determined by four main factors:

1. The depth of the geographical position within the country, which affected the involvement of regional populations in return migrations.
2. The sequence (rate and timeliness) of introducing restrictive social measures.
3. The sectoral structure of a region's economy and the tertiary sector itself.

²⁷ For example, a prerequisite for subsidizing wages in April–May 2020 at the minimum wage level was to maintain 90% of the number of employed in March. Repeated provision of such support in October–November was discussed in the Federation Council Committee on Economic Policy.

4. The settlement pattern, which influenced the degree of territorial concentration of the service sector in a region and its vulnerability under lockdown conditions.

The impact of the crisis on SMEs was temporarily mitigated by state support measures, which nevertheless failed to stabilize the negative dynamics of the number of SMEs. Against this background, business expectations of new steps of state support led to a volatile increase in the number of people employed in this sector.

21.3.3 The Labor Market in Pandemic Conditions

21.3.3.1 What Employment Numbers Reflect?

The coronavirus pandemic and the ensuing restrictive measures have had a strong impact on the state of the Russian labor market. According to official data, in April 2020, the share of employees of enterprises that suspended their activity was 28%. Some sectors, such as consumer services, tourism, and air travel, were almost completely closed. The economic downturn led to a drop in household income, demand, and other effects that indirectly influenced the labor market.

The labor market crisis in 2020 differed fundamentally from previous ones, triggered by a drop in production in the 1990s and the recessions of 2008–2009 and 2014–2015. First, the set of affected sectors was different and, as a consequence, so was the depth of manifestation in regions with different sectoral structures of the economy. Second, the institutional factor had a significant impact on the situation in regional labor markets. Whereas the previous crises occurred under unified administrative regulation mainly controlled by the federal center, in 2020 the center largely shifted responsibility for development of the situation in the economy to the regional authorities. The regions were given a kind of *carte blanche* to implement their own strategies to combat the pandemic and its consequences: in some regions, the authorities preferred to immediately introduce strict restrictive measures, but then scaled them back; in other regions, the local leadership significantly dragged its feet on the need for restrictions, and somewhere along the line, everything boiled down to formal recommendations, without rigid restrictions on business operations. Besides, not only the restrictive measures differed, but also the support measures.

Both factors—objective, related to the sectoral structure of the labor market, and subjective, due to decisions of regional and local authorities—led to a strongly diversified situation in regional labor markets and influenced the plight of millions of workers. This section will answer the following questions:

1. How did the sectoral structure of regional labor markets affect their stability during the crisis: (a) which sectors and regions were most vulnerable to the crisis; (b) was the more diversified structure of the labor market a factor determining its stability?

2. How greatly did the institutional factor (local restrictive measures) influence the state of the labor market in regions for which the consequences of administrative decisions proved stronger than the objective factor of the sectoral structure?

The impact of the COVID-19 crisis on the labor market is one of the central areas of research on how countries have been economically impacted by the pandemic (Bartik et al. 2020; Bernstein et al. 2020; Bradley et al. 2020; Lewandowski 2020; Maurizio and Bertranou 2020). The International Labour Organization (ILO) in its regular surveys on the subject emphasizes a wide range of consequences from the crisis on the labor market both in different regions of the world and in various sectors of the economy (ILO Monitor 2020a, b). State regulation of the economy and the labor market in these conditions is also changing rapidly and dramatically (Chiuffo 2020; Hendrickx et al. 2020; Gaglione et al. 2020; Mangan 2020; Sagan and Schüller 2020).

The sectoral structure of employment receives particular attention as the most important factor determining the depth of the decline in the regional labor market. As a rule, it is assumed that regions with a more diversified structure are less sensitive to economic shocks, since the risk of suffering a shock is distributed among these sectors (Frenken et al. 2007) and, as a rule, this does not occur all at once. However, it is possible that the magnitude of the shock could be exacerbated if the affected sector has close ties with other sectors in the region and thus the feedbacks are localized (McCann and Ortega-Argilés 2013) and a multiplicative effect is observed.

To quantify the scale of restrictive measures, researchers use several methods: by tracking the changes in the purchasing activity of the population (as Sberbank, Russia's largest bank, does in its Sberindex²⁸), in the intensity of movement of people (as it is done by Apple,²⁹ Google,³⁰ and Yandex, Russia's largest IT corporation³¹), and by investigating the legislative regulation of the economy in each region (Differentsiatsiya. . . 2020). Some studies use composite indices but they are more applicable at the national level (Hale et al. 2020, 2021).

21.3.3.2 Impact of the Sectoral Structure on Regional Labor Markets During the Pandemic

It is not yet possible to fully assess the consequences of the pandemic for individual sectors of the Russian labor market in 2020, since there are no official data on employment in small and medium-sized businesses and sole proprietorships. The available estimates for large enterprises and organizations (about half of the employed, taking into account the vast informal employment sector), most likely,

²⁸<https://sberindex.ru/ru/dashboards/indeks-potrebitel'skoi-aktivnosti>

²⁹<https://covid19.apple.com/mobility>

³⁰<https://www.google.com/covid19/mobility/>

³¹<https://yandex.ru/company/researches/2020/podomam>

characterize the situation in the most stable segment of the labor market, but even they indicate serious sectoral differentiation (Fig. 21.6).

The 2020 crisis was generally accompanied by the recurrence of an adaptation scenario typical (Gimpelson et al. 2017) for the Russian labor market: under the decline in economic activity, there was no corresponding reduction in the number of employed—employers adapted to the crisis by hiring fewer new workers, furloughing or putting full-time employees on part-time, and reducing wages, avoiding massive layoffs (see Fig. 21.6). The total number of hours worked by employees at large enterprises and organizations in the second quarter of 2020 decreased by 4%. The hardest hit were the consumer and personal services sectors, the most affected by restrictive measures: -33.2% for hotels/restaurants; -12.7 and -11.4% for other service activities and recreation/entertainment respectively. The manufacturing industry (-7.4%), education (-7%), the transport sector (-5.8%), and healthcare (-5.2%) also dropped quite strongly. The national lockdown had a much weaker effect on financial and insurance activity (-1.9%), agriculture and forestry (-1.9%), trade (-1.2%), and mining (-0.7%). Some sectors, primarily the information and communications sector ($+8.4\%$), demonstrated steady growth.

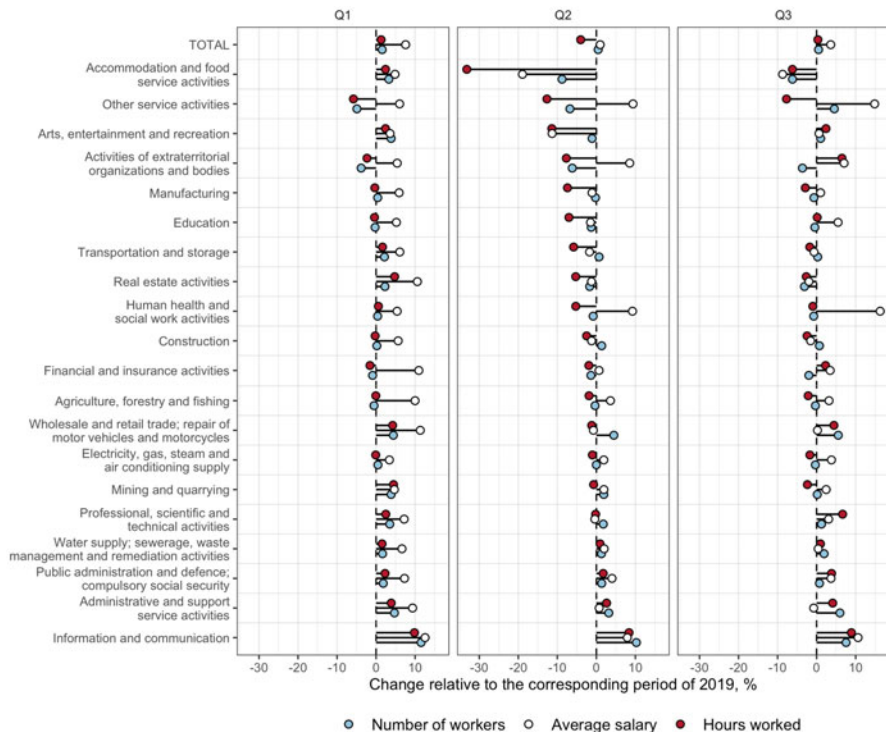


Fig. 21.6 Sectoral dynamics in the labor market of Russia in the first–third quarters (Q1, Q2, Q3) of 2020 to corresponding period of 2019

Source: Rosstat data: <https://www.fedstat.ru/indicator/57851>

To assess the vulnerability of regions as a function of the sectoral structure of their labor markets, the index of the expected region's labor market dynamics (IELMD) was calculated (Eq. 21.1):

$$\text{IELMD} = \sum_i S_i * D_i, \quad (21.1)$$

where S_i is the share of the sector i in the regional labor market in the corresponding period of 2019; D_i is the dynamics of sector i in the corresponding period of 2020 for Russia as a whole; and $\sum_i S_i * D_i$ is the total for all sectors in a region. The higher the share of the most affected sectors, the more vulnerable the region.

According to our estimates, the regions most vulnerable to the crisis included the Republic of Crimea, the Volga and Caucasus republics, and the relatively poor regions of Central Russia with a small share of industry and qualified services. Moscow as well as the resource regions of Siberia and the Far East were less vulnerable to the crisis due to the sectoral structure of the labor market. In general, the variation among regions in the expected downturn in the labor market (in terms of hours worked) in the most difficult, second quarter of 2020 ranged from -4.7% (Chelyabinsk oblast) to -2.4% (Magadan oblast).

However, the observed dynamics of regional labor markets during the pandemic only partially coincided with the expected ones (Fig. 21.7): Spearman's correlation coefficient between the expected and observed dynamics in the second quarter of 2020 was 0.4, p -value < 0.01 . The regions differed in the dynamics of hours worked much stronger than expected. In the second quarter, Moscow, Crimea, and Siberian and the Far Eastern regions performed much better than expected, while the republics of the Caucasus, the Volga Region, and regions of Central Russia fared much worse. Notable examples were Sakhalin, Amur, Murmansk, and Magadan oblasts, Yamalo-Nenets Autonomous Okrug, and several other regions, which, against the national decline, showed an increase in hours worked, while Ivanovo, Smolensk, and Bryansk oblasts as well as the republics of Sakha (Yakutia), Adygea, and others, on the contrary, performed significantly worse than expected.

In the third quarter (see Fig. 21.7), the list of the leaders barely changes: Moscow, the Yamalo-Nenets Autonomous Okrug, Amur, Magadan, and Sakhalin oblasts, and so on. Tula, Tver, and Rostov oblasts were true to expectations. Yakutia was still worse than expected; in addition, other eastern regions noticeably sagged: the Khanty-Mansi and Chukotka autonomous okrugs; Khabarovsk, Zabaykalsky, and Primorsky kraises; and the Komi Republic in northern European Russia.

One reason why the observed labor market dynamics showed much wider variation than expected may be hidden in the multiplicative effects of the decline in the labor market and degree of its diversification (Fig. 21.8). In the most economically developed regions with a diversified sectoral structure of the labor market, the crisis-related contraction in the affected (service) sectors had a weak inhibitory multiplicative effect on other sectors, primarily material production: contraction of the labor market in some sectors was compensated by expansion in others. In regions with less sectoral diversification of the labor market, the situation

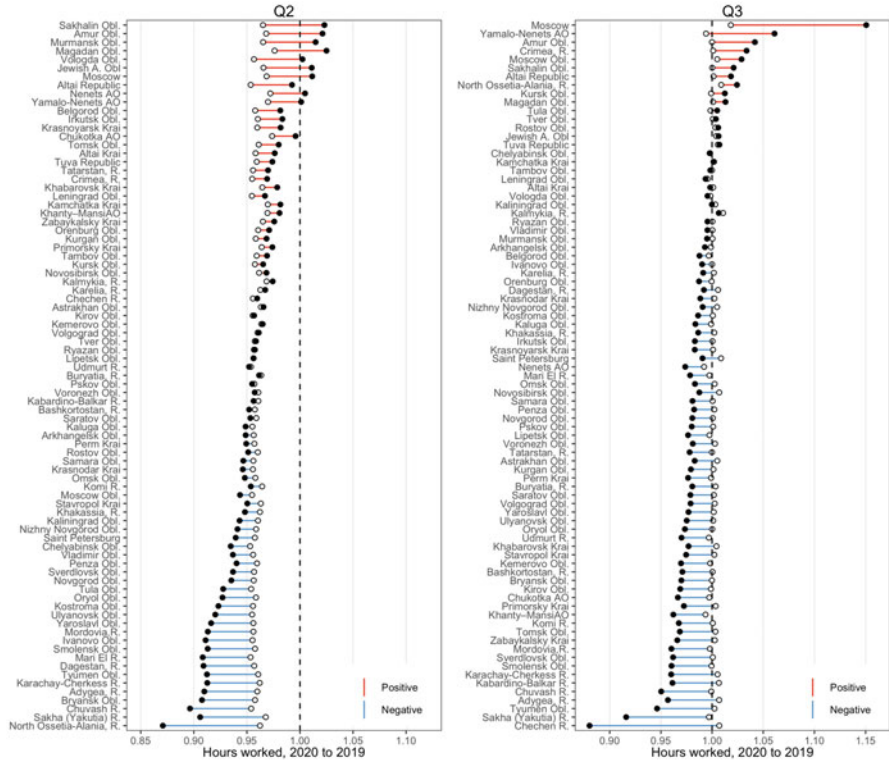


Fig. 21.7 Differences between the expected (IELMD, open circles) and observed (closed circles) labor market dynamics by Russian regions in the second (Q2) and third (Q3) quarters of 2020
Note: Obl. stands for oblast; R. is republic/republic of; AO is autonomous okrug; A. Obl. is autonomous oblast

could have developed according to two scenarios: (1) regions—exporters of mineral resources as a whole were less affected by the crisis; in addition, the first wave of the disease reached the East with a lag, hence, for some of them, the good dynamics in the second quarter was followed by a significant subsidence in the third quarter; (2) the relatively poor regions of the Caucasus, the Volga Region, and the Non-Chernozem Region, with a low level of diversification of the labor market and a small share of sectors and skilled services, suffered to a much greater extent, since contraction of the labor market in vulnerable sectors was not stabilized by the situation in underdeveloped stable sectors.

Thus, the sectoral features of the 2020 crisis, including small intersectoral multiplicative effects, led to a more stable situation on the labor market in richer regions with a low share of vulnerable sectors and, in general, with a more diversified sectoral structure of the labor market. However, this does not explain why some regions acutely changed their position from the second to the third quarter, nor why some on the whole demonstrated a behavior contrary to sectoral predisposition (see

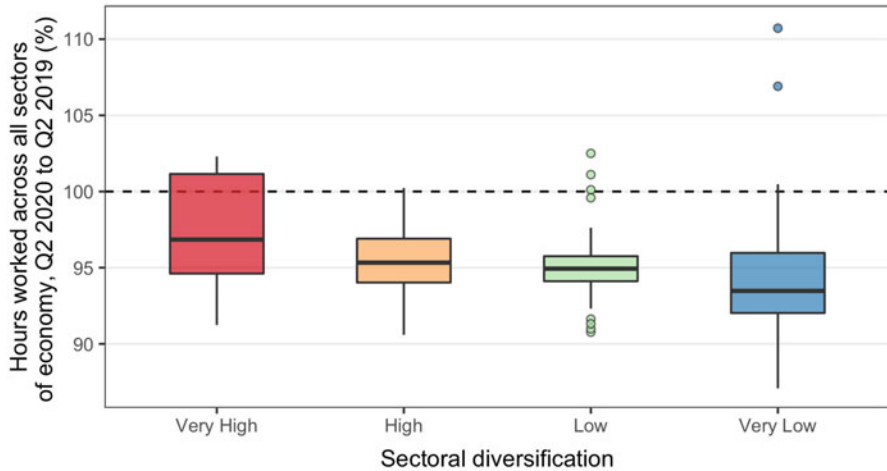


Fig. 21.8 Drop-in hours worked in Russian regions under the pandemic crises in the second quarter (Q2) of 2020 compared to the corresponding period of 2019, depending on the level of sectoral diversification of labor market

Note: Sectoral diversification estimate is based on Herfindahl–Hirschman index (HHI) for the sectoral structure of hours worked at end of the second quarter of 2019. In accordance with the obtained HHI values, the regions were divided into four equal groups. Within the groups, the observations were weighted by absolute values of hours worked

Fig. 21.7). The index of the expected labor market dynamics shows how the labor market of a region should behave if all its sectors developed in accordance with all-Russian trends, or, in other words, it shows the expected amount of time worked in each specific region if local conditions, including sectoral regulation measures, did not differ from the national average. However, the situation with the labor market changed dramatically when regional authorities used different regulatory mechanisms.

21.3.3.3 Institutional Factor

The impact of administrative decisions on labor markets can be viewed from two viewpoints: as the expansion of restrictive measures for the functioning of certain sectors of the economy and as implementation of compensatory support measures for the affected categories of employers and workers.

The implementation of *restrictive* measures in Russia began at the very beginning of March 2020 on the initiative of individual regions. Against the common background, Moscow and Moscow oblast stood out: they introduced a high alert regime (see above in Sect. 21.3.1) and began to gradually limit mass events, the operations of eating establishments, cinemas, beauty businesses, and so on. Somewhat later, similar measures were taken in most Russian regions, but until the end of March,

they were desultory. Russia introduced an official federal lockdown that ran from March 30³² to May 8, 2020, and provided for the introduction of nonworking days for all enterprises, with the exception of an extensive list of so-called continuously operating businesses essential to the population and the economy (medical, trade, transport, and so on), as well as all sectors that regions themselves deemed necessary to operate. As a result, the leadership of Russian regions faced a choice: on the one hand, no one wanted the regional economies to collapse, and on the other, the heads of regions, not fully understanding the risks and patterns of the spread of infection, were forced to overprotect themselves, “closing” their regions or parts thereof to the maximum extent. In this situation marked by intuitive behavior, gravitation to “opinion leaders” (primarily, the mayor of Moscow, governors of Moscow oblast, St. Petersburg, and other large regions), and a lack of information, Russian regions saw the development of a diverse and often inexplicable system of restrictive measures. Available research indicates that the severity of restrictive measures was not related to the current epidemiological situation (Differentsiatsiya... 2020) nor with the current state of affairs in the economy (Zhestkost’... 2020).

The severity of restrictive measures became the main factor that governed the differences between regions during contraction of the labor market in the hotel and restaurant sector (Fig. 21.9). In many respects, the mean Russian one-third reduction in hours worked in the sector in the second quarter of 2020 came from only a few large regions: Moscow and the Moscow oblast, St. Petersburg, and the Republic of Tatarstan; in most regions, the severity of restrictions was less. Since summer 2020, as the morbidity rate decreased, restrictive measures in regional economies were gradually lifted, and by the end of 2020, they exerted a significant influence only for cultural events, partly in the food services sector.

State *support* measures for the labor market during the pandemic were carried out at the federal and regional levels, both directly and indirectly. The most ambitious was federal³³ indirect support via targeted social payments to citizens (primarily families with minors) to maintain demand (in total for 2020, RUB 769.2 billion [bln]), as well as financial support measures for small businesses and sole proprietor-

³²Decree of the President of the Russian Federation of March 25, 2020, no. 206, On Declaration of Nonworking Days in the Russian Federation; Decree of the President of the Russian Federation of April 2, 2020, no. 239, On Measures to Ensure the Sanitary and Epidemiological Well-being of the Population in the Russian Federation in Relation to the Spread of New Coronavirus Infection (COVID-19), and Decree of the President of the Russian Federation of April 28, 2020, no. 294, On the Extension of Measures to Ensure the Sanitary and Epidemiological Well-being of the Population in the Russian Federation in Relation to the Spread of New Coronavirus Infection (COVID-19).

³³A generalized summary of federal support measures for 2020 and plans for 2021 is contained in the National Action Plan to Ensure the Restoration of Employment and Household Incomes, Economic Growth, and Long-Term Structural Changes in the Economy (approved by the Government of the Russian Federation on September 23, 2020, Protocol no. 36, section VII) (No. П113-60855 dated October 2, 2020).

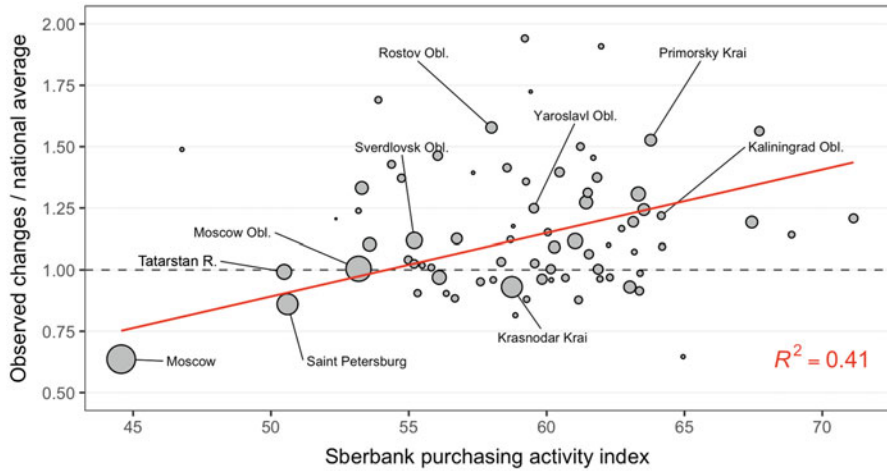


Fig. 21.9 Relationship between severity of restrictive measures (measured by purchasing activity) and deviation of the observed changes in hours worked in hotel business and food enterprises in Russian regions from national average in the second quarter of 2020

Note: Trend line is weighted by absolute values of hours worked. Obl. stands for oblast; R. is republic of

ships operating in affected sectors³⁴ (RUB 376.6 bln). Lastly, RUB 149 bln were allocated for direct support of citizens who lost their jobs as a result of the crisis, most of which was spent on increasing the minimum and maximum amount of unemployment benefits, as well as increasing their duration. In addition to the increase in funding, introduction of a remote procedure made it easier to file for benefits. Note that the federal program to support the economy and labor market had no territorial priorities for any regions.

Whereas regions on their own determined the depth of the imposed restrictions and this did not require significant operating costs, the set and scale of compensation measures that they could afford directly depended on their financial capabilities. Most assistance in regions was provided through the breaks in regional tax payments. That meant that a region provided assistance to its economy at the expense of its own shortfall in revenues, which were subsequently partially compensated from the federal budget via intergovernmental transfers (Zubarevich and Safronov 2020). In general, support of the labor market in regions was more likely carried out indirectly: by reducing the tax burden for SMEs in the affected sectors, including among the criteria for receiving assistance obligations to maintain employment at the precrisis (usually 90%) level, and so on. There was also direct support for the

³⁴ According to a special federal list approved by the RF Government Decree of April 3, 2020, no. 434, On Approval of the List of Sectors of the Russian Economy Most Affected by Exacerbation of the Situation as a Result of the Spreading of New Coronavirus Infection (with amendments and additions).

unemployed, as in the case of federal initiatives, but it was not a priority in regional anticrisis policy. Thus, it is possible to say that implementation of federal and regional restoration programs should have helped to implement the adaptation scenario in the labor market not due to massive layoffs of workers and their redistribution between spheres of employment, which could have been expected in analogy with foreign countries (primarily the United States and some European countries), but through part-time employment mechanisms and compensation from the state for part of an employer's costs for paying wages. This support scheme, similar to that during the previous acute labor market crisis of 2008–2009, in general has acquitted itself well.

21.3.3.4 Section Summary

In sum, the sectoral structure of the economy has significantly influenced the state of labor markets in federal subjects, since the set of affected sectors and their role for Russian regions were very different.

The nature of the crisis and the small multiplicative effect between sectors made diversified labor markets more resilient than monopolized ones, dominated by more vulnerable sectors.

The institutional factor of regional policy in restrictive measures played an important role in differentiating the situation on labor markets; the degree of administrative decentralization increased somewhat in the third quarter more than in the second.

The combination of sectoral specialization and the severity of restrictive measures determined general trajectories of labor markets in Russian regions during the pandemic.

21.3.4 Regional and Municipal Response in St. Petersburg

21.3.4.1 Assessment of the Situation with COVID-19

Russian doctors recognize four main parameters for assessing the situation with COVID-19: morbidity, prevalence, case fatality rate, and mortality; however, they note the lack of uniform approaches to accounting for morbidity, differences in terminology and assessment methods in Russia and foreign countries (Drapkina et al. 2020). Economists, who have attempted a more accurate estimate of mortality from coronavirus in the Russian regions compared to the official estimates, point to the comparison of data from different sources as one of the main research methods (Lifshits 2020). Guided by this principle, we limited our assessment to morbidity and mortality criteria, since data for each of them are available from at least two different sources. For comparison, we supplemented them with available data on hospitalization of patients in coronavirus facilities. Mortality rates are also considered from the

standpoint of excess mortality, which we calculated as the difference between the mortality rate from all causes for January–November 2020 and the average mortality rate for the corresponding months of 2011–2019. The informative value of the excess mortality rate is recognized by both official and independent researchers, but it is assessed differently: whereas O.M. Drapkina et al. (2020, p. 308) indicate that in order to assess coronavirus' contribution to excess mortality "there is difficult analytical work in store for the future," independent demographer A.I. Raksha calls it "the most important indicator of the overall impact of the virus on humans."³⁵

In analogy with the methodology of Zubarevich and Safronov (2020), we assessed the economic situation with the COVID-19 crisis based on monthly Rosstat data on the dynamics of socioeconomic indicators reflecting the crisis phenomena: industrial production, retail trade, paid services, level of overall unemployment (according to the ILO methodology) and registered unemployment, as well as FTS data on receipt of budget revenues and collection of two taxes—profits of organizations and income of physical persons. It should be noted that in this section, St. Petersburg is considered as one of the regions whose economies suffered the most from strict quarantine measures.

St. Petersburg, Russia's second largest city, has the highest COVID-19 death rate by official data (1.44 per 1000 inhabitants; Moscow is in second place with 0.89).³⁶ However, even these data may be underestimated: none of the official sources provides sufficiently complete and detailed statistics, and the data of various departments contradict each other. According to the official Internet resource stopkoronavirus.rf, as of January 1, 2021, 7769 people died from COVID-19 in St. Petersburg.³⁷ According to Rosstat reports, COVID-19 became the main cause of death for 9900 St. Petersburg residents for the period from April to December 2020 along.³⁸ According to the Government of St. Petersburg, mortality from all causes for 2020 was 18.6% higher than the average for the previous 9 years; excess mortality was more than 11,400 people, that is, +2.12 per 1000 inhabitants (Fig. 21.10). St. Petersburg also numbers among the top ten regions with the coronavirus highest mortality rate: 31.6 deaths per 1000 cases.³⁹

The data on the total number of cases are also inconsistent. According to the official Internet resource stopkoronavirus.rf, as of January 1, 2021, 245,800 cases were detected in the city (45.6 cases per 1000 inhabitants, seventh place in Russia).

³⁵"This will be a very sad year." The demographer calculated the real mortality rates from coronavirus in Russia. <https://www.fontanka.ru/2020/11/15/69547148/> (accessed January 16, 2021).

³⁶Calculated by the author based on data from the Official Internet Resource for Informing the Population on the Coronavirus (COVID-19). <https://stopkoronavirus.rf/information> (accessed January 7, 2021). Hereinafter, we used data for the periods available at the time of the study.

³⁷<https://stopkoronavirus.rf/information> (accessed January 7, 2021).

³⁸Calculated by the author based on Rosstat data. <https://rosstat.gov.ru/storage/mediabank/LmfEjEzy/edn10-2020.htm> (accessed March 15, 2021).

³⁹Calculated by the author based on: <https://stopkoronavirus.rf/information> (accessed January 7, 2021).

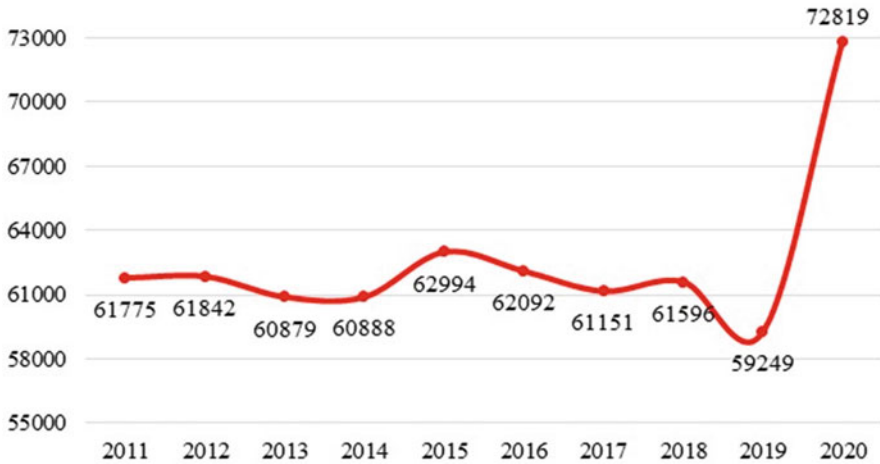


Fig. 21.10 Total mortality in St. Petersburg for calendar year (2011–2020), people

Source: Rosstat: <https://rosstat.gov.ru/storage/mediabank/rKYssRaN/edn01-2021.htm> (accessed April 18, 2021)

However, these data are questionable given the official information on hospitalization of infected. According to data published by the Government of St. Petersburg, 60,500 adult patients with pneumonia + COVID-19 were hospitalized from September 21 to December 28, 2020, alone.⁴⁰ There are no publicly available data on hospitalizations for the previous period; however, weekly data exist on the number of occupied beds in coronavirus facilities (232,300 beds per week on an accrual basis from 18 to 52 calendar weeks). Comparison of daily data on adult hospitalizations for the period from September 21 to December 27, 2020 and weekly data on the number of occupied beds for 39–52 calendar weeks allows us to calculate the weekly ratio of occupied beds to new hospitalizations: 0.55. Thus, the total number of hospitalizations of adult patients alone for the period from April 27 to the end of 2020 can be estimated at 130,000 cases.

The announcement of the official publication of the city government, citing the vice-governor of St. Petersburg, that “patients who test positive for COVID-19 and 40% lung damage are being admitted to the hospital”⁴¹ casts doubt on the completeness of the published statistics of detected cases. Conversely, trust in the official figure would force us to admit the extremely difficult nature of the course of the

⁴⁰ Calculated by the author based on Information for Countering the COVID-19 Epidemic in St. Petersburg as of December 28, 2020, including the results of the 52nd week. <https://www.gov.spb.ru/press/government/204362/> (accessed January 7, 2021).

⁴¹ Petersburg stated the conditions for compulsory hospitalization of patients with coronavirus, *Petersburg Journal*, 2020, December 16. <https://spbdnevnik.ru/news/2020-12-16/v-peterburge-nazvali-usloviya-dlya-obyazatelnoy-gospitalizatsii-bolnyh-koronavirusom> (accessed December 20, 2020).

pandemic in St. Petersburg: more than 50% of cases bear the disease with severe injuries and hospitalization, which should indicate the extreme ineffectiveness of quarantine measures and dysfunction of the city health system.

There is no doubt that the incompleteness and inconsistency of the official data have a disorienting effect on society and the adoption of administrative decisions.

21.3.4.2 Dynamics of the Crisis Throughout the Year

The first case of infection was recorded in St. Petersburg on March 5, 2020;⁴² the WHO announced the onset of the pandemic from March 12;⁴³ already on March 13, the Government of St. Petersburg introduced a high alert regime for administrative bodies and emergency services, which is in effect to this day.⁴⁴ From March 30 to May 8 in St. Petersburg, as in all of Russia, a nonworking day regime was introduced. Later, the lockdown was not repeated; however, the authorities introduced restrictions for certain types of enterprises and organizations (restaurants, theatres, schools, and so on).

Let us trace the dynamics of the development of the COVID-19 crisis by comparing the published data on morbidity, hospitalization, coronavirus mortality, and excess mortality from all causes, which we calculated as the difference between the mortality rate for each month of 2020 and the average mortality rate for the corresponding months in 2011–2019 (Fig. 21.11).

First, the significant gap between the morbidity curve and the other three indicators is noteworthy. According to official data, the monthly number of cases is relatively stable (with a slight surge in May) and demonstrates a galloping increase (19.6 times) only in November–December. Other indicators reveal a different crisis dynamics: two uniform waves, with the most contrasting one expressed by the excess mortality curve. In January–March 2020, the total mortality rate in St. Petersburg was lower than the long-term values. Excess mortality was first recorded in April (1.03 vs. the average value for April 2011–2019) and peaked in June (1.49), then, after a decline (1.08 in August), it spiked again (1.39 in November). The data on the number of occupied beds show two uniform waves from April to July and from October to the end of the year, while the mortality data record an earlier onset of the second wave in September. The latter underlines the flaws in the morbidity statistics: the increase in mortality should lag behind growth in the number of infections.

⁴²The first case of coronavirus was recorded in St. Petersburg. https://www.rbc.ru/spb_sz/05/03/2020/5e60c5df9a79472cf2d08846 (accessed December 20, 2020).

⁴³The WHO has announced the onset of the COVID-19 pandemic. <https://www.euro.who.int/ru/health-topics/health-emergencies/coronavirus-COVID-19/news/news/2020/3/who-announces-COVID-19-outbreak-a-pandemic> (accessed December 20, 2020).

⁴⁴On Measures to Counter the Spread of New Coronavirus Infection (COVID-19) in St. Petersburg: Resolution of the Government of St. Petersburg, no. 121 of March 13, 2020. <https://www.gov.spb.ru/law/d?nd=564437085> (accessed December 20, 2020).

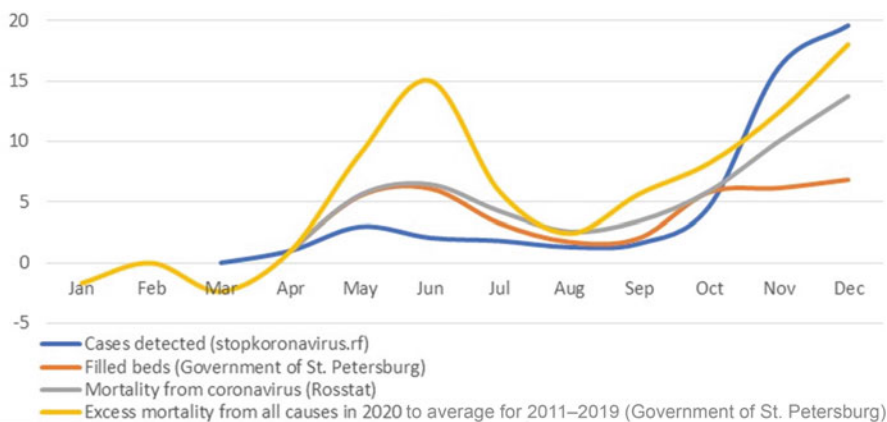


Fig. 21.11 Dynamics of COVID-19 crisis in St. Petersburg in 2020 (values of indicators for April 2020 are taken as reference values equal to 1)

Thus, the pandemic manifested itself in St. Petersburg in April 2020 and has a pronounced wave dynamics with two peaks, one of which was recorded in May–June, and the second has continued since October 2020.

How has the COVID-19 crisis affected the social and economic situation in St. Petersburg? Figure 21.12 shows the dynamics of available indicators for the period since the beginning of 2020. The onset of the pandemic led to an almost immediate downturn in the economy, as early as April 2020. The deepest drop was observed in paid services to the population (−40 in April, averaging −18.3%) and receipt of local budget revenues (−21% in April, averaging −10%). The unemployment rate rose three times in April vs. March; at its peak in August, 5.6 times. It is clear that such rapid growth was associated with an increase in unemployment benefits to the minimum subsistence level; however, the amount of benefits (USD 165 per month) demonstrates the level of financial difficulties that citizens faced when forced to apply for benefits. The crisis did not affect federal budget revenues (in contrast to reduced city and local budget revenues) or collection of personal income tax (in contrast to corporate profits tax).

The dynamics of the socioeconomic crisis does not replicate the two-wave dynamics of the COVID-19 crisis, demonstrating the persistent nature of the downturn caused by the onset of the pandemic; it is weakly associated with a temporary improvement in the situation with COVID-19 at the end of summer.

21.3.4.3 Reaction of City Authorities: Reflection in Budgetary Policy

We have examined the authorities' reaction to the outbreak of the crisis in terms of budgetary policy. St. Petersburg is a city of federal significance, that is, a federal subject with its own government bodies (parliament and government) and budget. Local self-governance is organized in 111 intracity territories, which have their own municipal bodies (councils and administrations) and local budgets.

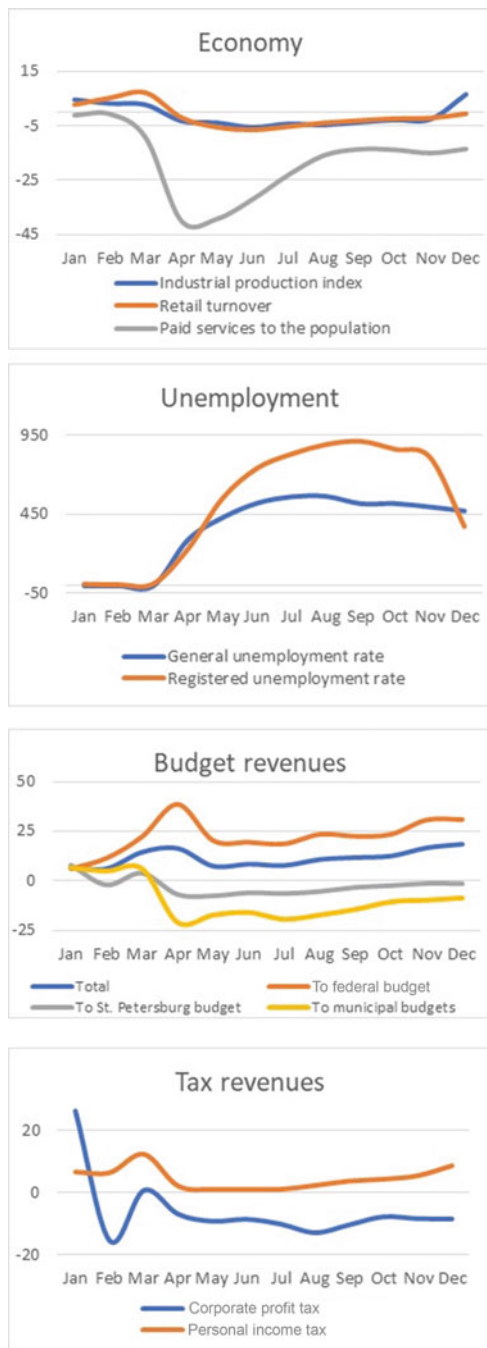


Fig. 21.12 Dynamics of individual economic indicators in St. Petersburg since the beginning of 2020 (monthly, in %, vs. corresponding month of 2019)

Source: Unemployment according to Rosstat data (Socioeconomic situation in St. Petersburg in January–December 2020. SPb.: Petrostat, 2021. https://petrostat.gks.ru/storage/mediabank/JXDSgd8p/11001021_122020_SPB.pdf (accessed April 20, 2021).); receipt of revenues and profit

The St. Petersburg budget for 2020 was adopted by the city parliament on November 27, 2019 (i.e., even before the first reports of the COVID-19 outbreak in Wuhan), with revenues of RUB 684.4 bln⁴⁵ (USD 10.5 bln⁴⁶), expenditures of RUB 727.5 bln (USD 11.4 bln), and a deficit of 7.2%.

Expenditures exceeded those of the previous year by 9.1% in rubles. The priorities of St. Petersburg's budgetary policy were demonstrated by the fact that growth in expenditures above the inflation rate was assumed in only 4 out of 14 budget items: debt servicing (+53.9% by 2019), public administration (+13%), physical fitness and sports (+10.1%), and, to some extent, the national economy (+6.1%). Although spending on healthcare and social policy accounted for significant shares of the city budget (12.4% and 17.8%, respectively), in absolute terms, compared to 2019, healthcare funding increased below the inflation rate (+1.1% with an inflation forecast of 5% per year⁴⁷), while spending on social policy decreased (−5.6%). Obviously, this approach was designed for the inertial scenario of the sector's development, but not for the subsequent severe crisis.

In the Russian healthcare model, direct provision of medical care is financed through an off-budget compulsory health insurance fund (CHI fund), the budget of which is also approved by the regional parliament. The CHI fund budget for 2020 was approved without a deficit in the amount of RUB 119 bln (USD 1.86 bln) with growth compared to 2019 at the inflation rate (+5.3%).

During the year, the city parliament twice (June 10 and December 9) made changes to the city budget and once (December 9) to the budget of the CHI fund. In addition, legislation allows the executive branch to redistribute allocations within the budget in some cases without a parliamentary decision.



Fig. 21.12 (continued) taxes on organizations and income of individuals according to FTS data (Calculated by author as ratio of monthly data on tax receipts in St. Petersburg for January–December 2020 to similar data for corresponding months of 2019 (cumulative total) according to reports on accrual and receipt of taxes, fees, insurance premiums, and other mandatory payments to Russian Federation budget system. https://www.nalog.ru/m78/related_activities/statistics_and_analytics/forms/ (accessed April 20, 2021).)

⁴⁵ Hereinafter, budgetary reporting based on Federal Treasury data is used: Consolidated budget of the Russian Federation and budgets of state extra-budgetary funds. <https://roskazna.gov.ru/ispolnenie-byudzheta/konsolidirovannyj-byudzhet> (accessed December 20, 2020).

⁴⁶ RUB 63.97 per dollar at the exchange rate of the Central Bank of the Russian Federation as of November 27, 2019; the amplitude of exchange rate fluctuations in 2020 was about 33% (from RUB 60.95 on January 14, 2020, to RUB 80.88 on March 24, 2020). As of December 31, 2020, the exchange rate was fixed at RUB 73.88 to the dollar.

⁴⁷ On the forecast of socioeconomic development of St. Petersburg for the period up to 2035: Resolution of the Government of St. Petersburg, no. 90, of February 14, 2017 (amended as of January 20, 2020). <http://docs.cntd.ru/document/456043899> (accessed December 20, 2020).

Taking into account the dual nature of healthcare funding, we consider the city’s budgetary policy in the total expenditures of the city budget and CHI fund (herein-after referred to as St. Petersburg expenditures). Since in the budget reporting, the monies of the fund are spent on two items—healthcare (medical care proper) and national issues (fund management)—in further calculations, the allocations of the CHI fund pertain to the corresponding items of expenditures.

Figure 21.13 shows the dynamics of changes in the approved expenditures of St. Petersburg during 2020 vs. the corresponding figures for the 2019 and 2021 budgets. The pandemic has caused significant adjustments to the planned costs of St. Petersburg, the most significant increase in healthcare costs (+13.6% December to January 2020). The first reallocations of funds in favor of healthcare were made back in March, and the budget spending dynamics reflects the active position of the city authorities, which managed to increase the bed capacity of hospitals and carried out such major events as the equipment of the hospital at the Lenexpo exhibition complex (opened on April 27) and construction of a new transformer ward of the hospital for war veterans (begun on July 9 and opened on December 24). The growth in appropriations was achieved mainly due to a reduction in expenditures on housing and communal services (−26.7%) and the national economy (−17.6%). The latter reduced the possibility of supporting the city’s economy affected by the pandemic.

Overall, the budgetary response lags behind the dynamics of the crisis. The most significant changes to the budget were made in June (the peak month of the first wave) and December (at the end of the fiscal year, when the deadlines for fulfilling budget allocations are limited).

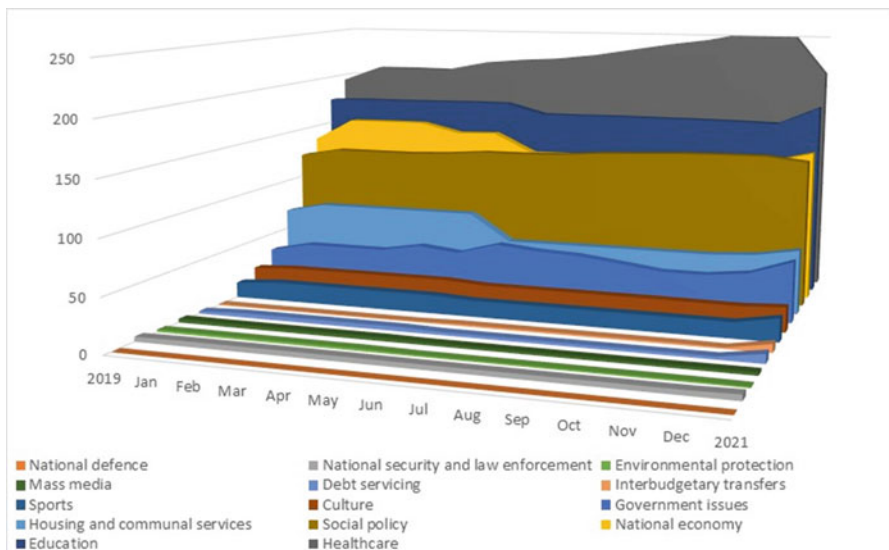


Fig. 21.13 Dynamics of changes in approved expenditures of St. Petersburg at end of 2019, during 2020, and according to plan for 2021 (RUB bln)

Source: Federal Treasury data: <https://roskazna.gov.ru/ispolnenie-byudzheto/konsolidirovannyj-byudzheto> (accessed April 20, 2021)

Figure 21.14 compares St. Petersburg's expenditures in 2020 with 2019. In the extreme situation, the authorities did not evince due budgetary discipline: St. Petersburg's expenditures were carried out more poorly than the schedule of the previous year (average monthly indicator, 0.32%); the worst rates (-1.3%) were recorded in April and May, that is, at the peak of the crisis, when administrative clarity was most needed. Healthcare expenditures were carried out slightly in excess of the previous year's schedule ($+0.77\%$), but more than 20% of annual expenditures were in the last month of the year. Expenditures on social policy were carried out 3.7% worse, and for support of local budgets, 10.5% worse than the schedule for 2019. We regard the significant lag in expenditures on general government issues (-9.9%) as reasonable retention of reserves for reallocating funds for other items, which, however, were not done in time.

21.3.4.4 Reaction of Municipal Authorities

St. Petersburg is characterized by significantly imbalanced city governance: the overwhelming majority of resources and powers are concentrated at the city level; at the municipal level, only 1.55% of the consolidated budget is spent.⁴⁸ The powers of municipalities are limited to about 50 issues, but some are important in the crisis

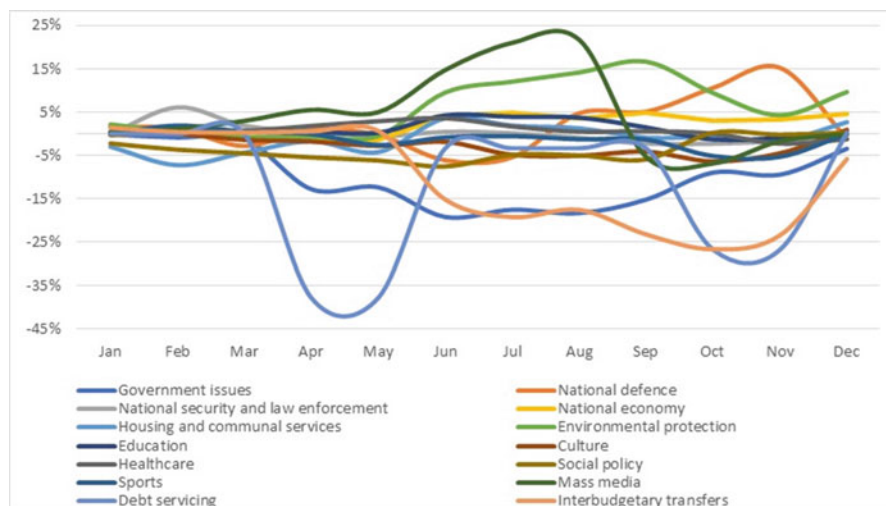


Fig. 21.14 Dynamics of execution of expenditures in St. Petersburg in 2020 (% to the corresponding month of 2019)

Source: Federal Treasury data: <https://roskazna.gov.ru/ispolnenie-byudzhetrov/konsolidirovannyj-byudzhnet> (accessed April 20, 2021)

⁴⁸Ratio of Planned Expenditures as of January 1, 2021.

under consideration, such as informing and educating people on how to protect themselves in an emergency, temporary employment and organization of public works, assistance for development of small business, the media, and certain types of social assistance. The following strengths should be acknowledged: the wide network of municipal institutions in the city, ties with local associations of citizens (public organizations for veterans, disabled people, socially vulnerable citizens, homeowners associations, residents' councils, and so on), as well as the potential of trust in local politicians elected to municipal councils shortly before the onset of the crisis (in September 2019).

One can logically assume that in a crisis, municipalities could have taken on grassroots work with the community: organizing volunteer and neighborhood assistance for the elderly, informing about the rules of behavior and the current situation in the district (e.g., the operating hours of clinics, pharmacies, shops, other local facilities in lockdown conditions), targeted social assistance, emergency public works for the unemployed, support for local small businesses (the taxes of which form the basis of local budget revenues); they could also have used material civil defense reserves (primarily in the initial period of the pandemic, when there was an acute shortage of funds for personal protection). Solving these issues at the municipal level would have had a beneficial effect on the state of society and relieve the city authorities, allowing them to concentrate their efforts on rolling out the healthcare system. In addition, implementation of municipal potential is ensured by a protocol for adjusting local budgets that is more mobile compared to that of a city.

What happened in practice? The St. Petersburg Finance Committee collects monthly budget reports from all 111 municipalities;⁴⁹ however, it refused to provide this information for this study,⁵⁰ which once again confirms the closed nature of the policy of the city authorities and deprives us of the opportunity to trace territorial differences in the administrative practices of municipalities. Therefore, hereinafter, we operate with aggregate local budget indicators recorded by Federal Treasury reporting.⁵¹

The aggregate local budget for 2020 was initially approved with revenues of RUB 12.8 bln (USD 200 million), expenditures of 13.4 RUB bln (USD 209 million), a deficit of 4.2%. Compared to 2019, expenditures decreased by 4.7%; during the year the reduction continued, reaching in December -8.3% vs. the previous year.

⁴⁹On the Terms of Submission of Monthly and Quarterly Consolidated Budgetary and Financial Statements: Order of the St. Petersburg Finance Committee, no. 97-r of December 17, 2019. <http://docs.cntd.ru/document/564066492> (accessed December 20, 2020).

⁵⁰Letter of the St. Petersburg Finance Committee, ref. no. 03-39-27503/20-0-1 of December 11, 2020.

⁵¹Consolidated budget of the Russian Federation and budgets of state extra-budgetary funds. <https://roskazna.gov.ru/ispolnenie-byudzhetov/konsolidirovannyj-byudzhet> (accessed April 20, 2021).

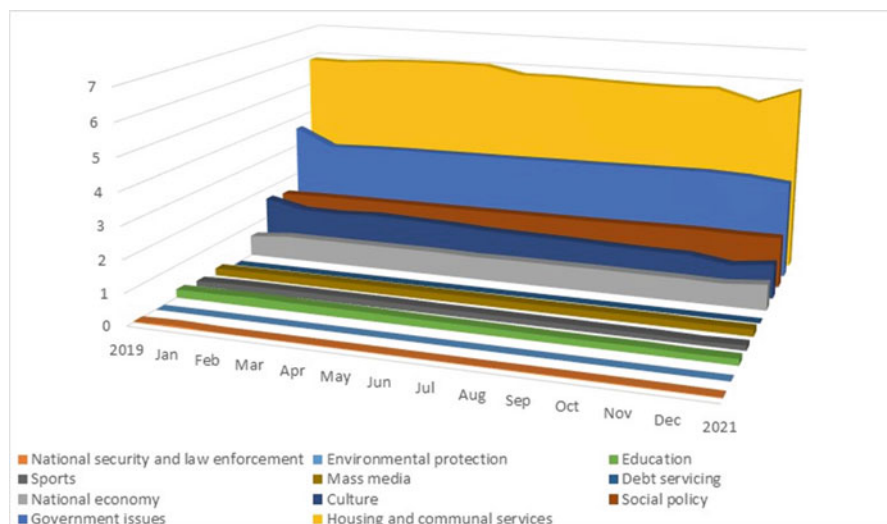


Fig. 21.15 Dynamics of changes in approved expenditures of local budgets of St. Petersburg intracity municipalities at end of 2019, during 2020, and according to plan for 2021 (RUB bln)

Source: Federal Treasury data: <https://roskazna.gov.ru/ispolnenie-byudzheto/konsolidirovannyj-byudzet> (accessed April 20, 2021)

The dynamics of the approved expenditures of local budgets at the end of 2019 and during 2020 is shown in Fig. 21.15.⁵² The budgetary policy of municipalities demonstrates complete indifference to the crisis. The general reduction in budget expenditures did not prevent an increase in expenditures for fundamental maintenance (+3.5% December to January 2020) and debt servicing (+11.4%). However, expenditures for the items related to overcoming the pandemic showed negative dynamics. Thus, spending on national security and law enforcement, including funding for civil defense and emergency situations, fell by 43.4%, which was due to the refusal to introduce an emergency regime, and made it impossible to use prepared reserves. Expenditures on the national economy decreased, including employment and support for small businesses (−7.7%) and the media (−11.4%), while spending on social policy insignificantly increased (+1.1%). The straight lines in the graph are similar to readings on a vitals monitor indicating death of a patient.

The situation is worsened by the strictly negative dynamics of the carrying out of budget allocations (Fig. 21.16). On average, the aggregate local budget was carried out 5% worse than the schedule of the previous year, and it decreased from month to month. This poor execution of expenditures on education (on average −23.4% than the schedule of the previous year), environmental protection (−19.1%), culture (−18.7%), and sports (−13.7%), seemingly for natural reasons, including the

⁵²Local budget expenditures were approved based on a unified classification, from which, due to lack of authority, the items “National Defense,” “Healthcare,” and “Interbudgetary Transfers” were excluded.

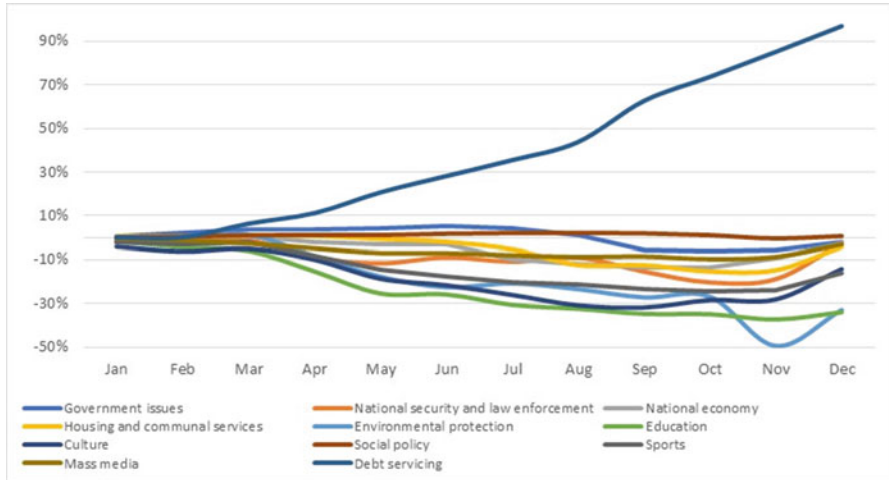


Fig. 21.16 Dynamics of execution of aggregate local budget of St. Petersburg municipalities in 2020 (in %, compared to the corresponding month of 2019)
 Source: Federal Treasury data: <https://roskazna.gov.ru/ispolnenie-byudzhetov/konsolidirovannyj-byudzet> (accessed April 20, 2021)

introduced regulations and restrictions on activity, created opportunities for the reallocation of funds to combat the crisis. But no—even the approved budget allocations were not fulfilled: the national economy, -5.8% ; national security and law enforcement, -9.2% ; and mass media, -5.7% . An insignificant increase in performance is seen only in fundamental maintenance ($+0.4\%$) and social policy expenditures ($+1.1\%$), and a significant increase is observed in municipal debt servicing ($+38.6\%$, the only upwardly trending curve on the graph).

21.3.4.5 Section Summary

Officially published statistics on the indicators of the course of the pandemic in St. Petersburg were incomplete, covering different periods and containing obvious contradictions, which had a disorienting effect on society and administrative decision-making. A comparative analysis of the data leads to a conclusion about a distinctly pronounced two-wave dynamics of the COVID-19 crisis with peaks in May–June and since October 2020. The socioeconomic crisis did not replicate the two-wave dynamics: a stable negative trend has continued since April and was weakly associated with a temporary improvement in the situation with COVID-19 at the end of summer.

The pandemic has caused significant adjustments to the previously adopted inertial scenario of the city’s budgetary policy. Budget reporting records the facts of administrative impact on the situation, expressed, first of all, in the increase in healthcare costs during the year. However, in general, the reaction of the city

authorities lagged behind the dynamics of the crisis. In the extreme situation, the St. Petersburg government did not evince proper discipline: budget expenditures were carried out worse than the previous year's schedule, which led to a natural result—a reduction in approved allocations for healthcare at the end of the year.

The budgetary policy of municipalities demonstrated complete indifference to the crisis: budget allocations duplicated the expenditures of the previous year; the budget reporting has recorded no attempts to change approaches during the year. The aggregate local budget was carried out 4.5% worse than the 2019 schedule, while the realization of expenditures decreased during the year, indicating a weakening of administrative impact during the most critical period. We are far from idea scapegoating the local governance, but we are constrained to admit that it distanced itself from overcoming the crisis and missed a unique opportunity to use the extreme situation to unite local communities.

The high excess mortality rates in St. Petersburg inevitably cast doubt on the effectiveness of the administrative decisions of government bodies. However, the absence of decisions at the municipal level casts doubt on the validity of the local self-government model itself.

21.4 Conclusions

The pandemic in Russia led to an unexpected decentralization of powers from the country level to the regional one, which manifested itself in the fact that at the initial stages the federal subjects proactively introduced restrictive measures. Moscow has been a leader and an indicative example here. The federal authorities later legalized these actions by amendments to the federal law, which regulated the status of the high alert regime, and actually gave the regions *carte blanche* in their actions. However, the answer to the question of whether the rights were actually given or taken is ambiguous, since federal decisions lagged behind regional ones.

At the same time, in the conditions of the contradictory statistical data, lack of a complete understanding of the situation, and strong economic and political motives, the actions of the regional authorities (first of all, the severity of the restrictions imposed) did not correspond to the real picture of the spread of the disease. A case of St. Petersburg shows that the resources of the municipal authorities were practically not used and the actions were largely reduced to situational response, which sometimes turned out to be “yesterday's” and ineffective. High rates of excess mortality in St. Petersburg cast doubt on the effectiveness of regional decisions. However, the absence of decisions at the municipal level casts doubt on the validity of the Russian model of local self-governance itself.

The adopted restrictions combined with insufficient compensatory financial, economic, and institutional measures both at the federal and regional levels seriously affected the tertiary sector of the economy and labor market.

The complex crisis of 2020, which began with negative macroeconomic dynamics and was aggravated by a decrease in consumer demand amid coronavirus restrictions, had the strongest impact on two groups of branches of the tertiary sector. The most affected were the types of economic activities that provide services to end users directly in their presence. The greatest losses in regional budgets resulted from the recession in B2B services. Geographically, the crisis affected primarily the federal subjects with a less diversified tertiary sector and regions with an increased share of export-oriented industries in the structure of the economy.

The labor market reacted to the crisis according to the standard scenario for Russia—mainly by reducing hiring, transferring part of employees to part-time work and working remotely, and to a lesser extent, by an increase in real unemployment. The most stable labor market turned out to be in rich regions with a diversified structure of employment and their own resources necessary to support the affected industries.

Within the year, a “high alert regime” led to the introduction of amendments and additions to several hundred federal laws and from several dozen to several hundred laws and other legal acts in each federal subject covering almost all areas of regulation. As legal scholars have noted, the reaction of the Russian legal system to the threat of the pandemic has convinced us of the need to develop a balanced, not extreme “post-COVID law,” that will withstand various challenges in the future.⁵³

At the beginning of 2021, the federal authorities adopted new legal decisions that fixed the “return” of powers to the federal center. This decision coincided with the passage of the peak of the second wave and the beginning of the vaccination campaign and should have led to the return of the prepandemic status quo in the relationship of various levels of governance. However, the low growth rates of the number of vaccinated people associated with the lack of confidence in the vaccine, and then the beginning of the third wave in the summer of 2021, again challenge centralization: the story is not over yet.

As the pandemic develops, and in accordance with the dynamics of its consequences, knowledge is accumulating, a more comprehensive, although not always clearer, understanding of the processes is evolving. Legal regulation is also developing. An analysis for a longer period will allow for more complete and accurate assessments. This is a task for further research.

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⁵³ An initiative group of professors of the Russian Academy of Sciences Department of Social Sciences held a round table discussion on “Russian Society and Global Challenges.” <http://www.ras.ru/news/shownews.aspx?id=e1fb719e-05ff-473f-9ac7-1adbd6afa99d#content> (accessed March 23, 2021).

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Olga Glezer, Cand. Sci. (Geogr.), Institute of Geography (Department of Social and Economic Geography), Russian Academy of Sciences (Moscow, Russia). Main research interests: population geography, settlement pattern, municipal territorial structure and municipal development, geographical aspects of federal, regional, and municipal legislation. Main publications: Nefedova, T.G. and Glezer, O.B. (2020). Transformation of Russia's sociogeographical space. In: *Challenges and Policy of Russia's Spatial Development in the 21st Century*; Kotlyakov, V.M., Shvetsov, A.N. and Glezer, O.B., eds. Moscow: Tovarishestvo Nauchnykh Izdaniy KMK, pp. 214–251 (in Russian); Kolosov, V.A., Vendina, O.I., Gritsenko, A.A., Zotova, M.V., Glezer, O.B., Panin, A. A., Sebentsov, A.B. and Streletskiy, V.N. (2018). Transformation policies and local modernization initiatives in the North Caucasus. In: *Security, Society and the State in the Caucasus*; Oskanian, G. and Averre, D., eds. London and New York: Routledge, pp. 78–101; Glezer, O. (2016). Ongoing municipal reform in Russia and innovations in 2014–2015. In: *Russia 2016: Annual Report of the Franco-Russian Analytical Center Observo*; Arnaud Dubien, ed. Moscow: Observo, pp. 373–386 (in Russian); Glezer, O. (2014) Features of urban governance in modern Russia: municipal status factor. In: *Cities in a Complex World: Problems, Challenges and Prospects*; L. Mierzejewska and J.J. Parysek, eds. Poznan: Bogucki Wydawnictwo Naukowe, pp. 203–211; Glezer, O.B. and Vainberg, E.I. (2014). The space of the life activities of the population and settlement pattern as the factors and conditions of the modernization of Russia. *Regional Research of Russia*, vol. 4, no. 3, pp. 134–140.

She is an expert at the Russian Science Foundation (RSF), deputy editor-in-chief of the English-language journal *Regional Research of Russia*, coordinating editor of the journal *Izvestiya Rossiiskoi Akademii Nauk, Seriya Geograficheskaya*, and editor of more than a dozen scientific monographs.

Evgeny Antonov, Cand. Sci. (Geogr.), Institute of Geography (Department of Social and Economic Geography), Russian Academy of Sciences (Moscow, Russia). Main research interests: state of local labor market, socioeconomic development of cities, problems of regional development of Siberia and the Far East. Main publications: Antonov, E.V. (2021). Labor markets of urban agglomerations in Russia. *Regional Research of Russia*, vol. 11, no. 2, pp. 187–198; Antonov, E.V. (2020). Territorial concentration of the economy and population in European Union countries and Russia and the role of global cities. *Regional Research of Russia*, vol. 10, no. 3, pp. 26–41; Antonov, E.V. (2019). The dynamics of employment and regional labour market situation in Russia in 2010–2017. *Vestnik of St. Petersburg University. Earth Sciences*, vol. 64, no. 4, pp. 559–574. (In Russian); Antonov, E.V. and Makhrova, A.G. (2019). Largest urban agglomerations and forms of settlement pattern at the supra-agglomeration level in Russia. *Regional Research of Russia*, vol. 9, no. 4, pp. 370–382; Antonov, E.V. (2018). Demographic and economic asymmetry of urban development in the Urals, Siberia, and the Far East in 1991–2014. *Regional Research of Russia*, vol. 8, no. 1, pp. 16–33.

Sergey Safronov, Cand. Sci. (Geogr.), Faculty of Geography, Moscow State University (MSU), Moscow, Russia. His main research interests include: population geography, social geography, cultural geography. His main publications include: Alekseev, A.I. and Safronov, S.G. (2015). Transformation trends of Russia's rural settlement pattern in the late soviet and post-soviet periods (1970–2010). *Regional Research of Russia*, vol. 5, no. 2, pp. 193–201; Safronov, S.G. (2014). Transformations in ethnic composition in Russia in 1989–2010. *Regional Research of Russia*, vol. 4, no. 2, pp. 38–46; Safronov, S.G. (2013). Territorial structure of the confessional space in Russia and other post-soviet states. *Regional Research of Russia*, vol. 3, no. 2, pp. 204–210; Safronov, S.G. (2001). *The Russian Orthodox Church at the End of the 20th Century: Territorial Aspect*, Carnegie Moscow Center Working Paper, no. 1. Moscow: Carnegie Moscow Center (In Russian).

He is an associate professor at the Department of Social and Economic Geography of Russia at the Faculty of Geography, and lectures on social geography and conducts MSU student expedition internships, which are held in various Russia's regions.

Alexander Sheludkov, Cand. Sci. (Geogr.), Institute of Geography (Department of Social and Economic Geography), Russian Academy of Sciences (Moscow, Russia).

His main research interests include: regional geography, geographic mobility, settlement pattern. His main publications include: Sheludkov, A. and Starikova, A. (2021). Night-time lights satellite imagery reveals hotspots of second home mobility in rural Russia (a case study of Yaroslavl oblast). *Regional Science Policy & Practice*, <https://doi.org/10.1111/rsp3.12441>; Sheludkov, A., Kamp, J. and Müller, D. (2021). Decreasing labor intensity in agriculture and the accessibility of major cities shape the rural population decline in postsocialist Russia. *Eurasian Geography and Economics*, vol. 62, no. 4, pp. 481–506; Sheludkov, A.V., Orlov and M.A. (2020). Topology of a settlement network as a factor of rural population dynamics (a case study of Tyumen oblast). *Regional Research of Russia*, vol. 10, no. 3, pp. 388–400; Sheludkov, A.V. (2019). Territorial structure and organization of agriculture in Tyumen Oblast in 1973 and 2014: comparative analysis. *Regional Research of Russia*, vol. 9, no. 3, pp. 278–287. He is involved in research projects on the development of early-developed regions of Russia, seasonal population mobility, and historical geography of the Urals and Western Siberia.

Kirill Strakhov, Master of Social Geography, Institute of Geography (Department of Social and Economic Geography), Russian Academy of Sciences, Moscow, Russia; City Self-Governance Development Foundation “1870,” St. Petersburg, Russia.

His main research interests include: urban municipal geography, local self-government, parliamentary representation. His main publications include: Strakhov, K. and Pugachev, A. (2020). *The Parliament in Your Hand*. St. Petersburg: 1870 Foundation (In Russian); Strakhov, K., Trufanov, I., Rudakov, N. and Frolov G. (2021). *Vladimirskiy Okrug through Our Lens: The Sociogeographical Research of the St. Petersburg’s Intracity Municipal District*. St. Petersburg: 1870 Foundation (In Russian); Strakhov, K. (2020). Toponymic dynamics districting of St. Petersburg (1917–present). In: *Geography: Development of Science and Education. Part II*; Bogdanov, S.L., Subetto, D.A. and Paranina A.N., eds. St. Petersburg: Asterion, Herzen State Pedagogical University, pp. 245–249 (In Russian). He is currently working on the dissertation devoted to intracity zoning of St. Petersburg for the purposes of local self-governance (under the supervision of Olga Glezer).

Maria Zotova, Cand. Sci. (Geogr.), Institute of Geography (Laboratory of Geopolitical Studies), Russian Academy of Sciences (Moscow, Russia). Her research interests include: urban geography, social geography, border studies. She is the author of more than 80 publications (21 in the Web of Science Core Collection or Scopus), which include: Zotova, M.V. and Gritsenko, A.A. (2020). Neighbourhood and perceptions in small cities on different Russian borders. *Geography, Environment, Sustainability*, vol. 13, no. 1, pp. 64–73; Kolosov, V.A. and Zotova, M.V. (2020). Multiple borders of Nagorno-Karabakh. *Geography, Environment, Sustainability*, vol. 13, no. 1, pp. 84–91; Zotova, M.V. and Kolosov, V.A. (2019). Russian-Chinese interaction in the context of the One Belt–One Road Initiative: discourse analysis. *Geography and Natural Resources*, vol. 40, pp. 306–314; Kolosov, V., Zotova, M. and Medvedev A. (2018). Comparing the development of border regions with the use of GIS (the case of Russia). *Geographia Polonica*, no. 1, pp. 47–61. During the last few years, she was involved in 15 scientific projects of Russian (RSF, RFBR) and European (CNRS, France; DFFD, Ukraine; SNSF, Switzerland) Scientific Foundations, the seventh European framework programme (EuroBroadMap, Euborderscapes, Cascade); and ESPON network (European Spatial Planning Observatory Network), devoted to research on borders, border areas, cross-border cooperation, development of major and large cities, as well as geopolitical views of citizens.

Part IV

Chapter 22

Local Governments in Networked Space: Changing Social Media Networks of Local Governments During the Covid-19 Pandemic in Turkey



Eda Ünlü-Yücesoy, Özge Sivrikaya, Görsev Argın, Büşra İnce,
and Almıla Akdağ Salah

Abstract In the last two decades, local governments have increasingly relied on social media to communicate with citizens from spreading information to increasing popularity. In times of crises, social media appears as an important asset for local governments for emergency mitigations. During the Covid-19 pandemic, social media has been an asset that affected the scales and affinities of local governments to communicate with each other and their citizens. Local governments in Turkey have increasingly used social media networks, especially Twitter, to promote engagement with local citizens. This chapter aims at identifying the characteristics of social media networking, that is, Twitter interactions, of local governments just before and during the first months of the pandemic in the Marmara Region. Based on data extracted from Twitter accounts of municipalities in the region, the research maps the social media networks of local governments, highlighting the effectiveness, and inclusionary and exclusionary use of social media by local governments and their changing positions in the networked space. Besides describing overall Twitter activity, the findings indicate the multiplier effect of the Covid-19 on municipalities' interactions with one another and with other institutions and personalities. It has affected local governments to perform differently in terms of characteristics and structure of their social media networks.

Keywords Local governments · Social media networks · Covid-19 · Twitter · Marmara Region · Turkey

E. Ünlü-Yücesoy (✉) · Ö. Sivrikaya · G. Argın · B. İnce · A. A. Salah
Istanbul Technical University, Istanbul, Turkey
e-mail: edayucesoy@itu.edu.tr

22.1 Introduction

By the end of 2019, China informed the World Health Organization (WHO) of a new disease with symptoms resembling pneumonia. Throughout the first month of 2020, China continued reporting new cases, and in a short period, similar cases outside China were registered: the first in Thailand (the 13th of January)¹ and later the first confirmed case in Europe, in France (the 25th of January).² By then, the new virus had a name, that is, the infamous Covid-19. It took about 2 months for WHO to declare Covid-19 as a pandemic emergency. The same day (the 11th of March), Turkey reported its first case. During the first wave of the pandemic, Turkey followed a mixed approach to regulate crowds in public spaces, by first establishing a curfew for everyone above 65 years of age, later expanding the rule to include everyone below 20 years old. Except for workers who worked in essential jobs, such as food production and distribution, all citizens were asked to work from home, especially in large cities. Yet, a strict lockdown was not applied for the population between the ages 20 and 65. In the first weeks of March 2020, temporal lockdown was utilized for the weekends; later intercity travel was also severely restricted for the entire population. Digital media became the pre-dominant platform for education, entertainment, shopping and cultural consumption, as well as for branches of work that permitted such usage.

From the very beginning of the pandemic, Turkish society expected both central and local governments to act in this troublesome period, provide some services and heal the wounds of the pandemic. The central government, following the inclinations from the pre-Covid period, had a very 'centralized' attitude. This was not surprising, considering 'strong state' tradition and heavily centralized executive-style presidency in the last 10 years. Therefore, in the Turkish case, local governments were significant actors in the search for autonomy from the central government. Although they were kept under the tutelage, monitoring and controlling the strong centralized government, they harbour centrifugal forces, groups and ideas. In other words, local governments provide a setting for groups at the periphery to search for alternatives from the strong centre. From postponing payments to basic services to establishing platforms for mobilizing voluntary solidarity initiatives, from distributing basic food and masks to organizing shelters for homeless and vulnerable groups, local governments strive for preventative and mitigating actions against Covid-19. To disseminate these actions, they highly relied on social media networks. We believe that Turkey's mixed and ever-changing curfew measures and the turn to digitalization

¹WHO Situational Report 1: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4

²https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200125-sitrep-5-2019-ncov.pdf?sfvrsn=429b143d_8

throughout this period affected the policies of local governments on how they used social media as a communication channel to establish an information flow between local citizens, institutions and other municipalities.

In the last two decades, social media has appeared as an important asset for local governments. Researchers highlight a digital transformation of the relationship between the local governments and the citizens, enabling more direct forms of communication (Wattal et al. 2010; Sivarajah et al. 2015), improving policymaking and the provision of public services, and facilitating knowledge management in local governments (Bonsón et al. 2012). This relationship between the local government and the citizens with the advent of social media is largely characterized in terms of transparency, participation and engagement (Bonsón et al. 2019). Moreover, social media has been utilized by governments in many ways of disaster management; from informing citizens in preparations and emergence of a disaster to linking various efforts of rescuing and maintaining community necessities (Houston et al. 2015). During the Covid-19 outbreak, the use of social media such as Facebook and Twitter is researched from various angles, from increasing effective communication among the public health authorities (Raamkumar et al. 2020) from employing an official social media page to mitigating the spread of misinformation and to offering updates to online publics (Lovari 2020).

Social media during disasters offer an important asset for local governments to interact with each other. Providing the potential for increased information capacity, dependability and interactivity (Jaeger et al. 2007), social media platforms such as Twitter or Facebook offer an easy-to-use system to share information and best practices between government bodies. However, the ability to utilize social media is not sufficient for disaster mitigation, and there is a growing necessity for the development and use of disaster social media tools, their effectiveness in implementation processes and their effects (Houston et al. 2015). Little attention has been devoted to the social media networks and their structure, which have a profound influence on interaction patterns. This chapter looks at the network characteristics of the social media of local governments that are rarely analysed in detail. It aims to decipher the characteristics of networking between local governments by analysing their Twitter interactions before and during the first months of the pandemic in the Marmara Region. Understanding the changing dynamics of social media networks of local governments is important during an emergency, such as the Covid-19 pandemic. The research is built on a unique dataset of the Twitter accounts of 199 municipalities in the Greater Marmara Region. The study assesses the structure of their social media networks and looks at the changes in the network structure during a disaster. By analysing the variety of position-takings in the networked space, we aim to highlight differences in information distribution. The existence of these channels of communication does not automatically provide effective information diffusion; therefore, analysing different positions in social media networks offers local governments to assess their communication abilities for disaster mitigation.

22.2 Local Governments and Use of Social Media

In the last decade, local governments have become major users of the social media tools, increasingly utilizing these channels to uplift their communication with citizens for disseminating information, establishing direct contact with the public, providing services, as well as heightening citizen participation in decision-making processes (Sadeghi 2012). Local governments' preference of social media ranges from Facebook, Twitter, YouTube, Pinterest, LinkedIn, Instagram and blogs. This preference can be related to several factors yet the high capacities for communication, that is, interactivity, information gathering and sharing, and networking are depended on the user's choice (Bryer and Zavattaro 2011).

Although local governments and public administrations have a social media presence, the research on the use of social media is largely related to citizen engagement and public participation, that is, factors affecting citizen engagement for/with social media use. Münchener Kreis (2013) and Zavattaro and Sementelli (2014) argued the frailty of social media, offering local governments an open platform for communication is the fact that it resembles a one-way communication channel, and hence fails in boosting interaction if not properly applied. A high number of followers are not necessarily equal to higher citizen engagement (Bonsón et al. 2017), and usually, the content of the social media messages is more influential than anything else: like other types of accounts in social media, local governments also achieve a higher engagement if they use more pictures. They receive more likes and comments then compared to text-only shares. The topics of the messages also have an effect in generating engagements: especially cultural activities, sports, public transport and promotional messages about the city trigger a higher response (Bonsón Ponte et al. 2015; Hofmann et al. 2013). On the other hand, a comparative perspective on the ways of social media use in different cultural and political contexts reveals that there are different approaches in utilizing the social media platforms geographically. While 'western governments put an important means to restore trust in government and ensure that services respond to the needs and aspirations of citizens' (Bovaird 2017), eastern governments 'adopt and use them primarily for self-promotion and political marketing instead of transparent, participatory and citizen-oriented public services' (Sobacı and Karkın 2013; Zheng and Zheng 2014).

To Bryer and Zavattaro (2011), social media are technologies that facilitate social interaction, make possible collaboration and enable deliberation across stakeholders. Researchers found the cultural context and political orientation significant in adopting social media differently (Bonsón et al. 2019; Faber et al. 2020), as well as diverse levels and preferences of engagement (Haro-de-Rosario et al. 2018). Together with varied aspirations of engagement, 'organic reach' is important for employing social media. Among others, Twitter provides an open source for the local governments, allowing them to share their information with followers from enhancing relations of trust and service with the citizens to self-promotion. Preferred as a microblogging service, short text messages (fewer than 280 characters) can be published directly as tweets or republished as retweets. Twitter users generally use

short messages, on average 33 characters. Retweeting is a favourite activity, unfolding someone else's tweet to a broader public and at the same time increasing interactivity and engagement, thus extending their own and others' reaches (Boiy and Moens 2009). The possibility of a higher frequency of short messages and wider reachability of the content make Twitter an interesting source of information and communication (Bonsón et al. 2019). According to Lerman and Ghosh (2010), the sparsely interconnected network of Twitter has higher spread/distribution of news, even the followers are disjoint and have not placed in the network of the submitter (of the first tweet). This openness gives Twitter users extraordinary access to a large number of followers. Thus, Twitter acts as a networked space where different users become connected with each other through likes, retweets, quotes. As such, Zavattaro et al. (2015) argue, 'Twitter is one of many social networking websites that allows users to create digital webs of influence.' Users living in separate locations are connected via Twitter.

Social media enhances local governments by embedding them a more transparent, and direct way of communication and citizen engagement (Gunawong 2015). However, in times of crises, such as the Covid-19 pandemic, local governments find themselves in a different setting to provide diverse types of information for the public. Rather than public involvement in policymaking, what highly matters for them is the prevalence of the social media network (customer and partner orientations) and how authorities balanced and blended them (Wukich 2020). Diverse ways of citizen participation appear as local governments seek partners by soliciting feedback related to ongoing operations (Wukich 2020) or delivering rapid information and increasing social awareness (Mohammadi et al. 2016). In understanding the use of social media during crises, some researchers, though few, also pay attention to the characteristics and structure of social media. Based on social network visualization techniques, Kim and Hastak (2018) unfold heterogeneity in social media networks and identify various roles that individuals and agencies/organizations have in social networks during emergency responses. This structural analysis of the characteristics of emergency agencies in a networked space shows the information diffusion in social media during crises. The scale and variety of network roles taken can help the public agencies develop their social media operation strategies for an effective disaster mitigation plan (Kim and Hastak 2018).

22.3 Data

Turkey has large numbers of internet and social media users. According to a survey run via Pew Research Center (Anderson and Jiang 2018), Turkey stands with higher rates of social media usage out of 39 countries. The survey reveals that 63% of adults in Turkey use online social networking sites such as Facebook and Twitter, higher than the global medium of 53%. In Turkey, YouTube, Instagram, and WhatsApp are the first three most used social networks with 91%, 83%, and 81% penetration rates, respectively. Facebook is the fourth, followed by Twitter, which has a 61%

penetration rate (Statista 2020). Given the Marmara Region's socio-economic profile, we estimate that the number of social media users is the highest in the country. Twitter use of Turkish citizens is widely researched; however, the interaction between citizens and government agencies, more importantly, between local governments is a research area that needs to be studied. In 2013, Sobacı and Karkın (2013) stated that about half of mayors at the province level in Turkey had Twitter accounts. Though we do not have an actual exact number for 2020, we think that this number for local governments using/utilizing social media has also increased with the higher prevalence of Twitter in Turkey. Since the massive earthquake in 2011 in Eastern Anatolia, Turkish authorities have adopted social media effectively mainly to communicate and disseminate information to the public.

To analyse local government networks during the Covid-19 pandemic in the Marmara Region, this research covers 199 municipalities in the Greater Marmara Region (see Fig. 22.1). Based on the NUTS-1 classification, the research extends to 14 provinces more comprehensive than the conventional boundaries of the Marmara Region, including 11 cities, among others Istanbul and Bursa.

Being the most developed region, with the highest share of gross domestic product in Turkey in 2018 (TurkStat 2019), the Marmara Region embraces six metropolitan municipalities and other middle-sized cities, inhabited by one-third of the country's population with the highest rates of urbanization (Sarı et al. 2019). Due to the substantial number of universities and high employment prospects, the Marmara Region attracts a young and highly qualified labour force in Turkey. During the pandemic, the region has higher shares of the total positive cases and patients with Covid-19. Istanbul has often been labelled as the centre of the epidemic.



Fig. 22.1 Geographical position of the Marmara Region and borders of the provinces and districts within the region. (Source: The maps are developed by the authors)

Twitter accounts of each municipality were collected manually, by either following the information shared in the municipality's official website, or else by browsing the Twitter platform to identify an official account. We used R software to automatically extract tweets from municipalities' official Twitter accounts. For data scraping, we utilized functions in the R Package *rtweet*. Data collection took place between 7 and 18 October 2020. We extracted all tweets including quotes and retweets posted between 1 and 31 December 2019 (just before Covid-19 was officially declared) and between 15 March and 15 April 2020 (the first month after the first Covid-19 case in Turkey was officially announced). A total of 32,744 (11,427 in 2019, 21,317 in 2020) tweets were scraped. For each tweet object, all data attributes were extracted.

Among the 233 municipalities in the region, 199 municipalities had verified Twitter accounts and 136 municipalities were actively tweeting in the time intervals covered in this study. The oldest Twitter account was created in 2009. Municipalities in question have been actively using social media to engage with local citizens before the pandemic outbreak in 2020. The daily average number of posted tweets per municipality official accounts is 1.14 in 2019 and 1.97 in 2020. Tweets from each municipality were collected in two-time intervals: before the start of the pandemic, that is, for 1–31 December 2019, and for the first month of when the first active Covid-19 case was announced in Turkey, that is, 15 March–15 April 2020. We have observed that a small number of municipalities used Twitter excessively, that is, tweeting around 203 tweets a day, which rendered the historical data collection limit set by Twitter impossible to retrieve all their older tweets for the planned time interval. They make up 5.7% of all municipalities from the region and because of the excessive tweeting, we omit them from the analysis. Nineteen municipalities that either posted their latest tweets before December 2019 or newly opened their Twitter accounts are also excluded from our sample. Lastly, we do not include those not active within both time intervals in our sample. These restrictions downsized our sample from 199 to 124 for December 2019 and to 129 for March–April 2020. Our main aim, besides describing overall Twitter activity, is to understand the effect of Covid-19 on municipalities' interactions with one another and with other institutions and personalities. Hence, we include only retweets and quotes in our final dataset out of which we build two networks. The 2019 dataset consists of 2307 retweets and quotes and the 2020 dataset consists of 4818 retweets and quotes. We built our network analysis on this refined set of tweets and interactions discussed in detail in the next section.

22.4 Describing Twitter Networks of Local Governments in the Marmara Region

To understand the variability of activities in our data set, we summarize an overview using descriptive statistics. The most important Twitter metrics that describe active use, popularity and virality are the number of tweets, retweets and favourite tweets.

The number of followers and friends in principle is a sign of the potential to have popular and/or viral tweets. Followers are users who are receiving notification of the activity of a followed user, whereas friends are the users that one follows. A set of metrics are suggested by Bonsón et al. (2017), and Bonsón et al. (2019) to calculate the engagement of the local governance with the citizens. We adopt their framework to give an overview of how/if the most influential municipalities’ activities before and during the pandemic have changed. Since we aim at mapping the Twitter activities of the municipalities among themselves then how much they are engaged to the citizens, two metrics for popularity and virality are adopted. The commitment metrics are omitted because of the relatively low number of quoted tweets, that is, tweets retweeted with a comment. Commitment is related to engagement, which we leave out in this research.

The number of favoured tweets (popularity) and the number of retweets (virality) show significant differences between municipalities (Table 22.1). Especially the metropolitan municipalities have a remarkably high number of followers (and hence a higher number of favoured tweets), and this affects the statistics. However, these are not the accounts that are the most active.

Table 22.1 demonstrates the change in the activity between the two periods we focus on, that is, before and during the Covid-19 pandemic. Compared with 2019, there is a slight alteration for the overall number of followers and friends; however, the number of tweets is almost doubled, and the number of favoured tweets rises sharply. For the virality score, there is a stark difference between the two periods. We observe an incredible rise, signalling a clear engagement of citizens and all other parties involved in the networks of the municipalities.

To get a better insight into the differences between municipalities activities, we have grouped them into three categories according to their population sizes, that is, *Municipality 1 (population smaller than 40,000)*, *Municipality 2 (population between 40,000 and 400,000)*, and *Municipality 3 (population larger than 400,000)*. As Table 22.2 shows, the municipalities with high popularity and virality numbers are not the ones with the highest population. Municipalities of the third group (Municipality 3) have the highest number of followers characteristically; however, their numbers of friends are relatively low, which means they do not follow too many accounts on Twitter. Despite being followed by many, their overall

Table 22.1 An overview of the Twitter activities of all 124 municipalities in 2019 and 129 municipalities in 2020

	Tweets	Favourites	Retweets	Followers	Friends	Popularity	Virality
<i>2019</i>							
Sum:	11,427	610,479	76,651	3,051,434	27,527		
Mean:	92	4923	618	24,608	222	2.171	0.273
<i>2020</i>							
Sum:	21,317	1,000,056	7,957,784	3,065,057	27,553		
Mean:	165	7752	61,688	23,760	214	1.974	15.711

Source: Authors own elaboration

Table 22.2 An overview of Twitter activities in 2019 and 2020, grouped by municipality size

	Tweets	Favourites	Retweets	Followers	Friends	Popularity	Virality
<i>2019</i>	<i>Municipality 1 (38 in total)</i>						
Sum:	1127	6900	51,747	64,674	8223		
Mean:	30	182	1362	1702	216	3.597	26.978
	<i>Municipality 2 (67 in total)</i>						
Sum:	7086	195,280	365,567	791,992	15,351		
Mean:	106	2915	5456	11,821	229	2.331	4.364
	<i>Municipality 3 (19 in total)</i>						
Sum:	3214	408,299	349,337	219,476	3953		
Mean:	169	21,489	18,386	115,514	208	1.100	0.9412
<i>2020</i>	<i>Municipality 1 (41 in total)</i>						
Sum:	2943	22,233	908,739	66,992	8341		
Average:	72	542	22,164	1634	203	4.623	188.977
	<i>Municipality 2 (68 in total)</i>						
Sum:	13,111	275,029	5,539,703	792,920	15,254		
Average:	193	4045	81,466	11,661	224	1.799	36.235
	<i>Municipality 3 (20 in total)</i>						
Sum:	5263	702,794	1,509,342	2,205,145	3958		
Average:	263	35,140	75,467	110,257	198	1.211	2.601

Source: Authors own elaboration

tweet activity is lower than Municipality 1 and Municipality 2. Small and medium-size local governments have higher rates of popularity and virality in 2019 and 2020.

When pre-and during Covid-19 periods are compared, Municipality 2 have largely improved their position in terms of virality. This group is followed by small municipalities (Municipality 1). Virality, according to Bonsón Ponte et al. (2015), refers to the highest levels of participation, when compared to popularity, because it is easier and faster to press the like button than writing a comment. They, at the same time, highlight the impersonality aspect of the favouring (not retweeting), as retweeting is shown in the user's timeline, yet favouring is not. For the middle and small-sized municipalities, this shows having more impersonalized involvement/support. In addition, virality measures represent a different perspective; all municipalities have increased their virality values, that is, effectiveness of their messages based on the number of retweets. While the virality figure of small-sized municipalities was six times higher than the medium-sized municipalities, this difference decreased a bit during the Covid-19 period. For metropolitan municipalities, the increase in popularity and virality is quite small in comparison to small and medium-sized municipalities.

In addition to the descriptive metrics of Twitter use of local governments, another inquiry is to map how municipalities interacted with each other by looking at their network information. A social network consists of people related to each other through defined relations like friendship, family, co-working, co-publication and such. In our everyday life, our social networks are usually built with activities that

necessitate mutual relations. This type of mutual relations is called ‘symmetrical’ and are shown in mathematical terms as if A and B are related via relation $r(A, B)$; it is implied that $r(B, A)$ holds as well. The term network, as a mathematical entity, will often refer to a graph structure, which represents people or objects as nodes, and relations with undirected edges (for symmetric relations) or with directed edges (for relations that are not symmetric). In the Twitter network, the relations are usually directed: for example, a Twitter user might follow another user but might not be followed back.

For the Marmara Region case study, we define local governments’ Twitter accounts as nodes, and each re-tweeted or quoted tweet is defined as a link (a directed edge) between two local governments. In other words, if many municipalities re-tweet or quote the same tweet, they will be linked via the user who sent this tweet. Since the nodes in the network are important for our analysis, we have annotated the dataset and classified each node in one of the following categories: *political party*, *president*, *ministry*, *minister*, *governorship*, *mayor*, *news channel*, and *municipality management*. The final categories are municipalities that lie outside the Marmara Region (simply called ‘*municipality*’), and *mixed*, that is, every node that does not fall under one of the above-mentioned categories. As shown in Fig. 22.2, we have 480 nodes for the 2019 data set and 635 nodes for the 2020 data set. Graph-Commons³ is used to build and visualize our network, along with Gephi⁴ for calculating some of the most important network metrics.

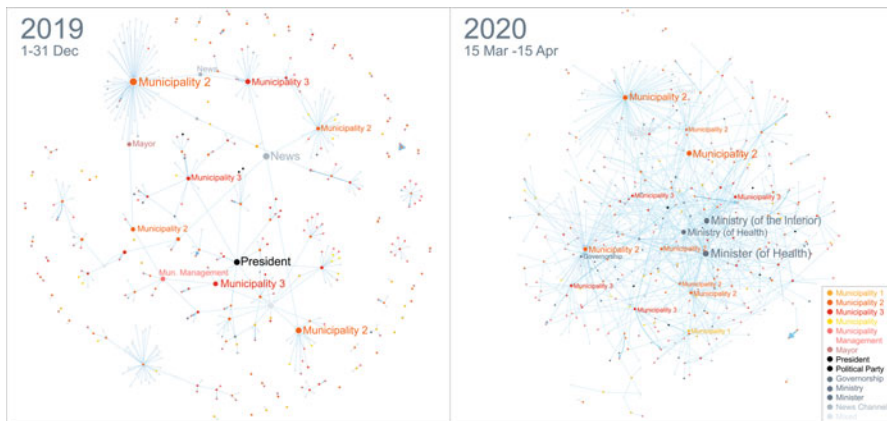


Fig. 22.2 An overall view of Twitter networks of municipalities between 1–31 December 2019 (left) and 15 March–15 April 2020 (right). (Source: The map is developed by the authors using Graph Commons)

³ Available at: <https://graphcommons.com/>, accessed Dec 28, 2020.

⁴ gephi.org, accessed Dec 28, 2020.

22.5 Changes in Twitter Network Structure of Municipalities and Population Size

In understanding Twitter networks local governments, centrality measures are important tools to analyse the significance of each local government (as a single node). Degree centrality, eigenvector centrality, hubs and authorities, closeness centrality and betweenness centrality are the most used centrality measures. Since network metrics are used to analyse the characteristics of a wide variety of networks from financial to epidemic, different centrality measures are used to explain the node characteristics in diverse ways. Our aim in this chapter is to analyse changes in network characteristics of local governments in the Marmara Region due to the Covid-19 pandemic. Therefore, our focus is on every important node. Among the centrality metrics, betweenness centrality, hub and authority, and closeness centrality are particularly important, as they describe the importance of every node by showing relevant statistics and network visualizations.

In a network, *closeness centrality* is measured by looking at the sum of a node's distances to all other nodes calculating the shortest path between all pairs of nodes (Cohen et al. 2014). If a node has a high closeness centrality, it is closer to all other nodes, or in other words, the higher closeness centrality measure, the more central is a node. Such nodes can spread information through a network; hence they are particularly important. Closeness centrality can be used to measure the flow of information, a metric of 'how long it will take information to spread from a given vertex to others in the network' (Yin et al. 2006: 1603 as cited in Yan and Ding 2009). Central nodes have high flow, yet higher closeness centrality is related to closed relationships with other nodes, that is, nodes with high closeness centrality refer to receiving information sooner than others. In the Marmara Region, we try to identify whether there is a change of characteristics of Twitter networking by variation in the flow of information.

Betweenness centrality is a metric that measures how many times a node acts as a bridge along the shortest path between two nodes. If a node has a high betweenness centrality, it acts as a bridge for many nodes, hence it has a central position in the network and controls the information flow between these nodes. The definition of betweenness centrality was proposed by Freeman (1977) to identify a metric that would quantify how much a node (in this case a Twitter user) has control on the communication between other nodes (other Twitter users). According to Kim and Hastak (2018), high betweenness centrality is critical in effective connection of online communities in a social network. On the one hand, it provides fast communication. However, networks with too many high betweenness centrality nodes are prone to the risk of network disruptions, that is, information flows disrupted by power plays or key members leaving the network. For our analysis, it is essential to locate the most central nodes in the network and see if there is a shift in these nodes between the periods before and during the pandemic. The role of a municipality might change from a lower centrality node to a higher one. We expect to see a more connected network during the pandemic, and hence an increase in the number of nodes with high betweenness centrality measures.

Hub and authority (HITS) are metrics developed for ranking web pages during the early years of the internet. Hubs were web pages that contained a registry list of many other internet pages, helping with the flow of internet traffic. They were essential for navigating the web and had a significant role even though they did not contain information other than links to other pages. If we think of the graph structure of the hub pages (nodes), we will see that they have many ‘outgoing’ links (edges) to other web pages (nodes). In contrast, authority pages were the ones that contained vital information on a topic; hence many web pages had links to these authority pages. These made the authority pages essential nodes in the network as well, with a high number of ‘incoming’ links from other pages. Hubs and authority nodes are defined mutually, as a good authority page is measured by how many hubs have links to it. For our case study, the obvious change in the authority and hub nodes between 2019 and 2020 networks will be a shift in the authority nodes towards public health authorities. The more interesting question here is if we will see a pattern emerging among municipalities retweeting other (new) authority nodes, and if yes, what type of nodes will these be. We expect to see a change in the hub nodes: instead of other types of nodes, during the pandemic, the more active municipalities might become hubs in the network, cumulating links to valuable information.

In the two-time frames, there were visual differences in the activity patterns of some highly influential nodes in the network. Political leaders and authority take predominant roles in the network clusters with varying degrees; for instance, previously the president’s account had a leading place as the personal account stands out as the only name with a significant interaction cluster, apart from municipalities. In the latter, this was replaced by the Minister of Health, the Ministry of Health, and the Ministry of Interior. Changes in Twitter use characteristics, particularly concerning the local governments, are worth understanding.

More interesting are the changes in how highly active municipalities did become involved with different account types than before. Here, we list our observations from Municipality 2, as some of them have high popularity and virality, which are seen in the network graphs as well. Also, metropolitan municipalities (Municipality 3) like Bursa and Istanbul are visible in the graphs and deserve a closer look. Metropolitan municipalities like Bursa or Istanbul had limited interaction in the municipality network. Especially before the pandemic, during the 2019 period, both accounts had more interaction with people. Other than that, Bursa municipality was connected to only two other municipalities and mayors. However, with the impact of the pandemic, the connections to other municipalities and institutions became visible in the network.

Among the Municipality 2 nodes, Izmit, Bilecik and Saray had their own clusters in 2019. For all these nodes, the 2019 activities involved interactions with municipality management accounts closely related to that municipality, and each node is central and confined to its own cluster. However, during the pandemic, we see that these municipalities have changed their behaviour; instead of interacting with the municipality accounts, they interacted with news accounts in addition to personal accounts. They have expanded their networks to include other metropolitan, provincial and district municipalities. Bilecik Municipality was mainly in interaction with

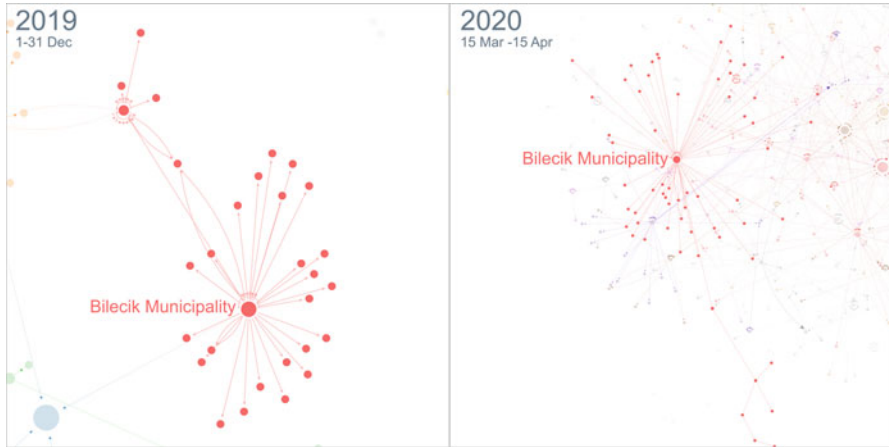


Fig. 22.3 An overall view of Twitter networks, retweet and quote networks of Bilecik Municipality between 1–31 December 2019 (left) and 15 March–15 April 2020 (right). (Source: The map is developed by the authors using Graph Commons)

personal accounts in the 2019 timeframe, and yet it did not continue to interact with personal accounts in the 2020 timeframe (Fig. 22.3). Instead, it interacted with other accounts of organizations and municipalities. On the one hand, this caused a decrease in the amount of interaction in the account, while the interaction area increased in the map of graph commons. On the other hand, this change has almost doubled its closeness centrality values.

As mentioned above, the centrality measures are important tools for understanding the network structure and changes in the characteristics of the network. In both periods that we studied, the majority of the local governments have the lowest values of betweenness centrality, closeness centrality and hub and authority. More than half of the local governments in the Marmara Region have high closeness centrality values, only 5% have low values both before and during the pandemic. This is particularly important in sending and receiving information on a larger network; they have a central status in terms of the flow of information. 17% of the local governments' closeness centrality values dropped and 20% increased their closeness centrality. There is no prior finding to suggest that this change is related to size or political affiliation. Further research can provide more insight.

Covid-19 has profoundly changed the network characteristics of some municipalities; for example, the betweenness centrality values for Istanbul Metropolitan Municipality are increased from 6 to 30, before and during the Covid-19, respectively. In addition, three district municipalities of Istanbul have increased their values from 0 to 9 and 16. It should be noted that these districts are among the hardest-hit areas of the pandemic in Istanbul. On the other hand, we also observe an increase in the outdegree values of these local governments, which suggest that a change from a more inward community network to a prominent role in larger networks, from a regional community centrality to a more global one.

Regarding hub and authority (*HITS*) metrics, local government's Twitter networks exhibit quite distinctive characteristics before and during the Covid-19 periods. In December 2019, Izmit Municipality (Municipality 2) has by far the highest hub value, close to 1. It means that Izmit Municipality has, among the other municipalities, the highest network connection ability (ability to make a relation with other municipalities). On the other hand, the municipality in question has an exceptionally low authority value, that is, a low number of relations to the node. Like Bilecik Municipality, Izmit forms a very distinct network. With the Covid-19 pandemic, Izmit Municipality has lost its status as a distinctive hub, yet it has increased its connections. We can infer that Izmit Municipality had an isolated network in the Marmara Region; however, this has changed because of the necessities of the Covid-19 related communication.

During the Covid-19 pandemic, Twitter interactions of local governments have increased; there are more nodes with high hub values, meaning highly connected nodes within a network. More than two-thirds of the local governments in the Marmara Region increased their hub value. In the former period, this number has barely reached one-third of the entire region. Strikingly, the second highest hub value of the pre-Covid-19 period lags exceedingly behind any hub value from the Covid-19 period. Another interesting result is that among the local governments that increased their hub value, the number of small cities (Municipality 1) tripled, and that of medium-sized cities (Municipality 2) and metropolitan cities (Municipality 3) doubled.

22.6 Conclusion

Covid-19 has an unprecedented influence on the daily lives of millions of people in the world. For the local governments, dealing with the pandemic effectively is challenging in a way that it necessitates a holistic, transversal, and all-inclusive approach. The use of social media by the local governments has a fundamental role especially during times of crises, as communities consistently need trusting, dependable and authoritative information. Local governments are the key actors in lifting bottom-up communication and taking immediate action. In this chapter, we presented an exploratory study to investigate local government's social media networks before and during the pandemic in the Marmara Region, Turkey. From day one, social media became a major source of information for sustaining many daily activities and the main communication channel for the local governments. Variety of social media users (such as communities, government, individuals, organizations and media outlets) and uses (from preparing and receiving disaster preparedness information and warnings and signalling and detecting disasters prior to an event to (re)connecting community members following a disaster) show social media's apparent capacity to improve disaster communication (Houston et al. 2015). Contrary to previous studies, this study investigates changing positions, characteristics, and structure of local government's social networks before and during a disaster. We believe the network structure of social media affects communication patterns and information dissemination.

In analysing characteristics of networking between local governments, our data have covered only Twitter interactions before and during the first months of the pandemic. Based on a dataset of the Twitter accounts of 199 municipalities in the Greater Marmara Region, it examined the structure of their social media networks and analysed the changes in the network structure. During the first months of the Covid-19 pandemic, social media has proved to be vital for many municipalities. Our findings on Twitter data indicate that social media acts for local governments as an advantage for public information and coordination. In all local governments in the Marmara region, the impact of Covid-19 seems to have triggered the effect of expanding their previous networks, and being more in interaction with other municipalities and organizations. In addition to the previously established networks of social media, functioning properly or not, new ties of networks have also been established during the emergency.

Early pandemic communication provided many local governments with the possibility of effectively addressing the mitigation regulations. Local governments, which form small networks within similar political orientations or based on local matters, found themselves in need to be open to larger communication. As the Covid-19 pandemic continues to make significant changes, new forms of networks are established. Our findings indicate that the use of Twitter provides municipalities in the Marmara Region with the possibility to extend their influence during the Covid-19 period, as popularity and virality values increase. Whether political affiliation plays a key role in this change, a detailed research is necessary. Another interesting question is related to the permanence of networks ties with diverse nodes. As the pandemic prolongs its duration, longitudinal research in different periods of the disaster will yield information for durable networks.

Analysing local governments on social media networks enables us to position them as relational institutions. The Marmara Region appears as a relational setting. The networked space of Twitter connects spatially differentiated actors from various places in the region together. The structure of these networked spaces gives important insights for coordinated communication, especially relevant in times of crises and emergency. The extent of their networks and the fragmentation of ties can facilitate broadening the public communication, hence the effective organization of mitigation strategies. Purposeful retweeting, liking and mentioning can help to increase the audience and response capacities of local governments. An in-depth study can shed light to improve coordinated response and the organization of effective strategies for mitigation.

Research on social media and how it has been utilized by governments in many ways of disaster management covers a range of issues from informing citizens in preparations and emergence of a disaster to linking various efforts of rescuing and maintaining community necessities. We believe that understanding the structural changes in social media networks of local governments is important for understanding and developing better disaster management strategies. Furthermore, analysing the heterogeneity of social media networks and a variety of position takings in the networked space of information diffusion provide local governments with the capacity to accelerate their effective organization and response.

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Eda Ünlü-Yücesoy, PhD, is an Associate Professor of Urban Planning at the Department of Urban and Regional Planning, Istanbul Technical University, Turkey. She received BSc and MSc degrees from the Department of City and Regional Planning at Middle East Technical University, Turkey and PhD from Human Geography and City and Regional Planning at Utrecht University, Netherlands. As a post-doc, she worked at the Graduate Program in Architectural Design at Istanbul Bilgi University, where she also co-curated the socio-economic geography section of the exhibition, titled ‘Istanbul 1910–2010; the City, Built Environment, and Architectural Culture’. She received TÜBİTAK Career Award in 2011, with a research on the commercial geography of Istanbul, titled ‘Workplaces in Istanbul: continuity and change in metropolitan central business district in the period 1900–2011’. Her research and publications have focused on spatial relations, social and economic geography, health geography of Turkey, geography of higher education in Turkey, urban planning, public space and spatial transformation in Istanbul.

Özge Sivrikaya is an international cooperation expert and SDG ambassador at Marmara Municipalities Union. She completed her bachelor's degree with a double major in Political Science and International Relations & History at Bogazici University, Turkey. She took master-level courses in History at Sabanci University. She earned her master's degree in Political Science at Aarhus University in Denmark. She wrote her master thesis on the impact of intergroup threat perception on social policy attitudes. Özge started her career as a research assistant in the History Department at Istanbul Bilgi University. Her interests lie in sustainable development, international cooperation, local diplomacy, local governments, political behaviour, communication and social media.

Gorsev Argin is a PhD candidate at Istanbul Technical University (ITU) in Urban and Regional Planning and working as director of the Local Government Academy and project coordinator at the Marmara Municipalities Union. She completed her bachelor's degree in City and Regional Planning (2009) and received a master's degree in Urban Design (2012) at Middle East Technical University (METU). She worked as a research/teaching assistant at ITU between 2015 and 2019 and continued her research as a visiting researcher at KU Leuven in 2018–2019. She is one of the collaborators of the Brussels-based research group *Alt_Shift** Altering Practices for Urban Inclusion. In her PhD dissertation, she strives to explore the effects of the advances in mobile technologies on the urban experience with a particular focus on walking and flânerie. She has recently published a paper entitled 'Between Post-Flâneur and Smartphone Zombie: Smartphone Users' Altering Visual Attention and Walking Behavior in Public Space'. Her main research topics are urban design, urban experience, spatial cognition, hybrid public space, walking and mapping.

Büşra İnce is a corporate communication specialist at Marmara Municipalities Union. She completed her bachelor's degree in Chemistry Department in Boğaziçi University. She attended Climate Physics Summer schools of Institute of Theoretical and Applied Physics and studied Regional Climate Modelling (RegCM). She was also a member of İklimBU research group in her undergraduate years. She studied computational chemistry and got her master's degree from the Faculty of Arts and Sciences, Boğaziçi University in Istanbul, Turkey. Her master's thesis focuses on modelling of molecules. Her current field of interest is data mining, data visualization and statistics. She is also interested in local governments, sustainable development and political communication.

Almila Akdag Salah is an Assistant Professor at Utrecht University, Department of Information and Computing Sciences, as well as a senior researcher at TU Delft, Industrial Department of Engineering, Netherlands. Her research interests combine qualitative and quantitative methods to study mainly humanities and social data. She studied at the Art History Department of the University of California, Los Angeles (UCLA), focusing on technoscience art and its place in the art historical canon. She was one of the first Digital Humanities Fellows of UCLA. Upon completing her PhD, she became a postdoctoral researcher with Virtual Knowledge Studio (KNAW) – Knowledge Space Lab project, which contributed to the new research area of maps of science. Almila joined the Digital Methods Initiative (University of Amsterdam, New Media Studies) with an NWO VENI grant to analyse the online art platform DeviantArt with computational means, combining computer vision, natural language analysis and social network analysis to study humanities data. She was associated with the e-Humanities group at KNAW and was a Management Committee member for the FP7 COST project KNOWeSCAPE on knowledge spaces. She is currently the Visual Media and Interactivity WG leader at DARIAH (the Digital Research Infrastructure for the Arts and Humanities) and a member of ISKO (International Society for Knowledge Organization), Low Countries.

Chapter 23

Jalisco *versus* COVID-19: Local Governance and the Response to Health, Social, and Economic Emergency



Katia Magdalena Lozano-Uvario and Rocio Rosales-Ortega

Abstract In March 2020, due to the health emergency caused by the COVID-19 pandemic, the state government of Jalisco was one of the first in Mexico to implement precautionary measures and take specific actions, some of which differed clearly from the strategies dictated by the federal government. This has given rise to political disagreements between these two levels of government. Two main strategies were implemented at the state level: 1) a hierarchical form of governance that subordinated municipal governments to state ordinances; and 2) panels composed of state officials, business people, representatives of universities, and members of civil associations that defined health and economic actions with broad impact. These two strategies were pillars for developing the epidemiological detection system, the hospital reconversion program, the economic reactivation plan, and health protocols that demonstrated the state's capacity to respond to the health and economic crisis. The objective of this chapter is to analyze the policies, strategies, and actions in the areas of health and the economy implemented by the government of Jalisco and other actors in response to the COVID-19 pandemic, and the alliances, negotiations, and conflicts that formed in the first year (March 2020 to March 2021). To this end, events from the first case detected in Mexico have been reconstructed, followed by the elaboration of a trajectory of the actions undertaken in relation to the phases of the epidemiological contingency. The analysis is based on primary information from official sources, as well as newspaper reports and documents prepared by civil associations and other institutions. This approach allowed us to analyze the main strategies, public policies, and financial measures on which Jalisco's governance model was based, and to distinguish between successful actions and those that have had only a palliative effect.

K. M. Lozano-Uvario (✉)
Universidad de Guadalajara, Guadalajara, Mexico
e-mail: katia.lozano@academicos.udg.mx

R. Rosales-Ortega (✉)
Metropolitan Autonomous University, Campus Iztapalapa, Mexico City, Mexico
e-mail: ro@xanum.uam.mx

Keywords Territorial governance · Heterarchy · Panels · Health and economic policies · COVID-19

23.1 Introduction

Analyzing the processes of governance in territories affected by the SARS-Cov-2 virus (COVID-19) emergency provides a complex perspective on the decisions made by governments at different levels of competency. This complexity finds expression in strategies of vertical and horizontal collaboration with social actors, adopted to formulate objectives and implement measures required to control the public health and social-economic crisis. Since COVID-19 was declared a pandemic on March 11th, 2020 (World Health Organization 2020), its impact has generated social instability and crises due to people's poor understanding of the illness and its consequences (Ansell et al. 2020; Gruszczynski 2020). Figures for Mexico in early March 2021 showed 2,125,866 confirmed cases and 190,357 deaths, placing the country in third place worldwide in the number of COVID-19-related deaths with a high mortality rate of 8.95%, compared to the global figure of 2.22% (Johns Hopkins University & Medicine 2021).

While the sanitary crisis was originally attributed to people's greater international mobility and environmental degradation (Chen et al. 1999; Gruszczynski 2020), its evolution in Mexico reveals a whole series of pre-existing structural conditions: access to health services, low therapeutic capacity, and the poor health conditions of a population where illnesses like hypertension, obesity, diabetes, and smoking are common. This situation has led some authors to call this "a pandemic of inequality" (Maya-Ambía 2020), or a "combined, asymmetrical triple crisis [sanitary, economic, and social]" (Filgueira et al. 2020). The context of this crisis and its diverse manifestations thus express the inequality generated by the economic, social, and institutional structures of diverse territories (Méndez 2020).

In this context, territorial governance can be understood as a new style of government (Zurbruggen 2011) in which organizing, coordinating, negotiating, and constructing consensus between public and private actors with diverse interests in the administration and consecution of public affairs is fundamental, especially in nation-states with scarce resources (Farinos Dasí 2008; Torre 2016). Territorial governance requires defining shared goals and tasks in accordance with the characteristics of the territory while coordinating the various levels of government. It can be instrumented through organizations based on hierarchies or networks (Kjaer 2004, cited in Morales Barragán 2017). The multiplicity of actors, decision making, and means of constructing policy are three keys to understanding and elucidating the processes that have emerged in response to the pandemic (Davoudi et al. 2008; Alfie-Cohen 2015).

From this perspective, collective action and public policies adapted to the territory contribute to resolving health problems, based on the understanding that controlling contagious diseases is deemed a public good, and that visions of

collective health have no rivalry between health and consumption. In this sense, these factors also contribute to attenuating the economic impact generated by a decrease in activities during compulsory periods of suspension (Chen et al. 1999; Zacher 1999).

Analyzing territorial governance thus becomes fundamental to the degree to which the existence and coordination of inequalities in resources and administrative and leadership capacities require flexibility to be mobilized and adapted, and create institutional arrangements with multiple objectives and directions (Farinos Dasí 2008; Ansell et al. 2020). In this process, it is also important to identify the commitment and trust of social actors in the observance of arrangements, together with the costs and dilemmas that such cooperation agreements presuppose (Merino Pérez 2014).

From this analytical perspective, the state of Jalisco exemplifies a process of territorial governance for confronting the COVID-19 pandemic, based on vertical coordination and the principle of subsidiarity to the federal government (von Haldenwang 2005; Davoudi et al. 2008). Under these circumstances, the state government implemented the following actions in efforts to reduce the contagion: (1) social distancing, limiting physical contact among people, and providing access to health services in case of infection; and (2) restricting many economic activities, maintaining those considered essential, and fomenting strategies to mitigate the impacts generated.

Government decisions in Jalisco followed, on the one hand, a hierarchical model between the state and municipal levels characterized by centralized control and decrees stipulating the measures to be implemented (Zurbruggen 2011; Alfie-Cohen 2015). Communication with the population was organized mainly through state government decrees published in the *Periódico Oficial* (Official Bulletin) that outlined the protocols defined by federal sanitary authorities in conjunction with international recommendations, which were then disseminated through social networks. More recently, in 2021, municipalities began to foment their own initiatives to enhance control of the pandemic in local spaces. On the other hand, and simultaneously with the hierarchical model, the state government developed a heterarchical organization based on negotiated coordination and horizontal collaboration that led to the establishment of consensuses and accords with businesspeople, commercial associations, civil society organizations, public and private universities, and wider society, all elements of a concerted effort to maintain social and territorial cohesion during the health emergency (Zurbruggen 2011). Those measures ranged from issuing mandates and decrees to establishing agreements and consensus with the goal of achieving balanced social distancing policies that would reduce infection and mortality while minimizing economic impact (Gupta et al. 2020).

In this context, the aim of our work was to describe and analyze the broader context of the pandemic and the policies, strategies, actions, conflicts, and results of territorial governance in the areas of health and the economy in Jalisco in the first year of the pandemic (March 2020 to March 2021). This led us to reconstruct events by elaborating a trajectory of the actions undertaken in relation to the phases of the epidemiological contingency, utilizing both primary information from official

sources and secondary sources. This allowed us to underscore the actions implemented at the state and local levels (Chia et al. 2016; Torre 2016).

The main questions that guided the research are: What are the characteristics of the governance adopted by the local government in the face of the COVID-19 pandemic? What types of coordination, cooperation, or negotiation mechanisms were implemented to minimize the economic, health, and social impacts of the pandemic in Jalisco? Were the different strategies, plans, policy measures, and actions of the local government effective in reducing the local spread of COVID-19? How has the relationship been between the different levels of government in the face of the pandemic? What kinds of learning were developed through the governance actions? What have been the difficulties and challenges of the governance implemented?

Following this order of ideas, the chapter is organized into four sections. The first two present the health and economic strategies, plans, and actions developed in Jalisco. In part three, we discuss the results of our analysis of the actions implemented and the characteristics of territorial governance. The text ends with conclusions in the fourth and final sections.

23.2 Health-Related Strategies and Actions in Jalisco

Jalisco, a state in western Mexico, has the third-largest population of all states in the Republic, with 8,783,830 inhabitants. It is one of Mexico's main production centers, contributing 6.9% of the gross national product in 2019 (IEEG 2019). The COVID-19 pandemic reached Jalisco in March 2020 in a scenario preceded by a debate over the proposal to incorporate the state into the federal government's planned *Instituto de Salud para el Bienestar* (Health Institute for Wellbeing, INSABI). This new organism of the Ministry of Health was created in January 2020 as part of President López Obrador's program to propel the federalization of state health services and unify the nation's social security systems through a process of collaborative articulation (Gobierno de México 2020; Henrion 2020).¹ Although the state government of Jalisco signed a collaboration—not adhesion—agreement with the Institute, the confrontation that emerged during the process is a key antecedent of the conflictive relations between the two levels of government.

The first two cases of COVID-19 in Jalisco were not reported until March 14th, but the initial health actions were taken at the onset of Phase I of the epidemiological

¹The INSABI and the modification of the General Health Law of 2019 reflect the plan to integrate a national health system to replace the current one, which is fragmented in numerous structural organizations depending on the employment status of users: employees of private entities in coordination with the federal government (IMSS), government employees (ISSSTE), private insurers, and Popular Insurance (*Seguro Popular*) for people unaffiliated with any other system, such as workers in the informal sector and the self-employed. In 2018, 53.5 million Mexicans were registered in the *Seguro Popular*, created in 2003 (Reyes-Morales et al. 2019).

contingency with the reactivation of the State Security Committee for Health (CESS). This agency was created to coordinate actions in the field of health and define the criteria for preventing, containing, and attending to the pandemic (Gobierno del Estado de Jalisco 2020e; Secretaría de Salud 2020a). The CESS, led by the state governor, includes government functionaries responsible for the health sector and for implementing social policies (Health Minister, State Director of Public Health), decentralized public health organizations (OPD for its initials in Spanish), and representatives of two universities: the University of Guadalajara (UdeG) and the ITESM-Campus, Guadalajara. This group created a permanent Specialized Health Panel (MES for its initials in Spanish) to evaluate the pandemic (Fig. 23.1). Among other functions, the MES was responsible for establishing the protocols that would define economic and social activity in the state and interrelations with other health organizations, such as the *Instituto Mexicano de Seguro Social* (Mexican Social Security Institute, IMSS), the *Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (Institute of Security and Social Services for State Workers, ISSSTE), and the network of private hospitals in the state.

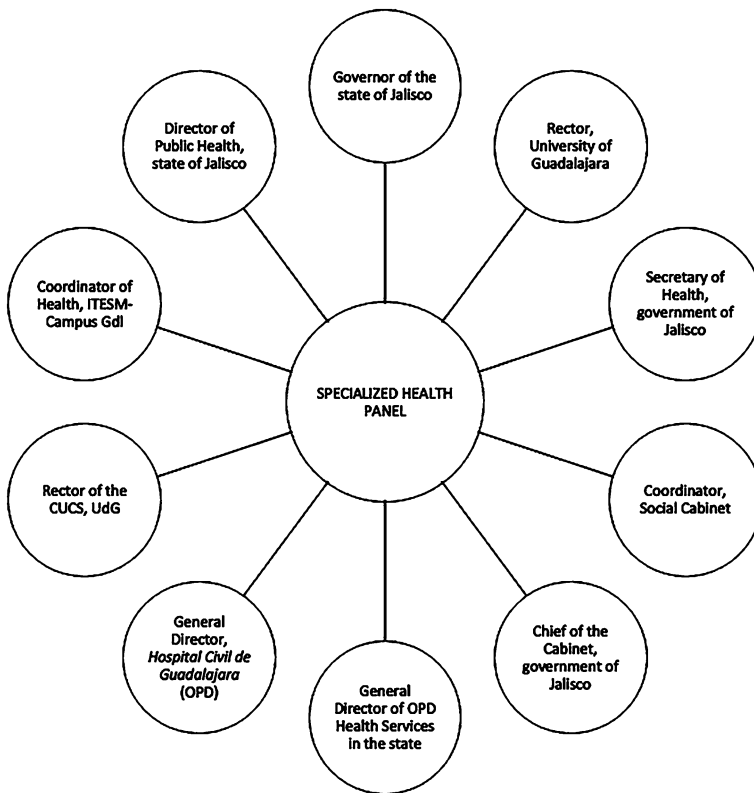


Fig. 23.1 Members of the Specialized Health Panel (MES). (Source: Elaborated by the authors based on Gobierno del Estado de Jalisco 2020m)

One of the first actions accorded at the MES had been defined earlier by other states during Phase I of the epidemiological contingency. It consisted of suspending face-to-face classes in public and private schools as of March 17. This was a preventive measure of social isolation announced just a few days before (March 20) the same determination was made by the Ministry of Public Education for the nation as a whole (Gobierno del Estado de Jalisco 2020a). This measure, which is still in force, sparked a dispute over health policy issues between the federal and state governments, as the latter criticized the former for its late response. To make matters worse, intergovernmental coordination was not officially established until the installation of the *Consejo de Salubridad General* (General Health Council, CSG for its initials in Spanish) on March 23, 2020 (Gómez-Alvarez 2020; Secretaría de Gobernación 2020a). This discrepancy intensified when differences emerged over the epidemiological detection model, the timely application of testing, and the mandatory use of facemasks. Table 23.1 presents the main plans and programs implemented by the government of Jalisco in response to COVID-19. In addition to these measures, 46 action protocols announced specific sanitary measures required to reactivate economic and social activities, and to orient activities in the industrial and service sectors, as well as social activities in churches, parks, and social and sports clubs, among others.

The following section analyzes the three plans in the field of public health that reflect the particularities that defined sanitary territorial governance as instrumented in Jalisco.

23.2.1 Hospital Reconversion Plan

On March 23, 2020, the General Health Council exhorted states to define plans for hospital reconversion and the immediate expansion of their capacity (Secretaría de

Table 23.1 Health-related plans, programs, and actions to confront COVID-19 in the state of Jalisco by phase of epidemiological contingency

Phase (period)	Health-related plans, programs, and actions
Phase I (28 February–23 April, 2020)	COVID line—911
	Sanitary filters in the Guadalajara International Airport and bus stations in the Metropolitan Area of Guadalajara and Puerto Vallarta
	<i>Proyecto Conexión Médica</i> (Medical Connection Project) to transport professional health personnel
Phase II (24 March–20 April, 2020)	Hospital reconversion and scale-up plan
	<i>Radar Jalisco</i> , a system for active epidemiological detection (in association with the University of Guadalajara)
Phase III (from 21 April, 2020)	<i>Centro de Aislamiento Voluntario</i> (Voluntary Isolation Center, in conjunction with the University of Guadalajara)
	Emergency button

Source: Elaborated by the authors based on IMSS and Gobierno de México (2020) and Gobierno del Estado de Jalisco (2020m)

Gobernación 2020a). In response, the government of Jalisco evaluated 15 hospitals in its state-wide network and channeled extraordinary economic resources to acquire inputs, equipment, and personnel. The objective was to conduct a hospital scale-up in four phases to adapt a total of 3161 beds for COVID-19 patients. One outstanding aspect of this plan was the collaborative alliance with the *Universidad Autónoma de Guadalajara* (UAG, a private university), which ceded the private Dr. Ángel Leñaño Hospital (HAL) *en comodato* exclusively to care for COVID-19 patients once it was rehabilitated and equipped. A second key element was the participation of civil associations and the private sector. Table 23.2 presents the names of the people who made donations to rehabilitate and equip the HAL with the amounts received. The government of Jalisco made the largest contribution, with 63.85% of the investment, while civil associations contributed 27.99%, and the private sector 8.16%. It is important to note that the government was questioned about investing public funds in a private hospital that belongs to one of the wealthiest families in Jalisco, even though the accord stipulated that all equipment would be transferred to public hospitals after the pandemic (Herrera 2020).

In a second element of this plan, the state government forged an agreement with a public institution of higher education—the University of Guadalajara (UdeG)—to increase hospital reconversion by adapting a hotel that belonged to the university (*Villa Primavera*) as a voluntary isolation center. This entailed an investment of \$3.84 million pesos (MDP) for installations that could provide shelter for 200–417 economically vulnerable people diagnosed with COVID-19 who did not require hospitalization (Universidad de Guadalajara 2020; Gobierno del Estado de Jalisco 2020b).

Table 23.2 Contributions to the rehabilitation and equipping of the Dr. Ángel Leñaño Hospital

Donor		Contribution (mdp)	Accumulated contributions	
			(mdp)	%
Government of the state of Jalisco			\$142	63.85
Private sector	<i>Phillip Morris México</i>	\$9.10	\$18.15	8.16
	<i>Electrijal</i>	\$0.45		
	<i>Estévez S.A. de C.V.</i>	\$2.70		
	<i>Internet S.A. de C.V.</i>	\$4.10		
	13 contributions from businesses	\$1.80		
Civil associations	<i>Fundación BBVA</i>	\$4.30	\$62.24	27.99
	<i>Corporativa de Fundaciones</i>	\$8.70		
	<i>Fundación Grupo México</i>	\$18.30		
	<i>Fundación Carlos Slim, A.C.</i>	\$30.00		
	<i>Fundación Mexicana para la Salud, A.C.</i>	\$0.94		
Total			\$222.39	100.00

Source: Elaborated by the authors based on Gobierno del Estado de Jalisco (2020i)

23.2.2 *Radar Jalisco*

On April 15, 2020, the state government, through another alliance with the UdeG, implemented the *Radar Jalisco* program, which reflected the disagreement with the federal government over the epidemiological detection model to be used for the timely identification of coronavirus cases. The federal Ministry of Health used a system called “sentinel vigilance” (*vigilancia centinela*), which is based on representative samples consisting of epidemiological data compiled in specific sites around the country (Dirección General de Epidemiología 2020). *Radar Jalisco*, in contrast, is a system of active detection that depends on the application of daily testing (PCR and serological); that is, a dedicated search to identify suspicious cases, individuals with mild or severe COVID-19 symptoms, asymptomatic cases, and chains of contagion. This measure was implemented through posts set up in the main hospitals of the Metropolitan Area of Guadalajara, Puerto Vallarta, and mobile units. The goal was to detect zones of high epidemiological risk with increasing numbers of cases (Gobierno del Estado de Jalisco 2020k). Implementing this active detection system required increasing the number of laboratories certified by the *Instituto de Diagnóstico y Referencia Epidemiológica* (Institute of Epidemiological Diagnosis and Reference, InDre), and their daily capacity for processing tests. By late September, 17 public and private laboratories in the state could handle 1710 tests per day (Gobierno del Estado de Jalisco 2020b).

Another aspect of *Radar Jalisco* consisted of emitting daily reports with its count of confirmed cases, though this meant that from its inception, the state presented two sources of information on confirmed COVID-19 cases and the number of associated deaths. Table 23.3 presents the accumulated data reported to February 2021, highlighting differences in the number of confirmed cases and mortality rates between the federal- and state-level tracing systems as a consequence of the lower number of tests performed under the sentinel vigilance model.

Table 23.3 Accumulated cases and deaths from COVID-19 in the state of Jalisco by source of information to March 2021

Cases	Sentinel vigilance (DGE)	<i>Radar Jalisco</i>	Difference, DGE vs. <i>Radar Jalisco</i>
Population	8,409,693	8,409,693	–
Confirmed cases	83,187	233,811	150,624
Number of cases per million inhabitants	9892	27,803	17,911
Deaths	11,682	11,260	–422
Deaths per million inhabitants	1389	1339	–50
Mortality rate	14.04	4.82	–9.23

Source: Elaborated by the authors based on CONACYT et al. (2021) and Gobierno del Estado de Jalisco (2020d)

23.2.3 Emergency Button

On July 9, 2020, Jalisco decreed an extraordinary mechanism called the “emergency button,” designed to cut the chain of contagion by suspending all industrial, commercial, and service activities, except essential health and security services and food supplies, for a period of 14 days. This measure was to be activated as soon as two key criteria were met: (a) a level of hospitalization above 50% of capacity, and (b) a weekly incidence above 400 cases per million inhabitants (Gobierno del Estado de Jalisco 2020g). Although the number of daily cases rose above 600 per million in August 2020, the button was not activated for several months. At the time of writing, it was activated on the following four occasions (Fig. 23.2):

1. October 30–November 13, 2020, when hospital occupancy reached 72%.
2. December 25, 2020 to January 10, 2021 for Christmas celebrations and the winter period, although this proved insufficient to reduce a hospital occupancy of 53% at the end of its instrumentation (El Informador 2021a).
3. January 16–31, 2021, the period with the highest number of confirmed cases and hospitalized patients. Additional preventive measures ordered people over 60 to

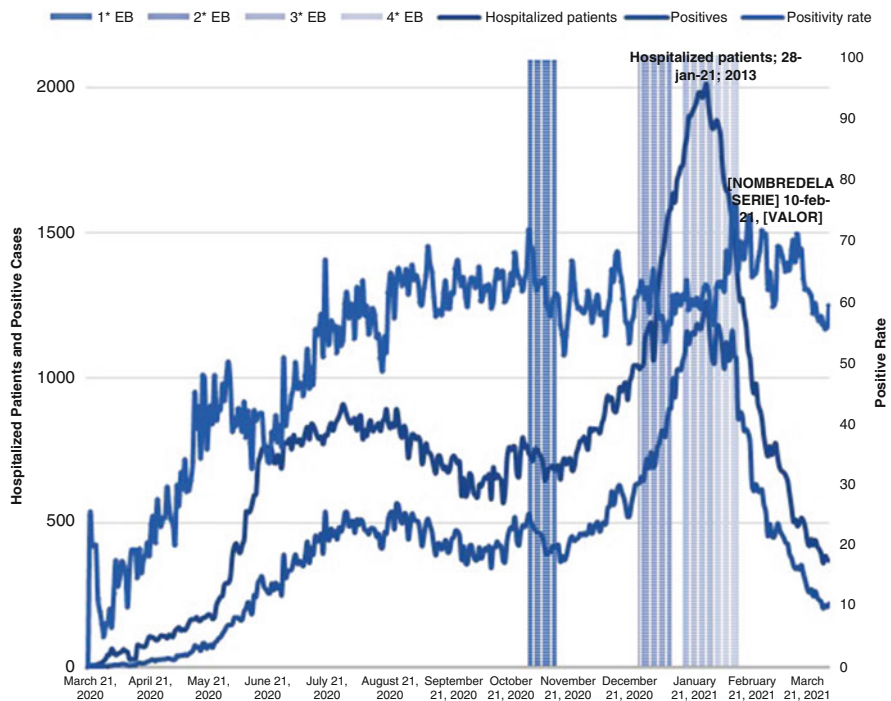


Fig. 23.2 Total number of patients in hospitals in Jalisco with COVID-19 symptoms, positivity rates, and emergency button (EB) periods, March 2020–March 2021. (Source: Elaborated by the authors based on Gobierno del Estado de Jalisco 2020c)

stay home, and restricted their access to commercial and service establishments (El Informador 2021b).

4. February 1–13, 2021, the days with the highest number of positive cases in the study period.

The emergency button was implemented after some adjustments were made to its original design, because at the time the government decreed its implementation, it did not accurately foresee its impact on the economy. Business groups and other organizations concerned about extensive job losses and business closures negotiated the redesign of its rules. This adjustment set the duration of the application of the button at 14 days, and weekends from 7:00 p.m. on Fridays to 6:00 a.m. on Mondays, but adjusted the hours of the suspension of activities from Monday to Thursday from 7:00 p.m. to 06:00 a.m. on the following day (Gobierno del Estado de Jalisco 2020I).

In another development, by prioritizing the use of social networks to inform the population of the activation of the emergency button and accusing Jalisco society of “irresponsibility” in observing the sanitary measures, the state government caused confusion and incredulity each time this measure was implemented. The governor even went so far as to wield the emergency button as a threat, given the widespread incompliance with the sanitary measures recommended to protect people (García 2020; Ramírez Ruiz 2020).

The results of the first emergency button period were positive in terms of breaking the chain of contagion, as the number of confirmed daily cases fell below 800, and the positivity rate descended to 51%.² The subsequent three activations were triggered by the intensification of social activities in the winter period, especially the relaxing of preventive and social distancing measures due to Christmas and New Year’s celebrations. One unfortunate result was the increase in the number of positive cases and hospitalized patients, and the positive rate increasing to 75.90 on February 10, 2021 (Fig. 23.3). The number of deaths also rose in January, with 2949 reported only in that month (Fig. 23.4).

Figures for the first two months of 2021 indicate the limits in hospital infrastructure available in Jalisco. On January 4, five hospitals reported 100% occupancy, while 70% of the beds in seven others were occupied by COVID-19 patients, and every single bed equipped with ventilators was taken (Olvera 2021). The new circumstances obliged the authorities to increase the number of beds and ventilators in intensive care units to 3213, which meant 79% of all beds conditioned in all the state’s health institutions (Álvarez 2021). This also revealed the state government’s weak ability to acquire and distribute the inputs necessary to attend to so many COVID patients (medicinal oxygen, for example), which generated numerous supply problems and precipitous price increases (El Informador 2021d).

At the end of the activation period, the government announced its “Plan Jalisco 2021 to combat the pandemic: adaptation, co-existence, and social responsibility”

²Percentage based on data reported on the total number of hospitalized patients.

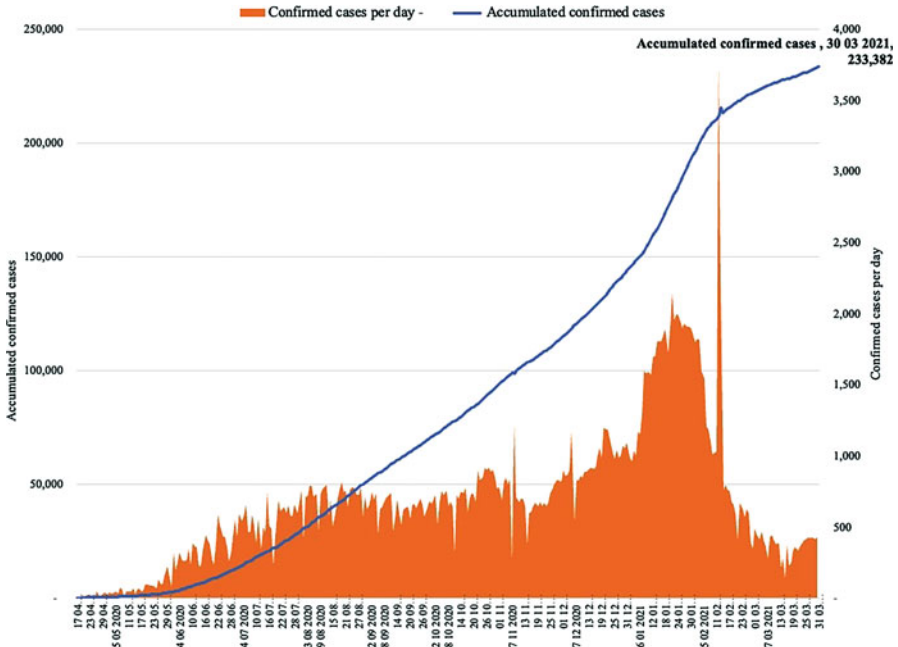


Fig. 23.3 Number of confirmed daily and accumulated cases in Jalisco, April 18, 2020 to March 31, 2021. (Source: Elaborated by the authors based on data from Gobierno del Estado de Jalisco 2020d)

(*Plan Jalisco 2021 ante la pandemia: adaptación, convivencia y responsabilidad social*), supported jointly by the Health Panel and the Economic Reactivation Group. It defined measures for the period from February 13th to December 15th, 2021 in light of the federal government’s Governing Policy for Vaccination against COVID-19 (*Política rectora de vacunación contra COVID-19*), which aims to vaccinate 56% of the state’s population by the final trimester of the year (Gobierno del Estado de Jalisco 2021). The plan reiterates the health rules and protocols implemented in 2020, and strengthens the telephone attention center, *Radar Jalisco*, the hospitalization program, and the monitoring of key indicators to decide when it is necessary to decree extraordinary measures due to high risk, and/or for periods like Easter Week, Mother’s Day, and the coming electoral campaign, when mobility and social interaction increase greatly.

23.2.4 Economic Strategies and Actions

Another problem associated with the COVID-19 pandemic is the economic crisis, which has meant the loss of thousands of jobs and many business closures due to the suspension of activities classified as “non-essential” ordered by the federal

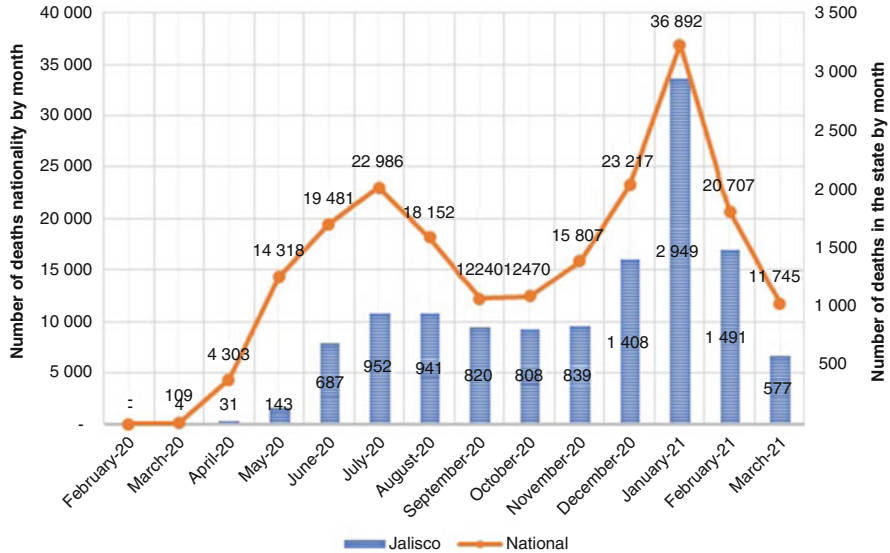


Fig. 23.4 Number of accumulated deaths due to COVID-19 by month, nationally and in Jalisco, to March 2021. (Source: Elaborated by the authors based on data from CONACYT et al. 2021)

government for a period of 62 days from March 30th to May 30th, 2020 (Secretaría de Gobernación 2020b), as well as the activation of the emergency button in Jalisco. In late 2020, Jalisco reported a reduction of 25,000 formal jobs (Rodríguez 2020b) by subtracting the number of jobs created in the first trimester of the year from the 95,331 lost between March and July, according to estimates by the Employers’ Confederation of the Mexican Republic (*Confederación Patronal de la República Mexicana*, COPARMEX) (Romo 2020). In response, the following measures were implemented to mitigate the economic effects of the pandemic on businesses and workers: nationwide mandatory rules for suspending/reinitiating activities, anticyclic policies to increase government spending, authorization of economic support for the productive, commercial, and service apparatus, and larger credits to stimulate economic reactivation.

At the federal level, the guidelines for the gradual, orderly re-opening of economic activities are based on an epidemiological traffic light (*semáforo*) that was implemented on May 30, 2020, when the National Social Distancing program ended. At that time, decision making for temporary restrictions on work, social, and educational activities was transferred to the states. This weekly monitoring system uses a traffic light color scheme—red, orange, yellow, green—to guide the development (openings, closings) of activities according to the intensity of the pandemic, the response capacities of individual states, and estimates of risk (low, moderate, high, maximum). The traffic light also serves as a guide for local sanitary authorities and the general population (Secretaría de Salud 2020b).

In Jalisco, however, just as occurred with the public health precautions implemented, economic measures were imposed well before the ones announced

by the federal government. In fact, *Plan Jalisco COVID-19* was created one week before Phase 2 of the epidemiological contingency began. In terms of financial resources, this plan entailed contracting short-term public debt in the amount of one billion pesos to support the most economically vulnerable population groups, such as workers in the informal sector, the self-employed or sub-employed, small- and microbusinesses, and corn producers (Gobierno del Estado de Jalisco 2020f). But the government also contracted long-term debt for 6.2 billion pesos. Those funds were largely applied to satisfy the requirements for economic reactivation, according to re-opening schemes defined by the traffic light.

Regarding these aspects, Table 23.4 presents the economic actions from *Plan Jalisco COVID-19* and the Economic Reactivation Plan, indicating the initial phase, the budget assigned, and the number of beneficiaries.

Table 23.4. Economic actions of *Plan Jalisco COVID-19* and the Jalisco Economic Reactivation Plan

Phase	Plan and actions	Budget assigned (mdp)	Beneficiaries
Phase I	<i>Plan Jalisco COVID-19:</i>	\$1,110.00	
	<i>Protection of individual income</i> Direct economic support for the population	\$660.00	126,942 people
	<i>Protection of formal employment</i> Financial support to conserve jobs in businesses with 1–15 employees registered with the IMSS	\$450.00	4918 supports
Phase III	<i>SumArte en casa:</i> Direct economic support for the cultural and artistic sector	\$30.00	3750 supports
	<i>Plan Jalisco for Economic Reactivation:</i>	\$909,067.65	
	<i>Reopening for payroll and operating capital:</i> Nonrepayable supports for payroll costs and operating capital in four categories: formal employment, artisans, private schools, and economic units	\$180.00	857 supports ^a
	<i>Reopening for high impact entrepreneurs:</i> Includes nonrefundable supports for payroll costs and operating capital for small- and microbusinesses led by women	\$69.07	Not available
	<i>Reactiva:</i> Covers industrial, commercial, service, and artisanal reactivation, and <i>Jalisco Exporta</i> . Economic supports to maintain operations in three modalities: (a) reconversion and equipping; (b) training and certification; and (c) promotion and generating demand	\$270.00	535 supports ^a
	<i>Invierte en Jalisco.</i> Stimuli in cash and kind, supports for local initiatives, industrial installations, and territorial reserves for large businesses in strategic sectors for development in the state	\$92.00	19 supports ^a
	Programs of the <i>Fondo Jalisco de Fomento Empresarial (FOJAL):</i> subsidy for interest rates and a fund for collateral	\$390.00	Not available

Source: Elaborated by the authors based on Gobierno del Estado de Jalisco (2020b, m)

^aNote: Supports authorized to September 30, 2020

As it had done for the health sector, the state government set up the Inter-institutional Commission for Economic Reactivation (CIRE for its initials in Spanish) to lead in organizing the economic recovery by articulating the main economic and social actors in Jalisco. The Commission's main goal is to work as an auxiliary organ of public governance, responsible for designing, implementing, following up on, and evaluating the Plan Jalisco for Economic Reactivation (Gobierno del Estado de Jalisco 2020h). It is presided by the governor, and its 37 members include 13 state government officials, 24 representatives of various organisms of the legislative branch, public and private universities, worker and peasant confederations, and citizens' observatories, as well as members of the main industrial groups, the Chamber of Commerce, and service associations. The Commission's intervention has been decisive at key moments, such as redesigning the emergency button, and forging commitments with business groups on issues like workplace testing and scaling workers' hours, among others (Rodríguez 2020a).

Another aspect of economic reactivation involves incorporating new sanitary norms for companies based on two obligatory protocols. The first, defined during Phase Zero of Economic Reactivation, allows establishments to open once they obtain a certificate of compliance with safety and hygiene norms, tailored to the type of economic activity. The second involves applying the Business Vigilance and Testing Model (MOVAPE), which stipulates compliance with public health policies such as the use of personal protection equipment, identifying and reporting positive COVID-19 cases, and implementing sanitary measures (Gobierno del Estado de Jalisco 2020j). In addition to these public actions, the following four initiatives that emerged from business organizations or private citizens stand out among the responses to the economic crisis brought on by the pandemic and market failures:

1. United for Employment and the Economy of Jalisco, Jalisco without Hunger (*Juntos por el empleo y la economía de Jalisco, Jalisco sin Hambre*): This group, convened by business people but later supported by universities, the Catholic Church, entrepreneurial organisms, and labor unions, set a goal of distributing 80,000 food baskets to 20,000 families in all municipalities in Jalisco (De la Cruz 2020). The state government also pitched in by granting the Jalisco without Hunger program \$392.43 mdp.
2. The #No one Fails here movement (*#Aquí nadie truena*): This group was promoted by restaurant entrepreneurs in Jalisco to prevent the deterioration of the local economy by supporting various local business initiatives, such as food delivery by restaurants and food donations for the neediest population sectors (NTX 2020).
3. #Women's Connection (*#Conexión Mujeres*): Fomented by the Coordinating Council of Women Entrepreneurs (*Consejo Coordinador de Mujeres Empresarias*) as a solidary measure, it provides free transportation for women and children during periods when the emergency button is activated (Bobadilla 2020).
4. Oxygen on Wheels@ (*Oxígeno en ruedas*): This is a solidary project undertaken by a private citizen to supply medicinal oxygen to people who do not have

transport, resources, or time to go to the companies that commercialize it (Torres 2021). It received support from the municipal government of Guadalajara, the Civil Protection Agency, the Fire Department, and local police (Zapata 2021).

23.3 Discussion: Territorial Governance in Jalisco

Articles 181 and 184 of Mexico's General Health Law (LGS) authorize the Federal Ministry of Health (SS) to take the lead in coordinating measures in the case of a severe epidemic, such as COVID-19. It also attributes certain competencies and responsibilities to the other two levels of government—state and municipal—to guarantee effective access to health services (Martínez Soria and Murayama Rendón 2016). These responsibilities extend to epidemiological monitoring and the prevention and control of transmissible diseases (Article 134, LGS) (Cámara de Diputados del H. Congreso de la Unión 2014).

Based on this institutional framework, subnational governments (like that of Jalisco) implemented actions to respond to the COVID-19 pandemic, despite limitations on their action capacity, accumulated deficiencies in health systems, and scarce economic resources to finance the required programs and actions. Due to the conditions of the pandemic, the state government had to limit people's mobility, social contact, and economic activities, measures that caused widespread job losses and forced many businesses into bankruptcy. The actions implemented to confront the pandemic in the areas of health and the economy emerged in an environment that was already hostile due to pre-existing conflicts with the federal government over the overhauling of the nation's health system (INSABI), and differences related to the response strategies and execution times required to contain the pandemic. In later phases, disputes revolved around the use of masks (obligatory *vs.* informed or discretionary), contracting public debt, defining the epidemiological detection model (sentinel *vs.* testing), and testing. The basic measures stipulated by the Ministry of Health were followed, however, including hospital reconversion and the epidemiological traffic light.

This background reveals that the COVID-19 pandemic came to be framed in an arena marked by disputes over policy that reached the mass media (Rocha Quintero 2020) in a democratic political system characterized by conflict and differences among political actors with opposing opinions and interests regarding how to govern and manage the pandemic, although coordination in the technical-sanitary domain was always maintained (Cruz Gallach 2008). It was in this scenario that the government of Jalisco established a collaborative style of governance based on horizontal coordination among diverse groups of actors through the MES and CIRE that has made it possible to generate consensus on health and economic measures, and resolve conflicts and crises related to measures like social distancing, suspending economic activities, the planning and activation of the emergency button, and sanitary protocols like the obligatory use of masks.

In this sense, as the phenomenon of the pandemic has advanced, together with our knowledge of the illness and the identification of more effective measures to reduce contagion, government decisions have come to indicate their capacity to establish accords with economic, political, and social actors. The greatest challenges have been coordinating different instances and levels of government (subsidiarity) to adapt the federal government's recommendations to local-level peculiarities and interests. Responses to this challenge show the fundamental importance of constructing local governance with the presence of a strong state that can guarantee protection of the health system while regulating markets to prevent abuses in the commercialization of essential products, as well as fomenting key economic activities to maintain social stability and prevent greater inequality (Méndez 2020).

The use of the epidemiological traffic light (defined at the national level but implemented in local spaces through the enforcement of sanitary protocols and the opening of economic activities) has spurred the involvement of municipal governments in Jalisco that had remained largely passive throughout 2020, but recently, in response to distinct situations of epidemiological risk, seized opportunities to improve conditions in their territories. Other economic and social actors not involved in the MES or CIRE (mainly organizations of civil society) have also discovered areas of opportunity and development, such as implementing the economic initiatives discussed above.

For Jalisco, it is important to underscore the collaborative efforts of the state government and the UdeG, which emanated from the MES. Their cooperation permitted the consolidation and dissemination of health programs (above all, the *Radar Jalisco* epidemiological detection system), thanks to the university's institutional and scientific support, physical infrastructure, organizational capacity, and personnel at its 15 campuses distributed across the state. Other key measures pursued by the university were distributing food baskets, masks, and oximeters to the population affected by COVID-19.

The UdeG's performance provides clear evidence of collaboration among diverse social groups. Though autonomous, it has carried out actions in conjunction with the government based on accords, both formal and implicit (Ran et al. 2018), and generated an important alliance for executing and legitimizing actions in the area of health. The UdeG brings together significant contingents of Jalisco society that have been proactive in all phases of the COVID-19 sanitary contingency, honoring the social commitment that characterizes them.

The hospital reconversion program, mainly the case of the HAL, is an example of constructing collaborative territorial governance, especially since this coordination was essential for treating COVID-19 patients who required prompt medical attention. This strategy made it possible to integrate economic resources from the state government, civil society, and the private sector to recondition and utilize private installations for the benefit of the local population.

In economic terms, the implementation of anticyclic measures, including direct support for businesses and the jobless in the formal and informal sectors, has faced broad criticism due to the disbursement of economic resources and the accumulation of debt to meet these commitments and cover the health system's needs to mitigate

the effects of COVID-19. Controversies have emerged over the amounts contracted and distributed, with demands by the State Anticorruption System (SEAJAL) to clarify the mechanisms applied in assigning and applying the corresponding budgets. These questions persist despite the existence of an “open government” policy that publishes the contracts of short- and long-term debt, the actions carried out, and their beneficiaries (Redacción NTR Diario 2020).

Regarding the lessons learned from the management of these policies and actions, those associated with the emergency button stand out due to its adaptability, flexibility, and capacity to adapt to emergent conditions (Ansell et al. 2020). All these properties were manifested in their effective performance during various periods of activation and, above all, in consensus building, primarily with business groups. Finally, at the moments of greatest contagion and hospital saturation, coordinated actions with civil society actors were reflected in calls to citizens to follow protocols and slow the pandemic, issued by representatives of the educational, political—including the Catholic Church—and sanitary sectors, urging the entire society to redouble its efforts to block the propagation of the virus when hospital occupancy reached 77.2% (El Informador 2021c). This evidenced a process of social coordination that sought to achieve a collective goal during an extreme emergency.

23.4 Conclusions

The COVID-19 pandemic has affected the economic, political, and social systems of most territories around the globe in unpredictable ways. National and subnational governments may not have sufficient human and financial capacities and resources to effectively operationalize the knowledge required to successfully confront the problems entailed in the propagation of COVID-19 and its high mortality. Therefore, constructing territorial governance through a process of forging agreements, cooperation, negotiations, and conflict resolution among different societal groups has been fundamental in dealing with the health and economic problems generated by the pandemic.

Regarding the case analyzed here, the following aspects should be emphasized:

Political conflicts: The case of Jalisco demonstrates that the pandemic renewed power struggles among opponents in different political parties, in this case, the federal *versus* the state government, accompanied by efforts to achieve legitimacy and gain the population’s trust, while defining the role that states should play in contingencies like sanitary crises. The pandemic became, in effect, a policy arena that demanded a minimization of conflict as the crisis became more acute, nine months after it began (December 2020), obliging all actors in all sectors, including the federal and state governments, to seek cohesion.

The importance of the State in regulating the economy: Negotiations for high levels of public debt to combat the pandemic, in addition to expected investments in development projects that benefit the productive apparatus, show that even when

cooperation agreements exist with business groups and representatives to keep goods and services markets up and running, public intervention through financing is required to sustain employment and the economic system, since the market on its own cannot maintain and regulate supply and demand.

Constructing territorial governance through coordination panels: Organizing the health and economic reactivation panels, and involving universities, business people, and their associations and representatives, was an effective means of defining the principal regulations, strategies, and measures implemented to mitigate the pandemic's impact. Accords and collaboration with universities played a preponderant role in developing the state-wide timely detection center (*Radar Jalisco*), conducting tests, carrying out the hospital reconversion plan, and complementing media campaigns to disseminate and promote the health actions that needed to be taken. Coordination and collaboration with the business sector, meanwhile, generated the Economic Reactivation Plan, the emergency button, sanitary protocols, and *Plan Jalisco 2021* to deal with the pandemic.

The economic initiatives of the business sector show a high level of organization and activation that promoted coordination with the government as an additional actor that participated in integrating actions. Indeed, those initiatives came to constitute an option when it became clear that the government was unable to emit specific policies for highly vulnerable economic sectors (such as services specialized in preparing food and drink), or to resolve flaws in the market, such as the scarcity of medicinal oxygen.

The difficulties and challenges of hierarchical governance: The opposing visions of the national and state governments in relation to implementing sanitary controls were reflected in people's response to using masks. While the federal government opted for a strategy of educating, informing, and raising awareness among the citizenry, Jalisco chose to make the use of masks mandatory on public transport and in public areas, while warning people of the severe consequences that irresponsibility in their use would bring. Unfortunately, because of the way the state government managed communications, its orders were not widely appropriated by Jalisco society, especially at year's end when such important measures as confinement to the home, using masks, and social distancing were all relaxed, resulting in a substantial intensification of the sanitary crisis.

Learnings from the process of local governance: The health measures implemented to contain the pandemic (emergency button, etc.) generated significant learning experiences regarding the interrelation between decisions affecting the health and economic sectors. Initially, the MES did not contemplate inviting representatives of business and did not fully appreciate the severe economic impact of the sanitary measures imposed. Hence, opening a dialogue between the MES and business groups was essential when the latter insisted that it should participate in redesigning strategies and adjusting their implementation.

Another area of learning involved the way in which the state government communicated its strategies to Jalisco society. In this case, its privileging of social networks and warnings of the consequences of failure to comply with all sanitary measures generated an atmosphere of distrust and incredulity regarding the actions

designed to control the pandemic. It was during the implementation of these measures that the government learned of the need to develop more effective, solidary communications regarding individual and social responsibility for fulfilling health protocols.

By the end of this study, the number of SARS-Cov-2 virus patients had decreased, and the vaccination plan defined and carried out by the federal government in coordination with state governments had advanced by attending to medical personnel and the population above 60 years of age. The *Plan Jalisco COVID-21 to combat the pandemic: adaptation, co-existence, and social responsibility* continues unchanged, while the UdeG has placed its installations, special cooling equipment, and personnel at the disposal of wider society to aid in administering vaccinations, taking advantage of the experience obtained in previous months, and its leadership in implementing the *Radar Jalisco* program.

Finally, it is necessary to continue analyzing government and social actions, given the possible reopening of nonessential economic activities, the return to in-person classes, and territorial strategies that may be instrumented to establish a new normality in the face of the economic and social inequalities that intensified during the pandemic and the emergence of mutations of the virus, such as the E484K version that was detected recently in Jalisco.

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Katia Magdalena Lozano Uvario has a PhD in Economics from the National Autonomous University of Mexico (2010), master's in Administration from ITESM, Campus Guadalajara (1998), and bachelor's in Economics from the University of Guadalajara (1994). Katia Lozano Uvario is a professor-researcher at the Department of Geography and Territorial Planning of the University of Guadalajara since 1994. She teaches and conducts research on topics related to Economic Geography, Local Economic Development, and Local Productive Systems. Dr. Lozano Uvario participates in academic events and has published book chapters and articles in peer-reviewed journals; her latest publications are: Public Policies for a Creative Economy in Jalisco and the Metropolitan Area of Guadalajara (2021, *Región y Sociedad*, 33, e1375); Arias, P., Lozano Uvario, K. M., Rodríguez Herrera, J. A., Velasco Santos, P., Moctezuma Yano, P., Quintero Hernández, L. H., ... & Rodríguez López, A. (2021) From agriculture to specialization. Debates and case studies in Mexico, University of Guadalajara; Lozano Uvario, K. M., Ruiz Velasco, A.H. (2021) Territories decoded from the perspective of local development, University of Guadalajara.

Katia Lozano Uvario is member of the National System of Researchers, candidate level; the Academic Network of Latin America and the Caribbean on China, the Mexican Network of Postgraduate Programs in Local Development, and the Mexican Academy of Economic Sciences.

Rocio Rosales-Ortega is a professor at the Metropolitan Autonomous University, Campus Iztapalapa. She received master's in Regional Planning and Ph.D. in Geography. Her research interests are Geography of governance and Local Economic Development. Her recent publications include: Velázquez Durán, Víctor Manuel y Rosales Ortega, Rocío (2020), "Dynamics of Legitimacy in the Instrumentation of the Chackay Collective Brand in the Sian Ka'an y Banco Chinchorro, Biosphere Reserves, Quintana Roo, México", *Sociedad y Ambiente*, 23, pp.: 1-30.

Chapter 24

Local Governments and the Meanings of Social Distancing: Implementation Deficiencies in the Times of COVID-19



Paulo Nascimento Neto

Abstract The worldwide spread of COVID-19 has had different degrees of impact in different countries and continents. Alongside extensive challenges in terms of public health services, the year 2020 was marked by the establishment of quarantines and recurrent suspension of non-essential activities, together with a broad campaign for individual protection measures. These measures, also known as non-pharmaceutical interventions (NPIs), form a fundamental part of the strategy for combating the virus. In Brazil, the Federal Constitution classifies this issue as one of the common jurisdictions, that is to say, the three federal bodies can determine actions and strategies. This highlights the traditional dilemmas of federalism, which in this case have particular nuances in the face of the denial stance of the Brazilian president, taking the issue to the Brazilian Supreme Court. From this viewpoint the Brazilian case appears particularly relevant to the investigation, enabling better understanding of the approach of local governments' adoption of NPIs. This study therefore aims to investigate the concept and strategies of legitimising social distancing policies, using Curitiba – PR as a case study. This provides two dimensions of interest: (i) on the one hand, the shaping of social distancing towards its functional operability, and (ii) on the other hand, how these definitions acquire legitimacy (or not) on a local scale. Underlying these topics is a broader discussion of the role of ideas in the formulation of public policies that closely involve the role of scientific knowledge in the construction of narratives and decision-making.

Keywords Scientific knowledge · COVID-19 · Local government · Local and urban governance · Federalism · Non-pharmaceutical interventions · Legitimation · Social distancing

P. Nascimento Neto (✉)
Pontifícia Universidade Católica do Paraná, Curitiba, Brasil
e-mail: paulo.neto@pucpr.br

24.1 Introduction

The worldwide spread of COVID-19 has had different degrees of impact in different countries and continents, so far reaching more than 69 million cases and 1.5 million deaths (WHO 2020a). The World Health Organization's global declaration of the pandemic on 11 March 2020 is an important milestone in this context, marking the start of a period that remains ongoing: 'we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.[...] Pandemic is not a word to use lightly or carelessly. [...] We have never before seen a pandemic sparked by a coronavirus' (WHO 2020b, n.p.).

Alongside extensive challenges in terms of medical treatment and provision of public health services, the months that followed were marked by border closures, the establishment of quarantines and recurrent suspension of non-essential activities, together with a broad campaign for individual protection measures, especially the use of masks and regular hand washing. Despite the common objective, the intensity and typology of these measures vary from country to country and even within individual countries over time according to the speed of the spreading pandemic, ranging from closure of schools, offices and shops to lockdowns of neighbourhoods and entire cities (Aquino et al. 2020; Ferguson et al. 2020; Davies et al. 2020; Kupferschmidt 2020; Gibney 2020; D'angelo et al. 2021).

These measures, also known as non-pharmaceutical interventions (NPIs), form a fundamental part of the strategy for combating the virus (Boldog et al. 2020; Lau et al. 2020), especially due to the lack so far of a mass vaccination¹ policy or effective pharmacological treatment. The basic assumption for these actions is the idea of social distancing, restricting contact with contaminated people and surfaces (CDC 2020), reducing the transmission coefficient (Anderson et al. 2020) and in the final analysis flattening the contagion curve to prevent overloading of public health services (ECDC 2020).

As Triberti et al. (2021) have demonstrated, although the concept of social distancing is nothing new in the field of epidemiological research – hitherto focused on control of different types of influenza – and its effectiveness has been demonstrated in various studies, it has only recently acquired a prominent position in the public debate.

Economic effects certainly play a key role in the kaleidoscope of related discussion topics, and there have been protests against closure of commercial activities and schools in the most different geographical and economic contexts – the United Kingdom, France, Germany and Spain in Europe (Henley 2020), for example, and

¹This chapter is being written at a time of great expectations – a significant number of vaccines has been approved with the regulatory agencies of each country. As we reach February 2021 the scenario outlined is one of a broad front of vaccination, with prospects of overcoming or at least mitigating the impacts of SARS-CoV-2. This faces us with other problems, such as the scarcity of medical supplies and unequal negotiating positions between countries of the global North and the global South.

the United States (Maqbool 2020), Mexico, Argentina and Brazil (Rossi and Bulow 2020) in the Americas.

Indeed, social distancing measures should be recognised as having unavoidable and widespread impacts on the economy (Gibney 2020; D'angelo et al. 2021). The equation is complex and takes an even more worrying complexion in the countries of the global south (Manderson and Levine 2020), marked by a variety of constraints and levels of precariousness.

As Kupferschmidt describes (2020, p. 218)

[...] social distancing, is the backbone of the current strategy, which has slowed the spread of the virus. But it also comes at the greatest economic and social cost, and many countries hope the constraints can be relaxed as case isolation and contact tracing help keep the virus in check. [...] For now, the most likely scenario is one of easing social distancing measures when it's possible, then clamping down again when infections climb back up, a 'suppress and lift' strategy [...]. Whether that approach can strike the right balance between keeping the virus at bay and easing discontent and economic damage remains to be seen.

The presence of a small group of national leaders who minimise the impacts of the pandemic, advocating 'herd immunity' and the priority of 'maintaining jobs and businesses', is noteworthy in this scenario. One key figure on the world stage is Brazilian president Jair Bolsonaro, who has stated, 'this is a little flu' (Walsh et al. 2020), claiming the proposed government suspension of activities to be dictatorial (BBC 2020) and the 'coronavirus crisis is a media trick' (Phillips 2020a). This stance led to conflict with the internal structure of the government itself – with the resignation of two health ministers in less than a month (Phillips 2020b) – and between different federal levels, due mainly to the president's disagreement with local social distancing measures promoted by state governors and city mayors (Pereira et al. 2020).

The Federal Constitution in Brazil classifies the issue as one of the common jurisdictions, that is to say, the three federal bodies (Union, states and municipalities) can determine actions and strategies for combating the coronavirus. This highlights the traditional dilemmas of federalism, which in this case have particular nuances in the face of the denialist stance of the Brazilian president, who intended to make his own decisions about the opening or closure of activities and services throughout the pandemic (Aquino et al. 2020). A legal quandary developed when mayors, governors and president failed to find common cause, taking the issue to the Brazilian Supreme Court, which reaffirmed the concurrent jurisdiction outlined in the Federal Constitution, making it clear that municipalities do in fact have jurisdiction for establishing more restrictive closure and lockdown measures (STF 2020). Pereira et al. (2020) sum up the current situation well by stating, '[...] the federal government lost space to the states both in the agenda-setting process and in the coordination among states and municipalities. More than a passive loss of space, the position of the federal government signals the political decision not to take responsibility based on a dualist and uncooperative view of the federalism in Brazil'.

From this viewpoint the Brazilian case appears particularly relevant to the investigation, enabling better understanding of the approach of local governments'

adoption of NPIs faced with the omission and sometimes conflict promoted by the federal government. The scale of analysis therefore falls on the local level, given that municipal governments have adopted different strategies.

This study therefore aims to investigate the concept and strategies of legitimising social distancing policies in Brazilian municipalities, using Curitiba – PR as a case study. This provides two dimensions of interest: (i) on the one hand, the shaping of social distancing towards its functional operability and, (ii) on the other hand, how these definitions acquire legitimacy (or not) on a local scale. Underlying these topics is a broader discussion of the role of ideas in the formulation of public policies that, particularly in the context of this study, closely involve the role of scientific knowledge in the construction of narratives and decision-making.

The chapter is organised into three main sections to facilitate this discussion: (i) this introductory section, which in addition to the aforementioned issues, discusses the role of scientific knowledge in formation of the public agenda and the research methodology procedures described; (ii) analysis of the results obtained in the Curitiba case study, followed by respective discussions in light of the basic theoretical contributions, and in conclusion (iii) final considerations from the study.

24.1.1 The Role of Ideas and Scientific Knowledge in the Formulation of Public Policies

This study is based on the post-positivist current of policy analysis, particularly on models that recognise the bounded rationality of public administrators, in which the decision-making environment is always imperfect, influenced by restricted resources (information, time, capital) and by the beliefs of the decision-makers themselves (Howlett and Ramesh 2003; Dunn 2007; Thissen and Walker 2013). Ultimately, this means refuting the idea of objective and unquestionable understanding of public problems (as objects that exist independently of actors) and considering that decision-making is always contextual, situated and inevitably partial. This approach is of fundamental importance to the discussion employed in the chapter, since it separates us from studies focused on the traditional current of rational choice.

In other words, this means that we reject from the outset any concept of a ‘suitable single solution’ to be adopted or even that ‘technical diagnoses point to precise decisions’. Observation of the most recent scientific guidelines is imperative, particularly in issues related to the pandemic, but to what extent are they really taken into account and how much are they distorted to support the specific beliefs of decision-makers? Although not easy to identify, this is an issue that needs to be addressed.

Kingdon (1995) discusses the topic broadly according to Multiple Streams, casting some light on the role of ideas in formation of the public agenda. The author addresses the process of transformation of conditions into public problems by arguing that within an almost unlimited set of problems (conditions) individuals

only manage to concentrate on some, to the exclusion of others. Based on Kingdon's work, Capella (2005) states that a socially recognised condition does not necessarily trigger a counter action. The volume and diversity of issues and an inability to deal with them all at the same time means that conditions are only transformed into problems when policy formulators believe that something needs to be done.

Moreover, solutions are not defined in line with recognition of public problems, but develop in parallel. According to Kingdon (1995), ideas are generated in communities (policy communities) and compete amongst themselves: the ideas that come to the fore are generally those that demonstrate greater technical and financial feasibility and express values shared broadly by the public. The broad set of ideas is ultimately reduced to a synthetic set of alternatives effectively considered by policymakers.

A fundamental concept of Kingdon's approach is the 'policy window', a critical moment when the flow of problems, solutions and political energy converge, generating an opportunity to change the agenda. This is when a problem is identified, a solution is available and the political climate favourable, enabling decision-making and the creation of a particular public policy (Enserink et al. 2013; Weimer and Vinning 2011).

Kingdon (1995) places great value on the role of ideas in the process of setting the agenda, which forms an effective part of the decision-making process. This is also a characteristic of the Advocacy Coalition Framework (ACF) model developed by Sabatier and Jenkins-Smith (1999). There is no space here for detailed discussion of all the principles of the ACF, so this section will focus on the privileged role given to ideas and technical-scientific knowledge in shaping the public agenda and formulation of public policies.

The basis for the model is the *subsystem of public policy*, relatively stable groupings of individuals acting and interacting according to their belief systems. The concept of individual in this case is defined not by the institution to which they are linked (public servants, private initiatives, legislature), but instead by the systems of beliefs and values which bring actors together and naturally motivate them towards fostering a cooperative relationship and forming advocacy coalitions (Weible and Sabatier 2007).

These beliefs are spread across a three-level system involving (a) deep core beliefs, which encompass ontological convictions and normative convictions, (b) policy core beliefs, involving predominantly empirical convictions, such as the level of State intervention in the economy, for example; and (c) secondary beliefs, specific to a public problem or its context. *Deep core* and *policy core beliefs* tend to be resilient and foster the ties between individuals who will form an advocacy coalition.

The development and dissemination of scientific knowledge within this dynamic forms a central element of the transformation of public policies, since it tends to affect individual belief systems. Weible et al. (2009) point out that these transformations acquire power at times of events of great magnitude, which have knock-on effects in the socioeconomic framework and in governmental coalitions, leading to revisions in the content of public policies. In this context a number of studies have

explored the political use of science in the revival of pre-existing beliefs – see Weible and Sabatier (2007), Meijerink (2005) and Nicholson-Crotty (2005) for example, and also the political role of scientists legitimising arguments favourable to particular coalitions.

As Weible et al. (2020, p. 231) indicate well in placing the discussion in the contemporary context of the COVID-19 pandemic.

The result is a simultaneous increased reliance on scientific and technical experts and politicisation of scientific and technical information. [...] Scientific and technical experts can help specify the severity of COVID-19 in a population, project its trajectories over time, and estimate the likely effects of different policy responses, from mitigation to suppression. Yet, formulating and adopting policy responses is the responsibility of government leaders. As scientific and technical experts become more prominent in the policy process, who is accountable for policymaking becomes more obscure.

Researchers and scientists who have historically developed studies in the field of epidemiology have in fact begun to play a greater part in the public arena throughout 2020, not just in the fields of decision-making but also in the media and consequently in society as a whole. At the same time as public opinion has incorporated technical terms and concepts into its daily vocabulary, public administrators have sought the support of technicians and experts for their decisions, even in cases in which these decisions contradict more recent scientific discoveries.

Perhaps the most emblematic case involves the use of Chloroquine as a drug for the treatment of individuals affected by COVID-19, in an approach widely advocated by US president Donald Trump and Brazilian president Jair Bolsonaro even after a large number of published studies showed no significant evidence of its effectiveness.² A report published by Reuters (2020) states that Bolsonaro continues to support use of the drug even without any scientific backing. In his own words, ‘I’m an example, I took chloroquine, others took ivermectin, others took Annita. [...] Everything indicates that everyone that took one of these three alternatives early on was cured’ (*ibid*).

None of the drugs mentioned have any proven efficacy and neither are they authorised for treatment in the European Union (Blamont et al. 2020). Nonetheless, intense advocacy from the president, together with the support of a specific group of doctors responsible for providing the action with an air of legitimacy, led to several municipalities offering their populations what is now known as a ‘treatment kit’ free of charge. Public resources are invested in medicines with no proven efficacy, but which are inserted into a process of constructing legitimacies that is sometimes shocking to note in the twenty-first century.

This example helps us to focus on the role of scientific knowledge not in terms of (undeniable) advances of knowledge, but instead on how it is appropriated by political debate to construct legitimacies and to a certain extent obscure the

²As Weible et al. (2020, p. 234) remind us, ‘Governments can create confusion and conflict through speculation and dissemination of false information’.

decision-making process and above all hiding the role of who really takes the decisions.

Suchman (1995), Berger and Luckmann (2004) show that we can understand legitimacy as a widespread perception in which the actions and options adopted are considered appropriate in relation to a system of socially constructed norms and beliefs. In the particular field of healthcare, Bury (1991) connects legitimisation with the personal desire of individuals to have control over their health conditions, seeking explanations that make sense to them even in the imposed circumstances. This in fact means seeing beyond the necessary informal and technical resources and demonstrating the scales of acceptability and credibility (Scott et al. 2000) promoted 'directly through persuasion or imposition or indirectly by influencing the ideational context that defines the range of possibilities of others' (Carstensen and Schmidt 2016).

This debate is directly connected to the discussion of social distancing. Although extensive evidence demonstrates the relevance of such measures, their materialisation is always situated and adapted to each context. So, how is social distancing as a (general) principle transformed into a (contextualised) instrument of public health? How is it adopted by local governments? How do different interests and trade-offs interfere in this dynamic? These underlying questions of this research will be explored based on the empirical study that follows.

24.1.2 Methodological Procedures

A qualitative interpretative approach seems the most appropriate for investigating the dynamics of conception and legitimisation strategies for social distancing policies in Brazilian municipalities, and fits well with the non-positivist leanings of the researcher, in light of the desire to understand the investigated phenomenon in its context. The research strategy therefore adopted a qualitative case study focusing on one item of specific analysis and considering its idiosyncrasy and complexity. Although embedded in its specific context, the investigation also aims to contribute to a broader understanding – in the case of this chapter: the paths and formats of the operability of social distancing in Brazilian municipalities: the challenges imposed on connection between municipalities in implementation of housing policy.

The study unit was the municipality of Curitiba, a representative case for the topic in the Brazilian context. This decision is based on the work of Stake (2005) and Yin (2005), for whom selection of the case studied need not necessarily be based on statistical samples, since we are looking for an analytical generalisation rather than a statistical one.

So the choice of case study was taken non-probabilistically and intentionally: Curitiba is one of a group of twelve Brazilian metropolises in which a significant part of the population and the country's economic powerbase are concentrated (Firkowski 2013; Balbim et al. 2011; IPEA 2013; IBGE 2014). In this case, the study involves consideration of relevant aspects typifying the main urban centres in

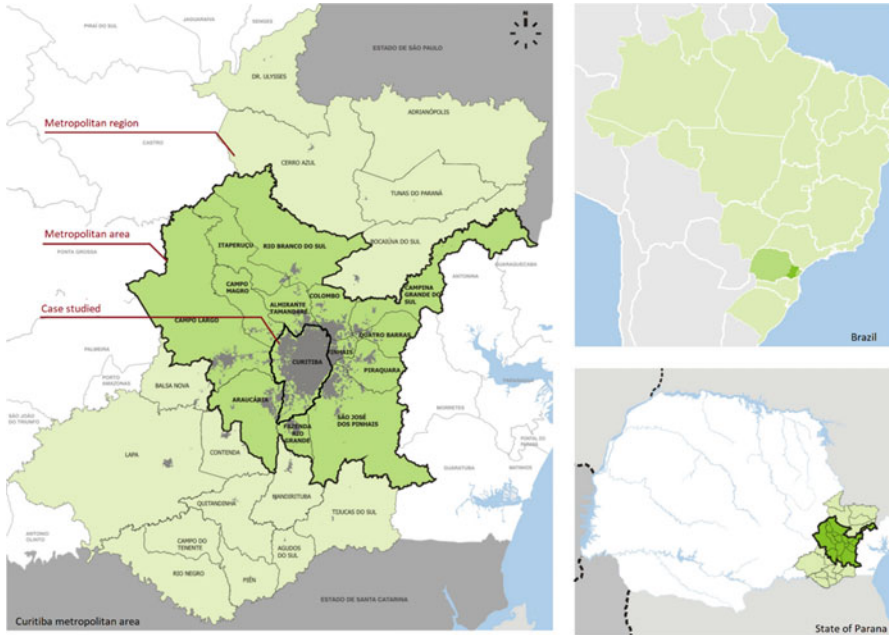


Fig. 24.1 Geographical position of Curitiba in national, state and metropolitan regions. (Source: author)

Brazil. It was also decided to focus attention on metropolises away from the Rio-São Paulo axis, since both Rio de Janeiro and São Paulo figure as outliers with characteristics of global metropolises that differentiate them greatly from other Brazilian cities.

In addition to geographical identification of the case studied (Fig. 24.1), this can be demonstrated by a scatter plot that correlates population size with gross domestic product to demonstrate the distinction between the metropolises described above (Fig. 24.2). Visualisation of data is facilitated by logarithmic transformation of values.

Given the issues listed, the selected case appears to be representative of the characteristic features of Brazilian metropolises in general and suitable for the objectives proposed in this chapter.

The methodological procedures adopted to ensure a consistent analysis model are presented below, organised according to research phases and methods of data collection and analysis.

The research developed based on three complementary phases: exploratory, descriptive and analytical. Each of these considers aspects related to the research planning, considering the data-collection environment, investigation processes employed and intellectual and technical procedures. The intrinsic constraints of this chapter mean that each will be described briefly.

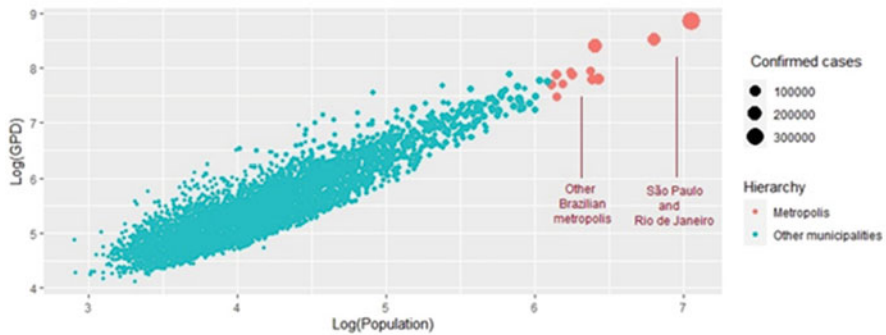


Fig. 24.2 Brazilian municipalities according to correlation between GDP and population size. (Source: author, based on demographic census data (IBGE 2010) and data on COVID-19 in Brazil (Brasil.io 2020))

The first, exploratory, phase provides understanding of the process of institutionalisation of social distancing in the municipality of Curitiba. This developed using bibliographical and documentary research techniques including a survey of all the norms and laws related to the topic published in the city after 3 February 2020,³ together with articles from the main local press concerning social distancing and its local repercussions. The exploratory phase also involved development of the methodological roadmap for analysis of the content from the collected norms and documents.

Two subsequent phases for the case-study focus developed from this, investigating how the municipality adopted the principles of social distancing, what that meant in operational terms and how transformations over time relate to movements of popular support or opposition. In this context, the second research phase concentrated on analysis of what was termed the ‘Flag System’ adopted by the municipality, in which a (supposedly) neutral set of indicators would guide analysis by a Committee responsible for assessment of the current situation, determining social distancing intensity levels and suspension of activities – in flags ranging from Yellow and Orange to Red. The research technique employed content analysis performed through codification cycles, which were linked to qualitative assessment of parameters established over time. In other words, it involved consideration both of ‘what it means to be in orange flag conditions’ and how that meaning changes over time.

Finally, Phase 3 aimed at contextualised analysis of the elements investigated previously, exploring articulations and connections between use of scientific information and how this is adopted by local governments, more or less neutrally, with greater or lesser concealment of the naturally and inevitably political role of the decision-making process. As Carlile and Christensen (2005) explain, the results of

³Data collection from the Diário Oficial digital portal, commencing from the date of pandemic declaration in Brazil on 3 February 2020.

empirical study can corroborate the initial discussion or raise new questions, leading to a review of the categories adopted or the articulation of new (or different) theoretical contributions.

24.2 Construction of the Idea of Social Distancing in Curitiba

It is important from the outset to explain the distinction adopted by the federal government of Brazil between measures for (i) isolation and quarantine and those for (ii) social distancing. The first concerns actions related to the separation of people – affected or under clinical and laboratory investigation – as a way of preventing spread of infection and local transmission (Ministério da Saúde 2020a), while social distancing aims to reduce the speed of virus transmission, confining its circulation to restricted family groups.

The Brazilian Health Ministry (Ministério da Saúde 2020b) classifies three different types:

Expanded social distancing (DSA): Confining all sectors of society in their homes for the duration of local government measures.

Selective social distancing (DSS): Isolation only of groups considered to be at greater risk, such as the elderly or those with underlying health concerns.

Total lockdown: The highest level of restriction, confining access to a defined perimeter and halting all non-essential activities.

It should be pointed out that although the National Health Council recommends local governments to ‘reinforce or implement measures that enable social separation, [...] as a way of reducing spread of the coronavirus and preventing collapse of the Health System’ (CNS 2020, p. 4), the form that these measures take is established locally.

As mentioned in the first section, after a period of intense institutional friction among federal bodies, the Brazilian Supreme court restated that although the federal government establishes general norms about public health issues, the municipalities are ultimately responsible for defining local norms. In other words, the actual materialisation of the principal of social distancing lies with the municipalities.

In our case study in particular, although the Public Health emergency was decreed on 16 March 2020 (decree 421/2020), the establishment of a clearer system of social distancing only began on 9 June 2020, with the *Health and Social Responsibility Programme* (Curitiba 2020e). This health protocol followed a global trend of using a series of indicators for evaluating seriousness levels (known as ‘flags’) ranging from yellow to red. According to the Curitiba regulation itself (Curitiba 2020b):

Yellow Flag – The first flag, representing a state of constant alert due to the pandemic, meaning that the city is not in its normal state. This is the lowest level and most related to compliance with local health and social guidelines.

Orange flag – The second alert level, for moderate risk in which there will be restrictions on services, trade and other activities involving groups of people.

Red flag – The highest alert level, for high risk with restrictions on people's movement and operation of essential services only.

According to Curitiba city council's own description (Curitiba 2020c, d), calculation of flag group is carried out weekly by rounding up average flag weightings of each of the nine indicators comprising the system, separated into indicators for Disease Spread and Service Capacity. Each change of flag involves a new local government decree for determining the flag in force and the restrictions imposed. Table 24.1 lists all decrees approved by the end of data collection (December 5, 2020).

Table 24.1 shows that there were 81 days of Yellow flag, 70 days of Orange flag and 21 days of what we are calling Orange+ flag. The first interesting aspect

Table 24.1 Flag system regulatory decrees in Curitiba

Order	Period	Class	Decree
1	15/06/2020 – 18/09/2020	Orange	Decree 774/2020
2	19/06/2020 – 29/09/2020	Orange	Decree 810/2020
3	30/06/2020 – 01/07/2020	Orange+	Decree 870/2020 (Referring to State Decree 4942 of 30/06/2020)
4	02/07/2020 – 20/07/2020	Orange +	Decree 875/2020 (Referring to State Decree 4942 of 30/06/2020)
5	21/07/2020 – 16/08/2020	Orange	Decree 940/2020 Altered by Decree 990/2020 Extended by Decree 1045/2020
6	17/08/2020 – 03/09/2020	Yellow	Decree 1080/2020
7	04/09/2020 – 24/09/2020	Orange	Decree 1160/2020 Extended by Decree 1230/2020
8	25/09/2020 – 08/10/2020	Yellow	Decree 1270/2020
9	09/10/2020 – 05/11/2020	Yellow	Decree 1350/2020 Extended by Decree 1420/2020
10	06/11/2020 – 26/11/2020	Yellow	Decree 1490/2020 Extended by Decree 1570/2020
11	27/11/2020 – 03/12/2020	Orange	Decree 1600/2020 Extended by Decree 1630/2020
12	04/12/2020 - _____	Orange	Decree 1640/2020

Source: author survey

concerns this latter flag type. The system established by the municipality in fact only allows for three possibilities, yellow, orange and red. But detailed analysis of each decree in terms of restrictions on activities established that an orange-flag decree meant different things throughout 2020, particularly in the period we are calling Orange+ in this research.

This is shown in Table 24.2 by presenting an analysis of the activities included in the various municipal decrees. We have developed an ordinal code system with the following classes: CL – activity suspended; SR – activity significantly restricted; LR – activity lightly restricted and NC – activity not included in the decree, each with its respective colour, ranging from red to green respectively. It is important to stress that school activities have been excluded from the analysis, although this is an important topic, it has its own specific regulations and criteria beyond the scope of this chapter.

Table 24.2 shows that the period we are calling Orange+ involves complete closure of a large proportion of activities, closely resembling the Ministry’s category of total lockdown presented at the start of this section.

There is extensive literature on the dynamics of election years: mayors tend to avoid unpopular measures as much as possible in the run-up to new elections, especially when seeking re-election. In the current context, the symbolic impact of such measures can bring major political damage, since local public opinion has tended to reject the most intense suspension of activities throughout the year (we will return to this discussion in the next section).

It is therefore interesting to note that these more restrictive measures are adopted in alignment with state decree – which to some extent diverts the symbolic role of decision-making away from the head of local government. At the same time, despite closure of almost all non-essential activities and suspension of non-emergency surgery, the State governor also endeavoured to remove the decree from the image of lockdown, calling it ‘more restrictive quarantine’, at a time that ‘cannot be treated normally’ (PARANÁ 2020).

In a critical approach to the local Curitiba Flag System, Freitas (2020a) states,

[...] in the way it was designed, the system makes the red flag into a mathematical improbability. Only one in 20 of the possible values would result in a red flag. This is because the calculation created by the Municipal Health Secretariat applies a weighted average of the 9 indicators, whose maximum value is 3, and only 3 corresponds to maximum alert. The orange flag, which refers to moderate alert, is indicated by all values between 2 and 2.99, while the yellow flag corresponds to all results from 1 to 1.99. For the city to reach the red indicator it would have to record a 100% increase, or higher, in new mortality rates, a 50% reduction in available beds and other dramatic records, from one week to the next.

To continue this debate, we propose quantification of the classes presented in Table 24.1, working with interval indicators on a scale of 0 to 1, in which the 0 (zero) value would represent a less restrictive level (NC) and 1 (one) would represent complete closure of each activity. Using these values we created the *Measures Severity Index* by dividing total figures for each column by the maximum possible

Table 24.2 Analysis of restrictions imposed on activities according to the local Flag System

Flag in force →		Orange				Yellow	Orange	Yellow			Orange	
		15/Jun	19/Jun	30/Jun	21/Jun			17/Aug	04/Sep	25/Sep	09/Oct	06/Nov
Activity	Start of enforcement →											
Beauty services (hairdressing, manicure)		1	0	1	0.33	0	0.33	0	0	0	0	0.33
Hotels and related		0.66	0.66	1	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
Offices, general		0.66	0.66	0.66	0.33	0	0.33	0	0	0	0	0.33
Call centres		0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
Shops, general		0.66	0.66	1	0.66	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Restaurants and cafés		0.66	0.66	1	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Bars		1	1	1	1	0.33	1	0.33	0.33	0.33	1	1
Cultural events - theatres, cinemas, concerts, etc.		1	1	1	1	1	1	1	0.33	0.33	0.33	1
Social events, receptions and parties		1	1	1	1	1	1	1	0.33	0.33	1	1
Conferences, meetings, trade fairs, etc.		1	1	1	1	1	1	1	0.33	0.33	1	1
Gyms and sports locations		1	1	1	0.66		0.33	0	0	0	0	0.33
Masses and religious services		1	1	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
Open markets		0	0	1	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Shopping Centres		0.66	0.66	1	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Malls and commercial centres		0.66	0.66	1	0.66	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Parks		1	1	1	1	0.33	0.66	0.33	0.33	0.33	0.66	0.66
Supermarkets		0	0	0.66	0.33	0	0.33	0	0	0	0	0.33
Bakeries		0	0	0.66	0.33	0	0.33	0	0	0	0	0.33
Public transport minibus services		-	-	50%	50%	50%	50%	50%	70%	70%	70%	70%

Source: author. Note: NC – green/LR – yellow/SR – orange/CL – red

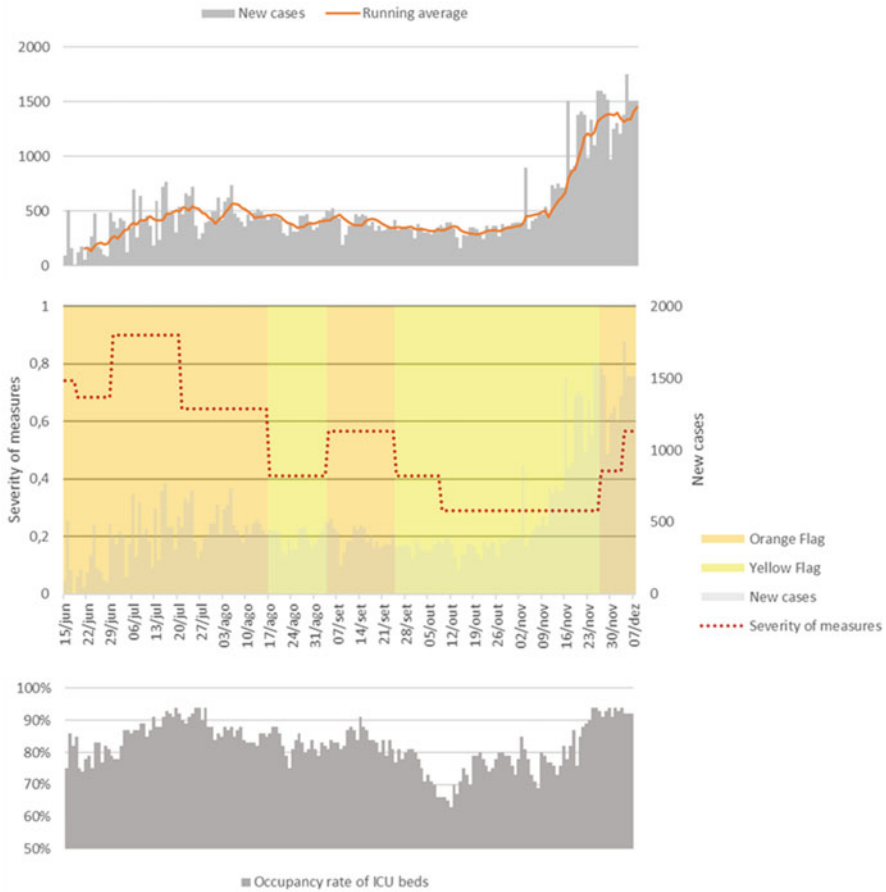


Fig. 24.3 Severity of social distancing measures, numbers of new cases and COVID-19 occupancy of ICU beds. (Source: author, based on own data (index) and data from Curitiba (2020a))

figure. This produces an index which also ranges from 0 to 1 and allows us to understand the different meanings of the flags in Curitiba.

To explore this more broadly, we link these data to the number of new cases and percentage of ICU bed occupancy, as a way of relating the different data and investigating the rationales involved (Fig. 24.3).

As the figure above clearly shows, orange flag risk conditions varied between a severity level close to the maximum (0.9) and a lower figure (0.42) at the end of November, practically identical to the level of the yellow flags in force in August and September (0.40).

In other words, this involves some stretching of the effective classification system, since at some times being under a yellow or orange flag meant practically the same thing, or even being under an orange flag for a longer period involved

significant variability rather than consistency of criteria over time. Looking particularly at the period of November 2020, Freitas (2020b) points to contradictions in the system indicators themselves, based on broader reflections about how scientific knowledge is sometimes adopted discursively and arguing for the neutrality of the actors involved, since the figures would define a situation by themselves.

As the author describes it,

‘After spending one single day below two, Curitiba’s Covid-19 Monitoring System again pointed to the yellow flag last Saturday and Sunday. The system is formed of nine indices that in theory help to analyse the situation of the city in face of the coronavirus pandemic. In practice, however, the Municipal Health Secretariat has acted to keep the figures below two to avoid another declaration of orange alert and a return to restrictions on non-essential activities in the city’.

That was what happened at the Municipal Health Secretary’s [...] press conference last Friday morning, the 20th, stating that only 24 ICU beds would be available during the week (which would keep the index above two and indicate a change of flag). By the end of the afternoon, however, the Municipal Health Secretary announced the availability of 42 beds, keeping the indicator at 1.89 and on yellow alert.

But on Saturday ICU bed occupancy, which had dropped to 75%, rose again to 85% and raised the indicator to 2.15 on Sunday the 22nd. The Health Secretariat also stopped publishing updates about bed availability on its website.

It cannot be denied that decision-making processes related to any public policy have a component that is inevitably political. And even though use of scientific evidence and criteria is highly desirable, as discussed in the initial section, the discourse of technical neutrality and the model of rational choice only hide the discretionary role of the decision-maker and the existing power players and special interests. These points will be explored in greater depth in the following subsection.

24.2.1 Deficiencies in the Implementation of Social Distancing in Curitiba, Brazil

We should recall at the outset of this topic that the perception of risk is a subjective construct, in that ‘risk does not exist independent of our minds and culture’ (Slovic 1992, p. 690). Moreover, changes in criteria and flags should be recognised as part of a cumulative institutional and social learning process in the face of a pandemic that is unprecedented in this century.

Nonetheless, the intersections between the analyses in the previous section and local press articles relating to social distancing allow identification of at least some disturbing background noise in the rationale of the concept of restricted activities. These essentially concern how construction of the meaning of social distancing in Curitiba responds to, or can respond to, factors independent from those linked to the COVID-19 health crisis.

Faced with the natural size restrictions of a scientific paper, we have chosen to bring two topics to the discussion: lobbying from the gym sector and the political weight of defining flags of risk. In relation to gyms, in particular, initial social distancing measures led to complete suspension of this activity, particularly in the light of scientific evidence of high transmissibility in these environments. This led to subsequent and intense protests from businesspeople in the sector, who even chained themselves up in front of the city hall.

As shown in Table 24.1, this lobbying, close to the start of the election period, led the political authorities to backtrack swiftly in relation to the imposed restrictions, which have not substantially increased since the end of July 2020. Although consideration of possible causalities is beyond the scope of this chapter, re-evaluation of the predicted restrictions just one day after their establishment, precisely in response to the protests, does seem somewhat strange, particularly when we consider the then recent results of international research warning of heightened risks in the gym environment.

As one local newspaper reported,

Curitiba city council backtracked and allowed gyms to operate even during the orange flag alert for the coronavirus pandemic. The decision was taken after members of the municipal Sports and Health Secretariat met with representatives from gym premises. Two ‘categories’ whose activities should be suspended during the orange flag according to the Curitiba Social and Health Responsibility Protocol are now operational: shopping malls and gyms. [...] While the owners of gym premises celebrated the decision, others, internet users, doctors and some politicians saw the U-turn with some concern (Ritz 2020).

It should be recalled that the period was marked by an election climate and the proximity of the party primaries. Although it is not possible to claim causality in these processes, there are temporal correlations. The main one being the particular temporal coincidence between establishment of a (lasting) yellow flag (of lower risk) in the city in a period very similar to that of the election campaign. Looking back at Fig. 24.3 and superimposing the election campaign window, we can see that the flag level was reduced one day before the campaign began, and increased around one week after the election result, in which the mayor was re-elected (Fig. 24.4). His own campaign even conveyed the image of good crisis management (Bem Parana 2020), so that coincidentally (or not) the period was the only one marked by a yellow flag for longer, together with, in terms of this classification, milder social distancing criteria.

Even if these data only allow broad reflection, with no claims of causal relations, they do demonstrate the pertinence of discussion of the role of technical-scientific knowledge in the legitimisation of political actors and symbolic support for decision-making, and overshadow elements of the political arena that make up the palimpsest of relationships of policymaking and agenda setting.

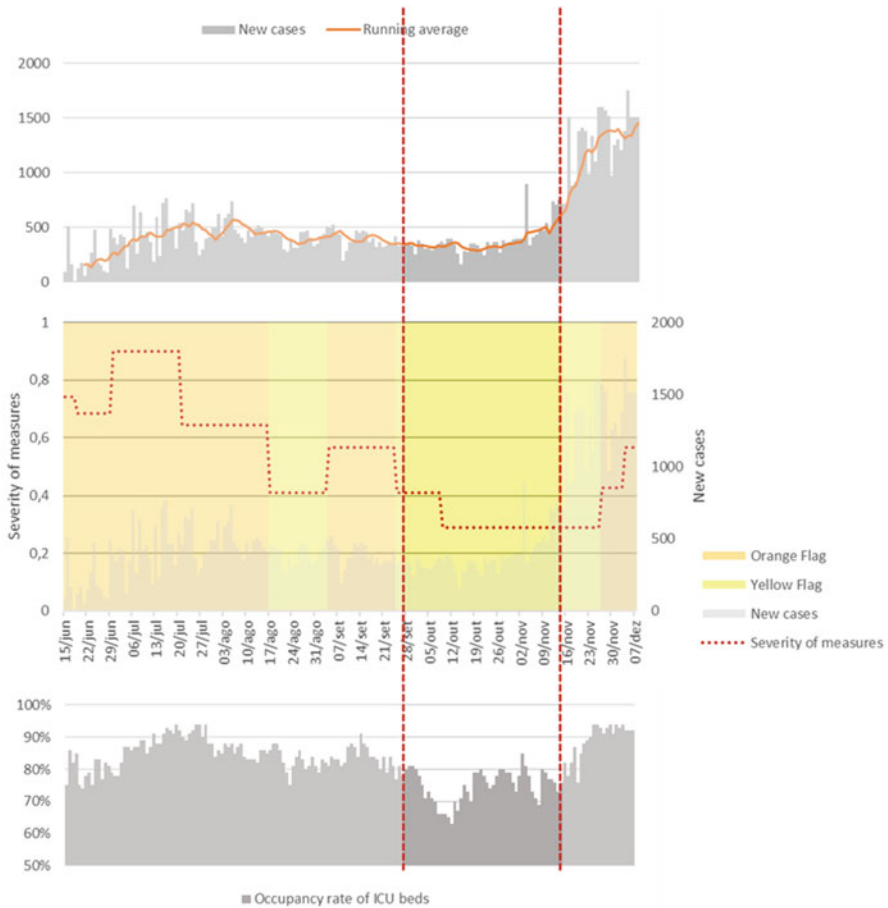


Fig. 24.4 Severity of social distancing measures, number of new cases and COVID-19 occupancy of ICU beds × election period. (Source: author)

24.3 Conclusion

Research undertakings related to the COVID-19 pandemic present challenges in the field of Applied Social Sciences, particularly in terms of assimilating the rapid transformations and changes taking place. Within this context, investigation of the dynamics of devising legitimisation strategies for social distancing policies in Brazilian municipalities demonstrates recent developments that indicate increased contradictions in the use of scientific knowledge by decision-makers.

It should be reiterated that rather than implying some kind of ode to denialism, exactly the opposite is intended. For scientific knowledge to be best used it needs to be suitably positioned in the political arena. The pandemic context has inundated us with terminology and rationales linked to the field of epidemiology, to such an extent

that we risk believing in the neutrality of public policies and the false duality between technical and political decision-makers, as if the latter were worse. This has taken on a new shape in the approval process for COVID-19 vaccines with national regulatory bodies, bringing a new round of heated debates.

As described well by Weible et al. (2020, p. 231), ‘As scientific and technical experts become more prominent in the policy process, who is accountable for policymaking becomes more obscure’. Technical and political capacities are two sides of the same coin and need to be addressed together, since both involve our belief systems and are ultimately responsible for providing guidance in the formation of interest groups and advocacy coalitions. Although this research agenda may be traditional and historical, it is perhaps one of the most up to date in terms of the current conditions of contemporary city management in the times of COVID-19.

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Paulo Nascimento Neto is currently editor-in-chief of *URBE – Brazilian Journal of Urban Management* and associate professor of the Graduate Program in Urban Management (PPGTU) at Pontifícia Universidade Católica do Paraná (PUCPR), Curitiba, Brazil. He is the lead researcher in the Center for Studies in Urban Policies (CE.URB | PUCPR) and a member of the Research Observatory Advisory Committee (PRPPI-PUCPR). Paulo was trained as an Architect and Urban Planner and holds a Master’s and a PhD in Urban Management. Over more than a decade, he worked as a private consultant and in public administration positions, including coordinating the Project Analysis Department and the Decentralized Unit of Santa Felicidade at Curitiba City Hall. He is also a researcher at YBY – Group of Land Studies and Urban Policies (USP). His research focuses on analysing and evaluating urban policies, especially housing, land use and metropolitan management. Leading publications include: *Financialization of housing policies in Latin America: a comparative perspective of Brazil and Mexico* (Housing Studies, 2019); *Precariousness as a rule: contributions to an epistemological repositioning* (V!RUS, 2020); *Public policy management: concepts, theoretical contributions and analytical models* (Book, 2021).

Chapter 25

Small-Scale Farming and Alternative Food Alliances in the Context of COVID-19 Crisis in Brazil



Felipe da Silva Machado

Abstract Urban centres and their surrounding rural hinterlands have been given prominence in recent rural studies. Emancipatory food networks have emerged in rural–urban space where alliances are forged between urban consumers and farmers who offered local/regional products through alternative distribution networks and so have acted as an environmental and social counter-force to intensive global food systems (Marsden and Smith, *Geoforum* 36:53–62, 2005; Goodman et al., *Alternative food networks*. Routledge, London, 2011; Marsden and Morely, *Current food questions and their scholarly challenges*. In: Marsden T, Morely A (eds) *Sustainable food systems: building a new paradigm*. Earthscan/Routledge, Milton Park, pp 1–29, 2014). The research, based on small-scale farming resilience at the rural–urban interface, has been conducted on the regional context of the metropolitan area of Rio de Janeiro, Brazil, for over five years (Machado, *Relational rural geographies, resilience, and narratives of small-scale fruit farming in the metropolitan countryside of Rio de Janeiro, Brazil*. PhD thesis, University of Plymouth, 2020). Nevertheless, this chapter draws on a more recent investigation that approaches the challenges to regional farming systems in the globalised and urbanised context of Brazil and the alternative food alliances that have emerged, exploring their changing dynamics in the context of the COVID-19 health pandemic, and highlighting future scenarios based on resilience theory. The key point is the importance of promoting resilience by establishing political priorities to support small-scale farming systems based around fundamentally different logics to intensive global and food systems, and which, over time, generate more sustainable and equitable power relation systems for the purpose of regional and local quality agricultural systems, small-scale farming strategies, and resilient scenarios in the context of COVID-19 crisis.

Keywords Small-scale farming · Alternative food systems · Sustainable food systems · Local and urban governance · COVID-19 crisis · Brazil

F. da Silva Machado (✉)
Federal University of Rio de Janeiro, Rio de Janeiro, Brasil
e-mail: felipemachado@ufrj.br

25.1 Introduction

The global food system is coming under increasing strain in the face of urban population growth. For the first time in history, the majority of the global population is urban, with the bulk of urban growth occurring in smaller-tiered cities and urban peripheries, or peri-urban areas of the developing world (Revision of World Urbanisation Prospects, Population Division of the UN Department of Economic and Social Affairs, UN DESA, 2018 and United Nations Human Settlements Programme, UN-Habitat 2018b). These projections have shown that urbanisation combined with the overall growth of the world's population could add another 2.5 billion people to urban areas by 2050, with close to 90% of this increase taking place in developing countries, according to the United Nations (2018a).

Lerner and Eakin (2011) discussed the emerging spaces that incorporate a mosaic of urban and rural worlds and reviewed the implications of these spaces for livelihoods and food production. Emancipatory food networks have emerged in rural–urban space where alliances are forged between urban consumers and farmers who offered local/regional products through alternative distribution networks and so have acted as an environmental and social counter-force to intensive global food systems (Marsden and Smith 2005; Goodman et al. 2011; Marsden and Morely 2014). This chapter draws on an investigation that approaches the challenges to regional farming systems in the globalised and urbanised context of Brazil and alternative food alliances emerged, exploring their changing dynamics in the context of the COVID-19 pandemic and highlighting future scenarios based on resilience theory. The pandemic has been characterised as a crisis that goes beyond health issues, maximising also political, social and economic crises. Currently, a number of small-scale farmers have faced novel challenges around cultivation, harvesting and marketing of farm produce. The COVID-19 crisis has shown that it is not only small-scale farmers who need to increase their adaptive capacity to improve resilience; decision-makers also need to ensure that those who provide small-scale solutions do the same.

The key point is the importance of promoting resilience by establishing political priorities to support small-scale farming systems based around fundamentally different logics to intensive global and food systems, and which, over time, generate more sustainable and equitable power relation systems for the purpose of regional and local quality agricultural systems, small-scale farming strategies and resilient scenarios in the COVID-19 crisis.

25.2 Nurturing Resilient Agricultural Systems and Learning to Live with Change and Uncertainty

Learning to live with change and uncertainty highlights the need to build and retain memories of past events, to abandon the notion of stability, to 'expect the unexpected' and to increase the capacity to learn from crisis (Berkes 2007). At farm level,

this factor is mostly related to the perception and the worldview of the members of the farm family, and to ensuring a degree of flexibility and adaptiveness.

The valuable contribution that small-scale farming systems make within rural and peripheral regions to local food production, including the enhanced reputation of regions for their food expertise and culture, has been widely acknowledged (Ilbery and Kneafsey 2000; Murdoch et al. 2000; Hinrichs and Welsh 2003; Marsden and Smith 2005; Tregear et al. 2007). Speciality food enterprises are a central topic of discussion in the growing agri-food systems literature around ‘alternative food networks’, ‘short supply chains’ and the ‘turn to quality’ since the turn of the last century. This literature has explored the territorial embeddedness of food systems, with a focus on alternative food networks which are associated with concepts of quality, trust and place to characterise this phenomenon as a turn towards the re-localisation of food (Moragues-Faus and Sonnino 2012).

The importance of network building within this context has been highlighted by Ilbery and Kneafsey (2000), and the network concept has assisted understanding of the diverse forms of rural development (Murdoch 2000). The network perspective recognises the myriad of connections that occur between actors and institutions in different spaces and places. However, while producer–consumer ties have received significant attention, relations and power dynamics between farmers remain underexplored (Chiffolleau 2009; Bowen 2011), and there have been calls from food systems scholars for greater examination of the context and environment within which alternative food networks operate (Sonnino 2007; Bowen 2011).

Multifunctional rural livelihoods will not simply replace specialised agricultural productivism in an evolutionary way throughout the world but rather the two systems can be seen as parallel modes of contemporary rural activities, land uses and social functions/values which are appropriate to different regions. Both modes are still present in post-industrial countries, even if many productivist activities have been transferred to emerging countries, such as Brazil (Wilson 2007; Marsden and Morely 2014; Machado 2017).

Urban centres and their surrounding rural peripheries are given prominence in recent rural research. New foodscapes emerge in rural–urban spaces where alliances are forged between better-informed consumers with a health agenda and local farmers who offer organic and quality-food products through alternative distribution networks and so act as an environmental and social counter-force to intensive global food systems (Marsden and Smith 2005; Goodman et al. 2011; Marsden and Morely 2014).

Global and regional processes at work in Brazil are producing regional differences in farming systems and multifunctional combinations of agricultural and non-agricultural activities. Variation also occurs within regions, exemplified here by rural–urban complexity observed across the metropolitan countryside of Rio de Janeiro, where land use and economic and environmental policies are shown to generate conflict between old and new urban and rural actors.

As a result, one interesting and challenging research perspectives to emerge from this chapter relates to the notion of farming resilience in the era of uncertainty. Indeed, since the early 1970s, notions of rural change have provided an important

conceptual framework to understand how rural spaces respond and adapt to economic, societal and environmental changes (Marsden 1996; Pierce 1996; Ilbery 1998). The complexity of spatial restructuring in the developing world under globalisation requires a deeper understanding of the contemporary rural, going beyond the view of inert spaces subject to external interferences. Cutter et al. (2008) and Wilson (2010, 2012) indicated that there is a need for further research in rural arenas, arguing that processes of resilience should be measured and monitored at the local level.

Brown (2016) sees both scholarly and policy imperatives for new ideas about development in this age of uncertainty and recurrent crises. In many ways, resilience itself has entered the policy lexicon before it has really entered mainstream development studies. The contemporary debate concerning resilience has applied a broadly defined set of ideas around the concept of international development in the face of global change (Wilson 2012). Resilience theory inspires integrated thinking and challenges some assumptions about the relationship between change and development and about human agency in the face of profound, rapid and irreversible changes (Brown 2016). In the context of the metropolitan countryside, resilience theory provides a conceptual framework for understanding the complexity of processes of rural change in a globalised and urbanised world.

At the local level, different rural patterns are also driven by local elements and shaped by local, social, economic and political forces that reflect distinctive social and geographical contexts (Marsden 2003). The focus for rural studies has therefore been placed on the local community level, as it is at this level that the spatiality of resilience is implemented 'on the ground' (Seymour 2004; Parnwell 2007; Wilson 2010, 2012).

The justification for this is both analytical and pragmatic. As commentators such as Agrawal and Gibson (1999), Chaskin (2008) and Wilson (2012) emphasised, over the past decades there has been a resurgence in attention to the community as a critical arena for analysing a range of issues, including societal pathways of change and the resilience of local actors.

To develop a model for transition in different spatial and temporal dimensions, Wilson (2007, 2012) brings together a transition theory approach with the arenas of investigation of multifunctionality and rural community resilience. The debate is based on contemporary issues concerning rural change in the context of globalisation and presents an analysis of interconnections between globalisation and rural community resilience in a rapidly changing world.

Local development may be deemed to result from coherent initiatives and actions, based on the mobilisation of local social actors who agree to contribute expertise and assistance to improve specific territories. 'Actors or a group of actors may contribute in all four functions necessary and required for developing a territory: information, integration, planning and action' (Clément and Bryant 2004, p. 191). Participation, cooperation, joint work and the construction of partnerships give rise to networks of local actors who devise strategies of resistance, resilience or adaptation of rural communities to new global contexts (Wilson 2012).

The increasing embeddedness of many rural communities into the global capitalist system is, therefore, often associated with the loss of endogenous power and control of communities over internal decision-making structures. However, globalisation may also offer opportunities for raising resilience through, for instance, improved infrastructure, reduced dependency on external funding, improved education, or better information about how to tackle environmental degradation (Rofe 2009; Geels 2011; de Hann and Rotmans 2011; Wilson 2012).

In recent years, agricultural sustainability has been linked with the concept of resilience, which emphasises dynamics, disequilibrium and unpredictability in agricultural development. Resilience refers to the capacities of an agricultural system to adapt and transform itself so it can persist in the long term (Walker et al. 2004; Darnhofer 2014). Learning to live with change and uncertainty, and combining different types of knowledge appear critical for building resilience (Folke et al. 2003). Darnhofer et al. (2016) pointed to the particular roles of experiential learning and networking in increasing the resilience of small-scale farms.

Studies focusing on social resilience have also highlighted the importance of learning pathways, social memory and communication in enabling socio-ecological systems exposed to disturbances, hazards or catastrophes to adapt, change and adjust decision-making pathways (Cutter et al. 2008; Davidson 2010). As Wilson (2012) argued, the notion of ‘social resilience’ is rapidly gaining importance, especially with regard to how the inbuilt ‘memory’ of a local community helps shape resilience pathways (social memory). He highlighted the interlinkages between social memory and community resilience with an emphasis on analysis of the importance of rites, traditions and social learning processes for shaping community resilience. Folke et al. (2003) and Adger et al. (2005) emphasised that social memory comes from the diversity of individuals and institutions that draw on reservoirs of practices, knowledge, values and worldviews and that social memory is, therefore, crucial in preparing a system for building resilience and for coping with surprises.

Agricultural sustainability has been linked with the concept of resilience, which emphasises dynamics, disequilibrium and unpredictability in agricultural development. Resilience refers to the capacities of an agricultural system to adapt and transform itself so that it can persist in the long term. Learning to live with change and uncertainty, and combining different types of knowledge appear critical for building resilience (Folke et al. 2003). Among the diverse knowledge sources and learning forms farmers use, Darnhofer et al. (2016) have pointed to the particular role of farmers’ experiential learning and networking in increasing the resilience of small-scale farms. In this case study, the concept of resilience challenges dichotomous urban–rural approaches and replace more traditional urban–rural attitudes to land use in urban peripheries in which agriculture is commonly viewed as simply being replaced by urban sprawl. Resilience as a concept provides in-depth insights on how small-scale farmers are coping with pressures and opportunities created by urbanisation and globalisation, creating strategies for resilient trajectories during the COVID-19 crisis.

25.3 Small-Scale Farming and Alternative Food Alliances in the Metropolitan Context of Rio de Janeiro, Brazil

Agriculture in urban areas and peri-urban hinterlands is an integral part of composite landscapes and stimulates local production and consumption of quality food that contributes to the development of dynamic farming systems. In opposition to regional and local policy, which does not fully recognise the diversity of agricultural environments and the potential of agriculture in the Metropolitan Region of Rio de Janeiro, this study identifies farming systems undergoing processes of adaptation. Farmers have adopted technical innovation and have created new strategies of marketing and distribution of produce which demonstrate that rural–urban interaction does not have to be unfavourable to agriculture.

Farmers are in constant mobility and circulate between the rural areas and Rio City, and some have already been at the centre of commercialising agricultural products in Rio and beyond or have already had direct contact with the urban market and customers. Other farmers have established direct contacts and partnerships with the public sector responsible for policies and research for rural development and environmental issues. Knowledge and information in rural areas in the metropolitan context is a result of multiple interactions.

The circulation of multiple knowledge and mobility between rural areas and urban centres also allows the diversification of the commercialisation channels of agricultural production, resulting in different strategies of the farmer community in the urban sectors of Rio de Janeiro, the second largest metropolitan area in Brazil. Although proximity reduces transport costs, it becomes increasingly necessary to create strategies within the framework of competitiveness with other agricultural areas of Brazil, usually more productive, offering greater volume for the large metropolitan market.

From the 1970s the built-up area of Rio de Janeiro expanded outward and the metro population increased from 10.4m inhabitants in 1991 to 12.3m in 2016 (IBGE 1991, 2010, 2016). New industrial and petroleum complexes and port facilities were installed in the peri-metropolitan area but, according to IPEA (2012), the core still accounts for 53% of the metro population and 69% of gross internal product. Pressured by urban expansion and globalisation, rural activities have diminished in the metro region but have not disappeared. This brings issues concerning resilience and strategies for adaptation in a context of intense rural–urban land use competition.

Increasing competition from industrial, residential and environmental functions are shown to present both opportunity and conflict for rural activities and so create a mosaic of diversified land use in both inner and outer metropolitan space. Some changes do not necessarily cause agricultural decline, but instead can induce rural development and adaptation where rural diversity responds to new demands of contemporary Brazilian society in the context of globalisation. Bicalho and Machado (2013) and Machado (2020) highlighted the resilience of rural space whereby agricultural community stakeholders have adapted to new situations that arose in Greater Rio de Janeiro and its countryside over years. New rural–urban interaction

contributes to complex outcomes in which local actors create new forms of spatial ordering and so adapt to new scenarios of regional and global change.

Small-scale farmers in the metropolitan periphery develop commercial strategies for better insertion in the local and regional markets and the creation of individual and collective strategies for the strengthening of family agriculture of the Metropolitan Region of Rio de Janeiro in the competitive market of agricultural products. One strategy has been to seek the differentiation of the local product from those produced on a large commercial scale and distant from the metropolitan context and Rio de Janeiro state.

The proximity of the consumer market and the production distribution chain also allows some farmers or family members to specialise in the commercialisation of production, distancing themselves from the practice of agriculture, but allowing greater contact, understanding and experience in interactions between the production, marketing and distribution of agricultural products. In the context of pluriactivity and strategies for diversifying family income, several respondents mentioned that it is common for some family members not to get involved in agriculture, but instead to seek employment outside the rural locality or engaging in community marketing strategies.

In some cases, another response to income diversification is how land is distributed between family members. The division of the land between family members could generate land fragmentation, and low agricultural productivity and income. To avoid this, some family members choose to engage with urban-industrial or service sectors, while some remain cultivating land and the family property as partners alongside other family members. This interaction between sectors within the family adds further dynamics to agricultural land and rural–urban interactions.

The research on peripheral municipalities of the Rio de Janeiro Metropolitan Region identified a group of farmers who have adopted flexible strategies that are adapted to their available financial and human resources. Different types of knowledge, organisation, innovation and cross-scale linkages are part of this process in which farmers have been proactive in the face of rural change. This is often made possible by the difference between rural–urban interactions in Brazilian metropolitan regions and their countryside in contrast to those encountered in essentially agricultural regions, distant from and less affected by large urban centres.

Taking into account the basic tensions that arise when urban forces bear on agriculture in the city's countryside, proximity to urban areas heightens demand and competition for land and labour but it also increases demand for high-value products that promote agricultural development. However, the opportunities have to be perceived by farmers and to be taken up by entrepreneurs and other forms of innovator. The research in the peripheral countryside of Rio de Janeiro Metropolitan Region provides strong evidence of these diverse forms of innovation, knowledge sharing and more and less formal farmer organisations.

The incorporation of rural areas into a metropolitan context can boost the search for innovations and cross-scale linkages. The rural–urban interaction opens new ways to develop different types of knowledge that allow farmers to create strategies of adaptation and resilience in an environment of spatial restructuring. Farmers are

active actors who make rural space dynamic and are not passive or conservative as they are sometimes portrayed. Intensive contact and interaction of rural and urban processes can cause dynamic, unexpected and positive outcomes in farming systems.

Many small-scale farmers have faced novel challenges around cultivation, harvesting and marketing of farm produce. The COVID-19 pandemic has shown that it is not only small-scale farmers who need to increase their adaptive capacity to improve resilience; decision-makers also need to ensure that those who provide small-scale solutions.

The following section debates the importance of promoting resilience by establishing political priorities to support small-scale farming systems based around fundamentally different logics to intensive global and food systems, and which, over time, generate more sustainable and equitable power relation systems for the purpose of regional and local quality agricultural systems and small-scale farming strategies in the scenario of COVID-19 crisis.

25.4 The Importance of Promoting Resilience by Establishing Political Priorities to Support Small-Scale Farming in the Context of COVID-19 Crisis

The COVID-19 crisis puts a spotlight on the importance of resilient food systems. A profound transformation of small-scale agriculture is needed to create food systems that are equitable, healthy, resilient and sustainable. These breakthroughs are more vital and urgent than ever given the emerging impacts of COVID-19. To develop transition strategies and avoid future crises and suffering, perspectives on the future are needed. It is crucial to better understand how changing demographics, economies, food systems, natural resources will impact on small-scale and how small-scale agriculture can contribute to a resilient food future, where people eat more healthily, sustainably and responsibly. The COVID-19 health pandemic is having huge impacts on the food system in Brazil and globally. It is bringing into sharp focus how and where food is produced and consumed. It has also highlighted a number of issues, including the need to re-localise food systems, rebuild regional processing infrastructure and shorten food chains to improve food system resilience.

Lamine (2015) emphasised the possible reconnections between agricultural, food and environmental issues from a territorial agri-food systems perspective. In doing so, she goes beyond the prevailing sustainable development paradigm, which focuses on the interaction between agriculture and the environment. She emphasises the importance of re-localisation and transition pathways and the diversity of actors and institutions involved in agri-food systems.

Farmers have long played a significant role in shaping and maintaining rural landscapes, and their embodied practices and experimental knowledge create a very particular relationship between themselves and the land. In summary, the research has explored a number of farming mechanisms that contribute to flexibility and

adaptiveness in agriculture in Greater Rio de Janeiro. This chapter argues that resilience is gained through identifying and exploiting opportunities for sharing and adapting resources to promote multifunctionality in agricultural activities and the rural–urban relationship. These results provide useful insights for understanding the nature of rural–urban interactions in peripheral areas of metropolitan regions that might in turn inform policies for promoting local and regional quality food systems, small-scale farming strategies and resilient rural futures. In particular, the research highlights the importance of understanding perspectives on how small-scale farmers in the metropolitan countryside of Rio de Janeiro are responding, and might respond, to pressures and opportunities created by urbanisation and globalisation in times of changes and uncertainty.

The rural–urban interaction environment allows a dynamic process of learning and information exchange. Hybrid information results in a hybrid rural space in contact with the metropolitan dynamic of urban Rio de Janeiro. In addition to market issues and proximity to the urban market, the relatively short distance between the rural area and Rio metropolis is related to the dynamism of agriculture and strategies created to promote farming resilience. Rural actors circulate through different spaces and are in contact with actors from different backgrounds.

The variety of farmers’ articulations and their strategies expresses the diversity of agricultural production, markets and types of farmers present in the rural periphery of Greater Rio de Janeiro, reflecting the variety and complexity of rural areas in metropolitan regions (Bicalho and Machado 2013; Machado 2020). Emancipatory rural–urban landscapes emerge, where alliances are forged between increasingly better-informed consumers and farmers who offer quality-food products through alternative distribution networks and so act as an environmental and social counterforce to intensive global food systems (Goodman et al. 2011; Marsden and Morely 2014).

The relational approach raises innovative methodological challenges, and its application has shown ‘how the ‘vibrancy’ of matter and the interaction can be effectively captured’ (Darnhofer et al. 2016, p. 120). The case studies showed that social and organisational innovation play a vital role in renewal at farm level and in rural economies at the rural–urban interface.

25.5 Conclusion

This chapter discussed how farmers in the Rio de Janeiro Metropolitan Region combine social strategies creatively to adapt to spatial change and to strengthen resilience. The COVID-19 outbreak had significant effects on local food systems and food supply chains in Brazil and globally. A key finding is that the measures imposed in response to COVID-19 highlighted existing socio-economic inequalities among food system actors. The lockdown in Brazil restricted the production capacity of several small-scale farmers and resulted in loss of income, since street food markets were not operating at full capacity. On the other hand, local food systems

continued to operate and were strengthened by social capital and adaptive capacities of small-scale farmers, reaching out to alternative farming networks.

While small-scale farmers mobilised their social resources to act in a flexible manner in the face of the COVID-19 crisis, it is insufficient to rely on this adaptive capacity only. To make food systems more resilient in the long-term, multiple factors such as the impacts of climate change, structural inequalities and marginalisation of social actors within food systems must be considered. For small-scale farmers to contribute adaptive capacities to restructuring local food systems, a broader, holistic, multi-level strategy must be applied, which includes environmental factors, issues of local governance and inclusion. In the context of COVID-19, governments should strengthen local food production systems and consumption at a structural level and in line with a city-regional approach.

Wilson (2012) discussed the links between resilience and transition theory, how path dependencies affect resilience at community level, and the impacts of globalisation on different community trajectories. In parallel, Welsh (2014) highlighted the importance of critical interrogation of plural resilience theories and contemplated their emancipatory possibilities, calling for a more sustained and critical engagement by human geographers with resilience studies and their effects in the contemporary world. Attending to these calls and critically examining their application, this chapter focused particularly on gaining insights on how small-scale farmers in the metropolitan countryside of Greater Rio are responding to pressures and opportunities from urbanisation and globalisation, using the idea of multidirectional approach to understanding farming resilience in a metropolitan context and the importance of sustainable and equitable power relation systems related to regional and local quality agricultural systems and resilient pathways in the context of COVID-19 crisis.

The research evaluated farming mechanisms that strengthen the flexibility and adaptiveness of agriculture in rural areas near to urban centres. Supporting on work by Wilson (2010); Darnhofer (2010); Darnhofer et al. (2016) and Bicalho and Machado (2013), it demonstrated that resilience is gained through seizing opportunities for continuous resource combination and recombination in a multifunctional context. It is also evident in how farmers have adapted to urban encroachment because they are essentially small-scale producers who are able to adjust more easily to situations where land- and labour-intensive farming systems have to be used in a metropolitan context. This issue highlights the potential value to be gained from developing policy processes that more actively utilise all these qualities, so that small-scale farmers can have a greater voice in decision-making and are, instead, actively encouraged and enabled to spread their ideas and practice to help promote sustainable, resilient farming in urban–rural fringe areas and beyond in times of change and uncertainty.

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Felipe da Silva Machado concluded his PhD research within the Human Geography Department at the University of Plymouth, United Kingdom (2015–2019), investigating the metropolitan countryside and farming resilience in Rio de Janeiro, Brazil. The PhD thesis entitled ‘Relational rural geographies, resilience, and narratives of small-scale fruit farming in the metropolitan countryside of Rio de Janeiro, Brazil’ explored farmers’ strategies and networks and highlights the importance of sharing, building knowledge and learning practices in a global era. During his Undergraduate and Master in Geography at the Federal University of Rio de Janeiro (UFRJ), Felipe specialised in Rural Geography, exploring the themes of urban and peri-urban agriculture in the Brazilian context and socio-spatial restructuring of metropolitan regions at the rural-urban interface. Currently, he is conducting postdoctoral research at the Federal University of Rio de Janeiro (UFRJ) on relational rural geographies in Greater Rio and beyond. Felipe is an ordinary member and social media co-ordinator of the Royal Geographical Society (with the Institute of British Geographers) Rural Geography Research Group (RGRG) (2019–2022). A leading motivation for his research is to contribute to growing social and political awareness of the complex global and local impacts of food decisions on rural landscapes and communities, through enhancing conceptual and practical understandings of how communities and governments can work collaboratively to nurture a multifunctional and sustainable global countryside.

Chapter 26

The South African Local Government and Municipal Planning Responses to COVID-19



Verna Nel and Martin Lewis

Abstract When COVID-19 cases began to rise in South Africa, the national government took strong action, based on dire predictions from medical advisors and the high prevalence of HIV/AIDS and tuberculosis. This response was controlled by the national government through a Coronavirus Command Council. A hard lockdown was imposed, which has gradually been eased. The initial lockdown had massive social and economic consequences with high job losses in an economy already in recession and acute food insecurity in poor areas. Actions which the national government also attended to included water provision to settlements without water and dealing with dense informal settlements. Local governments were called on to assist in providing food packages, water, shelter for the homeless and permits to informal food traders. In this chapter, we examine the responses of local government to COVID-19 given its constitutional mandates and specifically around municipal planning services. We draw our data from secondary sources such as media articles and reports by various institutions as well as interviews with key informants. Our findings reveal that some municipalities have performed well but many have struggled with the corruption, maladministration and the lack of capacity that has plagued local government over the past decades. There was also a limited response from local government in identifying and communicating processes and procedures relating to their urban planning function during earlier lockdown stages. We found a relationship between the governance capacity of local governments and their audit outcomes. Increasing the ethical governance practices as well as capacity of local government is critical to improve the performance of local government and their ability to promote the social and economic development of their residents.

V. Nel (✉)
University of the Free State, Bloemfontein, South Africa
e-mail: NelVJ@ufs.ac.za

M. Lewis
South African Council for Planners, Midrand, South Africa
e-mail: mlewis@sacplan.co.za

Keywords COVID-19 · Coronavirus · South Africa · Local government · Local and urban governance · Urban planning · Lockdown

26.1 Introduction

A little over a century ago, a pandemic was raging across a war-torn world. This was the ‘Spanish influenza’ pandemic of 1918–1919 that killed around 50 million people throughout the world. It was one of the more deadly pandemics in a long history of contagious diseases that killed large populations wherever they struck (Martini et al. 2019). The ‘Black Death’ or bubonic plague, which is reputed to have killed at least a quarter of the European population, originated in Asia and travelled with ‘merchants, migrants, soldiers and sailors’ (Marks 2002: 14) along trade routes across to Europe. Smallpox was known in ancient cultures, and it, along with other diseases such as measles, devastated populations over the ages – including indigenous populations in the Americas after its introduction by Europeans – until its eradication (1980).

In the past 50 years, there have been several other influenza epidemics, along with the emergence of HIV/AIDS, Severe Acute Respiratory Syndrome (SARS), Ebola and Zika. These outbreaks have spread rapidly through improved transport networks to become global threats to health (Honigsbaum 2019).

Late in 2019, a novel coronavirus emerged in Wuhan, Hubei Province, China. By the end of January 2020, the first cases were diagnosed in other countries. This disease, dubbed COVID-19, was initially thought to be a respiratory virus that affected the lungs, but subsequently evidence arose of vascular problems as well. Although it was at first believed to spread through droplets in the air or on surfaces, it was since discovered that the virus could infect people through aerosolised particles from merely breathing or talking.

COVID-19 arrived in South Africa in March 2020¹, and soon cases were doubling every two days (Karim 2020). This caused deep concern due to South Africa’s high burden of disease. Not only does South Africa have 20% of the global cases of HIV/AIDS and tuberculosis (TB) (Mkhize 2020) but a growing incidence of non-communicable diseases such as chronic obstructive pulmonary disease, diabetes and hypertension. Furthermore, there are high levels of unemployment [over 29% at the end of 2019, and over 30% by the end of 2020 (StatsSA 2020a, b)], poverty and food insecurity (Jain et al. 2020). In addition, 12.7% of households lived in informal settlements and about the same percentage of households did not have access to clean piped water in 2019 (StatsSA 2019). In view of these vulnerabilities, along with a public health system already under pressure and the limited knowledge of COVID-19 at the time, the government acted swiftly to prevent the spread of the disease. In March 2020, the President announced a State of National Disaster in

¹The first COVID-19 case was reported on 5 March 2020. Contextualising Lockdown. July 20, 2020. <https://sacoronavirus.co.za/2020/07/20/contextualizing-lockdown/>. Accessed 26 January 2021.

terms of the Disaster Management Act of 2000 (COGTA 2020a). The state of national disaster has been extended several times and still in force at the end of March 2021. The limitations on movement and businesses have been gradually relaxed (De Coning 2020), although, with the second wave that hit the country from December 2020 with a new, more infectious variant of the virus, there were renewed restrictions on the sale of alcohol and social, recreational, sport and religious gatherings (which has since been eased a little).

By 31 March 2021, 1 548 157 cases of COVID-19 have been recorded and 52 846 deaths (Department of Health 2021). However, the South African Medical Council had registered over 123 400 ‘excess deaths’ since May 2020 (SAMRC 2021). Besides those caused by the coronavirus, many of these can be attributed to a lack of medical care for existing conditions (such as TB, HIV/AIDS, cardiovascular diseases and diabetes) where people were too afraid to seek medical care, or it was not available due to the burden of COVID-19 on medical facilities (Mbunge 2020).

In addition to a brief contextual overview of the national response to COVID-19, this chapter examines the responses of local governments to COVID-19 in respect of their constitutional mandates with a specific focus on municipal planning services. In the following section, we discuss the responsibilities of local government together with some comments on the performance of local government over the past decade as a backdrop to its ability to react effectively to the pandemic. Thereafter, we describe the national and provincial responses to the pandemic. This is followed by a discussion of the local government’s responsibilities and responses with attention to the municipal planning function. We conclude the chapter with a discussion on the nature and extent of local government responses in the light of the performance of local government over the past five to ten years.

26.2 Method

This chapter is largely based on secondary data from several sources. The secondary data sources include academic journals, official documents and reports including those from the Department of Agriculture, Land Reform and Rural Development (DALRRD), news media and information on municipal and other websites. The academic literature on COVID-19 in South Africa largely comprises medical papers and articles on the economic implications and effects of the lockdown. The dearth of literature has led to the reliance on reports and news media. We are aware that these sources have not been subject to rigorous peer review and may thus be subject to bias. In respect of the municipal planning response to COVID-19, we supplemented the above-mentioned sources with interviews with three representatives of the South African Association of Consulting Professional Planners, representing private planning firms, to understand their experience of local government’s response to the pandemic.

26.3 Local Government Mandate and Responsibilities

South Africa's new democratic government ushered in many legislative reforms, chief of which was the 1996 Constitution (RSA 1996) that includes a Bill of Rights and changes to the goals and structure of the government. It created three interrelated yet interdependent spheres of government, namely national, provincial and local government. Each sphere of government has legislative and executive powers as set out in Schedules 4 and 5 of the Constitution (De Visser 2002; Van Wyk 2012). Additionally, further functions can be assigned to local government through national or provincial legislation (Christmas and De Visser 2009; Steytler and Fessha 2007).

The transformation of local government from the apartheid system occurred in three phases from 1993 and culminated in the local government elections of 2000 with 'wall-to-wall' democratically elected municipalities (Pycroft 2000; De Visser 2009). From the outset, the newly established municipalities have struggled with the lack of professional and technical staff (COGTA 2009; MDB 2018; Pycroft 2000; RSA 2014). Additionally, municipal revenues were, and still are, inadequate for local governments to deliver on their mandates (MDB 2018; Pycroft 2000), while 'unfunded mandates' put pressure on these limited resources. Many municipalities have also struggled with corruption, maladministration and the lack of capacity (Fray 2020; Mba and Lungisa 2020). Corruption has diverted funds intended for infrastructure, social and economic development (AG 2020; RSA 2014). Around one-fifth of municipalities in the country are under administration (for severe financial difficulties) or are facing potential 'section 139 interventions' by the provincial government² (Griffiths 2020). Nonetheless, despite these problems, the provision of water, sanitation and housing to low-income households has been remarkable (Nel and Denoon-Stevens 2015; StatsSA 2012, 2019).

The Constitution requires local government to provide accountable and democratic government, provide services sustainably, promote social and economic development along with a safe and healthy environment, and encourage citizen participation in local government (RSA 1996 Section 152). Thus, in addition to providing essential infrastructure such as water, sanitation, roads and municipal health services, local governments are required to maximise the economic and social welfare of their communities (De Visser 2009) and ensure integrated, sustainable and liveable settlements (Kotze and Taylor 2010)(see also Maziwisa 2020).

Municipal planning – which includes strategic planning and spatial planning as well as the management or control of development in line with the spatial plans – is the responsibility of the local government (Van Wyk 2012, 2020). Land use/development management not only is an important function for property

²Section 139 of the Constitution – Provincial intervention in local government. Section 139 (1) 'When a municipality cannot or does not fulfill an executive obligation in terms of the Constitution or legislation, the relevant provincial executive may intervene by taking any appropriate steps to ensure fulfillment of that obligation'.

investments and development but also influences small and micro-enterprises such as home-based and informal businesses (Charman et al. 2017; Scheba and Turok 2020). The role of these enterprises in the livelihoods of low-income families was starkly revealed during the first weeks of lockdown as described in the section below.

26.4 The Government's Response to COVID-19 in South Africa

26.4.1 National Government

A *National State of Disaster* within South Africa was declared on 15 March 2020. One of the government's initiatives was the formation of the National Coronavirus Command Council to provide guidance on managing the pandemic including lockdown measures as well as vital health infrastructure (Department of Health 2020). The majority of decisions around the responses to the COVID-19 pandemic have been made on a national level through the National Coronavirus Command Council and Cabinet (De Coning 2020). Citizens were urged to practice 'social' distancing, wear a face mask, wash their hands frequently or sanitise them and their surroundings, and self-isolate if they had been in contact with someone with COVID-19. Contact tracing was also implemented.

On 23 March 2020, a strict lockdown was announced that began on 27 March 2020 for five weeks. Almost all businesses and non-essential activities³ were closed and people had to stay at home and indoors. The purpose of the lockdown was to slow the rate of infection ('flattening the curve') and enable the public health sector – especially the hospitals – to prepare for the inevitable surge of infections. The various restrictions of business activities and social and religious gatherings, all outdoor activities, and the sale of alcohol and tobacco were intended to save lives (Karim 2020; Stiegler and Bouchard 2020). Along with the restrictions was an intense communications campaign through radio, television and social media about the virus, the lockdown, hand washing and sanitising, and the need for physical (social) distancing. Initially, there were an unprecedented number of briefings by the President, Mr Ramaphosa, and his cabinet ministers to explain the regulations and directives on live television and streamed on the internet (De Coning 2020).

³Essential activities included agriculture, food production, supply and sales, fuel sales and medical services.

As part of the lockdown, schools were closed and only in June 2020 did learners begin attending classes in schools again. Higher Education Institutions (HEI) were also closed. Teachers and HEI staff rushed to change to online teaching and provide the resources needed for this mode of delivery.⁴ Most non-essential service government offices were closed, including most planning departments. Often offices opened for a few days and were then closed for disinfection when COVID-19 cases were identified among staff. Not all offices are completely functional yet.

On the whole, the citizens accepted the curtailment of their rights and freedom and complied with the regulations. It was easier in middle- and high-income areas than in low-income and informal settlement areas where there is limited personal space (Stiegler and Bouchard 2020).

The government's rapid and aggressive response to COVID-19, when there were less than 6000 infections and 103 deaths (Karim 2020), could be linked to the poor management of the HIV/AIDS epidemic by the Mbeki administration (1999–2008). The prevalence of HIV/AIDS was low prior to the 1990s (as detected through antenatal clinics in South Africa). However, both the prevalence of HIV and the AIDS mortality rate climbed dramatically from early 1990. It was only from 2004 when it began to stabilise, mostly due to the efforts of pressure groups that forced the government to acknowledge the role of sexual transmission of HIV/AIDS and to provide anti-retroviral drugs to HIV positive persons (Simelela et al. 2015). Due to this governance failure, South Africa now has the high burden of disease where South Africans comprise one-fifth of all HIV/AIDS positive people globally and of those, 60% have TB (Mkhize 2020; Simelela et al. 2015). Given the uncertainty surrounding COVID-19, the government could not afford to make a similar error.

According to Karim (2020), the lockdown did slow the rate of infections, but it came at an exceedingly high cost. The economic impact of the lockdown has been devastating with many job losses as informal enterprises, small businesses and long-standing enterprises in the hospitality and tourism sectors have closed (Jain et al. 2020; Spaul et al. 2020; Visagie and Turok 2020). The growing unemployment and poverty have placed pressure on the national finances in respect of reduced income on the one hand, and on the other, increased expenditure on relief measures for households who have lost income, jobs and businesses, as well as for small businesses (Rogan and Skinner 2020). Local government too has seen its revenue sources greatly reduced, which will impact on its ability to provide services (DPME 2020; Gumede 2020; PMG 2020a).

Within days of the strict lockdown, reports of hunger appeared. There were protests and 'food riots' with confrontation with the police (Mbunge 2020; Stiegler and Bouchard 2020). The worst affected were people in the informal economy whose livelihoods were severely impacted through the lockdown and arduous

⁴Data costs are comparatively high in South Africa and the data coverage is largely limited to urban areas, thus many students and learners from poor household did not have access to a computer, to the internet or could not afford the data. This meant that hard copies had to be couriered to students, computers/tablets had to be acquired and sent to students and critical academic sites 'zero rated' for data after negotiations with service providers. Some negotiations were undertaken by the National Department of Higher Education and others by the HEIs.

requirement for permits that could seldom be obtained due to the closure of the relevant offices (Rogan and Skinner 2020). The government's response was to create the *Solidarity Fund* and to organise food parcels for the needy (Solidarity Fund n.d.). Communities also donated generously to non-governmental and community-based organisations to alleviate hunger (BusinessDay 2020; Rogan and Skinner 2020).

As many households were without adequate water – essential for regular handwashing – the provision of water to these households became a national priority with a greater emphasis on individual households rather than communal taps to curb the spread of the virus (Mkhize 2020; PMG 2020b). The Department of Human Settlements, Water and Sanitation (DHSWS) was tasked with providing potable water to households that required it. DHSWS purchased all the water tanks available in the country and had distributed 17 000 tanks by the end of April 2020 (Quintal 2020). However, in some cases, the tanks had not been installed by the end of April 2020, as the municipalities had not constructed the bases on which the tanks were to be erected, partially because they could not procure supplies as the suppliers were closed due to the lockdown (PMG 2020b; Quintal 2020).

Given the necessity for physical distancing, DHSWS was also responsible for 'de-densifying' high-density areas – mostly informal settlements (PMG 2020b). This requires cooperation with provincial and local governments. However, little information is available on progress in this complex and highly contentious arena.

In respect of spatial planning and land use management, DALRRD, the department responsible for spatial planning and land use management legislation and oversight nationally, did not send any communiqués regarding land development processes and applications until a directive was published on 7 August 2020 in respect of Spatial Planning, Land Use Management and Land Development Processes (DALRRD 2020) that condoned the non-functioning of the planning tribunals and processes and extended the timeframes for adoption and/or review of plans and land use schemes and the terms of office of Municipal Planning Tribunals. This is however seen as too little too late to have any real impact as a number of municipalities had already responded to the impact of the pandemic (Personal interview: Interviewee 2). This was followed up by a Spatial Planning and Land Use Management (SPLUM) Forum on 12 August 2020, where DALRRD's regional offices reported on SPLUM activities in each province. Many reports focused on implementation of the Spatial Planning and Land Use Management Act, 2013 rather than local government responses to the pandemic.

26.4.2 Provincial Government

The Minister of Cooperative Governance and Traditional Affairs issued directions to municipalities and provinces in March 2020 to direct them on matters relating to the provision of water and sanitation, hygiene education, waste management, isolation and quarantine, and municipal operations, to name a few (COGTA 2020b). These directives were updated as lockdown levels changed. Provincial governments were

expected to prepare, and then implement, COVID-19 response plans and facilitate the establishment and funding of joint operations and disaster management centres in each metropolitan and district municipality⁵ (De Coning 2020; COGTA 2020b). Provinces are responsible for public hospitals and the burden of caring for COVID-19 patients fell on them. The Western Cape and Gauteng Provinces set up emergency field hospitals in conference centres as did KwaZulu-Natal during the second wave (eThekweni Municipality 2020a; Molyneaux 2020; Pheto 2021), while Volkswagen South Africa erected a field hospital with over 1400 beds in Nelson Mandela Bay Municipality in the Eastern Cape (Ellis 2020; Medical Brief 2020). Another company partnered with the Western Cape Provincial Government to set up a quarantine and isolation facility in a golf club (BusinessDay 2020). Screening and testing people for COVID-19 was also undertaken by the provinces (De Coning 2020).

The only province to provide guidance on urban planning was the Western Cape's Department of Environmental Affairs and Development Planning that issued a circular to all Municipal Managers, Heads of Planning components and spatial planning and land use management service providers in the province. In this circular, practice notes on municipal land use management relating to applications, evaluations of applications, Municipal Planning Tribunals and Authorised Officials, public participation, and the communication of decisions were provided. Other aspects that were touched on were spatial planning, provincial planning services (e.g. land development applications and provincial comments on applications and other services) and zoning schemes.

26.4.3 Local Government Responses

Local government faces many challenges with COVID-19, including the impacts of the lockdown. Some local governments rose to the challenge, adapting to the circumstances and new ways of working, including the use of electronic media for working and communicating. The Bergrivier Local Municipality promptly changed its regulations to permit virtual public participation (BusinessDay 2020).

Other cities, such as the City of Johannesburg and the City of Tshwane enabled digital permits for informal traders which had two benefits, firstly, reducing the need for physical contact and long queues and secondly, reducing fraud [some people were arrested for selling fraudulent permits (SABC News 2020)]. These municipalities also cancelled historic debts of street traders (Hlati 2020). eThekweni Municipality created a relief fund for traders, while the City of Tshwane procured personal protective equipment (PPE) from small and township⁶ enterprises.

⁵There are 3 categories of municipality: (1) metropolitan municipalities, (2) district municipalities which have 3 or more and (3) local municipalities within their area of jurisdiction.

⁶A 'township' refers to the mass housing areas developed by the state, originally for Black residents and now for low-income residents (See Scheba and Turok 2020).

The City of Cape Town took several measures to assist its small businesses, including land use management actions that enabled them to function legally (Hlati 2020). As the City of Cape Town has faced several disasters over the past decade such as flooding, bush fires and a severe drought (Edmond 2019), it has had an effective functioning disaster management team that could be assembled at short notice (Personal communication: S. Denoon-Stevens 28 January 2021).

In a parliamentary Portfolio Committee on Cooperative Development and Traditional Affairs (PMG 2020a), the South African Local Government Association (SALGA) stated that municipalities were granting relief to consumers who could not pay the municipal bills that they hoped to recoup from the R20 billion that the National Treasury had allocated as emergency COVID-19 relief funding for local governments. Given the dismal track record of many municipalities in financial management, the Portfolio Committee had serious misgivings regarding the administration of such relief funds. Other issues raised by the Portfolio Committee were the tardy provision of water to communities and illegal⁷ evictions. Municipal councillors were also taken to task for handing out food parcels intended for desperate households to friends and family or hoarding them (see Dayamani 2021). In another parliamentary briefing, SALGA (2020) regretted media statements by municipalities that contradicted national government regulations and directives. It furthermore expressed concern over the slow response of the local government in devising plans and sourcing funds to manage the pandemic as well as in providing water to communities and issuing of permits to informal traders (on which many of their livelihoods depend).

26.4.4 Municipal and Urban Planning Response

Many of the largest cities provided protocols, information and assistance pertaining to municipal and urban planning. One of the interviewees indicated:

‘most of the larger municipalities took it upon themselves to communicate with the likes of consulting planners by circulating information on protocols to be followed during the different lockdown stages and to communicate how the division of specifically spatial planning and land use manage divisions would be available to deal with problems, enquires and to engage with consultants’ (Personal interview: Interviewee 2, 25 January 2021).

These communications were ad hoc and were mostly distributed by the two regions⁸ of the South African Association for Professional Planners. The

⁷No evictions of existing residents were permitted under lockdown. However, some people took this as an opportunity to invade land and vacant housing.

⁸The South African Association of Consulting Professional Planners (SAACPP) is divided into 2 main regions namely the North Region (Gauteng, Mpumalanga, North-West, Limpopo, Free State and KwaZulu Natal); and the South Region (Western Cape, Eastern Cape, Northern Cape).

South African Council for Planners (SACPLAN) obtained the communications on the protocols and information from registered planners, directly from some municipalities and the Western Cape Provincial Government, and created a page on its website where these were then published to be available not only to the planning profession but also to the general public. SACPLAN also distributed these through its social media platforms. The City of Johannesburg released a press statement on 14 May 2020 addressing Land Use Development Management and Building Development Management (Khoza 2020) with a further statement on additional services rolled out (City of Johannesburg 2020). This statement addressed aspects such as land use and legal administration applications, processing of applications, the advertising of applications, the submission of objections, enquiries and follow-ups on applications, as well as general communication with applicants. The City of Tshwane (2020) issued a COVID-19 Circular in which the readiness of offices for staff and PPE; public access to offices and availability of staff during lockdown levels 4 and 3; information regarding the submission of new land development applications; enquiries, submission and collection of documentation during levels 4 and 3; advertising, commenting and other compliance period and the arrangement with regard to meetings were provided. Both the City of Johannesburg and the City of Tshwane issued several press statements and circulars informing the public of changes in the process and status of their functions as changes to lockdown levels were announced on a national level.

In KwaZulu-Natal, both the eThekweni Municipality and the KwaDukuza Municipality made information available on urban planning matters. The eThekweni Municipality (2020b, c) issued Public Notices in which the municipality addressed the applications in the system, inspections, new applications (limited to land development applications for activities permitted under Level 4), public participation, biodiversity impact assessments, spatial planning, copies of plans, meetings and general communication. The KwaDukuza Municipality (2020) issued interim measures for development application processes and related activities. Aspects such as the processing of applications that were submitted prior to lockdown, administrative processes, submission of applications as well as contact details of certain officials.

By changing the classification of guest houses from business to residential uses, the City of Cape Town reduced the property tax for the owners. Similarly, it permitted the use of vacant hotel rooms and facilities for businesses in the hospitality sector (Hlati 2020).

Within the Limpopo Province the City of Polokwane (2002) issued interim measures to implement some services during the lockdown. These included measures pertaining to Land Use Management, convening of Municipal Planning Tribunals, building plan assessment (including outdoor advertising and illegal land uses), spatial planning and property management. A few other municipalities were found to have engaged on the impact of COVID-19. These include the Ray Nkonyeni Municipality (n.d.) (KwaZulu-Natal) and the Midvaal Local Municipality (Gauteng).

26.5 Discussion

In addition to continuing their critical service delivery and infrastructure provision and maintenance functions, municipalities had the additional pressure of performing these functions under COVID-19 stresses. Municipalities also had to respond in 'creating' the environment for their staff to be able to work safely and deliver services. In many instances, staff had to work remotely, but this was hampered by a lack of access to the internet at residences, which limited their ability to function. As the lockdown began to ease and more staff were permitted to return to their offices, staff could work on a rotational basis. However, COVID-19 illnesses among staff and their families with the concomitant need for isolation also impacted the availability of services (Personal Communication: Ekurhuleni Planning Department employee, 17 November 2020). Where processes depended on the sequential processing of physical files, one broken link in the chain (e.g. a person who was ill) led to serious backlogs.

It is evident that some municipalities responded to the challenges created through COVID-19 through sharing information and providing guidelines. Nonetheless, others struggled to function effectively. The inequalities prevalent in South African society were starkly exposed by the pandemic, such as food insecurity, overcrowding within dwellings, rural–urban inequalities and of settlements (Turok and Visagie 2021; Visagie and Turok 2021). The differences in municipal service provision (especially water) were also accentuated (Fani 2020). According to the Auditor General of South Africa (AG 2020), the 2018/2019 audit indicated that 41% of municipalities did not have an approved policy on water or sanitation infrastructure maintenance and 27% did not have a road infrastructure maintenance plan. At least a third of all municipalities had problems with asset management, strategic planning and performance management, human resource management and revenue management. With only 8% of all local governments receiving a clean audit the Auditor General had this damning comment: 'Proper administration and superintendence over the financial affairs of local government were not exercised and were found, through this audit examination, to be seriously lacking' (ibid: p8). Pieterse (2021) also comments on the dysfunctionality of many South African local governments. In most cases, those municipalities who performed well according to the audit report were also those that were able to respond effectively to the pandemic. The large metropolitan municipalities with more resources and skilled staff also responded better than their smaller counterparts who tend to lack these resources (see Financial and Fiscal Commission 2013a, 2013b). The relationship between COVID-19 responses and the audit report is summarised in Table 26.1.

From the interviews conducted it was apparent that COVID-19 disrupted many processes, particularly planning processes linked to legally required timeframes.⁹

⁹The Spatial Planning and Land Use Management Act, 2013 (RSA 2013) as well as the Municipal Planning Bylaws sets certain timeframe to be met with regards to Spatial Planning and Land Use Management processes.

Table 26.1 Local government responses to COVID-19 in relation to Audit outcomes 2018/2019

Province	AG report on performance		Responsiveness to COVID-19.
	Municipalities with 'clean' audits	Performance of metropolitan municipalities or largest cities in province	
Eastern Cape	1 (3%)	Nelson Mandela Bay Metro: Audits outstanding Buffalo City: Qualified with findings	No evidence of responsiveness but allegations of corruption throughout the province.
Free State	0	Mangaung Metro: Qualified with findings	No evidence of responsiveness.
Gauteng	1 (9%)	Ekurhuleni: Unqualified with findings Johannesburg: Unqualified with findings Tshwane: Audits outstanding	Johannesburg and Tshwane were among the first to respond in general. They also responded regarding municipal planning. Ekurhuleni has had a limited response.
KwaZulu-Natal	1 (2%)	eThekweni: Unqualified with findings	eThekweni was hailed for its responses. Both the Ray Nkonyeni and KwaDukuza municipalities received a positive report (and unqualified with findings audit reports).
Limpopo	1 (4%)	Polokwane: Documents outstanding	Only information on Polokwane's response.
Mpumalanga	1 (5%)	Mbombela: Qualified with findings Emalahleni: Qualified with findings	No information on response by municipalities.
Northern Cape	1 (3%)	Sol Plaatjie: Qualified with findings	No information on response by municipalities.
North West	0	Mahikeng: Disclaimed with findings Rustenburg: Qualified with findings	No information on response by municipalities.
Western Cape	13 (43%)	Cape Town: Unqualified with findings	Cape Town, Berg River and several other Western Cape municipalities responded quickly. Cape Town was able to continue delivering services despite having the highest incidences of COVID-19 during the first wave.

Source: AG (2020), media reports and interviews as indicated in the text

Consultants could not send registered letters (as post offices were closed), long delays were experienced in certain officials responding to queries or commenting on applications. Where municipalities were reliant on a paper system, circulation to different departments within the municipality was also affected (Personal interview: Interviewee 3). However, there were in many cases, positive experiences with staff members being more available and responsive. Several municipalities responded by implementing electronic land development application submissions systems (Personal interview: Interviewee 1, Interviewee 2). The City of Cape Town managed to continue with some of its Municipal Planning Tribunals and Appeals (Personal interview: Interviewee 1).

Some municipalities faced additional obstacles and uncertainty. The Stellenbosch Municipality struggled, but its problems originated prior to the lockdown due to staff resignations. The City of Tshwane was placed under administration with a number of court battles that followed (Harper 2020; Magnus 2020; Moatshe 2020; Nicolson 2020). A similar power struggle took place in Nelson Mandela Bay Municipality (Daniels 2020). The Ceres Municipality had to close its offices at one stage due to COVID-19 infections (Personal interview – Interviewee 1).

What was communicated through protocols, notices and press releases was, however, not always implemented on the ground.

‘What was found in practice in varying levels of efficiency depending on where it came from is that what was communicated in terms of practical arrangements was not always executed in that particular fashion’ (Personal interview: Interviewee 2, 25 January 2021)

Officials were not available and did not answer phone calls, did not respond to emails and so on. In many cases, archived information (land use applications, building plans and so on) could not be accessed due to the limitations placed on the access to offices and non-availability of officials.¹⁰ Other challenges related to external role players, for example, the South African Post Office, which was closed at certain periods (Personal interview: Interviewee 3).

In general, the responses from municipalities were positive with processes and procedures being put in place for development applications to be submitted and processed (Personal interviews: Interviewee 1, Interviewee 2).

‘Officials still worked from home, they were writing their reports, things were happening, ... for a long time, ... was actually a better performance from these officials working from home, when we phoned them, they mostly answered their phones, city transferred all their office phones to their home numbers, cell-phones, they were more contactable and responsive’ (Personal interview: Interviewee 1, 25 January 2021).

One of the interviewees stressed the advantages of the implementation and the strengthening of digital workflow systems for land use management applications. This will ensure that all processes (such as comments from internal service departments, processing of applications and so on) can be streamlined and tracked to assist

¹⁰Some officials were not available due to factors such as comorbidities or staff being older than 60.

in moving a project from application to construction ready (Personal interview: Interviewee 3). The COVID-19 pandemic has underlined the need for municipal officials and private consultants to work closer together and assist one another. However, it is also critical that municipal officials realise the impact of their (non)-performance on service delivery and their local economy.

As with the overall response to the pandemic, local governments that were better managed according to the audit reports were better able to adapt to the exigencies of COVID-19 on their functions.

26.6 Conclusion

Municipalities in South Africa have a constitutional obligation to provide infrastructure and certain social services as well as municipal planning. However, many municipalities, particularly the small rural municipalities, have experienced serious problems in meeting these obligations for reasons such as a lack of capacity and maladministration. While the national government acted quickly and forcefully to contain the COVID-19 pandemic, the response from provincial and local governments was uneven, with local governments with a history of good governance generally performing better than those with a poor track record.

In respect of municipal planning, the same trend was observed in respect of advice and procedures in place to manage the land development processes. Local governments that had invested in electronic systems were better placed to provide services than those that had poorly developed or manual (paper) systems. However, all local governments were hampered by the lockdown, access to the internet and electronic systems and the many staff who were casualties of the virus. In addition to access to resources, a culture of good governance appears to have enabled some municipalities to adapt to their business and service delivery more effectively than those who lacked these attributes. The attitude of certain municipal officials reflects the governance culture of the organisation and affected the success of the alternative measures that were put in place.

While some municipalities have been able to adapt to conditions under COVID-19 with electronic systems and virtual offices, will the lessons of the pandemic encourage the remainder to do the same? Will they be able to overcome the constraints hobbling them and move forward? Will the experiences of COVID-19 lead to improved systems to facilitate development and assist the small business sector, micro-enterprises and the poor? Or will those who are most vulnerable continue to bear the brunt of the pandemic while local governments disregard their mandate?

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Verna Nel qualified as a town and regional planner at Wits University and later obtained an MSc and a PhD through UNISA. She began her career at the Johannesburg Municipality and later worked in a private firm and national government before joining the Centurion Town Council. In 1998, she was appointed Chief Town Planner at the municipality. She managed the City Planning function of the City of Tshwane from July 2001 to June 2008. She served on the South African Council for Planners from 2014 to 2021. In 2009, she moved to the Urban and Regional Planning Department of the University of the Free State. Her research interests include spatial and urban resilience and spatial governance both applied in various contexts (e.g., local economic development; the effect of mine closure on communities) and participated in the South African Planning Education Research Project. Recent publications include two edited books: *Urban Geography in Postcolonial Zimbabwe: Paradigms and Perspectives for Sustainable Urban Planning and Governance* and *Space and planning in secondary cities: Reflections from South Africa*. Papers include *Towards an understanding of proactive upzoning globally and in South Africa*; *A thriving coal mining city in crisis? The governance and spatial planning challenges at Witbank, South Africa*; *A Better Zoning System for South Africa*; and *SPLUMA, Zoning and Effective Land Use Management in South Africa*.

Martin Lewis holds a Bachelor and Master's degree in Town and Regional Planning from the University of Pretoria. He is currently the Chief Executive Officer of the South African Council for Planners (SACPLAN). In his capacity as CEO of SACPLAN, he has managed the standards and competencies project of SACPLAN. He was chairperson of the Local Organising Committee of the very successful 2016 ISOCARP conference held in Durban, South Africa, as well as the chairperson of the ISOCARP 2016 Legacy Committee. He is registered as a Professional Planner with SACPLAN and a Chartered Planner with the RTPI. He is also a member of a number of international bodies which include ISOCARP and the APA. He has more than 30 years' experience in planning, which includes local government and the academia. He has served as Head of

Department, Town and Regional Planning, at the University of Johannesburg. He was part of an international team that developed the 'Quinary Career Development Model'. He was joint Guest Editor of a Special issue of the Town and Regional Planning Journal No 75 on the land question in Southern Africa: Planning and built environment perspectives. His main research interest is in Planning Education and Transformation of the planning profession. Other areas of research include land use management, spatial planning and property development. Recent publications include two chapters as joint author in the Routledge Handbook of Urban Planning in Africa.

Chapter 27

The Impact of COVID-19 on Urban Form and Governance: Early Experiences from the City of Cape Town



Daniël J. du Plessis

Abstract The impact of COVID-19 has potentially far-reaching long-term consequences for the physical structure and governance of cities, requiring appropriate responses tailored to local circumstances. The important triggers of urban change affected by COVID-19 include changes to demographic structure and social interaction patterns in cities, economic and technological triggers influencing land use patterns, governance and infrastructure provision responses and ecological considerations. This chapter seeks to analyse the short-term manifestation of these urban changes and the nature of the urban governance responses in the City of Cape Town in South Africa. The early experience of the City of Cape Town indicates that many of the identified trends pre-existed prior to COVID-19 but have been accelerated by the pandemic and associated response measures. At this stage, the permanency and lifespan of these trends, and whether there will be a partial return to pre-COVID conditions remain unclear. In cities with high levels of inequalities, such as Cape Town, changes to urban structure and function resulting from COVID-19 are complex and manifest in differentiated forms and expressions in diverse localities and urban sub-systems.

Keywords Urban design · COVID-19 · Office market · Housing preferences · Urban governance · Spatial inequality

27.1 Introduction and Background

The world first learned of COVID-19, a disease caused by a new coronavirus called SARS-CoV-2, during December 2019 following a report of a cluster of cases in Wuhan (WHO 2021a). This pandemic has since become intimately intertwined with the daily lives of nearly all households and has far-reaching impacts on cities across the globe. More than 140 million cases of COVID-19 have been confirmed globally

D. J. du Plessis (✉)
Stellenbosch University, Stellenbosch, South Africa
e-mail: ddp@sun.ac.za

and in excess of 3 million deaths recorded. According to the World Health Organization (WHO), South Africa has not only been the worst-hit country in Africa but is also one of the worst-affected countries in the world. By April 2021, South Africa had 1.56 million confirmed reported cases (representing 48.5% of all reported cases in Africa). The number of cumulative cases per 100,000 population in South Africa (2639.9) is nearly ten times higher than the comparative figure for Africa, and the confirmed cumulative deaths (53711) account for 66% of confirmed deaths in Africa (WHO 2021b).

The severity and extent of the pandemic necessitated far-reaching responses, which varied greatly in accordance with local contexts and conditions. The WHO, which has been instrumental in leading and coordinating the global response, identified three key areas (WHO 2021c) relating to responses to the pandemic. Firstly, successful responses to COVID-19 not only require governmental responses but also need to involve the help of individuals, private companies and non-governmental organisations. Secondly, governments' role in coordinating the responses of these various role-players is critical. The WHO recommends the coordination of COVID-19 responses by a multidisciplinary national coordination management structure (WHO 2021d) in order to prevent differing priorities about limited resources. Multi-level governance approaches should also be combined with strong and integrated city-level governance to enable an effective response to the pandemic (Sharifi and Khavarian-Garmsir 2020). Thirdly, despite the universal relevance of measures such as social distancing, hand sanitising and isolation of COVID-19 cases, varying and unique conditions in each country and city require a response tailored to a particular context (WHO 2021d).

The main type of global responses to COVID-19 can be described as the introduction of a combination of containment and closure policies, economic policies and health system policies (University of Oxford 2021). Countries have implemented different combinations of these restrictions, based on local circumstances, and the temporal changes of infection rates over time have determined the combinations and levels of intensity at which these measures have been applied. One of the key questions many countries have grappled with have been when and how to change the levels of intensity of these measures in response to the impact of various policy interventions on COVID-19 (BSG 2020a).

An estimated 90% of all reported COVID-19 cases are in urban areas, which means that these areas have become the epicentre of the pandemic (United Nations 2020). Cities and towns have unique dynamics and characteristics that influence the effectiveness of global, national and local responses to COVID-19. Cities – serving as important transport and communication hubs with extensive public transport networks – contain subpopulations with varying sociocultural needs. Many subpopulations have sub-standard housing and access to services, while urban centres generally have more advanced healthcare facilities vital to broader national health systems (WHO 2021d). Moreover, individual cities are also organised into strong,

interdependent urban systems. These characteristics imply that cities have become the key battleground on which the fight against the pandemic is taking place, and many cities and their governance structures were forced onto the frontlines of global health governance (Acuto et al. 2020).

As a result, a substantial body of literature that hypothesises about the future structure and governance of cities post-COVID has recently emerged. Sharifi and Khavarian-Garmsir (2020) established that this ever-increasing body of research is focused around four major themes: environmental quality, socioeconomic impacts, management and governance, and transportation and urban design. A thematic approach such as this might be a useful framework for descriptive purposes, but it does not fully acknowledge the reality that city structures result from a complex interaction between a range of interconnected triggers, embedded within a context-specific institutional and governance framework. This framework ultimately determines the extent and type of spatial structuring processes, which often have different (and sometimes opposing) impacts on individual urban sub-systems. From this, two important challenges for studies considering the impact of COVID-19 on urban form and function can be identified.

The first is that many of the identified and expected impacts and changes cannot necessarily be contributed to the impact of the pandemic alone and have to be viewed from a broader systemic approach that recognises cities as complex systems. Although many of the observed outcomes in cities can at least partially be attributed to the effect of COVID-19, it is clear that a number of related factors also play a role. The observed changes and impacts are often the result of specific factors that trigger certain processes, which in turn influence the fundamental underlying set of relationships. A second important consideration is that the observed changes may be the continuation of pre-existing trends that may have existed before COVID-19 and are now accelerated and time-compressed by COVID (Florida et al. 2020). A further consideration is whether these impacts and changes will be long-term changes or whether they will diminish as the stringency of control measures to combat the pandemic is reduced over time.

In view of these challenges, this chapter aims to address three research questions. Firstly, what are the important factors triggered by COVID-19 that influence the physical structure of cities and what are the urban governance implications thereof? Section 27.2 of this chapter uses these underlying triggers of urban change as the structuring framework for a discussion on the impact of COVID-19 on the form and function of cities. The second question is how the response to the pandemic in South Africa (as the most affected country on the continent) compares with broader global trends. Section 27.3.1 describes the policy and governance responses to COVID-19 in South Africa within a comparative global context. The third question is what the short-term impacts of COVID-19 (for the approximate period March 2020–March 2021) have been on the physical structure and urban governance of Cape Town as South Africa's second largest city and what the lessons from this experience may be for specific conditions in Southern cities.

27.2 The Impact of COVID-19 on Cities and Urban Areas

This section discusses the important triggers of urban change and how they could potentially be affected by COVID-19. These triggers can broadly be grouped into five categories: demographic structure and social interaction, economic triggers, technological triggers, governance and infrastructure provision, and ecological considerations.

27.2.1 Changing Demographic Structure and Resulting Social Interaction Processes

Demographic characteristics such as age, marital status, household size and employment status are important factors that could influence residential adjustment and relocation decisions of individuals and households in urban contexts. Some of the traditional demographic transitions in cities are, however, influenced (and in some instances even reversed) by the impact of COVID-19 and associated social restrictions. An example is the possible impact on family structures. A widely recognised trend until now has been the diminishing role of nuclear families while the prevalence of single households and single-parent households increased (Lesthaeghe and Neidert 2006). The social and economic impacts of COVID-19, however, introduced a new trend: many single-living adult family members were re-united with the nuclear family as the result of economic impacts of the pandemic and institutional measures such as ‘lockdown’ restrictions.

The two primary underlying concepts of migration decisions of individuals and households on both inter-urban and intra-urban scale is productionism and environmentalism. Productionism is driven by economic motivations such as higher wages, more employment opportunities and better services and facilities, while environmentalism is motivated by increased environmental qualities and lower congestion costs (Geyer 1996). Traditionally, at an intra-urban level, households valued factors such as proximity and access to open spaces, scenic landscapes and lower noise levels, and they were willing to pay for these attributes in lower density parts of cities (Gordon and Richardson 1997). Others were seeking optimal access to potential economic opportunities. These push and pull factors resulted in large-scale suburbanisation in some cities (Garreau 1991), while the repopulation of inner cities areas occurred in other parts of the world during the twenty-first century (Kotkin 2014). It is, however, not demographic structure alone that triggers urban spatial structuring processes – social organisation processes such as rates of interaction amongst individuals and degrees of social differentiation play an equally important role. The social spatial organisation of individuals represents a tension between the need for individual’s privacy on the one hand and the desire to live in familiar environments and ‘belonging’ in identifiable neighbourhoods on the other (Turner 1990). The coherence and maintenance of social institutions, fundamental elements

of social organisation processes in cities, were also substantially disrupted by the introduction of various policies to limit the spread of the virus.

Initial expectations at the beginning of the first wave of COVID-19 infections were that areas of higher population density will be subject to higher levels of infection. Statistical analysis, however, does not support a consistently strong correlation between COVID-19 infection and mortality rates and density (Allen 2020; Boterman 2020; Hamidi et al. 2020). There is also some evidence of a weakening relationship between infection rate and density over time (McFarlane 2020), as well as evidence that the highest infection rates are in cities with relatively low population densities (Angel et al. 2020). Adlakha and Sallis (2020) reported near-zero associations between the density of 36 world cities and rates of COVID-19 cases and deaths. A range of other factors have been identified as important drivers of and determinants in the spread of COVID-19. These include employment density rather than residential density (Florida et al. 2020), overcrowding and extended indoor contact between people (Angel et al. 2020), the extent to which masks are worn and the strength of cultural enforcement of social distancing (Novakovic 2020).

The problem of inequalities in cities seems to have been deepened even further, with the general trend being that the least privileged locations and households are most affected by COVID-19 (De Groot and Lemanski 2021; Kihato and Landau 2020; Sharifi and Khavarian-Garmsir 2020). Informal settlements and slums are particularly susceptible to the spread of the infection due to overcrowding and the difficulty of enforcing social distancing and other response measures (Angel et al. 2020; Wasdani and Prasad 2020). Conditions in informal settlements are further exacerbated by the lack of access to medical care and basic services such as clean water to comply with handwashing recommendations (de Oliveira and de Aguiar Arantes 2020) and a lack of private living space and spacious public places (Adlakha and Sallis 2020). In these conditions, it is often impossible to implement the required interventions such as social distancing and frequent handwashing expected by the state (De Groot and Lemanski 2021). Moreover, people living in these overcrowded conditions are more likely to be engaged in employment that cannot be conducted from home and are often subjected to lengthy public transit commutes (Florida et al. 2020). As a corollary, the plight of homeless households in some instances provided opportunities for enhancing social engagement towards improving the right to housing (Mendes 2020).

On the other end of the spectrum, highly educated and affluent populations (often also second homeowners) are increasingly recognising the benefits of living at the urban peripheries (Angel et al. 2020) or in small towns that are within convenient proximity to major cities (Florida et al. 2020; Novakovic 2020). Some of them may choose to give up their urban apartments in favour of second homes in nearby intermediate cities or small towns. The requirements of social distancing and the resulting psychological impacts are also likely to result in city dwellers who are looking for more personal space and more private amenities, resulting in changes in housing preferences in favour of suburban neighbourhoods. Social distancing requirements at restaurants, bars and other social gathering spaces are likely to

increase the tendency to entertain at home, creating a demand for larger homes (Florida et al. 2020). Although the reported evidence mainly focuses on the negative impacts, some successful cases of social innovation and collaboration have also been identified. These include volunteering programmes to get people involved in local support programmes, thereby strengthening social ties (Cattivelli and Rusciano 2020).

27.2.2 Economic Triggers

The trade-off between land cost or rent (or housing costs) and transport costs as a manifestation of friction costs provides one of the fundamental drivers of urban structure. In principle, the land use that provides the highest revenue (also factoring in transportation cost) at a particular location will be able to outbid all other land uses. The friction cost is a function of distance and is influenced by the concept of ‘nearness’, something which is perceived and valued differently by different individuals (Geyer 2009). Nearness could for example refer to being close to a place of work, specific types of social facilities or public transport facilities. Differentiated friction costs contribute to centripetal and centrifugal forces, which influence urban spatial patterns.

The commercial component of cities is continuously adapting and responding to trigger factors such as changing demographic conditions, consumer behaviour and economic conditions. On the demand side, these triggers include suburbanisation of a population, changing consumer preferences, changing levels of purchasing power, increased mobility and behavioural and demographic transitions within the service areas of commercial centres. From a supply perspective, retailers are also responding to the impact of online shopping, which has been considered as greatly influential on urban structure for a long time (Borchert 1998).

As the pandemic continued to spread, street-level retail was increasingly affected by a greater demand for online purchases (Novakovic 2020). The continued acceleration of online shopping could mean that many streets dominated by retail activity may lose their commercial identity and could be modified to allow for more flexible land uses, including residential spaces (Florida et al. 2020). The need for social distancing also implies that customers are more likely to patronise suburban restaurants and stores that offer more (and regular) outside space (Florida et al. 2020). Indications are that some local governments are already relaxing licensing laws in order to allow bars and restaurants to occupy street space (Maxwell 2020). This may also become relevant in the planning and design of other urban social facilities such as schools, where playgrounds can become extensions of the classroom (Kuitert 2020).

The most significant impact of lockdown restrictions on the functioning of cities have probably been the widespread adoption of working-from-home arrangements, which resulted in reduced demand for office space. Moreover, the need to introduce appropriate social distancing requirements in office space resulted in companies no

longer being able to accommodate workers in high-density open plan office environments. The reduced demand and increasing cost to operate office space are likely to drive down commercial rents and prompt consideration for alternative uses such as residential conversion (Florida et al. 2020). The introduction and possible future continuation (albeit at lower levels than under lockdown restrictions) of working-from-home arrangements are likely to result in changes in preferred housing models (Skatssoon 2020).

Some factors may, however, ensure a continued demand for office space, albeit at lower levels and in non-conventional formats. The most significant implication of working from home is the loss of collaborative innovation, resulting from the absence of random encounters and social interaction – an essential prerequisite to the conception of new ideas. The concept of ‘office’ in post-COVID world cities may evolve into spaces not necessarily primarily intended for routine daily work, but rather a more infrequent and hospitality-based destination, bringing people together for activities such as training, mentoring and innovation (Morris 2020).

27.2.3 *Technological Triggers*

Even before the advent of COVID-19, technological advances have made certain segments of the labour market more geographically independent, which resulted in a general willingness to live further away from work and to accept greater commuting distances. These technological developments also affect the social structure of urban populations, with an increase in multi-wage households and a decrease in the number of single-wage nuclear families (Davidson and Rees-Mogg 1998). The implication is that the advantage of short travelling distances for those city dwellers residing close to city centres and main employment centres is likely to disappear for those who can mostly work from home, facilitated by Information and Communication Technology (ICT) infrastructure. As a further extension of this argument, it may imply that some workers might even be willing to tolerate longer commuting times from more distant locations if required less frequently (Florida et al. 2020). Fewer people coming to the office less often would depress the demand for office space.

The influence of technological advances is not limited to facilitating working-from-home arrangements. ICT-enabled smart solutions for cities have long been a topic of interest in urban governance (Chen et al. 2020). Sharifi and Khavarian-Garmsir (2020) identified various smart technologies that have been repurposed for urban applications during COVID-19, including the minimisation of human-to-human contact, the identification of infected individuals, the prediction of diffusion patterns and the facilitation and management of quarantine measures. These types of technological applications are likely to become more permanent features in many cities. Despite the significant value of these applications, serious concerns have, however, also been raised about the potential infringement on privacy (Kummitha 2020).

27.2.4 Governance and Infrastructure Provision

The market forces and social organisation processes described in the previous sections are embedded in and mediated through institutional processes such as land use regulations, infrastructure investments decisions and taxes (Ley and Mercer 1980; Bertaud 2004). These institutional processes also influence the behaviour of and interaction between the direct agents of change in urban areas (such as architects, developers and builders) and the indirect agents (such as planners and politicians) (Oliveira 2016). One of the most significant implications on urban infrastructure and management is the marked decrease in social mobility following the adoption of COVID-19 associated travel restrictions. A review of available literature indicated that these reductions have generally varied between 50% and 80% in different countries and cities (Sharifi and Khavarian-Garmsir 2020). This is largely the result of increased negative attitudes towards public transportation and may exert even more centripetal pressure on the development of cities (Florida et al. 2020). This comes despite little scientific evidence that the use of public transport represents a higher risk of becoming infected with COVID-19 (Bucsky 2020). The decline in the use of public transport resulted in an increase in the use of road transport (Bucsky 2020) and other modes of non-motorised transport (NMT) such as cycling (Teixeira and Lopes 2020). Increased prevalence of home offices and online shopping will further reduce the demand for urban mobility, which may in turn result in less congestion in cities. The overall result may be reduced service levels of public transport such as a reduction in intervals and service quality (Bucsky 2020).

The COVID-19 pandemic highlighted the merits of infrastructure investments in many cities across the world – a phenomenon similar to the large-scale building of water and sewerage networks in cities after the 1854 cholera outbreak in London (Angel et al. 2020). The potential implications on urban form will not only result in the construction of bulk infrastructure networks but will also manifest in a more detailed urban design level. Irrespective of the social distancing guidelines in place across different countries, citizens have generally indicated that pavements provide insufficient space for pedestrians to observe social distancing rules. A quarter of respondents to a survey that covered 68 countries indicated that sidewalks are too crowded and not conducive to social distancing (Maxwell 2020). Urban design measures aimed at promoting social distancing, such as wider sidewalks, safer bike lanes and public spaces and street furniture that provide adequate outdoor work and eating spaces, are likely to become more common in future (Florida et al. 2020; Maxwell 2020; Skatssoon 2020).

Early indications are that the outbreak has not only had a significant impact on household incomes but also on cities' tax revenues (Sharifi and Khavarian-Garmsir 2020). This will result in the reduced ability of city governments to implement urban development plans and may lead to the reprioritisation of investments. It is estimated that local authorities will generate up to 25% less revenue in the next year, making it difficult to maintain current levels of service delivery and resulting in the

postponement or termination of investment in sustainable infrastructure development (Acuto et al. 2020).

27.2.5 *Ecological Triggers*

The recognition that urban social and economic processes on the one hand and ecological life on the other hand are modes of existence that are inseparable and dynamically produced in space and time informed an improved interdisciplinary understanding of these urban spheres (Niemelä 1999). Urban ecology views nature not only as the environment – a mode of life separate from society – but also focuses on urban social-ecological relations and processes of change (‘ecology of the city’ as opposed to ecology ‘in the city’) (Grove et al. 2015). The ecology of cities is therefore not only confined to ‘green spaces’ but also concerned with the complete mosaic of land uses and their management in urban systems. Within this context, the protection and maintenance of natural systems and the provision of open space opportunities for urban dwellers will become increasingly important in post-COVID cities, and natural areas should increasingly be viewed as essential civic infrastructure (Allen 2020). This may require the redesign of streets to better accommodate the needs of pedestrians and cyclists, and the provision of ample green and open spaces in order to meet the outdoor exercise and recreation demands of all citizens (Honey-Rosés et al. 2020).

The lack of basic water and sanitation infrastructure in poor areas limits the effectiveness of lockdown measures associated with sanitation protocols. Concerns regarding the possibility of increased water pollution caused by drugs used for the treatment of COVID-19 patients and the need for enhanced wastewater treatment to reduce the likelihood of COVID-19 transmission through faecal matter have been identified as major issues relating to the impacts of COVID-19 on the management of urban water cycles (Sharifi and Khavarian-Garmsir 2020). It has been established that antiretrovirals used for the treatment of HIV have polluted freshwaters due to the failure of wastewater treatment plants to properly remove them from wastewater. It is hence argued that treatment of COVID-19 patients and the release of treatment drugs into wastewater may further intensify the pollution problem (Horn et al. 2020). There are, however, also potential positive spin offs relating to the urban water cycle, such as using the presence of COVID-19 and other viruses in the sewage system to obtain information about infection hotspots and efficacy of control and spread patterns through regular wastewater testing (Sharifi and Khavarian-Garmsir 2020).

Results of research indicated that, in most cases, travel restrictions have significantly reduced NO₂ and CO pollutants directly associated with the transportation sector (Dantas et al. 2020; Saadat et al. 2020). The effects of more people walking and cycling locally and fewer people driving also contributed to this reduction in carbon emissions as well as a reduction in car fatalities. Although speculative, it is expected that these effects will endure (Skatsoon 2020). Several studies have also

found strong associations between COVID-19 transmission and mortality on the one hand and high levels of air pollution on the other (Xu et al. 2020; Yao et al. 2020).

27.3 Results and Discussion

27.3.1 *Policy and Governance Responses in South Africa*

South Africa is a constitutional democracy with a three-tier system of government (comprising national, provincial and local levels of government) with legislative and executive authority in their own spheres. The Disaster Management Act (DMA), 2002 (Act No. 57 of 2002), assigns various powers and duties to the National Disaster Management Centre (NDMC), which includes both advisory and consultative functions (NDMC 2019). The NDMC, in their assessment of the potential magnitude and severity of the COVID-19 pandemic in the country, gave notice on 15 March 2020 that the COVID-19 pandemic is classified as a national disaster (DCOGTA 2020a) and designated the national executive with the primary responsibility of coordinating and managing the disaster. South Africa's minister of Cooperative Governance and Traditional Affairs hence declared a national state of disaster on 15 March 2020 through the publication of a notice in the government gazette (DCOGTA 2020b).

At a national level, the executive authority has put in place a national 'Command Council' to oversee the government response to COVID-19. These directives deal with a range of issues, including the provision of water and sanitation services, communication, hygiene education and awareness, waste management, cleansing and sanitisation, municipal public facilities and offices, isolation and quarantine and municipal operations and governance (DCOGTA 2020c). The president of South Africa imposed a lockdown on the entire country on 25 March 2020. Five levels of lockdown severity as well as detailed regulations relating to each level were outlined in order to manage the risk. Official government notices described restrictions on the movement of people (including times of confinement to place of residence, protocols applicable in public space and public gatherings), housing aspects (regulations regarding evictions and rental housing), economic activities (places and premises closed to the public, sales of liquor and operations of the economic sector) and transport (public transport and operation of borders). A summary of these alert levels and the timeframes during which they were applicable are outlined in Table 27.1.

In addition to the various alert levels outlined above, the South African Government also announced a socioeconomic response plan to support the economy under lockdown. This economic stimulus package, worth R500 billion, was announced to direct the allocation of resources in response to the pandemic. It included increases in the monthly child support grant for 6 months, a monthly unemployment grant, and a total of R200 billion in loan guarantees, and was executed in partnership with the

Table 27.1 Alert levels introduced since 26 March 2020

Alert level	Summary of measures	Timeframe applicable
Level 5: Indicates a high COVID-19 spread with a low health system readiness.	Drastic measures to contain the spread of the virus and save lives.	From 26 March to 30 April 2020
Level 4: Indicates a moderate to a high COVID-19 spread with a low to moderate health system readiness.	Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume.	From 1 to 31 May 2020
Level 3: Indicates a moderate COVID-19 spread with a moderate health system readiness.	Restrictions on many communities, including at workplaces and socially, to address a high risk of transmission.	From 1 June to 17 August 2020 Adjusted Level 3 from 29 December to 28 February 2021
Level 2: Indicates a moderate COVID-19 spread with a high health system readiness.	Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus.	From 18 August 2020 to 20 September 2020
Level 1: Indicates a low COVID-19 spread with a high health system readiness.	Most normal activity can resume, with precautions and health guidelines followed at all times.	From 21 September to 28 December 2020 Adjusted Level 1 from 1 March 2021

Source: Republic of South Africa (2021)

South African Reserve Bank, the National Treasury and major banks (De Groot and Lemanski 2021).

One of the key questions that governments have grappled with globally have been when and how to relax or increase these measures (BSG 2020a), and the realisation that, to some extent, the levels of effectiveness of different responses can only be learned in real time. The Oxford COVID-19 Government Response Tracker, developed to provide a systematic measure of global governmental responses to the pandemic, is based on a standardised series of indicators to measure the extent of these responses (BSG 2020b). The data from 20 indicators are aggregated into a series of four policy indices, including an overall government response index (which records how the responses of governments have varied over all indicators in the database, becoming stronger or weaker over the course of the outbreak) and a stringency index (which records the strictness of ‘lockdown style’ policies that primarily restrict people’s behaviour) (BSG 2020b). These indices record the number and strictness of government policies and are not intended to be interpreted as ‘scoring’ the appropriateness or effectiveness of a country’s response.

Figure 27.1 compares the government of South Africa’s response index and stringency index to the global mean of 180 countries. After an initial rapid response to the pandemic, as countries introduced various policies at the beginning of March 2020 and peaking during April 2020, there has since been a general global convergence to more moderate levels in terms of the number and strictness of government

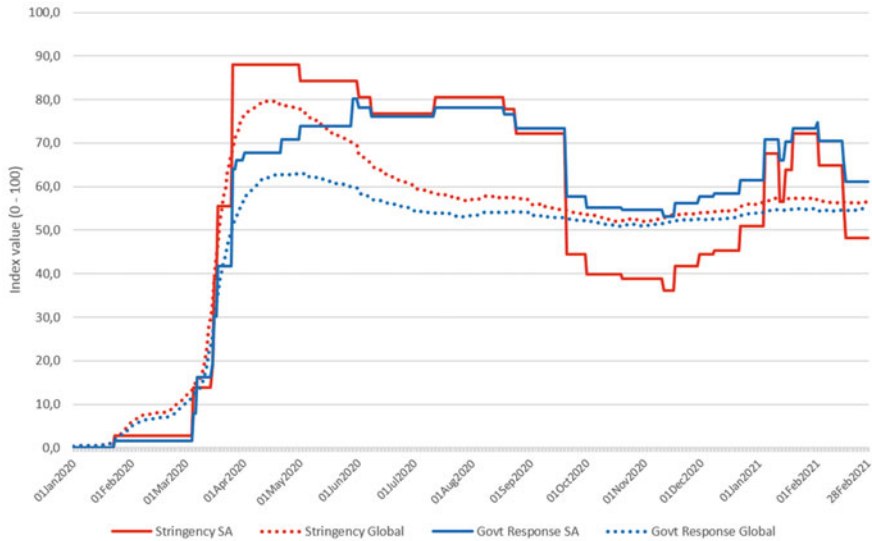


Fig. 27.1 Comparison of the extent and stringency of government responses – South Africa and global mean. (Source: Based on data from BSG 2020b)

policies. These indices fluctuated with the occurrence of different waves of the pandemic.

The South African response during the initial stages of the pandemic followed a very similar pattern to what was implemented globally. It was characterised by the introduction of the highest levels of stringency (during which South Africa was under Levels 4 and 5 of lockdown) until May 2020. From June to September 2020, the extent and stringency of the measures in South Africa were generally higher than the global mean (Level 3 lockdown measures). This was also the period when the country experienced its first wave of the pandemic. From September to December 2020, the local level of response was again very similar to the global mean: lockdown was relaxed to Level 1 and corresponded with the period between the end of the first wave and the beginning of the second wave of the pandemic. The onset of the second wave necessitated an increase to adjusted Level 3 again. For the duration of this second wave of the pandemic, the stringency level of the South African measures was significantly higher than the global mean.

One of the main points of debate about SA's responses has been what type (and intensity) of responses should be pursued and how rapidly to implement or ease them. Based on the information depicted in Fig. 27.2, it is clear that the stringent Level 5 and 4 lockdown measures that were in place until the end of May 2020 appear to have delayed the onset of the first wave and bought some time for the preparation of the healthcare system and other responses to the pandemic. The decrease in daily cases after the first wave resulted in the lowering to Level 1 lockdown, which remained in place until December 2020. The occurrence of the second wave during December 2020 necessitated the reintroduction of an adjusted

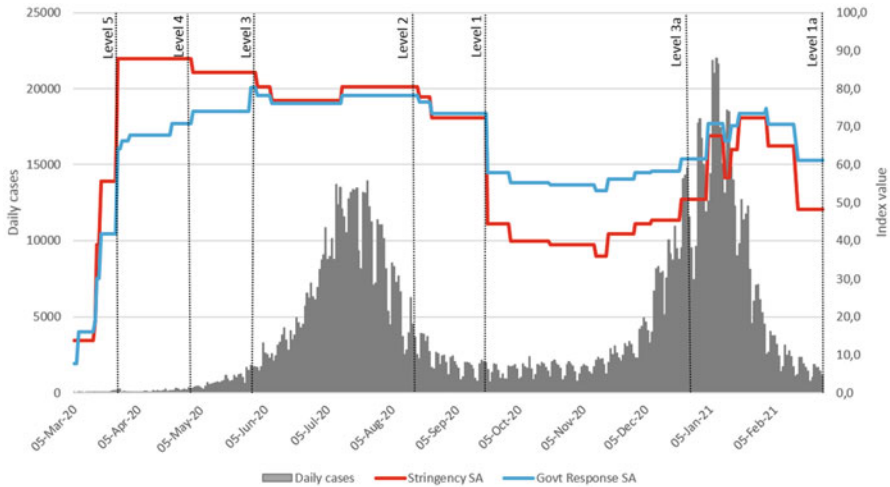


Fig. 27.2 Stringency of South African government's response and number of daily cases. (Source: Based on data from: (a) BSG 2020b, (b) DST 2021)

Level 3 lockdown from 29 December 2020. These measures contributed to the limitation of the extent and duration of the second wave and remained in place until 1 March 2021.

In summary, it can be stated that the lockdown measures introduced in South Africa were generally in line with broader global trends in as far as the extent and the stringency of these measures are concerned. Deviations from the global mean were necessitated by local conditions and trends, such as the timing and duration of different waves of the pandemic. The impact of the changing levels of stringency and timing of these measures on the patterns of daily infections in South Africa are also clear from this analysis.

27.3.2 *Impacts on Urban Structure and Governance in Cape Town*

The City of Cape Town, South Africa's second largest city, is the legislative capital city of South Africa. The City of Cape Town covers a total area of 2462 km², and in 2019 it was home to approximately 4.48 million people comprising of just over 1.4 million households (City of Cape Town 2020). By the end of February 2021, a total of 175,734 cases of COVID-19 were reported in Cape Town (Western Cape Government 2021), and the total overall pattern of the cumulative number of daily cases is very similar to the national trends outlined in Fig. 27.2. Despite the important role of the national lockdown measures to manage the spread of the pandemic, it is concerning that these measures represent a uniform and place-blind

response (Visagie and Turok 2021). In response to this shortcoming, the Council for Scientific and Industrial Research (CSIR) developed a set of COVID-19 Vulnerability Indicators to provide an indication of the vulnerability of areas to the potential impact of COVID-19. This index is based on how effectively the spread of COVID-19 (transmission) can be contained and what the population’s susceptibility to the adverse effects associated with COVID-19 is (CSIR 2021). In terms of this index, 11.2% of the population of Cape Town was classified as highly vulnerable and 6.5% as extremely vulnerable. The most vulnerable communities are located in areas such as Khayelitsha, Nyanga, Langa, Lwandle, Bloekombos and Dunoon (Fig. 27.3).

The value of this vulnerability index is confirmed by findings indicating that the mortality rate in Klipfontein, which includes areas such as Gugulethu and Nyanga, is as high as 5.55%, and in Khayelitsha it is 5.05%. This is in contrast to the northern parts of the city, generally classified as having a low vulnerability index, which has a much lower mortality rate of 2.37%. It has been argued that these poorer areas’ higher mortality could be due to people in wealthier suburbs having better access to COVID-19 testing in the private sector and that higher numbers of comorbidities can also contribute to the high mortality rates in these disadvantaged communities (Fokazi et al. 2021).

Cape Town faces a significant challenge with land invasions leading to the establishment of informal settlements. According to official statistics, approximately 222,920 households lived in informal dwellings (including free-standing informal settlements and backyard structures) in 2016, increasing to approximately 248,755

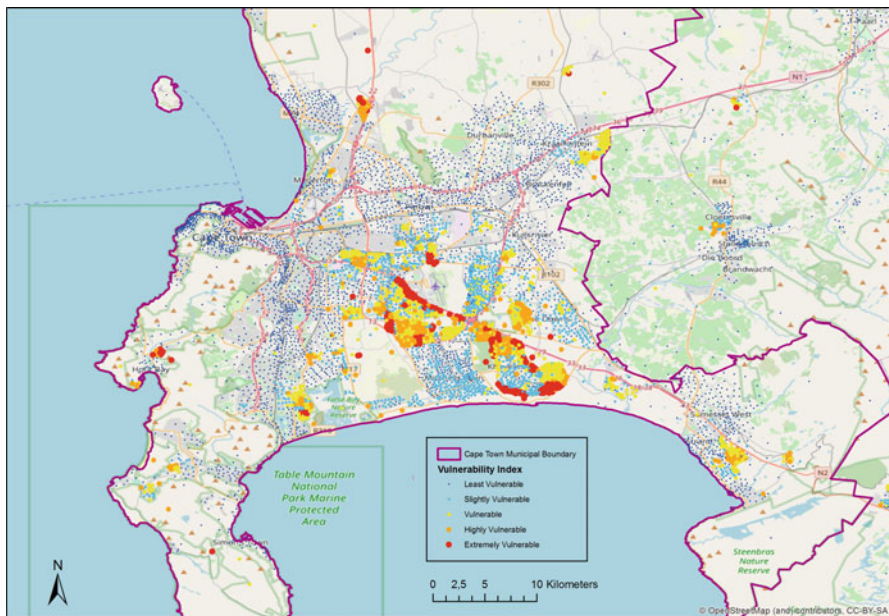


Fig. 27.3 COVID-19 vulnerability index. (Source: CSIR 2021)

in 2019, implying that 19.6% of households were living in informal dwellings (Statistics South Africa 2016; Statistics South Africa 2020).

There are two important implications related to land invasions in Cape Town. The first implication is that the density of dwellings in informal settlements in Cape Town makes the effective implementation of social distancing a challenge. Gibson and Rush (2020) investigated the distance between dwellings and their first, second and third nearest neighbours in two informal settlements in Cape Town. The findings of this study indicated that the first, second and third nearest neighbours peak at approximately 0.5, 1.0 and 1.5 m respectively for Masiphumelele, and at approximately 0.7, 1.4 and 2 m respectively for the Klipfontein Glebe settlement. This implies that the implementation of social distancing will be very challenging in these and in many other similar settlements. In addition, as much as 31% of residents of low-income areas in Cape Town are more than 15 minutes of walking distance from the nearest community neighbourhood park compared to only 14% in high-income areas and 13% in medium-income areas. The quality of these open spaces in low-income areas is furthermore not conducive to regular use and have been described as dull and unattractive (Willemse 2018).

The second implication relates to the challenges surrounding land invasions. The regulations associated with the lockdown levels specify that no person may be evicted from his or her land or home or have his or her place of residence demolished for the duration of the national state of disaster, unless a competent court has granted an order authorising the eviction or demolition. It is reported that there have been more than 1000 attempts of illegal land invasions in the Western Cape between July 2020 and April 2021, with the majority of these invasions taking place in Cape Town (Mthethwa 2021). It is claimed that the City of Cape Town had to oversee the clearing of 27,000 illegally occupied plots and demolished nearly 60,000 structures between July and November 2020 during anti-land invasion operations. In response, the city drew up a plan that includes stricter law enforcement, fencing off of all unused City land, upgrading security and lighting, and putting up temporary structures (Charles 2020a).

It is not yet clear what the effect of changes to housing preferences – such as increases in the popularity of suburban neighbourhoods, perceptions of inner-city housing and a potential growth in surrounding intermediate cities and towns – will be on the urban structure of Cape Town. Urban form might also be influenced by the extent of the overall growth or stagnation of the housing market. Although no detailed spatially disaggregated figures are currently available, a report on overall property market statistics does provide some indication of broad city-level trends. These data are based on the bond, home loan and property registration information from the Deeds Office, where information on all property registrations, property transfers as well as all registered bonds are kept. Only properties that are classified as privately owned are included in these figures, and sales prices which are not in line with the market values for these properties are excluded from the analysis (Lightstone Property 2021). The number of sectional title registrations in Cape Town decreased by 35% between 2015 and 2020, and the number of freehold registrations decreased by 40% over the same period (Fig. 27.4), indicating a definite

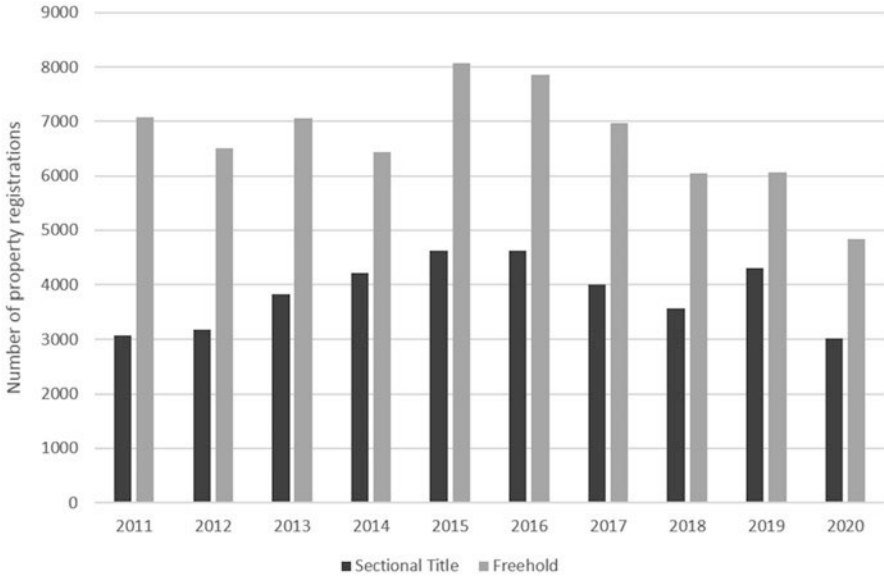


Fig. 27.4 Number of property registrations in Cape Town (2011–2020). (Source: Based on data from Lightstone Property 2021)

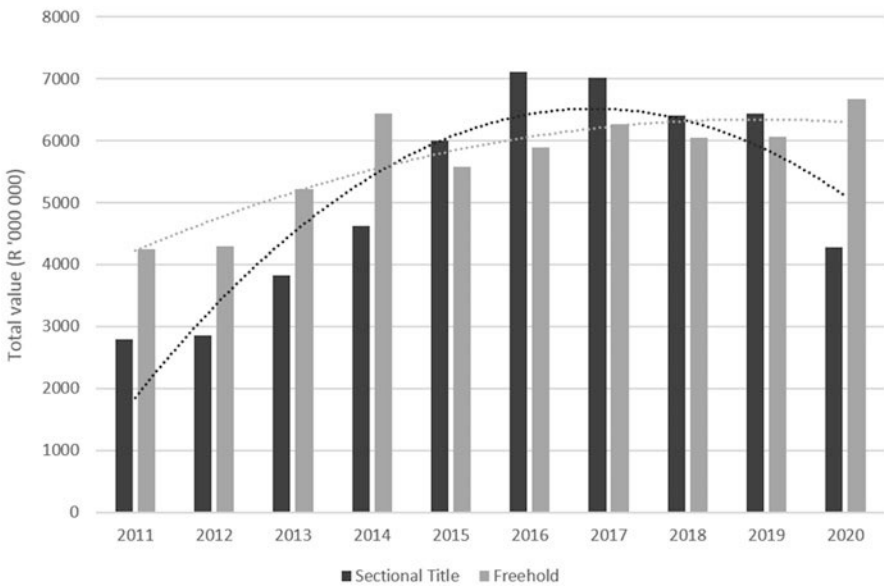


Fig. 27.5 Total value (R '000000) of property transactions in Cape Town (2011–2020). (Source: Based on data from Lightstone property 2021)

decline in residential property market activity. The trend is somewhat different when considering the value of property transactions (Fig. 27.5). The total value of freehold property transactions remained remarkably resilient, with a continued upward trend between 2011 and 2020. Although the total value of sectional title property transactions experienced robust growth until 2016, there has been a significant decline of 33% from 2019 to 2020. The impact of the pandemic is also reflected in the average vacancy rate of flats in Cape Town – this rate increased from 6.5% in the fourth quarter of 2019 to as high as 17.4% in the fourth quarter of 2020. There has, however, been some recovery to a somewhat lower figure of 12.1% in the first quarter of 2021 (Rode & Associates 2021).

Although these figures do not provide spatially disaggregated housing trends (and preferences) in different parts of the city, they indicate that existing pre-COVID trends have not been substantially altered, although there are signs of increasingly negative growth rates between 2019 and 2020.

COVID-19 remained by far the factor cited as most influential on expectations for the property market in South Africa (Loos 2021). In a commercial property broker survey, 77% of respondents in the office property component cited ‘Effect of COVID-19’ as a key factor driving their activity expectations – 44% in the case of the industrial property component and 61% in the retail property market. These results indicate that, despite having passed through the ‘hard’ COVID-19 lockdown levels of the earlier quarters of 2020, COVID-19 was still very influential on short-term market activity expectations (Loos 2021).

Cape Town’s decentralised office rentals decreased by 8% year on year in nominal terms in the first quarter of 2021, following a 6% decline in the fourth quarter of 2020. This implies that rentals fell sharply in real terms. Several office nodes experienced sharp vacancy rate increases, including high profile office nodes such as Century City (to 19.2%) and the V&A Waterfront (to 6%). The vacancy rate in the Cape Town CBD also increased to 14.3% in the fourth quarter of 2020. Although new office space (including the CBD) of about 20,000 m² was under construction at the end of 2020, only about 30% of this space was pre-let (Rode & Associates 2021). These figures provide strong evidence of the expectation of a reduced demand for office space as a result of the various factors triggered by the pandemic (Fig. 27.6).

As indicated earlier, the pandemic has increased negativity about public transportation, which could result in a decline in use of shared public transport and an increase in road transport and, in some instances, NMT. According to official statistics, the number of passenger trips made by minibuses/taxis, buses and trains in Cape Town all declined in 2018 and 2019, with the most notable decrease in the number of train passengers (Statistics South Africa 2019; Statistics South Africa 2020). According to the Integrated Transport Plan of Cape Town, the number of rail passengers nearly halved between 2013 and 2017. These trends exist despite the strong focus of the cities’ spatial plans and policies to promote public transport and to use transport-oriented development as an important structuring element. Although this decrease in the use of public transport can be attributed to operational, managerial and financial decline (with the railways becoming more unsafe and insecure, culminating in the unchecked theft and sabotage of railway infrastructure during the



Fig. 27.6 Office vacancy rates (2019Q1 to 2020Q4). (Source: Rode & Associates 2021)

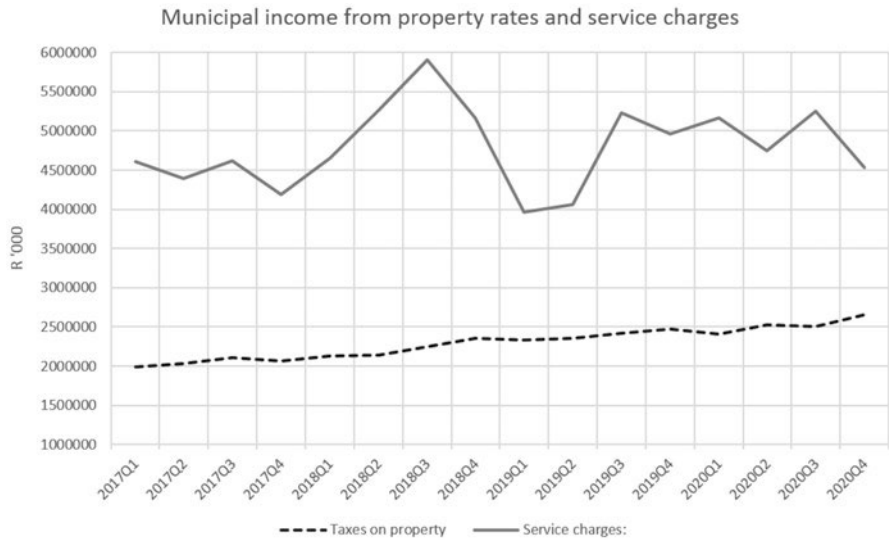


Fig. 27.7 Cape Town Municipal income (R '000) from property rates and services charges. (Source: Quantec 2021)

2020 lockdown), COVID lockdown provoked a dramatic acceleration of a decades-long downward trend. Given the long-term historical trend, it is unlikely that this entrenched pre-COVID trend will be turned around post-COVID-19. This problem is not limited to railway infrastructure but also includes reported cases of extensive vandalism to municipal infrastructure such as sewer pump stations and recreational infrastructure during lockdown (Charles 2020b) (Fig. 27.7).

Many cities are contemplating significant rates increases in the 2021/22 financial year to compensate for some of the revenue lost due to the pandemic-related job and business losses and the resulting inability of many property owners to pay rates. In the case of Cape Town, the introduction of lockdown restrictions did not have any clear negative impact on municipal income generated from property taxes. Although municipal income from service charges has been fluctuating substantially since 2017, a notable decrease of 16% is evident between the third and fourth quarters of 2020. Although inconclusive, this may represent the onset of a potential negative trend.

27.4 Conclusions

The impact of COVID-19 has potentially far-reaching long-term consequences for the physical structure of cities, requiring appropriate urban governance responses tailored to local circumstances. In response to the first research question, it was established that there are five important factors triggered by COVID-19 that influence the physical structure of cities. These include changes to demographic structure and social interaction patterns in cities, economic triggers, technological triggers, governance and infrastructure provision responses and ecological considerations. The complex interaction of these interconnected triggers is embedded within a context-specific institutional and governance framework determining the extent and type of spatial structuring processes.

The second research question posed in the introduction was how the overall governance response to the pandemic in South Africa compares with broader global trends. The findings indicated that the lockdown measures introduced in South Africa were generally in line with broader global trends in as far as the extent and the stringency of these measures are concerned. The stringent Level 5 and 4 lockdown measures that were initially in place until the end of May 2020 have delayed the onset of the first wave of the pandemic. The Level 3 measures applied thereafter during both the first and second waves of COVID-19 in South Africa seem to have been appropriate to limit the extent and duration of both these waves. Deviations of the extent and stringency of the South African government responses from the global mean were necessitated by local conditions and trends, such as the timing and duration of different waves of the pandemic.

The third question that this chapter attempted to answer is what the initial short-term impacts of COVID-19 have been on the physical structure and urban governance responses of the city of Cape Town. The results indicated that there is evidence of some of the impacts postulated in the literature emerging in Cape Town during the first year of the pandemic, while some trends unique to the local circumstances have also been identified. Early experiences from Cape Town indicated that the conversion of office work to working remotely from home have already translated into a reduced demand for office space. This is evident in the sharp increases in vacancy rates in most high-profile office nodes. From an urban

governance and design perspective, the conceptualisation and planning of office space is likely to evolve away from traditional activities into spaces not primarily designed for routine activities but with a larger emphasis on social interaction. The continued acceleration of online shopping will result in some activity streets losing some or most of their commercial role. This will require flexible land use management policies and is likely to result in higher levels of land use mix in cities. It may also require a reconsideration of municipal bylaws to allow facilities such as restaurants and some retail activities to occupy some street space.

The possible continuation (although at somewhat lower levels) of working from home arrangements in some economic sectors is likely to result in changes in preferred housing options. The preference for larger homes and more private space to accommodate home offices and entertainment areas (in place of office space and visiting facilities such as restaurants) will have an impact on the residential property market. This is likely to contribute to increasingly favouring suburban living and even migration of high income and highly educated population towards conveniently located smaller intermediate cities and small rural towns. Statistics from Cape Town, although inconclusive at this stage, suggested a reduced level of residential property market activity and an increasing vacancy rate of flats. This may be indicative of an acceleration of the existing trend to relocate to surrounding smaller towns and cities such as Stellenbosch, Paarl, Wellington and Malmesbury.

Cape Town is, however, characterised by high levels of inequality. A large proportion of Cape Town's population is living in informal housing in backyards and freestanding informal settlements. These citizens are likely to be affected quite differently compared to the high income and highly mobile component of the population, and the impact on their locational decisions and housing preferences are different. The inhabitants of these settlements are mostly engaged in employment that cannot be conducted from home and are generally subject to lengthy public transport commuting. These households generally live in overcrowded conditions and many are classified as vulnerable or highly vulnerable to COVID-19. Social distancing in these settlements will remain challenging and will require speeding up the delivery of appropriately planned and serviced affordable housing – a process requiring substantial strengthening of co-operation between all three spheres of government. The increase in attempted land invasions in Cape Town during COVID lockdown could have been influenced by lockdown regulations prohibiting the eviction or demolishing of residences for the duration of the national state of disaster unless authorised by a competent court. It may, however, also be partially attributed to a logical response of lower-income households to obtain access to land in closer proximity to changing patterns of economic opportunities driven by COVID-19. The provision of community open space in these settlements will in future also require much more emphasis than has traditionally been the case.

The need for sufficient social distancing and the reduced use of public transport resulting from the fear of enclosed and crowded spaces have impacts at both a strategic policy and detailed urban design level. These trends may impact negatively on the strong focus of the City of Cape Town's strategic level spatial plans and policies to promote public transport and using transport oriented development

(TOD) as an important urban spatial structuring element. The type and mix of land uses to be promoted along these corridors will have to be reconsidered and refined where necessary. At a detailed urban design level, it calls for aspects such as wider road reserves to accommodate sidewalks to better accommodate the needs of pedestrians and cyclists, public space and street furniture. Investment in and maintenance of public open space and parks traditionally received much less attention and priority than basic infrastructure needs such as water and sanitation. The provision of appropriate and sufficient open space opportunities for all urban citizens will become increasingly important in post-COVID cities, and natural areas and open space will progressively be viewed as essential municipal infrastructure rather than a luxury.

Although there is currently no clear indication of a sustained downward trend of municipal income generated from property taxes and service charges in Cape Town, this aspect will have to be carefully monitored. It may have significant impacts on longer-term urban planning instruments such as the Integrated Development Plan and Spatial Development Framework that may have to reprioritise or postpone investment in infrastructure projects.

The early experience of the City of Cape Town indicated that many of the identified trends existed pre-COVID19 and have been accelerated by the influence of the pandemic and associated response measures. At this stage, it remains unclear whether these trends will be permanent in nature or how long their impacts will last, and whether there will be a partial return to pre-COVID conditions. In cities with high levels of inequalities, such as Cape Town, changes to urban structure and function resulting from COVID-19 are complex and manifest in differentiated forms and expressions in diverse localities and urban sub-systems.

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Daniël J. du Plessis, B.Art. et. Scient. (Planning); MSc (Geography and Environmental Studies); PhD, works at Stellenbosch University, Department of Geography and Environmental Studies. Danie du Plessis is a registered professional town and regional planner with 30 years of experience in the fields of urban management, policy development, and spatial statistical analysis of cities and urban systems. Prior to starting his academic career at Stellenbosch University in 2009, he spent 17 years as planning consultant, during which time he successfully completed more than 200 contract and research assignments both locally and internationally. These include spatial development plans and frameworks, housing plans and strategies, long-term city development strategies, regional growth and development strategies, Integrated Development Plans, and Environmental Management Frameworks. He is currently Director of the Centre for Regional and Urban Innovation and Statistical Exploration (CRUISE), and Chair of the Department of Geography and Environmental Studies at Stellenbosch University. His research and publications are focused on urban spatial transformation, the evaluation of spatial planning practices and outcomes, and the influence of spatial planning policies such as urban renewal programmes on evolving urban spatial structure. As chairperson of the Stellenbosch Municipal Planning Tribunal, he also remains actively involved in the profession as a practising town and regional planner.

Chapter 28

Sub-national Political Culture and COVID-19 Pandemic: Governance Response Towards Life and Livelihood Vulnerabilities of Urban Poor in India



Tathagata Chatterji, Souvanic Roy, and Atanu Chatterjee

Abstract The COVID-19 crisis has severely affected lives and livelihoods of the people in India. The most adversely impacted are the urban poor tied to the informal economy. Faced with livelihood vulnerabilities due to lockdown in major cities, millions of interstate migrant workers had returned to their rural roots. The way India's governance apparatus has sought to mitigate the crisis varies from state to state. This chapter explores how variations in provincial-state level political cultures influence urban policy environment and administrative delivery mechanism of disaster relief through case studies of two states – Kerala and Odisha. The research shows that both states had been relatively successful in reducing transmission of the pandemic with methodically planned and timely interventions informed by prior disaster management experience, and had also adopted people-centric welfare-oriented policies to mitigate livelihood vulnerabilities. However, there are crucial differences in approaches towards operationalisation of the policies and roles of the key stakeholders in the process. This can be attributed to the differences in the political culture of the state within which the governance systems are rooted. Kerala exemplifies 'pluralist' governance, where the key decision makers are elected urban municipalities, while Odisha demonstrates 'managerialist' governance led by state appointed bureaucrats.

Keywords COVID-19 · Urban poor · Political culture · Local and urban governance · Kerala · Odisha

T. Chatterji (✉) · A. Chatterjee
Xavier University Bhubaneswar, Bhubaneswar, Odisha, India
e-mail: tathagata@xim.edu.in

S. Roy
Indian Institute of Engineering Science and Technology Shibpur, Shibpur, West Bengal, India

28.1 Introduction

The COVID-19 crisis has severely impacted the lives and livelihood of the people in India. There are over 18,762,000 confirmed cases of infection and over 208,000 people had died as of 30 April 2021 (World Health Organisation 2020). Moreover, at the peak of the lockdown period, 120 million jobs were lost (CMIE 2020).

COVID-19 is a globalisation-induced urban-centric contagion. Its epicentres are globally connected cities of various categories, including the world-cities which are gateways of international trade and commerce, sites of industrial manufacturing, logistical nodes and tourist destinations. The spread of disease in India broadly reflects this global scenario, and the country's prime urban-industrial regions are classified under the high-risk red zone. However, stringent lockdown regulation applied to disrupt the coronavirus spread chain in the big cities had contributed to a parallel humanitarian crisis of gigantic proportions by triggering a process of reverse migration. All major Indian cities are characterised by high degrees of informality and the worst affected by the lockdown is poor in the informal economy. Faced with a loss of income and harsh living conditions, millions of migrant workers have started returning to their rural habitats.

The way India's governance apparatus has sought to mitigate the crisis varies from state to state. This chapter explores the research question of how variations in provincial-state level political cultures and governing logic influence policy environment and administrative delivery mechanism.

Policy actors at sub-national scales are not autonomous and are often restricted in their policy choice by the national government's decisions on globalisation-induced flows (e.g. capital, material, pandemic, pollution) and such structural factors. At the same time, in federal political systems, actors in state and urban governments do play important roles, especially mediating national policies and in the processes of administrative implementation. Scholars in governance theory argue that such actions are often guided by a place-specific cultural milieu. Ramsay (1996), DiGaetano and Elizabeth (2003), Pierre (2005) and Silva and Stephen (2006) emphasise upon understanding the local cultural context in urban policy analysis, as they argue that place-specific socio-cultural values, norms and institutional path dependencies, within which the key decision-makers in governance operate, substantially influence their policy decisions.

Research on developing countries in Asia by Leftwich (1995), Shatkin (2007, 2016) and Chatterji (2017) emphasises upon understanding political culture of the place, as development-related policy decisions and their implementation mechanisms are often subjected to a high degree of interventions by local political elites as compared to countries with stronger local institutions. Thus, nuanced policy analysis in India (and other Asian developing countries) requires understanding the political objective and governance mechanism of the key decision-makers.

In this chapter, the character of urban governance systems in two states – Kerala and Odisha, is analysed to understand the governing logic and roles of the key decision-makers, operating within the structural factor of a globalisation-induced

flow of pandemic and the legal regime of disaster management of the national government. Both the states had been relatively successful until now in reducing the spread of the pandemic and had rolled out impressive welfare measures to safeguard livelihood vulnerabilities of the urban poor. Our research brings out commonalities as well as differences in their governance approach. We show that both the states had leveraged their prior disaster management experience to take pre-emptive steps through forwarding planning, adopting decentralised administrative systems and extensive involvement of local community-based women-run self-help groups (SHG) in delivery mechanisms. We also show crucial differences in their governance mode. The Kerala model demonstrates ‘pluralist’ governance, where the key decision-makers are elected political representatives at the state government and urban local bodies (ULB). In contrast, the Odisha model depicts a ‘managerialist’ governance arrangement led by senior bureaucrats at the state administration and state-appointed municipal commissioners at the ULBs. We argue that these differences are due to the political culture shaped by the place-specific socio-economic context within which the key decision-makers are operating. Kerala’s planned, welfare driven and people-centric approach towards disaster management is embedded in the political culture of the state underpinned by legacies of egalitarian welfarism, public investments in social infrastructure and decentralisation. However, in Odisha, the development model is informed by a much more centralised political environment and bureaucrat dominated administrative culture.

The rest of the chapter is organised as follows. The next section discusses the overarching national scenario in India regarding the impact of the COVID-19. The next two sections discuss the case studies of Kerala and Odisha, respectively. The fifth section then discusses the case study findings. The sixth section concludes the chapter by highlighting the lessons learned. The research is qualitative in nature based on authentic secondary data and includes semi-structured interviews of key stakeholders, including newspaper articles and blogs written by eminent scholars and state functionaries in web portals, reports published by government and non-government organisations and semi-structured interviews of key stakeholders and published stories on migrant workers.

28.2 National Scenario—COVID-19 Impact on Lives and Livelihoods

Beginning at the major urban centres, which are gateways to international trade and commerce, the COVID-19 pandemic has now spread deep into the interiors of India. The first confirmed case of COVID-19 in India was detected on 30th January 2020 and the number rose to 87 by 24th March, when the central government first ordered a nationwide lockdown for 21 days by invoking the National Disaster Management Act (2005). Since then, the lockdown had been extended several times, with partial success. The number of confirmed cases peaked in mid-September and then declined

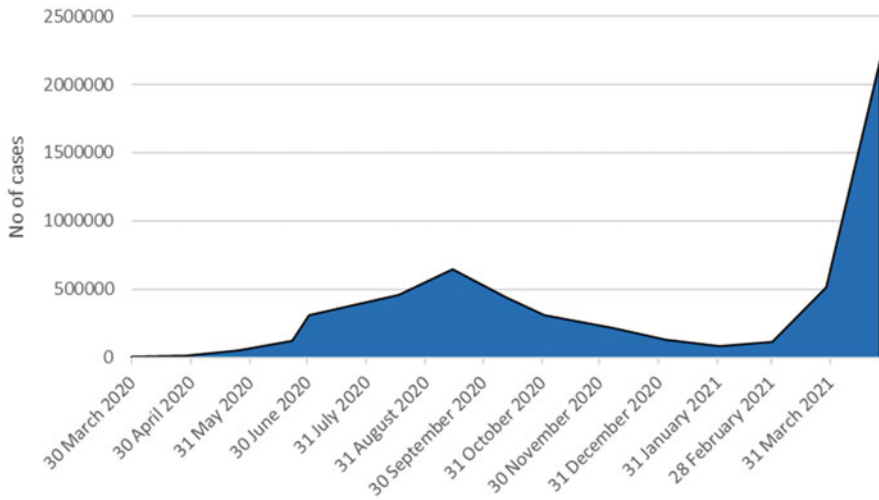


Fig. 28.1 Number of confirmed cases in India. (Source: WHO COVID-19 Dashboard)

over the next 5 months. Daily caseloads started to go up again from the second week of February 2021, but then abruptly began to sharply spike from the first week of April. In a devastating second wave, over 100,000 caseloads are being recorded daily since 7th April 2021 (see Fig. 28.1) (WHO 2020). A mass vaccination programme, which began in January 2021, had covered over 147 million people by 30 April. However, the rate of vaccination at 12.72 doses per 100 population is lower than the global average of 14.15. The battle against the second wave had been severely handicapped due to shortage of vaccines and oxygen supply.

Lockdown protocols and confinement zone regulations had changed in each phase. The first lockdown was almost curfew-like, all-encompassing across the country, and mainly driven by the national government. From the second phase onwards, a more nuanced approach was adopted. On 16th April, lockdown areas were classified as ‘red zone’, indicating the presence of infection hotspots, ‘orange zone’ indicating some infection, and ‘green zone’ with no infections (BBC News 2020). Gradually, the sub-national governments were given greater autonomy in deciding the lockdown period, delineation of confinement zones and regulations related to operations of various services according to the local context.

Under the three-tier federal constitutional structure of India, the state governments and the local governments are responsible for public health and sanitation-related issues. However, the national government is responsible for port quarantine, interstate migration and quarantine (Kaur 2020). However, the COVID-19 pandemic was declared as a threat to the entire country and the Ministry of Home Affairs (MoHA) of the national government imposed a nationwide lockdown, by invoking the National Disaster Management Act, 2005 (NDTV 2020a, b). The act has provisions for setting up of National Disaster Management Authority at the national,

state and district levels for a coordinated response. Under the act, the national government has overriding powers and there are penal provisions against violation. This is the first time that the act was invoked at a nationwide scale since it was framed in 2005.

Additionally, the Ministry of Health and Family Welfare (MoHFW) of the national government advised the state governments to invoke the Epidemic Diseases Act, 1897, which allows for the government machinery to mitigate the epidemic spread through non-pharmaceutical interventions (NPIs). Under the COVID-19 context, the act was applied to close places of assembly, such as educational institutions, markets, shopping malls, religious institutions and political gatherings. The Epidemic Diseases Act also has harsh penal provisions and gives sweeping powers to the state to undertake coercive actions against individuals. However, the colonial-era legislation has several limitations and its application for public health management under modern circumstances is controversial. Critics say that while the powers of the government are well-laid out, the rights of citizens are not. Patro et al. (2013) argue that the act does not adequately define dangerous epidemics and is silent on the ethical aspects and human rights. Moreover, apart from isolation or quarantine, the act does not place any obligation on the state regarding the availability and distribution of vaccines and drugs and implementation of response measures.

The jury is still out about the effectiveness of the lockdown in two critical areas, slowing down the transmission rate of the virus through physical distancing and localising it by restricting its geographical spread, which remains debatable as the situation is still evolving, and there are wide variations from state to state (Banaji 2020). However, economic and humanitarian costs had been severe. The urban poor engaged in the informal economy had been hit hardest. The spatial distribution of the Indian economy is top-heavy and dominated by big cities. According to a McKinsey study the 130 districts classified as red-zone by the MoHFW, 'account for 41 percent of national economic, 38 percent of industrial output, 40 percent of nonfarm employment, and more than half of India's consuming class households' (Gupta et al. 2020). The protracted period of the lockdown of these growth poles had snapped industry supply chains caused massive unemployment and triggered deurbanisation.

The COVID-19 has hit at a time when the Indian economy was already in a bad shape, with growth rates going down and unemployment going up. Annual GDP growth had declined from 8.17 per cent in 2016 to 7.17 per cent in 2017 to 6.11 in 2018 (World Bank 2020). The COVID-19 crisis has further worsened the scenario. According to the Centre for Monitoring of Indian Economy (CMIE), the lockdown led to 122 million job losses, out of which 91 million were daily wage labourers and self-employed small traders. The monthly urban unemployment percentage increased from 8.65 in February to 9.41 in March (lockdown began from 25th March) to 24.95 in April and 25.79 (see Fig. 28.2) (CMIE 2020). According to a survey by Azim Premji University, 81 per cent of urban casual workers and 84 per cent of urban self-employed small traders lost jobs (APU 2020).



Fig. 28.2 Monthly unemployment rate (in percentage). (Source: Prepared by the authors based on publicly available data sourced from the CMIE 2021)

Although all segments of the urban poor were badly impacted by the lockdown, interstate migrant workers were worst hit and triggered a process of reverse migration from urban industrial centres in prosperous states like Delhi, Maharashtra, Gujarat, Tamil Nadu, Kerala to their predominantly rural home states in central and eastern India, such as Uttar Pradesh, Bihar, Odisha. The Economic Survey 2016–2017 estimated the size of the migrant workforce at roughly 100 million in 2016. According to official estimates, over 10 million migrant workers returned to their home states due to the lockdown (Indian Express 2020a). Many migrants went back to their workplaces after the lockdown regulations began to ease from June 2020. But several of them had again started returning home since April 2021 as the COVID-19 crisis began to worsen and the fear of lockdowns being reimposed looms large.

The migrant workers faced political marginalisation and livelihood vulnerabilities on multiple fronts. Their meagre financial capital shrunk with the loss of income. A sample survey to document the profile of the migrant workers, carried out by the Stranded Workers Action Network (SWAN), shows that the workers had an average daily earning of INR 400 (about USD 6); 79 per cent are daily wage factory/construction workers, 8 per cent are non-group based daily wage earners like drivers, domestic help and 8 per cent are self-employed like vendors, carpenters (SWAN 2020). Most of the migrant labour faced starvation with rapid depletion of their small savings. Being outsiders (from different states), the migrant workers have low social

capital at their places of work and faced local hostilities (Reuters 2020). Unable to pay rents, several labourers faced threats of evictions from their slum tenements and dormitories (Indian Express 2020b; Times of India 2020). Due to the ambivalent nature of their citizenship, migrant labours are often unable to access welfare measures initiated by the government at their places of work.

As the COVID-19 crisis started unfolding, the central and state governments announced relief measures, including direct cash transfer and food subsidies (Yuvaonline 2020). While the relief measures had benefitted the urban and rural poor to a certain extent, the migrant labourers were often unable to access the same due to lack of documentation. Large segments of the migrant workers – especially those in the construction sector, work for petty labour contractors in the unorganised sector and often move from one site to another. As per a sample survey of 1040 migrant workers conducted by community radio platform Mobile Vani between 14 April and 1 June, 62 per cent reported that they were not registered under any social security scheme, and 20 per cent had no knowledge of any such scheme (Tiwari 2020). There are also strong incentives for employers for not registering workers, as they can save on compliance costs for social security payments. Many migrants also retain strong ties with their native places and are unwilling to sacrifice job-cards under government-run rural livelihood support programmes.

While the relief measure provided by the central government was announced almost 2 months after the lockdown began, state governments of Kerala and Odisha moved much faster and took pre-emptive steps to mitigate the crisis and reduce livelihood vulnerabilities of the poor, as discussed in detail in the following sections. We locate the COVID-19 governance strategies of the two states in their regionally specific socio-political context and developmental trajectories. Table 28.1 provides a comparison of the socio-economic development indicators of the two states, Fig. 28.3 shows the confirmed caseloads graph and Fig. 28.4 indicates the number of people being vaccinated.

Table 28.1 Comparison of socioeconomic development indicators

	Kerala	Odisha	India
Population (in million)	35	42	1370
Population density (persons per sq.km)	859	270	382
Urbanisation (percentage)	47.7	16.67	31.16
Literacy rate (percentage)	94.6	72.9	74.0
HDI	0.836	0.60	0.647
GDP per capita (PPP)	US \$ 11,153	US \$ 5200	US \$ 6907
Rank in National Health Index of major states (Niti Aayog)	1	19	–

Source: Population, population density, urbanisation and literacy rates are as per Census (2011). HDI is from UNDP (2018), GDP per capita (PPP) is from Economic Survey 2017–2018

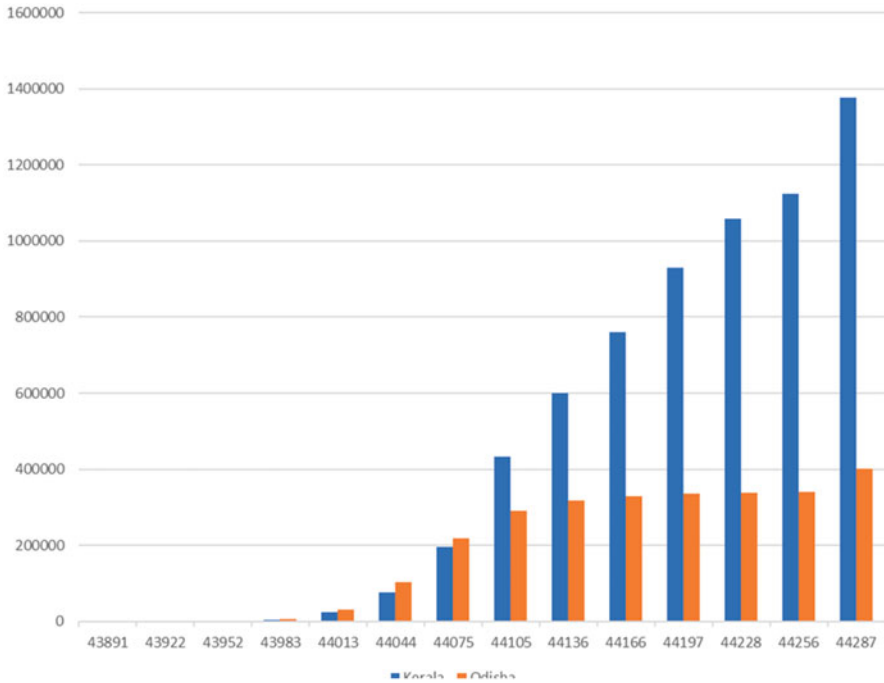


Fig. 28.3 Total number of confirmed cases in Kerala and Odisha between Mar 2020 and Apr 2021. (Source: Prepared by authors based on publicly available data sourced from [CovidIndia.org](https://covidindia.org))

28.3 Case Study I – Kerala’s COVID-19 Challenge and Response

28.3.1 Political, Social and Economic Context

Kerala’s success in containing the spread of the COVID-19 pandemic through proactive state-level planning, as well as its well-coordinated relief operations to address the livelihood vulnerabilities of the interstate migrant labour through extensive grassroots level mobilisation involving the institutions of local governance and community groups has caught much global attention. Incidentally, it was the first state to be affected by COVID-19, as two medical students returned from China’s Wuhan on 30 January and until early March, and had recorded the highest number of infected cases within India. However, over the next couple of months, the state had flattened the infection curve (see Fig. 28.3) and has recorded one of the highest recovery rates in the country. Kerala’s approach towards disaster management in the COVID-19 context exemplifies decentralised and people-centric governance embedded in the legacies of ‘Kerala model’ of egalitarian welfarism, which received wide international acclaim (Sen 1992; Parayil 1996; Ratcliff 1978; Morris and MacAlpin 1982; Frank and Chasin 1994). The COVID-19 interventions further take forward

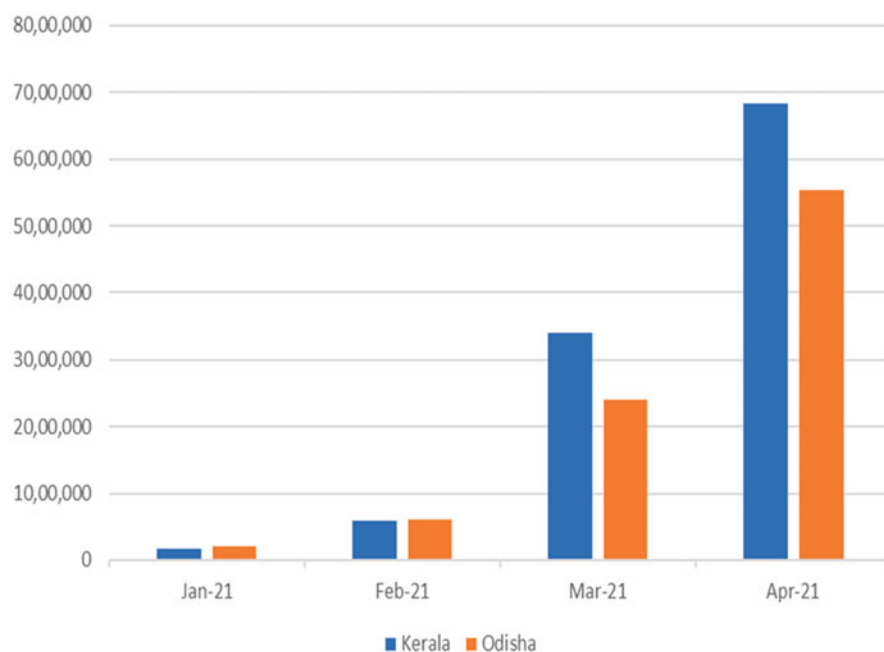


Fig. 28.4 Number of people vaccinated in Kerala and Odisha. (Source: Prepared by authors based on publicly available data sourced from [CovidIndia.org](https://covidindia.org))

the participatory governing logic of the ‘Kerala model’ and need to be understood against the political-cultural and socio-economic context.

Kerala is one of the most densely populated, relatively more urbanised and affluent states of India. According to Census (2011), the state has a population of 34.8 million with a density of 859 persons/per sq. km and an urbanisation level of 47.7, which are all well above the national average (see Table 28.1). In Niti Aayog’s School Education Quality Index (2019) and composite Health Index (2019), Kerala ranks first. Historically, the state had been a leader in India (and even internationally) in attaining various human development indicators, such as high literacy and longevity, low infant and maternal mortality and falling birth rates (Guha 2020). While Kerala’s progress towards achieving social goals is well recognised, there had been concerns regarding the long-term sustainability of the development model due to inadequate economic growth and high unemployment, especially during the 1980s and 1990s (Tharamangalam 1998; Franke and Chasin 2000).

However, the economic growth rate of Kerala had picked up in recent decades, due to flows of remittances, growth in various skill-driven services (Veron 2001; Sreeraj and Vakulabharanam 2015; Jha and Tandon 2019). As Table 28.1 shows, Kerala’s per capita net state domestic product is well above the national average. It needs to be understood here that remittances account for over 30 per cent of the State GDP (Jha and Tandon 2019). Higher education level and long-established social contacts had enabled a large segment of the state’s labour force to work in the Gulf

countries from the 1970s onwards, while inadequate opportunities at the home state had further contributed to the push factor. The void created by the departure of the state's workforce for lower-end jobs is being filled by migrant workers from Odisha and other northern states. Thus, Kerala is at an interesting juncture of the global labour flows value-chain. It is at once a migrant-sending and migrant-receiving state.

Although market-driven growth over three decades had substantially increased economic inequalities in Kerala (Sreeraj and Vakulabharanam 2015) and the governance processes had increasingly moved away from the earlier preoccupation with redistributive growth to accommodate the needs of capitalist production (Veron 2001), the body politic of Kerala still espouses the core values of egalitarian welfarism. Kerala has a social-democratic political culture that had evolved through people's movement, grassroots level mobilisation and multicultural accommodation over a long period. It was the first state in the world to democratically elect a Communist Party-led government in 1957–1959, which sought to build upon the egalitarian legacies of earlier social reform movements and adopted a three-pronged strategy of land reform, universal primary education and public health for socio-economic transformation. Though subsequently, the government in the state had regularly oscillated between a Communist Party of India-led Left Democratic Front and a Congress-led United Democratic Front, the development model had struck a chord with the consciousness of the civil society and the rival coalitions followed progressive social policies through state funding of universal primary education and high-quality healthcare.

On the governance front, decentralisation is the key to the model of socio-economic development pursued by Kerala. It is pertinent to note here that India's national government enacted a set of local governance reforms to officially recognise elected rural and urban local bodies (ULB) as the third tier in federal governance structure and demarcate their roles and responsibilities vis-à-vis the state governments to bring government closer to people and encourage bottom-up planning. Accordingly, 18 functions (including urban planning) are mandated to devolved to the ULBs under 12th schedule of the 74th Constitutional Amendment Act (1992). While the implementation of the Act had been hugely uneven across the states, Kerala had made major strides to encourage participatory planning. The state adopted a targeted approach towards phased decentralisation with the launch of the Peoples Plan Campaign in 1996 and since 1997–1998, on an average of 25 per cent of states investible resources are being transferred to local governments. ULBs have been substantially strengthened through the devolution of administrative functions, transfer of funds and functionaries. Moreover, since a devastating flood in 2018, Kerala has made it mandatory for the local governments to prepare a Disaster Management Plan for their areas. Institutional arrangement of the decentralisation process has also strengthened the roles of the mayors and elected functionaries of the elected wing in the local governance architecture, as against the executive wing headed by the municipal commissioners.

28.3.2 Kerala's Response to COVID-19 Pandemic

Kerala's response to the COVID-19 crisis reflects the states embedded political culture. The state adopted a pro-poor approach towards crisis management from the beginning and sought to protect not only the lives of the people but also addressed the livelihood vulnerabilities of the poor. The crisis management strategy is a combination of centralised policy coordination at the state level coupled with decentralised ground-level implementation at the city and local level. In both tiers of the government, elected political leaders led from the front. While the role of the administrative machinery was crucial in city level implementation, policy decisions and leadership remained throughout in the hands of the elected politicians. At the state level, the chief minister and the health minister were the visible faces of the governance response. They regularly appeared in the TV and held press conferences to keep the public informed about the unfolding scenario and containment measures. At the city-level crisis, management was led by the elected mayor (see Box 28.1 shows the example of COVID-19 interventions by Kochi Municipal Government, the main city of the state).

Taking lessons from its previous experience of managing the Nipah Virus crisis in 2018, Kerala, adopted a planned response at the early stage of the pandemic and set up a Rapid Response Team and control room with the support of expert groups at the state level and also in the districts. As the state reported India's first COVID-19 case at the end of January 2020, the government declared a health emergency in the state in early February. The initial response focused on surveillance and screening of all incoming passengers from China and other hotspots and others who came in contact with them. The State Emergency Operations Centre (SEOC) and Kerala State Disaster Management Authority collaborated effectively with the health department for response and mitigation efforts. In the first phase of the contagion, the state could maintain the least mortality and highest recovery rate of 70 per cent among all the states in the country. The state followed the WHO guidelines of tracing, quarantine, testing, isolation and treatment. The mortality rate in the state in the first phase was 0.54 per cent compared to the national average of 3 per cent. Enabled with the experience of managing earlier epidemics, the elected members of local governments, officials of line departments, Kudumbashree (a livelihood support programme which organises poor women into neighbourhood level self-help groups), ASHA (neighbourhood community health centre paramedics) and Anganwadi (neighbourhood childcare centre) workers and community volunteers acted as enforcers and caregivers to support people under quarantine and home observation.

Since May 2020, the situation changed substantially, and the state has been witnessing a rapid surge when unlocking started and about 1 million migrant workers returned from other states and Gulf countries. Caseloads also increased substantially during religious festivals like the Onam (Nair,2020). It is now among the list of ten states with maximum caseloads. Community transmission happened in densely populated coastal areas, markets, government hospitals and closed

communities such as old-age homes, factories and malls. The contact tracing mechanism, a strong point during the first wave, has not shown the same efficacy in the second phase. Kerala's extremely high population density of 859 people per sq. km. as compared to the national average of 467 also makes it harder to contain the disease (Kumar and Ghosh 2020). However, the mortality rate of 0.36 per cent is among the lowest in the country and well below the national average of 1.55 per cent due to the availability of planned health infrastructure including human resources.

In early March 2020, the state introduced a US\$ 2.7 billion relief package (Vijayanand 2020; Issac 2020). In its effort to provide cash into the hands of the poor, social security pensions were distributed in advance, and interest-free loans were provided to the members of the women-run self-help groups under the Kudumbashree programme. The public distribution systems were activated to provide free food to over 8 million ration cardholders along with the distribution of masks and sanitisers (Singh 2021). Moreover, local community centres were made focal points for doorstep delivery of food to adolescent girls, women in special needs, senior citizens and children. Additionally, over 20,000 camps opened, and 1500 community kitchens were set up to distribute cooked food or food materials and provide shelter to a large number of inter-state migrants who are treated as guest workers in the state. They were also constantly monitored to ensure sanitation and avoid disease outbreak. With the support of Kudumbashree self-help groups, free cooked foods were served by local governments to the urban poor and pavement dwellers. Helplines were set up for the elderly people to provide food, medicine and other essential services through community volunteers, and temporary livelihood support was extended through employment support programmes.

As the coronavirus crisis began to worsen suddenly since March 2021 in a deadly second wave, Kerala is adopting a strategy to delay the peak through increased municipal ward-centric testing and tracking; by deploying a dedicated army of frontline workers, called the 'COVID Brigade'. Parallely, the state had sought to ramp up. The state is also stepping up vaccination drive. Starting in January, over 6.8 million people were vaccinated by the end of April 2021 (see Fig. 28.4).

However, the most noteworthy achievement of Kerala is its ability to boost oxygen supply. While India as a country is facing acute oxygen shortage due to a sharp rise in the number of critical cases in the second wave, Kerala is one of the few states, which is not only self-sufficient but has excess capacity to supply to the neighbouring states. Over 1 year, the state was able to increase the oxygen stock from 99.30 MT/day to 219 MT/day and hiked the production from 50 L/min. to 1250 L/min. (Jayarajan 2020). This could be attributed to meticulous planning and coordinated implementation. Anticipating an increase in demand in the second wave by closely monitoring trends in other countries, the state government effectively coordinated with Petroleum and Explosives Safety Organization, a central government agency and various private enterprises to rapidly ramp up oxygen production capacity. Simultaneously, the state had sought to double the number of ventilators in government hospitals.

However, welfare-centric policies had hugely impacted Kerala's economy. The state is facing a serious economic crisis with a large number of people returning from

the gulf, closing of tourism and rising public expenditure for the ambitious relief package. The government of Kerala is committed to pandemic-related obligations, especially in the health sector, and emphasises public spending in social sectors, and protection of livelihoods of people, generating demand through capital works to be supported by borrowing from the market. Moreover, the people are facing hardships due to the rise in prices of daily necessities. Being a consumer state, Kerala is dependent on neighbouring states for supply of like food grains and vegetables. But the supply chains are being frequently disrupted due to lockdowns.

Box 28.1 COVID-19 Management by Kochi Municipal Corporation

Kochi Municipal Corporation (KMC) started a slew of measures with the city starting a lockdown due to the spread of the pandemic during the middle of March 2020. With the Mayor of Kochi in charge of decision making and Secretary as the executive head, KMC seeks the support of NGOs, Kudumbashree, and the public in ‘Break the Chain’ campaign, coined first time in the country by Kerala, and setting up hand washing facilities at 50 places (markets, bus and railway stations) in the city. A five-member squad comprising of health officials, ASHA workers, Kudumbashree workers, councillors and NGO representatives acted as a surveillance team in each division and were in contact with the returned workers and migrants in the city and apprised the health supervisors of their conditions and requirements. The Kudumbashree groups with the active support of local councillors of KMC established community kitchens throughout the city and nearly 3000 food packets were served every day during the lockdown period at a nominal price. The Kochi Smart City Command and Control Centre has been functioning as the coordination centre for disease control and prevention for Kochi City and the entire district of Ernakulam. A pool of Uber-like ambulance service with 40 ambulances and 15 two-chambered taxis have linked the centre to transport patients (Praja 2020; Kumar and Ghosh 2020). Kochi is a good example of the cooperation of two rival political groups (LDF led by CPIM in state power and UDF led by Congress in charge of KMC) in a parliamentary democracy to fight the pandemic collaboratively. However, vigilance fatigue has been observed in the long-drawn battle against the pandemic and the efficacy of the ‘Break the Chain’ campaign has lost some of its steam in the city.

28.4 Case Study—Odisha

28.4.1 *Political, Social and Economic Context*

Apart from Kerala, Odisha is one of the few states that handled the pandemic-related public health crisis and its economic fallouts effectively, despite being handicapped

with inadequate healthcare infrastructure, high poverty rate and low human development index (HDI). In contrast to Kerala's decentralised approach driven by the empowered local governments, the Odisha model exemplifies a more top-down and managerialist governance driven by the state bureaucracy, in a political context of populist welfarism. In contrast to Kerala, involvement of the elected political leadership in COVID-19 management was far less and the drive was led by the bureaucracy. The crisis mitigation efforts were primarily helmed at the state level by the Chief Secretary and the city level by the Municipal Commissioners (Box 28.2 shows the example of COVID-19 interventions by Bhubaneswar Municipal Corporation (BMC), the main city of the state).

Odisha is one of the poorest and least urbanised states of India although endowed with rich natural resources. According to Census (2011), the state has a population of 42 million with a density of 270 persons/per sq. km and urbanisation level of 16.7 per cent, which is well below the national average (see Table 28.1). Net per capita state GDP of Odisha at USD 5200 is less than half of Kerala. In terms of HDI, the state's ranks is 22nd out of the 23 major states in India (Economic Survey 2017–2018).

Contrary to Kerala which has a long tradition of decentralised governance and regular swing in political power between two rival coalitions, Odisha has a much more centralised political culture. Biju Janata Dal (BJD) a state-centric political party built around regional identity and cultural sub-nationalism, and headed by a charismatic leader Naveen Patnaik, is continuously in power since 2000. In a single leader dominated polity, the roles of political actors are somewhat marginalised, and the state has bureaucrat-led governance machinery (Bhuiyan 2014, Banerjee 2018). Although the state broadly follows market-oriented economic policies, there is also a strong emphasis on the efficient delivery of welfare measures. According to Panda (2019), Patnaik's 'right-of-centre' policies are garnished with a slew of populist welfare schemes, which are demonstrated in the provision of basic services, skill development, education, disaster management and women empowerment that marked the political culture of the state for last two decades.

The political culture of Odisha manifests through urban governance patterns. Unlike Kerala, where almost all major functions listed under the 12th Schedule of the 74th Constitutional Amendment Act had been devolved to the ULB, the elected municipal governments in Odisha continue to remain weak. Public health, water supply, transportation and most other essential services are being run by state government agencies. Moreover, the municipal administration is run by Municipal Commissioners, rather than elected representatives (Bhide 2015). However, in functional terms, Odisha in recent years had placed significant emphasis on urban development. Bhubaneswar, the state capital had ranked first in the nationwide smart city competition organised by the national government. Moreover, the state government has initiated an ambitious program to grant land tenure to slum dwellers in all 110 ULBs across the state – which is the largest operation of its kind in the world.

However, the centralised administration of Odisha had been credited with being relatively corruption-free and efficient, especially in managing disaster management. In recent times, the state had faced several severe tropical cyclones, such as Fani

(2019), Titli (2018), Hud-Hud (2014) where the state administration proved its efficiency in saving lives through well-planned evacuation strategies and efficient relief distribution.

28.4.2 Odisha's Response to COVID-19 Pandemic

The administrative machinery of the coastal state has drawn on its extensive disaster management experiences in handling frequent tropical cyclonic storms to devise effective pandemic mitigation strategies. Considering the gravity of the coronavirus crisis, Odisha state played a proactive role in managing and containing the spread of the disease (Garikipati 2020). As a pre-emptive step, the alert state government declared COVID-19 to be a 'disaster' and empowered public officials to combat the spread under the Disaster Management Act 2005 and imposed the Epidemic Disease Act 1897 on 10th March, before the first case was detected in the state on 16th March. Odisha was also the first state to declare state-wide lockdown before the nation-wide lockdown was announced.

Odisha like Kerala did considerably well in implementing lockdown, maintaining social distancing, quarantining people, identifying, testing and treating those who are infected, maintain a low fatality rate and creating adequate health infrastructure, generating public awareness and taking humanitarian measures. Apart from implementing a strict lockdown strategy, the state government introduced an online portal for COVID-19 pandemic and the first state-wide information, education and communication (IEC) outreach for containing the disease. The state also started offering an incentive of Rs. 15,000 to each person who registers with the state after returning from outside and follows a self-quarantine guideline for 14-days (Srivastava 2020).

More importantly, Odisha has prepared COVID-19 Action Plan involving decentralised implementation by empowering local government officials, grassroots level human resource capacity expansion and resource optimisation (Patnaik et al. 2020).

First, the state adopted a decentralised approach and proper institutional set-up where the state health department has given responsibilities of managing the crisis. The state also used its learning from past experiences in disaster management to manage the coronavirus. The state already created a pattern of administration for disaster management which they used for managing coronavirus crisis. Kerala set the example of successfully managing the crisis with the help of government officials, local governments, volunteers coming from different religious groups, SHGs, political parties and trade unions; Odisha, on the other hand, managed the crisis by the government employees of health and family welfare department, local primary school teachers, block-level officers and police (Das 2020a, b). At the district level, district administrations played important role in relief operations and disaster preparedness. At the city level, the city commissioner and at the village level, the panchayats have given the power to mitigate the spread of the disease. For example,

in the Ganjam district the district administration took advantage of a huge network of SHGs in COVID-19 management. The state government has mobilised financial resources to each panchayat to set up temporary medical camps and to equip them for any unforeseen need for basic amenities. Besides, the state government has also incentivised the members of PRI (Panchayet Raj Institutions (rural local government bodies)) who are playing important role in fighting COVID-19 (Bisoyi 2020).

Second, the state sought to expand the capacity of the healthcare personnel through training programmes by tying up with various medical institutions. Frontline health workers (about 5500 nursing students, 117,000 ASHAs and auxiliary nurse midwives) were trained online through video conferencing (Patnaik et al. 2020). More interestingly, the state government has started conducting training of the returning migrant workers to groom them as community health workers on a daily wage (Ghose 2020). Realising a shortage of hospital beds and inadequate facility in public health systems, the state administration went into PPP mode and partnered with several private sector organisations for coronavirus treatment (Patnaik et al. 2020). The involvement of private medical colleges and hospitals has meant an addition of at least 1500 hospital beds (Patnaik et al. 2020).

Thirdly, the state used existing cyclone relief infrastructure and organisational knowledge of the local administrative machinery to address the pandemic – especially in handling the migrant crisis. Odisha is a major migrant-sending region. With the onset of the nationwide lockdown – a large number of people who had been working in other states started returning due to livelihood uncertainties. Faced with the crisis of thousands of people returning, the state government quickly geared up downstream administrative machinery of the local governments. Staff experienced in relief operations were pressed into service to register the returning migrants in their localities to arrange for medical tests and institutional quarantine facilities by utilising cyclone shelters, primary schools, community centres and others, such as public building available within the local administration (Misra 2020).

To provide employment and income generation opportunities to the migrant workers and farmers, Odisha has announced a Rs 1700 billion package named Special Livelihood Intervention Plan. Funds available under several other government schemes are being leveraged for the purpose (The New Indian Express 2021a). A database of the people based on their skill levels is being created. The plan is to organise people into SHGs and engage them in sectors such as agriculture, fisheries and animal resources development, forest and handlooms and handicrafts by extending micro-credit facilities. New skill development and training facilities are also being developed (Acharya and Das 2020). Along with that, the state administration has also launched a programme called Mission Shakti to organise women-run SHGs into stitching face masks and producing other PPE (Personal Protective Equipment) kits.

On the whole, Odisha shows how an alert and agile government machinery can leverage its existing infrastructure to meet the emergency disaster management challenge in a centralised manner. The second wave of coronavirus started peaking in March 2021. Anticipating the rising number of cases, the government started taking precautionary measures like reintroducing COVID-19 safety protocol,

revamped its medical infrastructure, imposed night curfews and weekend lockdowns and directed public officials to reactivate COVID-19 facilities in public and private hospitals to combat the situation (The New Indian Express 2021b; Das 2021). The chief minister warned the public officials to take adequate measures for the returning migrant workers as last year the returning of the migrant workers aggravated the COVID-19 crisis in many districts of the state (Singh 2021). The state also started a vaccination drive in January and by the end of April 2021, vaccinated over 5.5 million people (see Fig. 28.4). However, the state had to temporarily shut down many vaccination centres due to the vaccine shortage created at the national level.

Box 28.2 COVID-19 Management by Bhubaneswar Municipal Corporation

The Bhubaneswar Municipal Corporation (BMC) undertook several measures like screening, contact tracing, households survey, the supply of essential commodities, implementing social distancing, setting up of quarantine centre, demarcation of containment zone and mobilising communities to successfully contain the spread of the disease in the initial lockdown periods (Deloitte 2020). The effort was led from the front by the municipal commissioner, who acted as the nodal authority for interagency and community coordination.

Firstly, BMC along with Bhubaneswar Smart City Limited (BSCL) explored digital technology-based solution to strengthen the public healthcare system, contact tracing, surveillance, disinfection of market areas, inter-departmental coordination, delivery of essential items and in helping the needy and vulnerable (Suffian 2020a, b, Roy 2020).

Second, BMC has started a community participation programme called ‘COVID-Sachetak’ in the city involving senior citizens, Resident Welfare Association (RWA), Area Level Federation (ALFs) and SHGs for building trust among peoples, spreading awareness and motivating individuals to make changes in their daily habits like maintaining social distancing, wearing of Mask and practice hand hygiene (Deloitte 2020; The Newsroom Network 2020). The city government initiated ‘Aahaar (Meal) Programme’ to encourage individuals and voluntary organisation to donate grocery and cooked food to the needy and vulnerable population (Deloitte 2020).

In the whole scheme, they involved the Anganwadi (neighbourhood childcare centre) workers, ASHA and booth level officers for the distribution of the food and grocery items. Apart from this, BMC also provided financial assistance to construction workers and started urban wage employment initiative in collaboration with SHGs, ALFs, and SDAs to provide temporary employment to informal sector workers in the city (Deloitte 2020). Despite all these measures, the city struggled in containing the viral spread after the restrictions were eased (NDTV 2020a, b).

(continued)

Box 28.2 (continued)

As the second wave hits the state, the Bhubaneswar city has again emerged as a high-risk city. After the initial relaxation of norms and regulations, the BMC has again enforced COVID-19 safety protocols, increased testing facilities, introduced weekend lockdown and night curfews. But unlike the previous year, the BMC had not yet declared any area as micro-containment zone. Instead, the civic body has formed Rapid Reaction Teams to deal with cluster outbreaks and manage the cases through home isolation and quarantine, by deploying frontline workers to carry out daily surveillance, including the slum areas (Ramanath 2021).

28.5 Discussion

Case studies of Kerala and Odisha discussed in the previous sections bring out certain commonalities in their approach towards the COVID-19 crisis management, particularly regarding broad strategies related to the handling of the public health dimension and essential supplies and livelihood support during the lockdown period. However, when it comes to the operationalisation of the same, involvement of the local governments and approach towards livelihood mitigation of the poor, there are certain crucial differences in the roles of the key stakeholders, which may be attributed to the differences in the political culture of the state, and the socio-economic context within which they are rooted.

Kerala is a highly educated, socially advanced, affluent and urbanised state in the Indian context (see Table 28.1). The state is also at the forefront of globalisation, with a large segment of its population working abroad. The political culture of the state had evolved over a century of grassroots level social mobilisation informed by progressive values regarding social equity, gender justice and communal tolerance. Kerala's development model had championed egalitarian welfarism through public investment with a strong emphasis on universal primary education and high-quality healthcare. In the 1990s in the backdrop of the 74th Constitution Amendment at the national level, Kerala initiated decentralised planning and women empowerment to ensure poverty eradication and local self-governance in urban centres. Political power in the state regularly swings between Left Democratic Front and the United Democratic Front coalition headed by two national parties. While there are certain differences in economic matters, both the coalitions follow left-of-centre pro-poor welfare-driven policies and decentralised governance while in power. Moreover, the absence of a single dominant party and the need for balancing coalition interests necessitate compromise and trade-offs avoiding extreme positions.

In contrast to Kerala, Odisha is still a predominantly rural state with a high level of poverty and low literacy. Political culture in the state is semi-feudal and built around ideas of regional identity and cultural and linguistic sub-nationalism. For the past 20 years, a regional party is in power under a charismatic leader. The state

administration had been credited with being relatively more efficient, less corrupt and achieving an impressive GDP growth rate, which is higher than the national average. Broadly, neoliberal economic policies are being followed but in a balanced way. In recent years, the state government had initiated several pro-poor schemes, such as land tenure for urban slums (Jaga Mission) and women's empowerment and livelihood (Mission Shakti) – which are being implemented across all ULBs in the state through a collaborative approach involving community groups and application of advanced geo-spatial mapping technology. While centralised project management and innovative technology platform fast-tracked the complex task of slum mapping, community involvement helped in ground-level verification. Compared to Kerala, decision making in Odisha is much more centralised at the level of the state bureaucracy as local governments are not adequately empowered and suffer from capacity deficits.

When the COVID-19 crisis began to unfold, both the states acted early, resorted to proactive planning to mitigate the transmission of the disease and applied similar containment strategies to break the chain through contact tracing, quarantine, testing and treating. Both governments also took lessons from their past experiences in disaster management: Nipah Virus epidemic and floods in 2018, as in the case of Kerala, and frequent tropical cyclones like Fani (2019), as in the case of Odisha. However, in comparison to Kerala where the state's health minister became the face of the state in pandemic management, in Odisha, the process was handled at the level of the senior bureaucrats and not the political functionaries. This difference could be attributed to the political cultures of the states. In a state with a high degree of political mobilisation, political leadership takes a much more direct role in governance. Whereas, in a personality-centric political culture as in Odisha, apart from the State Chief Minister, all other political actors are dwarfed. And Bureaucrats have relatively more autonomy in policy matters.

As the pandemic began to spread globally from January 2020 onwards, Kerala started to take pre-emptive steps following WHO advisory – well before the national government swung into action. The health minister of the state took leadership in gearing up the state healthcare infrastructure and sanitising downstream functionaries of the line agencies and the local government bodies. A particularly important task here was about setting up 1500-bed COVID-19 hospitals in each district. Proactive planning and its efficient implementation through a decentralised governance arrangement and robust public health system helped to reduce transmission rates and flatten the curve.

In comparison to Kerala, Odisha is a much more remote state in terms of global connectivity and the first COVID-19 infection was detected on March 16. However, based on its experience in handling frequent tropical cyclones, the state administration acted early and took several precautionary administrative measures, such as registration of persons entering the state, incentivising home quarantine, the imposition of control over the sale of essential commodities to prevent hoarding and black-marketing. Two main regulatory instruments, the Epidemic Disease Act 1897 and the Disaster Management Act 2005, were promulgated (March 10), before the first case was detected in the state. The state was also early to selectively lockdown

infected districts before the full lockdown happened. To make up for the shortfalls in the public healthcare facility, the state government also swiftly tied up private-sector partnerships.

While local governments in both Kerala and Odisha played prominent roles in pandemic management, there are differences in the nature and scope of their engagement. As had been discussed in Sect. 28.4 previously, elected municipal governments in Odisha are weak and not adequately empowered in terms of administrative devolution, financial autonomy and human resource capacities. Crucial functions related to urban health, such as piped water supply and public health, are handled by either line agencies of the state governments or parastatal corporations. Neither is disaster management a component of the city-level master plan nor are the city governments mandated to handle such tasks. Most importantly, in the municipal governance arrangements, elected mayors are not empowered, and the executive responsibilities are with the Municipal Commissioners – who are state government-appointed bureaucrats. Under the circumstances, the involvement of the urban local governments in the COVID-19 context is being mandated through executive orders under the Disaster Management Act 2005 – which is valid for a limited period. Thus, the involvement of the urban local government in the COVID-19 context is a delegation of responsibility for a specific situation.

However, in the case of Kerala, decentralisation from state to municipal governments is an institutionalised arrangement and integral to the state's bottom-up development planning strategy. As discussed in Sect. 28.3, Kerala has a long legacy of decentralisation of state-level functions to local governments going back to the People's Plan initiative of 1996, and its second phase which began in 2017. Consequently, almost all functions mandated under the 74th Constitutional Amendment Act 1992 has been delegated to the elected municipalities. After the devastating flood incident of 2018, the local governments are also required to prepare a Disaster Management Plan as part of the Rebuild Kerala Initiative. Moreover, in Kerala, the mayor and the council (comprising of elected councillors) are empowered to take executive decisions – which facilitates grassroots level democracy and bottom-up planning. In the COVID-19 context, the elected municipal governments provided vital local leadership in implementing lockdown regulations, provision of medical assistance and organising relief operations.

The provision of support to the migrant labour also reflects differences between the approaches of Kerala and Odisha. Two states are at opposite ends of the domestic labour flow chain. While Odisha is a migrant-sending state, Kerala is a migrant-receiving state. Kerala faced the challenge of providing relief materials to large numbers of migrant labour stuck in the state, facing severe livelihood vulnerabilities due to the imposition of the national scale lockdown. As opposed to several other states where the migrant labours were treated indifferently, Kerala set the example by providing immediate relief. Again, effective decentralisation helped, as empowered urban local governments sought to speed up the identification of vulnerable people and reaching out to them. Odisha faced a different challenge of rehabilitating migrant labours who started returning to the state in huge numbers. Again, the state administration acted quickly to roll out a Special Livelihood

Intervention Plan to engage the migrant workers in various developmental projects on a temporary basis – the first of its kind in India. Both the states, however, adopted a similar approach towards gender inclusivity in the livelihood provision. While Kerala engaged women to run SHGs under the Kudumbashree program to run food kitchens for the stranded migrant workers, Odisha engaged the women-run SHGs under the Mission Shakti programme to stitch face masks and making of other low-tech PPE kits.

28.6 Summary and Lessons Learnt

The COVID-19 pandemic spread through cities which are nodal points of international exchange to lower-tier human settlements. The impact of the pandemic had been particularly severe on India in terms of loss of lives and livelihood. The most adversely impacted are the urban poor tied to the informal economy. Faced with severe livelihood vulnerabilities due to lockdown in major cities, millions of inter-state migrant workers had returned to their native states.

This chapter discussed case studies of two states, Kerala, and Odisha, to understand how variations in sub-national political culture impact urban policies in the context of a globalisation induced pandemic and disaster management regime of the national government. Both the states had been relatively successful in reducing the spread of the pandemic and welfare of the poor – and from that, we identify three lessons:

Planning – Both Kerala and Odisha had faced major natural disasters in the recent past. Informed by the experience, the states acted early and planned to mitigate the crisis by gearing up their pandemic management infrastructure and associated administrative protocols. Kerala, which had earlier faced the Nipah epidemic, acted even before the national government had acted and started readying its district-level healthcare facilities. Both the states had imposed lockdown, devised containment strategies early and resorted to extensive testing to prevent transmission of the disease. Odisha imposed the lockdown even before the first case was detected in the state.

Social Welfare Both the states had adopted a pro-poor welfare-centric approach rather than following short-term economic goals. Kerala, which has a track record of social-development oriented governance and high attainment of human development parameters, further took forward its development model set the benchmark through the humane treatment of the migrant workers. Odisha which had also been actively pursuing various ambitious social goals in recent years also set the national example by rolling out a livelihood support scheme for the returning migrants.

Decentralisation Both states also resorted to a high degree of administrative delegation and extensive involvement of the local governmental agencies. Proactive involvement of such local governance functionaries ensured rapid access to reach out to vulnerable people in terms of relief distribution and healthcare needs. Both the

states also extensively engaged women-run community-oriented SHGs in various roles, from running food kitchens, to provide healthcare support, to augmenting PPE kits.

However, when it comes to the operationalisation of the same, the involvement of the local governments and approach towards livelihood mitigation of the poor, there are certain crucial differences in the roles of the key stakeholders, which may be attributed to the differences in the political culture of the state, and the socio-economic context within which they are rooted. Kerala exemplifies ‘pluralist’ governance, where the key decision-makers are elected urban municipalities, while Odisha demonstrates ‘managerialist’ governance led by state-appointed bureaucrats.

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Tathagata Chatterji is Professor of Urban Management and Governance at XIM University (Earlier Xavier University), Bhubaneswar, India. He graduated in Architecture from Bengal Engineering College, Shibpur, Calcutta University, did post-graduation in Urban Design from Kent State University, USA and doctorate in Urban Planning and Governance, from the University of Queensland Australia. His research interests are urban economic development and livelihoods, urban inclusivity, digital urbanism and political economy of urbanisation. He has written extensively in the areas of urban policies and governance. He received the Gerd Albers Award from the International Society of City and Regional Planners (ISOCARP) in 2016 for his research on comparative modes of urban governance in India. His recent publications include: *Global contagion local response: the influence of centre-state relations and political culture in pandemic governance in Asia Pacific Journal of Public Administration* (2021); 'The smart city policy of India and its governance implications' in Yu-Min Joo and Teck-Boon Tan (eds), *Asian Smart Cities: Governing Development in the Era of Hyper-Connectivity*, Edgar Elgar Publishing (2020); *Modes of Governance and Local Economic Development: An Integrated Framework for Comparative Analysis of the Globalizing Cities of India* in *Urban Affairs Review* (2017); and *Digital Urbanism in a*

Transitional Economy – A Review of India’s Municipal E-Governance Policy in *Journal of Asian Public Policy* (2017).

Souvanic Roy is a professor and founder director of School of Ecology, Infrastructure and Human Settlement Management in Indian Institute of Engineering Science and Technology (IIST), Shibpur, India. He holds a bachelor’s degree in Architecture, master’s in Urban and Regional Planning and doctoral degree in Planning. He has a postgraduate diploma on Urban Management Tools for Climate Change from Institute for Housing and Urban Development Studies, Rotterdam, Netherlands. His areas of interest include urban planning, urban policy for inclusive cities and housing strategies for urban poor. He is a member of the Working Group for National Civil Society Consultation and contributed to the Delhi Declaration on ‘India’s Urban Future: Choice Not Chance- Civil Society Contribution to Habitat III’. He is advisor to the task force on West Bengal Urban Strategy. His recent publications are *Global contagion and local response: The Influence Of Centre-State Relations and Political Culture in Pandemic Governance in Asia Pacific Journal of Public Administration* (2021); *The Pandemic and Reimagining the Urban through the Lens of Progressive State Responses. Social Scientist* (2021); and *The smart city policy of India and its governance implications* in Yu-Min Joo and Teck-Boon Tan (eds). *Asian Smart Cities: Governing Development in the Era of Hyper-Connectivity*, Edgar Elgar Publishing.

Atanu Chatterjee teaches at the School of Human Settlements, XIM University. He holds a bachelor and master’s degree in Geography. He has a professional master’s degree in Urban and Regional Planning. He is currently pursuing his PhD from Jawaharlal Nehru University, New Delhi. His research looks at altered relationship between informality and citizenship, low-income housing intervention, urban livelihood and employment and land right for the urban poor. He has also worked as a research associate at the Centre for Development Alternatives, Ahmedabad, and was awarded the Sahapedia-UNESCO Fellowship 2020. He is associated with Land Tenure Hub, CLG, Bhubaneswar. His recent publication is *Global Contagion and Local Response: The Influence of Centre-State Relations and Political Culture in Pandemic Governance in Asia Pacific Journal of Public Administration* (2021).

Chapter 29

Technological Interventions During the COVID-19 Pandemic in India



Falguni Mukherjee

Abstract As COVID-19 pandemic has afflicted countries the world over, and governments have taken a variety of steps to curb the spread of the virus. India like many other countries had taken very stringent measures early on to contain and curb the spread of the virus. This chapter examines the technological interventions implemented in India at national, state, and local levels in the government’s “war” against COVID-19. In order to contain and curb the spread of the virus, various geospatial, information, communication, and surveillance technologies have been used. These technologies are being used by the government for contact tracing, tracking, monitoring, and managing crowds for strict enforcement of quarantines and lockdowns. A comprehensive examination of the technological interventions raises social and ethical questions about the efficacy of technology use during the pandemic. The measures exacerbate social inequities and deepen digital divide. Moreover, the measures taken in the war against COVID-19 further the government agenda of building a Digital India that has promoted instituting a system that actively seeks to create a “geo-coded” landscape that enables government authorities to surveil, trace, track, delegate, and govern from a distance.

Keywords Local and urban governance · COVID-19 · Pandemic · India

29.1 Introduction

The novel coronavirus (SARS-CoV-2) has spread the world over very rapidly since its origin in December 2019, creating one of the most catastrophic global public health crisis in modern history. As of late August, the Coronavirus disease-2019 (COVID-19) expanded from a cluster of 41 cases linked to a seafood market in Wuhan, China to over 24 million infections worldwide with over 800,000 deaths globally. The virus initially called Novel Coronavirus 2019-nCov and later renamed

F. Mukherjee (✉)
Sam Houston State University, Huntsville, TX, USA
e-mail: fsm002@shsu.edu

to SARS-CoV-2 originated in Hubei Province in Wuhan, China and quickly spread to other parts of China and subsequently spread to countries around the world at lightning speed. Consequently, on January 30, 2020, the World Health Organization (WHO) declared the new SARS-CoV-2 coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) (WHO 2020). No country in the world has been spared from the wrath of COVID-19. More importantly, the impacts from this global pandemic extend beyond the realms of epidemiology. The pandemic has brought the global economy to a screeching halt with deep social, economic, and political impacts on the society. There is no doubt that the COVID-19 pandemic has permeated through space and scale altering socio-spatial relations, shaping access and mobility of individuals. Thus, it is not only a global health crisis but also a socio-political and economic crisis.

Globally, different countries are at different stages of the pandemic. In some countries, the pandemic is more under control than in others. Since its origin, countries have gone through two main phases to curb the impact of the pandemic. In the initial stages, most countries were in a containment phase to restrict the spread of the virus and by mid-March transitioned to a delay phase to minimize the impact of peak mass infections in order to curb the pressure on their healthcare infrastructure. Governments in different countries have responded in a variety of different ways that range from social distancing measures, complete lockdown, stay-at-home orders, limiting social gatherings, closing businesses, quarantine, and border closures to restrict international travel. Countries have implemented these measures with varying degrees of severity.

A common theme in the different measures adopted by governments worldwide to delay, contain, and mitigate the spread of the virus is the use of information, communication, and geospatial technologies. As countries have transitioned to delay phase in response to the pandemic, technology is being mobilized globally in myriad ways (Kitchin 2020; Dubov and Shoptawb 2020). Digital technologies and geospatial technologies are particularly being harnessed primarily for two purposes. Firstly, for mapping and communication purposes, viz., online mapping of infection cases in real or near-real time, mapping the spread of the virus and trajectory of spread, fatalities, and predictive risk models based on travel data. For instance, web GIS-based mapping dashboards such as the John Hopkins University Center for Systems Science and Engineering dashboard, the WHO dashboard, and HealthMap have proved to be key sources of information during the pandemic (Boulos Kamel and Geraghty 2020). Secondly, for contact tracing, monitoring, and quarantine enforcement purposes. In fact many countries have deployed solutions led by digital and geospatial technologies to trace and monitor individuals in order to enforce quarantine norms (Dubov and Shoptawb 2020; Kitchin 2020).

The measures adopted by different countries in response to the pandemic and their consequences vary vastly and it is heavily influenced by the socio-economic, political, and institutional conditions in individual countries. Moreover, different countries have shown different outcomes not only in terms of the number of cases, testing, and fatalities but also secondary effects stemming from the pandemic. Thus, the pandemic is influenced by biological as much as by social, political, and

institutional factors. Therefore, in order to understand an administration's response to COVID-19 and its varied outcomes, it is imperative to understand the institutional and political environment under which the solutions are deployed.

This chapter looks at the case of India by examining the government's technological response to contain, delay, and mitigate the spread of COVID-19 at the central, state, and local levels, and investigates the response through the lens of governmentality literature. Such an analysis helps answer key questions pertaining to the legitimacy, reliability, validity, feasibility, and effectiveness of technology use in response to the COVID-19 pandemic by considering the technical, social, and contextual issues surrounding such tech-based solutions. The chapter also highlights the use of governmentality framework in understanding the social, political, and institutional norms that govern the rationales of government strategies in response to a public health crisis.

29.2 Why Governmentality?

Scholars from different disciplines such as sociology, anthropology, political science, geography, history, and cultural studies have been influenced by Foucault's (1991) analysis of governmentality, particularly his theorization of "disciplinary power" (Rose-Redwood 2006). Past studies have utilized governmentality framework to examine and understand the process of knowledge production by states in order to create governable space and territories and produce "governable subjects" who participate in their process (Legg 2006; Rose-Redwood 2006; Huxley 2008; Ellis 2012). These studies provide invaluable insights into the creation of modern governmental practices shaped by governmental knowledge production. The governmentality literature particularly reinforces the examination of technologies of government in furthering government rationalities.

Scholars contend that geographical knowledge production and the systematic ordering and management of space are the primary preconditions for the creation of a modern government and refer to such practices that are inherently spatial in nature as "geo-power" (Ó Tuathail 1996; Rose-Redwood 2006). And according to Rose-Redwood (2006), "geo-power" is the foundation for what Foucault describes as "biopower, an effort to regulate and manage populations." An intrinsic part of the biopolitics of population is the construction of a "spatial regime of inscriptions" that produces a "geo-coded world" (Pickles 2004). Digital and geospatial technologies are key means of producing a "geo-coded world" and are utilized as a technology of governmental knowledge production to measure and regulate population. Thus, technological tools are not only for the modernization of the state or for benefit of administrative functions of the state but also a means to discipline, monitor, and govern population. Past studies have utilized governmentality approach to examine the use of mapping technologies for surveillance and enforcing government rationalities (Rose 1999; Hannah 2000; Crampton 2004; Pickles 2004; Harvey 2006; Rose-Redwood 2006). These studies underscore the role of

cartography, statistics, and geo-computational technologies in creation of a panopticon model for the government that enables state powers to “govern at a distance” (Rose 1999; Joyce 2003; Rose-Redwood 2006). These technologies help to create a world that is completely visible, knowable, and observable allowing state powers to regulate and manage population from a distance.

I argue that the Indian Government’s use of digital and geospatial technologies in the wake of the COVID-19 pandemic is an attestation of the creation of a “geo-coded” space to facilitate geo-power as the prerequisite for governmentalized biopolitics during the pandemic. Moreover, the government’s technological response to the pandemic is a reflection of the current administration of neoliberal governmentality in India that has promoted a culture of technological solutionism.

The next section analyzes the approaches taken by central, state, and local government agencies in their “war” against the COVID-19 pandemic in India followed by an examination of those approaches.

29.3 Technology Use

Government agencies in India have sought a variety of technological solutions to the COVID-19 pandemic such as GIS-based dashboards, geolocation-based tracking, geofencing apps, Artificial Intelligence (AI)-based contact tracing apps, facial recognition applications, Bluetooth-based phone tracing applications, GIS mapping of hotspots, and so on. Central, state, and local government agencies have deployed a myriad of applications mainly for tracking and monitoring purposes. There is, however, no centralized effort at the state and local government levels. While some state and local government agencies have instituted technology-based monitoring and tracing practices, others have not.

29.3.1 *Central Government Initiatives*

The National Disaster Management Authority, a central government agency for disaster management, has launched a GIS-based interactive dashboard to map COVID-19 cases in real-time. The interactive dashboard (Fig. 29.1) displays a GIS map of confirmed cases, number of fatalities, number recovered, number of foreign nationals, and number of Indians affected by COVID-19 at the State level. The dashboard is designed by ESRI India.

The interactive dashboard provides very detailed information for every state going all the way down to the district level.¹ For each district, the web-GIS-based

¹States and territories in India are subdivided into districts or zilla. As of 2020 there are 729 districts in India.



Fig. 29.1 COVID GIS portal. (Source: The National Disaster Management Authority COVID dashboard (*public domain*))

map provides a variety of COVID-19-related information such as cumulative number of people under surveillance, number of surveillance completed, number of symptomatic people, number of hospitalized cases, total number of positive and negative samples, number of ventilators, PPEs, N95 masks, total number of hospital beds available, and other demographic data. The map also displays information of laboratories that are conducting COVID-19 testing in each state. Options within the dashboard also create pie-charts and bar graphs for each state representing total number of confirmed cases, recovered cases, and fatalities by date. The dashboard has a pie-chart displaying confirmed cases in 14 Indian states.

Another initiative by the central government is the launch of the Aarogya Setu application. Aarogya Setu is the government's official tracking app and it has been developed by the Ministry of Electronics and Information Technology (MEIT) in collaboration with private sector actors. It is mandatory for government employees and everyone residing within a containment zone to download the app on their phones. Travelers entering India from any other country cannot clear customs and immigration unless Aarogya Setu is installed on their phones. In some cities, it is mandatory for the public to install the app or else face punishment by law enforcement. Food delivery companies in India have also required their employees to install this app (O'Neill 2020). Once downloaded and installed, one must register on the app using their mobile number. The app uses a phone's Bluetooth and GPS to collect and transmit location data that are shared with the government and uploaded on a government server. The location data are scanned to compare with a national database of known COVID-19 cases and let the user know if they have come in vicinity of a person who has tested positive for COVID-19. Moreover, if an individual tests positive for COVID-19, the app will share their location information with the government, thus monitoring the movement of individuals who have tested

positive. Additionally, the app also collects gender, travel, and smoking history information.

The MEIT has strongly promoted and marketed the Aarogya Setu app using social media platforms and text messages. Prime Minister Narendra Modi has also urged local governments to encourage the use of the app. The government has heralded the development and use of the Aarogya Setu app as a key step in the country's fight against coronavirus by leveraging digital technologies (Prime Minister's Office, April 8, 2020).

The Survey of India (SOI), the nation's national survey and mapping organization, has created a platform to collect geotagged data on infrastructures. The platform will integrate infrastructure information and different parameters impacting the COVID-19 pandemic such as biomedical waste disposal areas, containment zones, available hospitals for COVID-19 patients, testing labs, and quarantine camps. The government envisions that COVID-19 frontline workers including volunteers and community workers on ground will provide data along with their location information to this platform. A mobile application *SAHYOG* (meaning help/cooperation) to support the platform has been launched by SOI to collect location-specific data and information. Information parameters required by the government have been incorporated into the app and it will complement Aarogya Setu app of the government (Survey of India 2020) with the goal of focusing on public health delivery system at the state and central government levels by integrating geospatial data with location data of infrastructures.

The government has also launched an online national hackathon to find technological solutions and ideas targeting the COVID-19 pandemic.

29.3.2 State Government Initiatives

Few state governments have also launched their own contact tracing, tracking, and monitoring apps. State governments have collaborated with private companies and start-ups in their initiatives.

The south Indian state of Kerala has made use of a variety of information, viz., telephone call records, footage from surveillance cameras, and location data from phones, for contact tracing purposes (Kharpal 2020). The state government has also launched a phone application, GoK-Kerala Direct, that is built on a communication and broadcasting platform developed by a private Kerala-based company (QKopy.com). The app sends COVID-19-related updates, safety guidelines, and travel information to people in multiple languages. The state has employed other innovative utilization of technology too. For instance, the state government has collaborated with another Kerala-based start-up to station robots at public spaces to dispense sanitizers and at hospital isolation wards to distribute food and medicines to COVID-19 patients (Sahasranamam 2020). The state government has mandated the use of a mobile health app to register and track all international travelers arriving at three international airports in the state. Passengers registered on the app can be traced and

contacted using a QR code. The Government of Kerala has also launched a COVID-19 dashboard, created by Center for Development of Imaging Technology, a state government agency. The dashboard provides updated COVID-19 information for the entire state. Data are represented in the form of maps and charts with information about their data source. A user can also select different regions within the state to visualize the number of active cases, recovered, and deaths.

Another south Indian state of Karnataka has deployed similar technology-based solutions. The state has created and established a variety of COVID-19-related apps for monitoring, tracing, and tracking purposes. For instance, the state government has launched a smartphone app Quarantine Watch, which requires all individuals placed under quarantine to download and install the app on their phones (Ananth 2020). Once installed, those under quarantine must utilize the app to take a selfie every half an hour and upload. The selfie is geotagged and verifiable in real-time. Thus, government officials can authenticate if enforced quarantine norms are being followed. In case of any inconsistency between the identity of an individual and their location, appropriate action would be taken that includes transferring the individual to a mass quarantine facility.

Similarly, another smartphone app, Yatri Karnataka Online portal,² is being used by the state government to record all international traveler data. Data from this app are integrated with the Quarantine Watch app to monitor international and out-of-state travelers and enforce quarantine norms. The Karnataka government has also launched another mobile phone app Apthamitra (*The Economic Times*, March 2020) to provide COVID-19-related advice and guidance and telemedicine services to the public, particularly those under quarantine. The initiative was launched in a collaborative partnership between the state department and private corporations. The app is integrated with Aarogya Setu. As per state government officials, it is mandatory for all international travelers arriving in Karnataka to download the three surveillance apps: Quarantine Watch, Apthamitra, and Aarogya Setu. Similarly, the state government mandated the use of another online portal, Seva Sindhu, in order to track all passengers arriving into the state via railways. The state government has created a Karnataka State COVID-19 dashboard that provides COVID-19-related information for every district in the state. Information for each district is displayed using maps, graphs, and charts.

The south Indian state of Telangana too is using a mobile app TSCop used by the state's police force to record details of international travelers and geotag their residence. In order to track and monitor international travelers, local police obtain passenger details allowing local police patrol teams to visit the residence of international travelers who have flown into Telangana and collect data, which are integrated into the TSCop app. The state government like the state of Karnataka is using a smartphone app to enforce quarantine rules. All quarantined individuals are required to install the app on their phones and take a selfie and post it using the app.

²<https://www.covidwar.karnataka.gov.in/>

The app automatically turns on the phone's GPS system geotagging the selfie, thereby allowing local authorities to authenticate the selfie location in real-time.

Similar efforts have been instituted in other states too. The Punjab government in the northern part of India has also deployed an app, COVA Punjab, that uses a phone's location data and call records to monitor and enforce state quarantine regulations. Everyone traveling into the state is mandated to download and install the app on their phone and update their health information into the app during the mandated quarantine period. The Tamil Nadu state government has also deployed two apps developed in collaboration with a private company, which utilizes a phone's GPS system and facial recognition software to enforce home quarantine. Quarantined individuals must register themselves using the app on their phones. Gujarat, Himachal Pradesh, and Andhra Pradesh governments too have launched mobile applications for contact tracing and for monitoring the movement of home-quarantined individuals (Solomon 2020). Few of the state governments, viz., Tamil Nadu and Telangana, have developed and deployed these applications in collaboration with private companies such as IBM, Amazon Web Services, Cisco, and local start-up companies.

29.3.3 Local Government Initiatives

Several technology-based initiatives have also occurred at the local level where local government agencies have leveraged the use of technology mainly for monitoring, tracking, tracing, and enforcing quarantine. Local government bodies that are part of the country's Smart Cities Mission are particularly at the forefront of technology-based solutions. Urban Local bodies (ULBs) in these cities have converted their integrated command and control centers into "COVID War Rooms" (Smart Cities Council) to collect and provide COVID-19-related information to city administrators as well as to monitor the public in an effort to enforce quarantine and lockdown. The "COVID War Rooms" are being utilized to surveil the public through live feeds from CCTV cameras, monitor the movement of people to ensure enforcement of lockdown, monitor and track the movement of health workers using GPS devices, and map COVID cases using geospatial technology (Mukherjee 2021). ULBs like Bruhat Bengaluru Mahanagara Palike (BBMP) have also deployed smartphone applications to monitor surveillance and for citizens to monitor their neighbors and report any violations. ULBs like BBMP and SMC have created COVID dashboards that integrate geospatial technology with data analytics, forecasting, and modeling applications on a platform to gather public data, analyze trends, categorize, and publish datasets. At the local government level, ULB websites have become a key source for disseminating information and instituting surveillance.

In Gujarat, Surat Municipal Corporation (SMC) has launched a mobile application, SMC COVID-19 Tracker, to monitor home-quarantined people. All quarantined individuals must install the app on their phones. They are required to take a selfie every day, every hour and post it using the app along with their symptoms. The app utilizes the phone's GPS system and geotags the selfie allowing

local government administrators to ensure that quarantine norms are being followed. Ahmedabad Municipal Corporation (AMC) is utilizing their grievance redressal system to allow members of the public to lodge “citizen’s complaint” and notify authorities regarding any COVID-19-related issues. The ULB is also using cameras stationed at road intersections to capture registration numbers of vehicles to monitor movement of people to ensure that lockdown measures are followed. In the state capital Gandhinagar too, the ULB is utilizing live tracking mechanisms.

In Kasaragod district in Kerala the local police are using an app, COVID Safety App, developed by a private company to track and monitor individuals. The app utilizes a phone’s GPS and Bluetooth system to record the location of an individual and details of nearby devices. The app transmits location data to a server established by the local police. If an individual tests positive for COVID, those details can be utilized for contact tracing purposes. Moreover, the location data are used by the local police to monitor people and ensure enforcement of quarantine.

ULBs in Bengaluru and Hyderabad too have deployed apps for quarantined individuals to take a selfie, which is geotagged by the phone’s GPS system, and post for local government officials to ensure that quarantine norms are being followed. In Bengaluru, the ULB Bruhat Bengaluru Mahanagara Palike (BBMP) has developed a mobile phone application “BBMP Contains” for residents in containment zones. The app available on Google Play serves as a grievance redressal platform as well as a surveillance platform that can be used by residents to report anyone violating quarantine norms and upload videos and pictures of violators/violations that will be viewed by civic authorities in the “COVID War room.” Bengaluru has also launched a website that citizens can use to track hospital beds in real-time.

Similarly in Mumbai, Brihanmumbai Municipal Corporation (BMC) is using an app to monitor home-quarantined individuals. The monitoring app utilizes the phone’s GPS system to send location data to local police who also track call records to ensure individuals are adhering to quarantine protocols. BMC has also made use of GIS technology to create maps made available to the public of containment zones that are sealed off by Mumbai police.

Few ULBs have also deployed drone technology. For instance, Karimnagar Municipal Corporation has deployed drones to spray disinfectants in public places (Bora 2020). The Karimnagar police department has also made use of drones to ensure that lockdown measures are implemented. Similarly, districts in Kerala have deployed a phone app, Covid 19 Jagratha, for geotagging and geofencing of quarantined individuals. The app also has other features such as ambulance requests, COVID-19 counseling, and so on.

29.4 Is It Really Working?

Studies within geography, digital media, technology use, and GIScience have paid attention to the burgeoning use of technology during the COVID-19 pandemic (Kitchin 2020; Frith and Saker 2020; Dubov and Shoptawb 2020; Madianou 2020;

Rosenkrantz et al. [in press](#)) and have raised pertinent questions that are relevant when examining technology use by Indian government agencies in their war against COVID-19. The technological solutions employed by central, state, and local government bodies for contact tracing, geofencing, enforcing lockdown and quarantine, and monitoring public movement raise key concerns about technology use, viz., efficacy, privacy, and surveillance.

Mobile phone applications utilizing a phone's GPS and Bluetooth system raise serious privacy and security concerns particularly when such applications are deployed with minimum information pertaining to data privacy, storage, access, and institutional responsibility. In the case of applications deployed by central, state, and local government agencies, there is a clear lack of information about where the location data are stored, which agency or ministry has access to the data, for what purposes the geo-located data will be utilized, how long the data will be stored, will the data be repurposed for later use, and more importantly, the purpose of the apps and a legal framework to govern the functioning of the apps.

The myriad of smartphone applications that have been created and deployed are the result of a joint collaboration between different departments, institutions, and private sector actors. Private sector involvement is key in the development and deployment of most of these apps. There is lack of information on the roles and responsibilities of each actor making it very difficult to pinpoint the involvement of each entity and understand which agency or institution is steering the effort. Who is responsible for the medical and health-related aspects of the application and data, who is responsible for the technical aspects of the application, and who is responsible for data handling protocols? Such questions remain largely unknown or unanswered. Moreover, there is no clarity to what end the apps created during COVID-19 and data collected using those apps will be used or if the apps will be repurposed to be utilized later beyond the purpose for what they were originally created without public knowledge. Questions about ownership of collected data are unknown.

The apps created and deployed by government bodies in conjunction with private corporations are being downloaded by millions of people. For instance, the Aarogya Setu app has been downloaded by over 125 million people and is the world's most downloaded contact tracing app (Singh 2020). Kerala's GoK-Kerala app has been downloaded by over 100,000 people (Google Play 2020). It is mandatory for the public to download most of these apps on their phones and upload geotagged data or face punitive measures from the government. Hence the apps are collecting mammoth amounts of data, with no clarity as to where and how the data are being stored with no design limitations. There are no policies or protocols in place to safeguard the large databases produced from these massive geotagged data collection efforts or from being integrated with other datasets or databases. Also, absent are any security measures or sharing safeguards that preclude authorities from uploading the data to a centralized government server or sharing datasets with other agencies or institutions.

The lack of data privacy laws or an appropriate institutional oversight or presence of safeguards is particularly troubling considering past efforts by the Indian government to utilize communication technologies to track all its citizens, gather data, and

curate information into a centralized government database by means of a biometric identity program called Aadhaar (Datta 2020; Brar 2020). The government has faced widespread criticism due to the pervasive security and privacy lapses³ in the Aadhaar program (Sathe 2018,⁴ 2019⁵). Moreover, Aadhaar and other programs of the Modi government such as the National Social Registry, Unique Identification Authority of India, are a reflection of the current government's digital and mass surveillance culture executed under the guise of an informationization agenda to build Digital India (Mukherjee 2020). The rapid and widespread deployment of technological solutions during the COVID-19 pandemic without appropriate legal and institutional oversight further strengthens the creation, expansion, and normalization of surveillance tactics by the government.

Another important issue that arises with these technological solutions is the actual efficacy of such practices for contact tracing purposes. The rationale behind utilizing a smartphone-based application for contact tracing purposes is that proximity of mobile phones will automatically trace individuals in one's vicinity. However, the technology and method behind the use of this rationale have flaws as data collected lack precision and resolution for constructive contact tracing (Kitchin 2020). For applications to utilize a phone's Bluetooth system, it is imperative that the phone is fully charged and turned on and the phone's Bluetooth option is turned on or else the phone cannot transmit and communicate with other devices. Similarly, applications that utilize a phone's GPS system must be clear of any interference. GPS systems do not work indoors, in densely built areas with tall buildings, as the case in India, or during storms. Moreover, neither of the technologies can detect if the individuals in close proximity actually shared the same airspace, very pertinent in case of COVID-19. Additionally, such systems also give rise to the possibility of deceiving the system. Users can always use a secondary phone or upload a selfie and then venture out leaving their phone at home. Someone will always figure out a way to "beat the app."

Also, important are logistical and technical issues arising from the use of technology-based solutions. For instance, Quarantine Watch launched by Karnataka State department has received very low ratings and negative comments on Google Play. For iOS users the app was not available in the App store. For those able to download and install, the app simply does not function. There are bugs in the system, login issues, registration problems, and several technical glitches. The app is not synced with Seva Sindhu portal as mandated by the state government. Moreover, users cannot check their upload history. After uploading a geotagged selfie, users have no way to track it, check their own data, or make any corrections if needed.

³<https://www.huffingtonpost.in/news/aadhaar/>

⁴https://www.huffingtonpost.in/2018/07/23/how-andhra-pradesh-built-indias-first-police-state-using-aadhaar-and-a-census_a_23487838/?ncid=other_huffpostre_pqylmel2bk8&utm_campaign=related_articles

⁵https://www.huffingtonpost.in/entry/hacking-democracy-stolen-aadhaar-voter-deletion_in_5cb9afa2e4b068d795cb870c?ncid=other_huffpostre_pqylmel2bk8&utm_campaign=related_articles

Also, user information has to be entered repeatedly. Users are either not able to take a selfie or upload a selfie and persistently keep getting error messages. Users reported uploading selfies multiple times to no avail. Even after uploading a selfie, users get calls from government authorities for violating quarantine. Similar issues have been reported about the SMC COVID-19 Tracker app. The app has bugs and does not function properly. There are issues with logging into the app as several users reported not being able to log in after several attempts. Users are asked to enter and update their location information every hour, even when they are asleep. Similar to Karnataka's Quarantine Watch, if one is able to finally upload a selfie there is no way to ascertain if the geotagged selfie was uploaded to the appropriate location or make any corrections. The use of the app is not pragmatic. The app can be used to upload information for one individual only. So, if every member of a household is quarantined then every member in that household must have the app installed on individual mobile phones, which is not possible. Users also raised alarm while reporting that the app requests access to the phone's call logs and contact list. Moreover, the SMC COVID-19 Tracker app is only available in English, making it difficult to use for those who do not speak or understand the language. Also, there is no option to download the app on the App Store although on SMC website it states that the app can be downloaded for Android and iOS users. So anyone with an iPhone would not be able to use the app and record their following quarantine norms as per local authorities. Similar issues are also reported with the COVID-19 Jagratha app.

As part of their "war" against COVID-19, SMC has launched a COVID-19 dashboard and a map application through its website that allows the public to track COVID-19 cases near them. The dashboard displays a very basic graphical representation of COVID-19 data. However, there is no information about the time frame that the data represent. Also, the map application is non-functional. The webpage displays all healthcare facilities in Surat and allows one to mark a location on the map. Other than that, the map has no other functional capabilities. It does not provide any COVID-19-related information nor the number of cases within a certain distance from the marked location on the map. This calls into question the purpose of the map.

BBMP's "war room" has also launched their COVID-19 dashboard developed in conjunction with several private sector actors. The dashboard provides COVID-19 data for the city. However, it does not specify the time frame of the dataset calling into question the currency of the data. The dashboard also has a web-based GIS map for visualization purposes that displays a color-coded visual of containment zones and point markers depicting isolation status of positive cases. However, there is no information of the scale at which the point markers have been aggregated. Moreover, an animated time series GIS map of containment zones and number of patients on the dashboard covers a time frame that ranges from March 7 to July 21 as of September 10, 2020, again raising questions about data currency. The dashboard is used to make BBMP war room's surveillance monitoring app and grievance redressal app, "Bruhat Bengaluru Mahanagara Palike (BBMP) Contains," available to the public. The app similar to Quarantine Watch and SMC COVID-19 Tracker has very low

ratings again with many technical issues reported by users. The dashboard also has an option to visualize detailed analysis of COVID-19 data in graphs, charts, and map formats for the city of Bengaluru and a comparison of data across cities in India. However, most of the charts and graphs are not displayed and there is no information about the time frame the data represent. Thus, the purpose of the data analysis represented is not clear.

Technological solutions that rely on a smartphone technology or use a smartphone's Bluetooth and GPS systems also exacerbate inequalities by excluding certain sections of the society. People can only use smartphone-based apps if they own a smartphone. And this is a very pertinent issue in India where approximately 75% of adults do not own a smartphone (Wood 2019; Wiggers 2019). However, 40% of adults in India own a mobile phone but not everyone has access to a smartphone. Thus, using apps exclusively based on smartphone technology marginalizes 75% of the population. Additionally, studies (Dubov and Shoptawb 2020; Kitchin 2020) have emphasized that for phone-based contact tracing to be effective, 60% of the population must participate in digital contact tracing. In an environment where 35% of the population does not own a mobile phone and 40% of the population does not own a smart phone, it raises questions about the effectiveness of smartphone-based digital contact tracing. Moreover, some of the apps deployed by government authorities such as GoK-Kerala Direct or BBMP Contains are only available on Google Play to download, excluding other smartphone users from using the apps. Additionally, for digital contact tracing to be effective it is important that enough COVID-19 testings are administered (Dubov and Shoptawb 2020; Kitchin 2020). Studies conducted recently (Bharali et al. 2020) have noted the low testing rates in India. Between July 1 and September 1, number of tests per confirmed cases in India has ranged between 11.6 and 12.8 (*Our World in Data*). The WHO recommends around 10–30 tests per confirmed case as a general standard of adequate testing. Thus, for the government's technological solutions to be effective, it is important that adequate numbers of testings are conducted with as much fervor as technology use.

During the pandemic, local government authorities in many cities have been quick to convert their integrated command and control rooms into COVID "War rooms," where government authorities have access to large flat screen monitors, video walls, geospatial technology, data analytics, and other such technology. Government authorities take pride and herald the use of COVID "war rooms" in their war against COVID-19. These "war rooms" receive data feed from different agencies, CCTV cameras stationed at road intersections, data from healthcare workers on ground, and data output from the varied apps launched by the government, which is then analyzed by government authorities from the comfort of the "war rooms" for surveillance, tracing, and monitoring purposes. The COVID "war rooms" with their advanced technologies have created a panopticon model of the city and serves as a repository of big data generated from numerous data feeds, enabling the creation of a geo-coded world allowing government authorities to monitor, govern, make decisions, and delegate from a distance and further the creation of Digital India. However, one might ask where rural India stands in Digital India's

fight against COVID-19. The myriad of technological solutions can only be executed in urban areas. Rural areas that lack the most basic infrastructure, let alone adequate number of cell phone towers or high-speed Internet, are automatically excluded.

Such technological solutionism particularly marginalizes the most vulnerable members of the society. One of the key measures recommended to minimize the spread of COVID-19 is social distancing, which requires individuals to maintain a physical distance of 6 ft (CDC 2020). Additionally, other preventive measures such as washing hands with soap and water for at least 20 seconds is also recommended. In order to follow these preventive guidelines, it is imperative that one has access to basic infrastructure, like adequate supply of water, soap, and so on, including enough living space and a social safety net. This is a very complex issue in India that is plagued by rural and urban poverty. The poor sections of the society have very limited access to the most basic means of survival and suffer from high health risks with no access to basic healthcare. They dwell in densely populated overcrowded slums that make physical distancing impossible. Approximately 200 million people in India reside in densely populated slums and survive on a day-to-day basis with unreliable access to drinking water and sanitation (Du et al. 2020). In urban areas, conditions are further bleak where daily wage and migrant workers live in overcrowded slums, shanties, or roadsides with no access to toilets or adequate drinking water. As per 2011 Census, nearly 22% of the population in India live below the poverty line. In order to cater to such vulnerable groups, the presence of physical infrastructures such as mass quarantine and containment centers, health centers, physical tracking and tracing services, and social welfare services are absolutely essential and must be prioritized. Technological solutions further exacerbate social inequalities. Such an approach only facilitates the creation of a parallel narrative that shows the government as actively taking steps to address the issue on hand.

29.5 Conclusion

With 4.85 million cases, India has the second highest number of COVID-19 cases in the world currently. As the COVID-19 pandemic has affected countries all over the world, India like most other countries has taken steps to combat the spread of the virus. These steps include a complete lockdown imposing strict quarantine and containment measures. In order to enforce them, the government introduced different technological interventions targeted at the national, state, and local levels as early as March in the fight against COVID-19. These interventions have mainly been used for surveillance, crowd control, and contact tracing and tracking purposes. A close examination reveals that implementation of these technological measures has been done in a rush without enough consideration about their technical feasibility, effectiveness, and social and ethical implications. The measures raise serious concerns about privacy, security, and governance culture. In recent years, India has been

going through a rapid informationization and computerization phase with the goal of building a Digital India. This has led to a widespread implementation of geospatial, information, and communication technologies within government agencies for dissemination of government services to the public (Mukherjee 2020). In the process, India has also witnessed a massive use of surveillance technologies. As COVID-19 pandemic hit India, the government's approach to use technology to curb the spread of the virus is a reflection of a culture of technological solutionism instilled by the current government. It also furthers the creation of a "geo-coded" landscape that enables government authorities to surveil, monitor, trace and track, and govern from a distance. And the crisis of the pandemic offers an opportunity to normalize such practices.

As governments institute massive rollouts of technology in times of crisis like COVID-19, several safeguards need to be in place. Particularly, there is a need for a framework that includes social and ethical ramifications of technological interventions during a public health crisis. Technological interventions must undergo thorough testing and review for long-term use and governance before being rolled out. The review must incorporate any negative impacts such as control creep, privacy, and security violations and address safeguard measures. Transparency with public is also paramount. Apps should be developed using open-source software enabling public scrutiny. Technological interventions must be designed with an expiration date and executed under appropriate oversight. Implementation of an application must be done in a transparent manner that involves all stakeholders. Moreover, application use should be on a voluntary basis with clear evidence and explanation of benefits of use, unlike the case in India where one would face punitive measures if a certain application is not installed on phones. Data-sharing should be consent based, not mandatory. There should be clear data-sharing protocols and policies with clear rules for database management that restricts data-sharing and data repurposing. Data must be anonymized with encryption that curbs re-identification. Most importantly, there must be a concerted effort to include vulnerable members of society in whatever intervention is instituted. Measures to ensure equitable access and representation must be taken. Efforts to build a social safety net and bridge social inequality must accompany any technological intervention.

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Falguni Mukherjee is an associate professor in the Department of Environmental and Geosciences at Sam Houston State University. She received her PhD from the University of Wisconsin—Milwaukee and MS in GIS from University of Texas at Dallas. She has a Bachelor's degree in Civil Engineering from BVM Engineering College, India. Falguni Mukherjee's research centers on Science, Society, and Technology studies. She particularly focuses on the process of technology use for urban governance in a non-western context and the focal point of her research is urban local bodies in South Asia. Additionally, she also utilizes remote sensing technology to understand earth–environment interactions. Falguni Mukherjee has published in prestigious journals such as *Annals of the American Association of Geographers*, *Geography COMPASS*, *Cartography and Geographic Information Science*, *Journal of Geography in Higher Education*, and *Journal of Urban Technology*.

Chapter 30

End of the World: New Zealand's Local Government and COVID-19



Jeff McNeill and Andy Asquith

Abstract New Zealand's local government's experience of the COVID-19 pandemic differed from those of most countries as a consequence of geography and decisive action by its central government early in the pandemic. The country was able to eliminate the spread of the COVID-19 virus in the community early in the emergency through a draconian lockdown and so avoided most public health impacts associated with the pandemic elsewhere. Rather, attention has focused on the recovery from the social and economic impacts resulting from international economic downturn including a collapse of the tourism sector, and the domestic lockdown. The experiences of three territorial authorities highlight the sub-regional differences in both impacts and approaches to recovery. They show tensions between different levels of government to implement policy within a devolved and largely autonomous local government regime. More broadly the country has seen the reversal of some of the tenets of the neoliberal state that has underpinned government policy for the last 30 years.

Keywords New Zealand · COVID-19 · Local government · Local and urban governance · Response · Recovery · Pandemic · Devolution · Tourism

30.1 Introduction

New Zealand is one of only a few countries that eliminated COVID-19 before it became widespread in the community. This elimination of the disease in the community, which averted a major public health crisis, reflects a fortuitous combination of geographical isolation and an early, decisive policy to eliminate community transmission soon after the COVID-19 virus reached the country.

J. McNeill (✉)
Massey University, Palmerston North, New Zealand
e-mail: J.K.McNeill@massey.ac.nz

A. Asquith
Curtin University, Bentley, WA, Australia

New Zealand's location at the antipode of Europe and 2600 km from Australia, the nearest large landmass, meant that the small island state with the land area of the UK but a population of 4.9 million people could apply stringent border controls to restrict entry into the country. A 6-week draconian national lockdown imposed by the New Zealand government in late March 2020 contained the pandemic hotspots and broke the chain of transmission. Since then there have been three outbreaks, all in Auckland, the country's largest city with a population of 1.6 million. The second and largest outbreak with a cluster of 179 community cases resulted in a two and a half week regional lockdown in August, with two shorter ones in February 2021. Otherwise, a kind of pre-COVID normalcy has resumed at least for now.

However, the country experienced large-scale economic and welfare dislocation: its economy shrunk a record 12% in the June 2020 quarter due to the impact of the coronavirus, the largest quarterly fall recorded since 1987, putting the country in recession for the first time in 11 years (Statistics New Zealand 2020). These impacts are not equally shared around the country, reflecting different regional economic drivers. Some 3.8 million visitors spent NZ\$39.1 billion in 2018 (Statistics New Zealand 2018) and regions relying on international tourism have been particularly hit hard with a sudden and complete collapse of the industry as border restrictions stopped any tourists entering the country. On the other hand, regions with economies based on agricultural exports have continued without major disruption as global demand holds up. Thus in the June quarter, the lower North Island regions held their economies; the Manawatu-Whanganui region, for example, leapt to the top of regional economic indicator ranking (ASB 2020).

This achievement has accordingly resulted in a very different experience for New Zealand local governments and their communities compared to those in many other countries. With large parts of the country untouched by the pandemic, local authorities,¹ rather than responding to a public health crisis, have focused their efforts on the social and economic challenges facing their communities.

Looking at New Zealand with its heterogeneous geography and spatially differential impacts resulting from the government response to COVID-19, we ask whether there is a role for local government in a national-level crisis. To address this question, we explore whether local government responses to the pandemic do actually differ from each other to reflect local conditions to justify action at this level or not.

This chapter reports on the New Zealand experience and the experiences of three New Zealand local authorities in particular to illustrate the variable impacts of the COVID-19 pandemic and how the different levels of government operated together to address them. We also report on the public health response by the country's district health boards (DHBs): public health outputs are provided by subnational

¹The term 'local authority' is used in this chapter with the same meaning of local (self-)government. Both terms meaning a form of administrative decentralisation and not a mere de-concentration tier of administration.

governments in many western countries and in New Zealand by a hybrid quasi-local government structure rather than by local government per se.

We first outline the nature of New Zealand local government and its relationship with central government before relating the national experience in coping with COVID-19 through 2020. We then sketch the very different experiences of three local authorities: Auckland Council that governs the Auckland metropolitan area, provincial Palmerston North City Council, and tourism-focused Queenstown Lakes District Council (QLDC). We draw on council and other publicly available documents, as well as a limited number of interviews with managers in all three councils involved in their councils' emergency response as well as local government peak bodies for insights. We note however that the situation is fast-changing, making any definitive assessment difficult if not impossible. For example, we are already seeing commentary suggesting optimism that New Zealand will recover financially much sooner than had been earlier predicted. One major bank for example in early November 2020 brought its expectation for a return to normal activity forward by a year, to late 2022, from those made several months earlier (Morrison 2020). Most recently, in April 2021, New Zealand and Australia opened their borders to air travellers from each other's country. Whether the resulting tourism revival is enough to assist in this recovery – and even whether the 'travel bubble' open border lasts – remains to be seen.

30.2 Governance

New Zealand's local government operates within a unitary state with a strongly centralised government. The current local government and public health regimes were established in the late 1980s as part of the country's broader neoliberal turn that sought to decentre decision-making and roll back the state (Peet 2012; Boston and Eichbaum 2014; Martin 1991). As the 'New Zealand experiment' (Kelsey 1997) has subsequently waxed and waned, so, too, has central government views on local government. The position of local government has changed somewhat erratically, in 2002, 2012 and again in 2019 when the pendulum has swung, significantly changing local authorities' position in society, and therefore its role and scope. The minimalist model of local government advanced by the 1989 reforms was fundamentally transformed by the Local Government Act (2002), which effectively gave local government the power of general competence. While this position was reversed in 2012, it was reinstated again in 2019 – this giving all local authorities a key role to play in shaping New Zealand communities and society (Asquith 2016).

Today, the system contains 11 regional councils, 61 territorial authorities (city or district councils) and 6 unitary councils. The latter, which include Auckland Council, incorporate both regional and territorial council functions, all operating under the same legislative mandate. It is notable for the high level of autonomy, largely self-funding from property taxes and user charges (Drage and Cheyne 2016; Martin 1991).

The majority of the budgets of local authorities continues to be raised locally – in excess of 85%. Rates provide the largest source of revenue (just under 50%) (New Zealand Productivity Commission 2020), with the ‘user pays’ principle also providing a sizeable proportion of local authority income. There has been a subtle shift though in the last 3 years. In recent times, most New Zealand central government transfers to local government have been through the New Zealand Transport Agency, primarily for roading and public transport. More recently, through the NZ \$1 billion over 3 years, the Provincial Growth Fund – a regional development fund that is part of a minor-party coalition agreement – has provided further regional investment (McNeill 2019).

This remarkable level of autonomy is however confined to a task-span narrower than typically found in many other countries. Functions of local government in other countries, such as health and social services and education, are funded centrally in New Zealand and provided locally through Crown entities. Physical infrastructure provision dominates territorial local government operating and capital expenditure, mostly on roading and public transport, though the levels vary greatly across councils.

The regional councils are in many ways environmental protection agencies with public transport and civil defence added (McNeill 2016). The territorial authorities have broader functions, encompassing physical infrastructure such as roads, water supply, wastewater and stormwater, recreation and cultural activities and amenities, land-use planning, building standards and some public health and safety functions. All are required under 2019 legislation to take account of their citizens’ economic, environmental, social and cultural wellbeing. The economic wellbeing function is new to most of the regional councils.

The relationship between New Zealand’s central and subnational levels of government has often been poor as a consequence of operational autonomy (New Zealand Productivity Commission 2020; Drage and Cheyne 2016). The governance model reflects a lack of understanding by central government of local government – that it is not an agent of central government nor accountable to central government but to their local communities. In addition, the governance model also demonstrates a simple lack of experience and knowledge by central government staff – and politicians – of the local government sector. Finally, central government for the main part has historically been reluctant to provide national strategic direction to local government.

These tensions manifest with the creation of Auckland Council by amalgamating seven local and one regional government in 2010 as an effort to improve efficiency and effectiveness (Asquith et al. 2020). Most recently, we are seeing a functional consolidation driven through efforts to regionalise management of potable storm and wastewaters that are the responsibility of individual district, city and unitary councils through regulation and financial incentives. This initiative is significant given these functions account for around a third to half of local government expenditure.

In contrast, and unlike many countries, public health outcomes are delivered in New Zealand within a decentralised structure consisting of 20 DHBs, each responsible for delivering health services for a specific geographic area. They operate under

a hybrid governance model, each board consisting of both representatives elected as part of the local government elections and government-appointed members. Their quasi-local government status is underlined by some elected members also serving as city councillors, providing political linkages between the two. Nevertheless, their reliance on central government funding through the Ministry of Health makes clear their essentially decentralised rather than devolved status.

The public health sector is regarded as complex and inefficient. Oversight by the Ministry of Health has also proved challenging, the boards acting largely autonomously. As a consequence, the government has quietly modified the structures at the margins over the last decade through amalgamating several of the DHBs and appointing shared chairpersons to others in order to facilitate coordination. Complexity is added by delivering public health services by 12 DHB-owned public health service providers – public health units (PHUs). A March 2020 review of the sector concluded that the effectiveness of the elected boards is not compelling and recommended that the number of DHBs needs to be halved within the next 5 years (Health and Disability System Review 2020). The threat of rationalisation thus hung over the DHBs as they responded to the pandemic.

The public health sector is also severely under-resourced and was not well placed to cope with a pandemic. New Zealand has fewer hospital beds than most OECD countries and just 4.7 intensive care beds/1000 people. It was also fairly low on preparedness for facing an effective response despite having a national epidemic management strategy. The sector had demonstrated a ‘panic-and-neglect’ response to the 2019 measles epidemic, notable for the largest number of cases for over two decades and the second highest in the Western Pacific region (Sonder and Ryan 2020; Turner 2020). As an indication of their autonomy, the DHBs are responsible for procuring and managing their own supplies such as ventilators and personal protective equipment (PPE) needed to respond to the COVID-19 pandemic. Several districts found that their PPE stockpiles had dwindled or passed their use-by dates. When those district boards tried to procure more PPE, they found that their usual suppliers had sold all of their inventory and other suppliers had markedly increased their prices (Cameron 2020).

The different local authorities are brought together to manage natural disasters facing their communities. New Zealand has long experience in disaster management; its location on the Pacific Rim of Fire means earthquakes are common – volcanic eruptions less so, while droughts and flooding are not infrequent. For example, the 2010 and 2011 Canterbury earthquakes destroyed the heart of Christchurch, a city of 370,000 people, the second earthquake killing 185 people and injuring several thousands more. The government has a long-established emergency management regime in place underpinned by the Civil Defence Emergency Management Act 2002. Under this legislation, the government can declare local or national state of emergency, coordinate police and emergency services and provide for regional-level emergency responses by local government. As well, regional and territorial authorities have to prepare regional emergency management plans to manage and coordinate local responses to emergencies through collaborative management structures.

Most emergencies have been localised requiring immediate response and a longer recovery. The affected local authorities, coordinating with the National Emergency Management Agency, part of the Office of Prime Minister and Cabinet, typically address the event and its aftermath. Only rarely does central government take over management for any length of time. The Canterbury earthquake emergency was remarkable both for the extent of damage with total economic losses estimated at over NZ\$40 billion, and its ongoing nature as a series of 4 major earthquakes and 11,200 aftershocks (Orchiston et al. 2014). In response, the government established a separate national-level agency to coordinate the recovery (Canterbury Earthquake Recovery Authority 2014).

Coming into the pandemic, therefore, New Zealand had a very decentralised governance structure with which to respond. An emergency management regime was in place, yet lacking locally located agencies itself, central government was heavily reliant on local government to implement many of its initiatives when responding to the pandemic – organisations beyond its direct control. At the same time, its own public health response was reliant on the quasi-autonomous health boards that were operating to their own plans.

30.3 A Looming Threat

The country's response to the COVID-19 pandemic has followed the classic civil emergency management model of response and recovery. Nationally, the Government adopted an all-of-government approach to manage the pandemic, initially run as a national civil emergency response through the National Crisis Management Centre in the country's capital, Wellington, until the end of June. Its role was subsequently taken over by the COVID-19 All-of-Government Response Group, established as a business unit of the Department of Prime Minister and Cabinet for the recovery.

Efforts were also made to coordinate central and local government actions and address local government issues that arose. It was a feature of the emergency that the different government departments, which usually operate within silos, were able to demonstrate nimbleness and coordinate their work efficaciously (Reid 2020; Palmer 2020) to address public health, border management, emergency welfare and economic relief.

30.3.1 Health Emergency Response

The New Zealand government, responding to emerging evidence of the unique nature of the COVID-19 virus, moved quickly from a response guided by national influenza epidemic planning to one that sought to eliminate the virus within the community. Borders were closed to travellers from or travelling via mainland China

on 3 February 2020 and to all other than 'essential workers' and returning New Zealanders and permanent residents on 20 March. The contemporaneous global collapse of the international passenger airline sector reinforced this isolation with New Zealand nationals stranded overseas and foreign nationals in New Zealand unable to return home. Everyone entering the country was required to undertake a 14-day isolation at one of the 32 government-managed isolation and quarantine facilities – hotels. Free to returning nationals and permanent residents, these facilities cost the government NZ\$2.4 million a day to operate.

Control was soon extended to include internal movement. Just under a month after the first confirmed case and with 205 confirmed cases, the country was put in 'Alert Level 4' and a State of National Emergency declared on 25 March that closed down all public life and nearly all businesses for 6 weeks. Under this alert level, only supermarkets and petrol stations could stay open, with everyone exhorted to remain in their household 'bubbles' and to avoid any travel. All public events, along with church services, funerals and weddings, were banned. The country came to a standstill. Hospitals were cleared of non-urgent patients to cope with the expected inundation of critically ill cases. While not publicised, local authorities activated their emergency response centres and prepared for worst-case contingencies, such as providing for temporary morgues and mass burials. The PHUs began testing for possible cases of the virus and tracing the contacts of anyone who tested positive.

With no new cases reported in the community, the declaration of a national state of emergency expired on 13 May and the country moved to 'Level 2' that allowed much of normal life to resume, albeit with no gatherings of more than 100 people. Such a speedy response meant that there have been only 19 deaths from 1487 cases. Still COVID-free, New Zealand moved in Alert Level 1 on 8 June. The country had no reported domestic cases of COVID-19 for 100 days before a partial, Level 3, lockdown was imposed on Auckland – with the rest of the country moving to a Level 2 lockdown – for 3 weeks in August to address a community outbreak in south Auckland (Unite against COVID-19 2020). That 'hotspot' has now been eliminated and the country has reverted to Level 1 and normal movement and association is now permitted throughout the country. Minor outbreaks still occur, nearly all associated with quarantine facilities, but so far all have been quickly contained.

Two-thirds of all cases were imported by international passengers or crew (43%) or people exposed to international returnees including close contacts of staff working at the border or in managed facilities. The remainder were locally acquired, forming 16 community clusters that occurred in the initial lockdown in 8 different locations across the country. Spatially confined, all centred on a specific event or location, with those in Auckland accounting for two-fifths of all community cases (Table 30.1). International tourism and recreation were heavily implicated. Two clusters resulted from two private groups travelling independently to New York where members of each contracted the disease. Infected passengers on a cruise ship spread COVID-19 through the Hawke's Bay as they toured the region when the vessel visited Napier. An international conference in Queenstown was attended by 400 people from 18 countries, where some were already infected transmitted it to others, who carried it with them when they returned home.

Table 30.1 Community clusters: March–July 2020

Cluster	Location	Region	Total cases
Aged residential care facility (1)	Auckland	Auckland	51
Aged residential care facility (2)	Auckland		13
Private function	Auckland		40
Group travel to the USA	Auckland		16
Community	Auckland		30
School	Auckland		96
	Auckland total		246
Wedding	Bluff	Southland	98
World Hereford cattle conference	Queenstown		39
	Southland total		137
Aged residential care facility (1)	Christchurch	Canterbury	56
Aged residential care facility (2)	Christchurch		19
Community	Christchurch		14
	Canterbury total		89
Hospitality venue	Matamata	Waikato	77
Aged residential care facility	Waikato		15
	Waikato total		92
Group travel to the USA	Wellington	Wellington	16
Wedding	Wellington		13
	Wellington total		29
Ruby princess cruise ship cluster	Hawke's Bay	Hawke's Bay	25
	Total		618

Data: Ministry of Health (2020b)

Nevertheless, health impacts and the ability to respond to them have been asymmetric. Three-quarters of all 1700 cases outside managed isolation up to 20 October 2020 occurred within 6 of the 20 health districts, with the 3 Auckland health districts accounting for two-fifths (43%) (Data: Ministry of Health 2020a). The initial distribution of intensive care beds also varied spatially and did not match cases by health district: thus, the 3 Auckland DHBs had only a third of the ICUs. Together, the Auckland DHBs could provide 1 intensive care unit (ICU) bed per 15 transmissions, compared to 14 DHBs that each had between 1 and 4 cases per ICU bed (Data: Ministry of Health 2020c).

Although central government was responsible for the 2021 national vaccine strategy and choice of vaccine, the DHBs are responsible for implementing the vaccine strategy. The responses have differed markedly between DHBs; while a third have significantly exceeded their targets to date, achieving over 105% of planned vaccinations, nearly the same number (6) have failed (less than 95% planned delivery). Of the latter, two DHBs have delivered less than 70% of planned vaccinations by mid-April 2021 (data: Ministry of Health 2021), giving rise to public and political disquiet.

Central government also sought to engage with local government. The Department of Internal Affairs (DIA) convened the Local Government COVID-19 Response Unit. This dedicated working group comprised senior leadership from DIA's Central Local Government Partnerships, Local Government Policy and Operations teams, the Society of Local Government Managers, Local Government New Zealand (LGNZ), and the National Emergency Management Agency. The unit's work focused for the main part on ensuring ongoing provision of essential services, as well as addressing the administrative aspects of the crisis to ensure governance continuance and meeting regulatory requirements and to provide a consistent local government response across the country.

30.3.2 Economic and Social Recovery

Although the public health impacts have been very small, the social and economic impacts have been significant across the country. Responding to the consequent social and economic impacts caused by the lockdowns and the wider international economic downturn has been more complex. In the face of looming high unemployment, the government sought to keep unemployment below 10% and keep the economy functioning, by providing fiscal stimulus and becoming the employer of last resort (Bollard 2020). The Reserve Bank, independent by statute, reduced the official cash rate by three-quarters to 0.25% in March to stimulate spending.

The government firstly announced a NZ\$12.1 billion COVID-19 economic package in mid-March that included NZ\$8.7 billion for business and jobs and NZ\$2.8 billion for income support. It then provided in the May 2020 Budget an envelope of NZ\$50 billion in emergency spending – the COVID-19 Response and Recovery Fund (CRRF) (Robertson 2020). As well as providing wage subsidies, the government sought to invest in 'shovel ready' infrastructure construction projects to stimulate regional economy. Full funding was provided for some projects and partial funding for others. As of 9 October, 169 projects have been approved in principle, worth NZ\$2.6 billion for projects that have a total value of NZ\$4.7 billion. A quarter (26%) of funding was for transport, followed by community projects (20%), housing (19%) and environmental projects (16%) (Crown Infrastructure Partners 2020).

Within the central-government-led response, local government faced three competing tensions: loss of revenue from non-rate sources as a result of lower investment returns and reduced economic activity leading to reduced fees and charges income; pressure to contain or lower rates in the face of some households and businesses in their communities facing economic hardship; and the desire to maintain local employment and infrastructure investment as part of the whole of government response to the pandemic.

Local government faced a fiscal dilemma in responding to the pandemic: on the one hand seeking to demonstrate prudence to their ratepayers and on the other hand also supporting their local economies. The pandemic coincided with the councils' statutory obligations to consult with their communities and set their budgets for the

July 2020–June 2021 financial year. As a result, all reviewed their published draft budgets to address anticipated revenue shortfalls in their final budgets. Most councils sought to avoid large-scale service reductions with consequent job losses, while maintaining infrastructure investment to help reduce the wider economic impacts of the pandemic. Most intended to substantially increase their planned borrowing programmes consistent with the Government’s desire to maintain economic activity and avoid large-scale service reductions with consequent job losses. Capital works programmes are larger than previously forecast in long-term plans, which aligns with the government’s aim to use infrastructure investment to help reduce the adverse economic effects of the pandemic (Local Government COVID-19 Response Unit 2020).

30.4 Case Studies

Our three case study councils are all very different in geography and experience of the COVID-19 epidemic. Together, they illustrate the diverse local challenges faced by territorial authorities and their responses to the pandemic (Fig. 30.1).

Auckland in the upper North Island has a population of 1.6 million (a third of the national population). Generating 36% of New Zealand’s gross domestic product (GDP), it forms the engine of the country’s economic growth (Asquith 2008). In logistical terms, 75% of exports and 40% of imports pass through Auckland and 66% of New Zealand’s top 200 companies are based in Auckland. Hence, the success of New Zealand as a nation is inextricably linked to the success of Auckland. Its governance is unique; Auckland Council is essentially a city-region following reorganisation in 2010 with an executive mayor.

In comparison, Palmerston North, in the lower North Island, is a rural service and regional administrative centre with a population of 90,000. The state plays a significant role in the city’s economy as a consequence of hosting a university, public hospital, science research centres, regional and city councils, and regional and district government department offices. Army and air force bases are nearby. Consequently, the city has one of the highest proportions of government employees in the country. The wider Manawatu-Wanganui region is predominantly rural with dairying, and sheep and beef grazing producing primarily for export.

Queenstown Lakes district, set among the Southern Alps in the southern part of the South Island, is the jewel in the country’s international tourism crown. The district has been for the last few decades one of New Zealand’s fastest growing. Its permanent population had increased by 40% in the previous 5 years to 41,700 in 2019. Reflecting its tourism base, it has a peak population of around 100,000 – most international tourists and many working as short-term casual workers in the hospitality and services sector. Many locate in Queenstown, with its permanent population of around 16,000; most of the others at Wanaka, with its permanent population of 12,500. The nearest city is Dunedin, 280 km to the west.

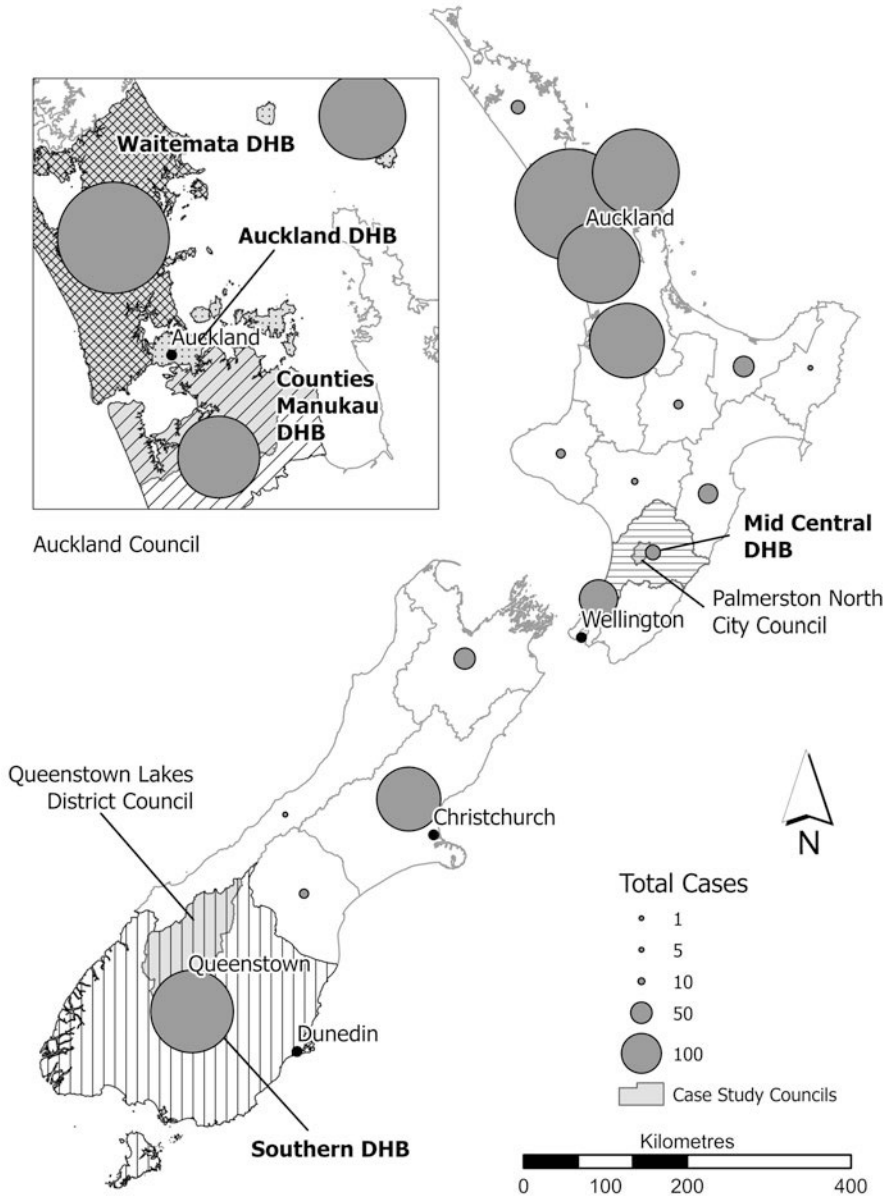


Fig. 30.1 Case study council locations. Map shows territorial authorities and district health boards and the number of patients treated for COVID-19 during initial lockdown period (March 2020). (Cartography: John Lowry, Massey University. (Data: Ministry of Health 2020a))

The three cases also have very different public health facilities available to their citizens. Three Auckland (Auckland, Waitematā and Counties Manukau) district health boards are best treated together. They have 118 ICU beds (33% national supply). Palmerston North's public health needs are provided by Mid Central DHB's Palmerston North hospital with 32 ICU beds. Falling in the Southern Health District that covers the whole of southern New Zealand, Queenstown Lakes is supported by a 25-bed hospital near Queenstown, but is supported by the Dunedin base hospital. The DHB had only 20 ICU beds in total.

30.4.1 Auckland

The Auckland Council was in a unique position in the pandemic, a consequence of its size, and its airport providing the main international visitor gateway and a steady flow of infected inbound passengers. Further, it was the only council to undergo a second, regional, lockdown when a local outbreak occurred in August. It had 246 confirmed cases in 6 clusters in the initial lockdown period and a further 159 cases in a single cluster in August. At the same time, it was facing a drought early in 2020 that created a local emergency as its water reservoirs were unable to be replenished, leading to water use restrictions across the city. Emergency measures required NZ\$224 million of urgent and unbudgeted capital works to address the water shortage.

With the largest population of any local government, but with the most intensive care facilities, it faced substantial logistics challenges coordinating welfare support. Its airport is the primary gateway to the country and it hosts most incoming quarantine arrivals in 18 of the country's 32 managed isolation and quarantine facilities – hotels. Accordingly, the risk of a virus outbreak into the community is greatest here.

During the initial emergency, Auckland Council deployed staff and resources to support the community through its civil defence emergency management processes. These services delivered emergency food and household essentials directly to communities in need. It also arranged delivery of supplies to food banks and marae (communal social building complexes for Maori) for onwards delivery to households in need. The Council also provided a range of services that may normally have been expected to be provided by central government agencies. These included calling households on behalf of the Ministry of Social Development to checking the welfare of their clients. This involvement reduced over the year as central government agencies have geared up their responses.

The Council played a prominent role in managing arrivals through the Auckland International Airport by establishing COVID-19 isolation and quarantine centres, as well as making its property available for basing COVID-testing stations and office accommodation for government agency teams set up to manage the pandemic. The Council also deployed its staff to support central government operations including public health checking at the border protection.

Direct liaison involved the mayor and Council's communication together with the Ministry of Health to ensure consistent public messaging. During the second lockdown, Auckland Council worked with adjacent local authorities to mitigate adverse effects of the boundary controls, the controls themselves operated by the police.

Auckland as the country's gateway economy was very exposed to the international downturn in tourism, international education (worth NZ\$2.8 billion for Auckland) and manufacturing. By mid-July some 70% of Auckland jobs were being supported by central government wage subsidies and it was predicted that 40,000–50,000 Aucklanders may lose their jobs in the pandemic recession. Regional economic growth is expected to fall by 6% this year (Auckland Tourism Events and Economic Development 2020).

Auckland Council took a very different approach to most other councils in responding to the financial impacts of the pandemic, seeking to retrench its own activities severely in an 'Emergency Budget'. It had predicted a non-rate revenue forecast at 77% of forecast as a result of COVID-19 and sought to reduce its budget by NZ\$700 million accordingly. It had already let its 600 contractors go before announcing on 10 July that it was going to eliminate 500 permanent jobs as well (Auckland Council 2020).

Yet it appears that many of the retrenchment measures were already being considered in 2019, well before the pandemic surfaced, suggesting the 'emergency' response was as much opportunistic as genuine. The expenditure commitments outlined by Phil Goff, the mayor, in his Mayoral Proposal 'Ten year Budget 2018–2028' published in November 2017, were somewhat at odds with the information circulated by the Council in early 2020 in terms of the budget for 2020–2021 and beyond. The situation was not helped by the use of sensationalist language – principally by both the mayor and his centre-right aligned Finance Committee Chairwoman in multiple public statements – such as 'Emergency Budget' when there was ample evidence contained in the financial minutiae that such an approach was unwarranted. To a certain extent, this is simply misleading agenda setting in the eyes of the Auckland population. Indeed, concerns were raised regarding the validity in June 2020 of any of the assumptions made in April/May 2020 around the financial situation given the fluid nature of events.

In any case, the Council had in April applied to the government for funding for 73 'shovel ready' infrastructure projects, most of them funded in the Council's ten-year budget but risked deferral as a consequence of the COVID-19 impact on the Council's revenue. Prior to the pandemic, it had budgeted NZ\$2 billion of infrastructure work in the 2020–2021 year. In the event the Council received funding of NZ\$648 million, a quarter of all of the government's infrastructure project funding.

The haste with which the Auckland Council budget – with its detailed analysis – was presented gave the impression that it had been quickly put together. While the Council had by law to present a budget, the way in which the 'Emergency Budget' was formulated points towards a premeditated agenda. Quite simply, it is unrealistic to suggest that the detailed small print was the result of the pandemic. Rather the financial package was the result of many months of analysis and activity undertaken before the pandemic hit.

Given this context, there was a broad-ranging coalition determined to challenge the underlying assumptions underpinning the Emergency Budget. While ultimately the drastic cuts were defeated in council, the overall exercise was one that sparked great interest. Given the extreme language used by Goff to advocate for the significant budget cuts, it is therefore intriguing that in early December 2020 Goff was on record as advocating a one-off supplementary rate (property tax) increase for 2021–2022 of 5% – as opposed to the planned 3.5% increase (Orsman 2020). The rationale used by Goff to justify this is contra to those that he had used earlier in the year advocating for a draconian budget reduction!

30.4.2 Palmerston North City

The provincial city of Palmerston North had a very different experience to Auckland, remaining largely insulated from the pandemic and its effects. There were only 27 confirmed COVID-19 cases in the Mid Central DHB area and 11 in Palmerston North itself, most presenting early in the pandemic. Nearly all were New Zealanders who had returned home from overseas or their immediate families and all were immediately isolated at home, including one who had contracted the disease in Queenstown while attending a conference. With no community outbreaks, the public health services were never challenged.

Further, the region's economy was buffered from the economic downturn. The region's agricultural sector remains largely unaffected, while government services have continued unabated so that the city's government and council employees continued to be paid. As a consequence, June data showed the wider region's GDP was just 0.9% lower than a year earlier, compared to a 2.1% drop in the national economy. There has been a relatively low increase in unemployment compared to other parts of New Zealand: 2347 residents on the jobseeker benefit in July, a 36% increase from July 2019, but still half the national unemployment rate. However, the hospitality sector is seen to be impacted, with some 2700 jobs at risk, along with 3000 construction and 2800 tertiary education jobs (Central Economic Development Agency 2020). These data all show that although the city is weathering the storm in the short term, it may well suffer in the longer term.

The Horizons Regional Council, responsible for civil defence and emergency management over the whole of the Manawatu-Whanganui region and headquartered in Palmerston North – an area that includes seven local authorities and a total population of 220,000 – activated its emergency coordination centre at the start of the pandemic to provide regional-level coordination between territorial councils and emergency and welfare services. The centre remained operational for 11 weeks.

Palmerston North City Council managed the pandemic primarily as an emergency management crisis through the city's Emergency Operations Centre. Its management committee includes the city council, emergency services, central government welfare departments, as well as St John's, Red Cross and the Salvation Army. It provided welfare support over the 2 months it was mobilised to some 20,000 people,

primarily for food parcels, essential household goods, pharmacy supplies and accommodation. Providing these items cost over NZ\$1.1 million, with reimbursement sought from the central government's National Emergency Management Office, which had received funding for welfare needs.

Neither the city nor regional councils had much formal contact with the district health board as their functions are complementary rather than overlapping. However, the city council lent five of its emergency management staff to the board to assist in contact tracing. As well, politicians communicated informally – not the least because three of the seven elected board members are also city councillors, one of whom is the spouse of the regional council's deputy chairperson.

The city's early response was to recognise financial stress on its citizens and the projected loss of income from revenue from its venues and facilities, parking and dividend from the airport that it owns, and move its finances onto a more austere footing. The council then agreed to reduce the proposed increase in its rates (land tax) and seek efficiencies in its activities as the council reviewed the draft annual plan. The council's draft budget, prepared prior to the lockdown, proposed a 4.4% rate increase – itself less than the 5.2% projection in the Ten-Year Plan. The council's finalised Annual Budget, set in June, increased rates by 1.2%, a level considered the minimum necessary to sustain the current levels of services and its strategies to promote long-term growth (Palmerston North City Council 2020).

The region and the city also sought to tap into the government's post-COVID funds. The regional council, as with the other regional councils, has been a reluctant player in economic development in the past. It has increased its involvement in recent years, seeking to capitalise on the government's recent regional economic development programme (McNeill 2019) to provide regional leadership. It established a regional economic taskforce to drive a strategic vision and plan for economic recovery in response to a request by the regional mayors and regional chair. The taskforce consists of mayors and representatives of sub-regional and regional economic development organisations, iwi (Maori tribes), and central government social development and economic development departments (Manawatū-Whanganui Regional Indicators 2020). The taskforce has already submitted over 88 'shovel-ready' projects worth NZ\$1.05 billion, predicted to create some 15,000 local jobs, to central government. It also submitted a bid for a further NZ\$3.1 billion in investment towards transport infrastructure to enable projects already planned or underway to be accelerated. The region received NZ\$127.6 million in the government's first tranche of infrastructure support in October. The city council also sought other government funding. In May, it obtained NZ\$745,000 to deliver 10 projects from the New Zealand Transport Agency's first round of funding for its Innovating Streets programme.

COVID-19 in the short term at least has provided an opportunity for the city council to minimise its rates increase. The second was a chance to access central government funds for 'nice to have' projects. Other than that, the council has adopted a business as usual approach. Given that the pandemic has hit the city so lightly both health-wise and economically so far, is not a surprise.

30.4.3 *Queenstown Lakes District*

Queenstown Lakes was one of the hardest-hit districts in the country. Medical facilities were challenged almost immediately when New Zealand's eighth COVID-19 case emerged in Wanaka, centred on an international cattle-breeders' conference. The single cluster had 39 confirmed cases before it was eliminated. This put the Southern DHB based in Dunedin under considerable pressure as it sought to manage the outbreak and trace contacts.

The district had already suffered a minor economic downturn in February when the border closed to arrivals from China – the overnight border closure collapsed the district's \$3 billion per annum tourism industry. For example, 22 of the airport's 68 permanent staff were quickly made redundant as a result of border closures and consequent COVID-19 economic downturn. This collapse has not only led to outmigration but also significant unemployment, especially in the service sector, rising by 744% by July albeit from a very low base.

The international collapse in passenger air travel also created a welfare crisis. An estimated 8000 international tourists and foreign nationals employed casually in the tourism sector were effectively stranded in the district without income or ability to return home. Keeping track of these people was difficult, many of them freedom-campers in residential vehicles. They provided unique welfare challenges, requiring primary healthcare, particularly access to medication. Many faced financial difficulty, without income, as many were working short term in the hospitality sector and were left without any income.

The wider Otago region was already under pressure from two recent floods; the second, in February 2020, had flooded over 100 farms in the southern part of the region and the adjacent Southland region. As a consequence, the Otago Regional Council faced some NZ\$3.3 million in unanticipated flood management repairs. The regional council was also seen by many as dysfunctional with infighting and factionalism that led to the chairperson being voted out in early July. Nevertheless, the council mobilised the region's Civil Defence and Emergency Management Group to respond to the emergency and to plan for the recovery for 9 weeks (Otago Regional Council 2020).

For its part, the Queenstown Lakes District Council (QLDC) activated its Emergency Operations Centre Response Team in March. The team provided support to the Southern DHB public health response, planned for significant local outbreaks, liaised with support services, accommodation providers and food outlets for people self-isolating, assisted with repatriation efforts, and worked closely with central government to get the support needed locally.

The QLDC, which at its peak was receiving 200–300 requests for welfare assistance per day, had little ability to deliver welfare support itself. Instead it relied on its networks of voluntary organisations located within the community. Some are local branches of national organisations, such as the Red Cross and Salvation Army, but many were local charities that were able to provide counselling, and operate food

banks and provide food parcels. All were small and local in reach that meant that they had existing relationships with their communities, but struggled with the scale of what was asked of them.

The district council was brokering relationships with political and social services, Ministry of Social Development, and Immigration New Zealand as it sought to manage and implement immediate welfare needs and repatriation for the overseas visitors. Eventually, care of foreign nationals was taken over by the Red Cross working with Department of Internal Affairs under the government's Visitor Care Manaaki Manuhuri programme (Foreign Nationals Impacted by COVID-19 Programme). This programme provides in-kind assistance to help people on temporary visas meet basic needs, such as food and accommodation. Working with the Department of Prime Minister and Cabinet, it also helped coordinate foreign nationals' access to repatriation flights.

The impact of the lockdown can also be seen in the increased demand for health services in the district. The initial COVID-19 cases in the district highlighted not only the district's lack of COVID-healthcare capability but also a lack of quarantine capability. The lockdown particularly highlighted the challenges posed by psychosocial needs. These challenges were seen to be poorly understood by the central government, leaving the district council to cope largely unassisted. Again, it relied on community organisations to deliver these services.

The economic impacts were immediate for the district and for the council. In the early stages, it received NZ\$1.4 million funding from central government's Ministry of Business, Investment and Enterprise to create redeployment options for local workers who had lost their jobs. These include working with the Department of Conservation, which manages the national parks on environmental projects. The intention is to keep the district's workforce in the area so workers could resume employment in the tourist sector once conditions allow.

At the same time, the council was presented with a significant loss of revenue with which to fund its activities. It lost income from tourism-related revenues, user fees and development contributions at around NZ\$18 million projected for the coming year. It had previously signalled an average rate increase of 6.7%, but now reduced this to 1.8% in its final budget. The reduction was achieved through the council reducing its operational costs of \$12 million achieved by removing vacant and proposed 20 full-time employee equivalents and a salary freeze and scaling back of activities such as tourism promotion. A quarter of capital expenditure has been deferred on a budgeted NZ\$172 million (Queenstown Lakes District Council 2020). The consequence was to contribute to the general contraction in the local economy.

The Otago Regional Council takes a more conservative view of its functions and did not provide regional leadership to address the region's economic challenges, leaving individual councils to take the initiative. Tellingly, although the Otago region received NZ\$227.6 million in regional infrastructure grants, NZ\$85 million (40%) went to Queenstown Lakes District Council for bringing roading projects forward. The only other large investment in the region, worth NZ\$100 million, is by the Ministry of Business, Innovation and Enterprise to advance preliminary investigations for a pumped-hydroelectricity storage lake.

The district is experiencing significant economic dislocation and uncertainty. Its reliance on tourism left it exposed to the challenges of managing both those stranded in the district in the early stages of the pandemic and its devastated economy.

30.5 Discussion

Governments around the world at all levels are operating in a context of radical uncertainty, facing trade-offs between health, economic and social challenges with a strong spatial dimension (OECD 2020). New Zealand at the national level prioritised public health as a policy outcome. The country's response to the pandemic had resulted in a low relative burden of disease and with low levels of population disease disparities (Jefferies et al. 2020). By isolating itself from the rest of the world, it essentially created a 'bubble' within which life for its citizens in many ways resembled that before the pandemic. The success of this approach – at least up until the time of writing – has avoided any public health crisis and a consequent need for mobilising large-scale medical response. The cost of this success has been borne economically and unevenly spread. Regions that rely on tourism for their prosperity have suffered in particular. At the time of writing, fruit-growing regions are reporting fruit rotting on the ground as orchardists have not been able to use seasonal workers and back-packer tourists they usually rely on to pick the crops; the full economic costs have yet to be realised.

Attributed to valuing specialist expertise to inform policy-making and cross-national learning, the prime minister's political capital was immensely powerful. This was used to leverage the implementation of the policy. In addition, having a strong unitary state allowed for rapid implementation of that policy. New Zealand's success speaks to strong leadership based on rigorous science, all the more so given the relative lack of preparedness for a pandemic. Despite its coercive nature, the public strongly supported the government's handling of the pandemic with 84–92% support in public surveys during the national lockdown (Colmar Brunton 2020). Further, the government under Labour Party prime minister Jacinda Ardern returned to power in a historic landslide victory in October 2020.

This near universal acceptance reflects the long-held high trust in the country's institutions and the country is consistently ranked among best-governed and with very high social capital (Legatum Institute 2019; Mazey and Richardson 2020). This point is made eloquently by Dodds et al. (2020) who argue that types of government are not able to provide overall explanations to responsiveness. They laud New Zealand that as a unitary state it was able to show nimbleness and responsiveness, unencumbered with levels of government. New Zealand was not alone as Norway has shown (Christensen and Læg Reid 2020), demonstrating crisis management is most successful when it is able to combine democratic legitimacy with government capacity.

Although the government response has been lauded, the pandemic crisis was also a 'serious risk' in the making (Pennington 2020). The health sector had faced a decade of underfunding and 'post-code lottery' service provision and is actually ill-equipped to cope with a pandemic. The lockdown was necessary, recognising the acute shortage of intensive care facilities that would be needed to cope with any large-scale outbreak of the disease (Sonder and Ryan 2020).

The lockdown was primarily a decisive but desperate effort to buy time for New Zealand authorities to organise its meagre ICU facilities and develop a contact-tracing system with which to cope with the anticipated pandemic. Unpublicised are the efforts local authorities made to organise makeshift morgues. Anecdotally, we are told the country's undertakers have found themselves overstocked with embalming fluid. Avoiding a pandemic was close-run.

European studies have shown the national scale is too coarse to appreciate the pandemic's spatial impacts, claiming the crisis a regional one (Guibourg 2020a; Guibourg 2020b; Bailey et al. 2020). The impacts on New Zealand's international tourism found particular expression in Queenstown and to a lesser extent in Auckland, but not in Palmerston North demonstrating the importance of region-specific conditions as suggested by Bailey et al. (2020). Nevertheless, New Zealand's experience shows a local rather than even regional scale within which local and central governments need to tailor and implement policy.

Behind this public health success lie concerns about the governance framework, primarily the public health sector, and the fraught relationship between central and local governments. These concerns speak to decentred administration but centred power. Central government was able to act decisively to regulate movement to prevent the disease's spread and apply fiscal levers to stimulate recovery. But it remains heavily reliant on (semi)autonomous DHBs and local government for 'boots on the ground' to implement policy. At the same time, some local governments, at least, struggled in turn to deliver welfare outcomes, relying in large part on the voluntary sector within their own communities.

Significantly, the government has just released a White Paper (April 2021) in which it proposes to abolish the entire DHB structure (Department of the Prime Minister and Cabinet 2021). In its place, the government intends to create a single health service. It justifies the change as a way of eliminating the 'post-code lottery' health outcomes and the reduction in duplication and lack of coordination currently experienced in the health sector. But it also explains that:

While our response to COVID-19 has been world-leading, it also highlighted weaknesses, particularly that our 12 regional Public Health Units needed better national coordination and leadership when responding to nationwide threats, and to be able to better spread best practice and improvements across the system. (p.10)

While a reduction in the number of DHBs as recommended by the 2020 Health and Disability System Review was expected, wholesale centralisation was not and it appears that the government may have been influenced in its thinking by the sector's problems in addressing COVID-19. Tellingly, neither the 2020 review nor the White Paper makes any mention of local government.

Local authorities tended to focus on providing immediate welfare support to their citizens and humanitarian aid to foreign nationals trapped in New Zealand not only as a result of border controls but also due to collapse of the international passenger air-travel sector that made repatriation difficult. These impacts have been variable; our example of Queenstown showed how a small provincial district and its population was impacted disproportionately and how its council was forced to take a major welfare support role. This has come at a direct cost to the council and its reduced revenue forces it to scale back its activities for the foreseeable future. Some local authorities have exploited the opportunity to leverage central government fiscal stimulus initiatives to support their own local projects. Palmerston North City Council has been able to offset its planned revenue losses by successfully accessing central government funds otherwise not available to finance several local projects. As such, the mayor and council have portrayed themselves as being advocates of lower local property taxes, while maintaining previously budgeted levels of expenditure. In the much bigger authority of Auckland City, the smokescreen provided by the pandemic was used to advance a neoliberal agenda in play before the pandemic broke.

Reid (2020) observed that although the first, response, phase of the pandemic was inevitably technical, the second, recovery, phase is decidedly political as different interests lobby central government for a share of the funds on offer. Already, we have seen some regions have been more astute and nimbler, quickly accessing the regional infrastructure funds, while others seemingly missed out.

More surprising is the alacrity with which the government – supported by the public – abandoned key elements of the neoliberal philosophy adopted in the 1980s and 1990s with its emphasis on smaller government. Although more recent governments had resiled from some of its more extreme elements, its central tenets still dominated New Zealand's public policy (Boston and Eichbaum 2014). The pandemic has seen a reversion to Keynesian pump-priming economics. We noted in the case of Auckland earlier – the 'flip-flopping' policy approach of the mayor has been both entertaining and worrying bearing in mind the clear Keynesian push by the national government in Wellington.

Essentially, we have a significant national deficit on infrastructure investment. In terms of local government, central government controls the purse strings. Despite two attempts to remedy this shortfall (Local Government Rates Inquiry 2007, New Zealand Productivity Commission 2019), the issue still continues – with no change on the horizon. Exacerbating this position has been that where Government funding has been provided, there has been a failure to provide a national strategy. With the so-called 'shovel-ready' projects outlined above, the Government will only fund 50% of the cost, leaving under-resourced local councils to make up the difference. However, local government that is to facilitate much of this pump-priming through its own infrastructure-build in turn relies on the private sector for delivery. Only belatedly has a National Infrastructure Commission been established in an attempt to correct this major weakness. Despite the shift in central government thinking, the legacy of 25 years of a neoliberal approach to policy persists.

But councils have had to manage three competing tensions; the loss of revenue from non-rate sources as a result of lower investment returns and reduced economic activity that led to reduced fees and charges income, pressure to contain or lower rates in the face of household and business hardship, and the desire to maintain local employment and infrastructure as part of the whole of government response to the pandemic (Local Government COVID-19 Response Unit 2020). While most have responded, others have been less willing, Auckland because of its own agenda or simply, as with QLDC, not having the finance to do so.

30.6 Conclusion

New Zealand's experience of the COVID-19 pandemic differs from many other countries as it largely isolated itself from infection vectors, combined with a timely national lockdown that eliminated the disease from the community. The response to COVID-19 differed from other civil emergencies by its national as opposed to regional scope and long duration. The pandemic demanded a whole of government approach, requiring coordination between the different central government agencies and between central and local governments. Managing the local social and economic impacts has shown how local government responds to their citizens' needs. In doing so, the response also reveals the tensions between the different layers and types of government within New Zealand.

Local government in New Zealand has had a very small part to play in the initial, public health, stages of the COVID-19 pandemic. Tight border controls limited the influx of potential infections, while strong internal movement control ensured that the small number of outbreaks that did occur were all soon under control. Simply, the disease was never present in many parts of the country and no public health crisis for many district and city councils to react to. In any case, public health responsibilities are managed by a quasi-local government structure that was increasingly directed by central government. Nevertheless, the social and economic damage is severe and bound to get worse. These impacts have not been spatially even and demand a more nuanced local response for which local government is suited to respond. Local authorities had a part to play within the scope of national policy as they responded to the different conditions and needs of their communities in different ways, but they were never fully tested. The variable performance of the quasi-local government DHBs and the inability to deliver a nationally coherent strategy, however, may have contributed to their demise.

More broadly the response to the crisis has highlighted the very centralised nature of New Zealand's governance and the country's fractured subnational institutional arrangements. The potential life and death nature of the pandemic not only demands both expeditious and effective responses to community transmission but also considered responses to manage the ongoing social and economic consequences of actions to combat it. The New Zealand experience has shown that on a national level it possesses remarkable ability to respond successfully to the crisis. Yet policy

implementation has proven more challenging, one that demands a strong local council to deliver, a challenge that is possibly still not fully appreciated at the national level. Working with their communities, local government has shown it is capable of delivering national policy outputs. The hope on the one hand is that central government will take account of and work better with local government in the future as a dividend of increased trust built by the pandemic response. Yet at the same time, the national government retains broader aspirations to centralise local government and public health functions further.

What is clear is that the role of government is under review. The neoliberal small-government orthodoxy has been severely challenged with draconian interventions on citizens' lives, and eye-watering large fiscal stimuli, and the state taking on the role of employer of last resort. The large state has returned and, so far, with large public support. Yet, paradoxically, it still lacks the agency to directly intervene at the community level and is forced to rely on local government. In so doing, the pandemic provides a new take on old and well-rehearsed debate on the role of local government. How central and local governments relate in the future is hard to determine.

Nevertheless, New Zealand has demonstrated it could develop, coordinate and implement effective policy to safeguard its citizens in a pandemic. It now needs to mobilise this competence to address other pressing wicked problems for which it has shown in more recent years less enthusiasm to tackle but which are no less important. The most pressing being climate change and a fundamental re-examination of the local governance model put in place in 1989, which is showing increasing post-pandemic signs of no longer being fit for purpose.

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Jeff McNeill is a senior lecturer in environmental policy and planning in the School of People, Environment and Planning, Massey University, New Zealand. He holds a PhD in politics, an MA (Hons) in Geography and a Master of Public Policy (Distinction). Jeff McNeill came to academia after an extensive career in New Zealand central and regional government and as a consultant. He has also spent time working in the European Parliament. His research focuses primarily on the regional level of government and environmental governance. Relevant recent publications include: de Koning, J., Hobbis, S. K., McNeill, J., & Prinsen, G. (2021). Vacating place, vacated space? A research agenda for places where people leave. *Journal of Rural Studies*, 82, 271–278; McNeill, J. (2020). Exporting environmental objectives or erecting trade barriers in recent EU free trade agreements. *Australian and New Zealand Journal of European Studies*, 12(1), 40–53; Asquith, A., McNeill, J. & Stockley, E., (2020). Amalgamation and Auckland City: A New Zealand success story? *Australian Journal of Public Administration*; McNeill, J. (2019). Benefiting from the regional problem: The politics of 60 years of regional development. *New Zealand Geographer*, 75(3); Dr. McNeill's book, *Taking the Ridge: Anzacs & Germans at the Battle of Messines 1917*, a historical geography to be published in 2022, explores the spatial as well as military dimensions of a First World War battle on the Western Front.

Andy Asquith is an adjunct research fellow at The John Curtin Institute of Public Policy, Curtin University, Australia. He was formerly at Massey University, New Zealand. He is passionate about good local government. Andy stood (and lost!) in the UK as a political party candidate in borough and county council elections in the 1990s and fought the Palmerston North mayoralty (again unsuccessfully) in 2019. He is unapologetically an unreconstructed Yorkshireman.

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