

The COVID-19 Pandemic and Slovakia: Why Do Results for the First and Later Phases Differ so Much?

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Abstract

Slovakia, a small country in Central Europe, was among the most successful countries in combatting COVID-19 during the first phase of the pandemic in the spring of 2020. However, it appeared to be among the least successful states in later COVID-19 phases. The aim of the article is to highlight the specifics of the Slovak COVID-19 case. Why did Slovakia handle the COVID-19 outbreak effectively in the initial phase, and why did it fail later? The positive anti-epidemic results in the first phase were determined by effective government policies (realized during a time of government change) and catalyzed by the high level of compliance demonstrated by citizens. The failures Slovakia faced later are connected with the limited long-term politico-administrative capacity of the state, and politicization of the pandemic that resulted in social non-compliance. Short term success was possible with the mobilization of all actors, but long term success in this country seems to be "mission impossible".

Key words

governance, COVID-19, pandemic, Slovakia, public policy, social policy, health sector

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The COVID-19 pandemic has caused more than three hundred million cases of contamination and millions of deaths worldwide. During this tough time, government approaches and capacities to tackle the pandemic and its socio-economic consequences have varied significantly between countries. Additionally, the differences in COVID-19-connected mortality and morbidity are quite striking.

Given the massive impact of COVID-19, the number of publications relating to the COVID-19 pandemic is no doubt growing exponentially. Many studies try to explain the varying (temporary) success rates of anti-pandemic policies implemented by national governments (national morbidity and mortality ratios), mostly in separate case studies. These studies propose different core factors determining a state's success or failure in fighting the pandemic. Christensen and Læg Reid (2020) argue that a collaborative decision-making style with the involvement and participation of stakeholders is crucial, as well as cooperation between governmental actors and citizens. Some other papers stress the opposite, arguing that a centralized top-down approach limiting certain democratic rights of citizens was the key success factor in Asia (Ang, 2020). Bouckaert et al. (2020) mention the importance of contingencies, national administrative standard operating procedures in preparation for crisis situations, dynamic learning, fast feedback and accountability mechanisms. As for public policy-related factors influencing the extent of the spread of the pandemic we may mention, for example, Liu and Saltman (2020) who propose that timing and compliance are core factors determining the severity of the epidemic situation. Hale et al. (2020) mapped government responses to COVID-19 across countries and time, and revealed that timing and scale of measures appeared to be critical. Concerning the required scale and scope of preventive measures, Nicola et al. (2020) propose the following: case isolation at home, voluntary home quarantine, social distancing and closure of schools and universities. Nussbaumer-Streit et al. (2020) analyzed and confirmed the effects of quarantine measures combined with other prevention and control means, including school closures and travel restrictions.

There are also many papers covering the issue of COVID-19 in the Slovak Republic from different perspectives. For example, Černěnko et al. (2021) and Čajková et al. (2021) assess the impact of the COVID-19 pandemic on the

budget of local Slovak governments. Bardovič and Gašparík (2021) focus on enablers of participatory budgeting in Slovakia. Skorková et al. (2021) analyze the impact of crisis management competencies on team performance, etc. However, an analysis of political aspects of a greater magnitude of infection is still lacking, possibly because of the high sensitivity of the topic.

It is necessary to fill the gap in the data. The goal of this paper is to highlight the specifics of the Slovak COVID-19 case from the standpoint of public policy. The study answers two questions: why did Slovakia handle the COVID-19 outbreak very effectively, with limited mortality and morbidity and almost no impact on vulnerable communities? Why did Slovakia handle the later phase of COVID-19 pandemic so poorly, with extreme relative mortality and morbidity?

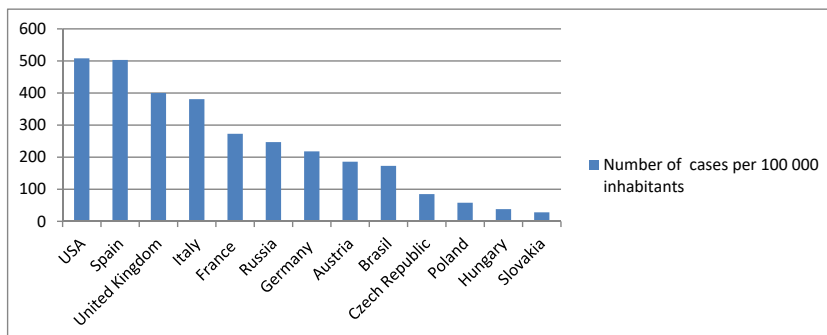
The author employs a qualitative research method and relies on secondary publicly available data to answer these questions.

Effective fight against the COVID-19 outbreak

Slovakia, which was founded on January 1, 1993 after the friendly split of the former Czechoslovak Republic, has an area of 49 036 km² and approximately 5.45 million inhabitants with a population density of 111 people/km.² It is a member of the European Union and NATO, a unitary state with a relatively high degree of territorial decentralization. The President is directly elected, with functions largely of a ceremonial nature. Governments have always been formed by coalitions, and are sometimes rather fragile. Local self-government is extremely fragmented: Slovakia has almost 3 000 municipalities. Public expenditure to GDP is approx. 40%. The economy is fully open and dependent on import and export, especially with other European Union countries.

In terms of health in 2020, Slovakia was doing quite well – most media stated that Slovakia was the most successful country in Europe in fighting the COVID-19 pandemic. By May 27, 2020, Slovakia had registered only 1,515 cases and 28 deaths. By the end of May 2020 Slovakia had had less than 200 active cases. These figures were comparatively positive, especially from the global perspective, but also in relation to Slovakia's neighbors (Austria, Hungary, Czech Republic and Poland) (Figure 1).

**Figure 1. Relative COVID-19 outbreak on 26.05.2020
(number of cases per 100,000 inhabitants)**



Source: author, based on data published by Johns Hopkins Coronavirus Resource Center. URL: <https://coronavirus.jhu.edu/map.html>

Why was Slovakia initially so successful in fighting the spread of COVID-19 in the country? According to analyses (such as Klimovský et al., 2021), two core factors should be mentioned: the very swift and comprehensive anti-pandemic measures realized by the government and citizens' compliance.

No government in the world was fully prepared to cope with the COVID-19 pandemic. This was also the case in Slovakia, which had never coped with any major infection before. Slovakia did not react immediately to the pandemic risk in early 2020 when the outbreak occurred in China (beyond having general emergency plans and resources). However, when the risks became evident, the Slovak government made a swift and severe response.

The first actions to combat the possible risks of COVID-19 were announced before the pandemic reached the country. For example, on 14 February, 2020, a special system was introduced on Slovak borders to identify people who were ill. On February 27, 2020, the Security Council announced the first specific anti-pandemic measures – health status border controls at all Slovak airports and selected border crossings, especially at the border with Austria, and purchases of necessary protective aids. The most important decision at this meeting was the activation of the Crisis Staff, located at the Ministry of Health.

The first meeting of the Crisis Staff during the COVID-19 pandemic was called on March 6, 2020, the same day when the first case of infection was detected in Slovakia. The measures adopted were relatively mild: restriction of visits

in hospitals, social care institutions and prisons, recommendation for voluntary quarantine for those arriving in Slovakia. Cities and non-profit organizations were restricted in organizing mass events, and churches in organizing religious events. The only “hard” measure was the cancellation of all international trips of public officials and prohibiting all flights from Italy to Slovakia. Emergency contact phone numbers were announced for all the regions.

Even before the next meeting of the Crisis Staff, regional self-governments voluntarily decided to close secondary schools and universities and switched to online education (the formal state decision to close all schools and preschool facilities was announced on March 12).

Two Crisis Staff meetings on March 9 and March 12, 2020 were followed by comprehensive sets of anti-pandemic measures, mirroring the successful approaches employed by China and other Asian countries. A state of emergency was formally announced on March 11, 2020, much earlier than in the majority of the European countries. The scale of emergency was restricted to the health-care sector and social care service for the elderly, and an “emergency regime” was announced for the rest of the country.

The other core measures were as follows - with the exception of special groups, anyone arriving in Slovakia after March 12, 2020 was required to stay in home quarantine for 14 days. From March 16, almost all retail shops and services were closed; exemptions were granted for food stores and drugstores (food stores and drugstores were later also closed on Sundays). In shops permitted to open, only one customer was allowed for every 25 sq m of sales space. All shops were required to provide disinfection means or gloves at the entrance, and guarantee distance between people of a minimum of two meters, including in the checkout area.

Sport facilities were closed from March 13, 2020, and sports, social and cultural events were prohibited from March 9, 2020. Planned operations and other non-urgent treatment in the health care sector were also postponed. Selected hospitals were expected to construct drive-through points to test people in their cars for COVID-19. Specialized hospitals to treat COVID-19 were established in all regions. Public worship was prohibited for all churches in Slovakia; border crossings were closed from March 12, 2020; international public transport (trains, buses, boats) was restricted from the next day.

Due to the continuing spread of COVID-19 in late March and early April, the Crisis Staff decided upon stricter anti-pandemic measures. From March 25, 2020, citizens were required to wear protective masks in public spaces and advised to stay at home as much as possible and to limit any kind of mobility. The most sensitive measure was the decision concerning compulsory state-organized quarantine after April 6, 2020: a law was passed to track the location of mobile phones. A curfew was put in place during the Easter holidays, with limited exemptions such as shopping, travelling to work, health purposes, and individual recreation in the surrounding forests and countryside.

Special attention to vulnerable groups

All involved state bodies devoted specific attention to vulnerable groups, such as the Roma minority, elderly people and the homeless. The group that was “handled” most successfully were the Roma people (this minority may represent 5-10% of Slovak inhabitants; exact figures are not available). A large proportion of Roma still live in slums and their living conditions are very poor: large families of more than 10 persons in a small shack without permanent heating and hot water. The Slovak Government passed the “Plan for Solving the COVID-19 pandemic in Marginalized Roma Communities” on April 2, 2020 as a government resolution, because of the size of the group and the risk level. The Plan identified 819 municipalities in Slovakia with a marginalized Roma community and defined 1 044 localities with 260 000 inhabitants as the focus of specific anti-epidemic measures. The need to deal with these settlements in a special way was linked to two problems – poor living conditions and the fact that approximately 1 400 Roma had returned home from abroad (especially from the United Kingdom) and many of them were infected. Since real home quarantine was not possible in Roma settlements, these specific measures were necessary.

The state decided to test all Roma who had returned from abroad and also everybody with respiratory symptoms living in defined areas. As the spread of COVID-19 was confirmed in some settlements, the Crisis Staff isolated five Roma settlements in three municipalities (Krompachy, Bystrany and Zehra) on April 8, 2020. The inhabitants were not allowed to leave their settlements, and supplies were delivered by the state bodies (partly for free). Two weeks later, the isolation of the settlements in Krompachy and Bystrany was lifted, after negative testing of all inhabitants. The isolation of part of the community in Zehra had

to continue, as COVID-19 was found there again – the infected individuals and their families were later moved to a specially built quarantine area close to the municipality, and the isolation was lifted for the rest of the settlement. The fact that COVID-19 disappeared without any specific treatment in all communities living in slums calls for specific medical investigations (do difficult living conditions increase immunity?).

The ban on visiting care facilities for the elderly and also specific hours designated for elderly in shops were introduced in order to protect pensioners. However, despite these strict protective measures, there were cases of COVID-19 in three care facilities. Data indicates that of 28 COVID-19 related deaths in Slovakia by the end of May 2020, more than 20 were clients of two care facilities in Pezinok and Martin.

Municipalities organized special services for homeless people living within their borders – some municipalities even managed to test the homeless or build designated quarantine areas. The spread of COVID-19 within this group has not been confirmed.

Citizen's compliance

It has to be said that Slovak citizens behaved responsibly in the first phase of COVID-19. Except for a few isolated cases, the public reaction to the strict measures was positive. The slogan “Stay at Home” was promoted and accepted; face masks were used regularly. Some Western media (such as *The Guardian* on May 5, 2020) assumed that the very limited spread of COVID-19 in post-communist countries is related to the limited performance of national health care systems and related low trust in the chance of receiving effective treatment.² The author does not agree with this argument. For example, according to the recent KPMG study³ Slovak consumers ranked industries in order of trustworthiness. The top three were: Healthcare providers (60%), Banking providers (59%), and Technology companies (54%). Bottom three: Wealth management (37%), Government (37%) and Advertising (26%).

It seems that the high level of compliance should be related to other factors – especially path-dependence, fear and specific immunity. The path-de-

² The Guardian, 5 May, 2020. URL: <https://www.theguardian.com/theguardian/2020/may/05> (accessed: 15.02.2022)

³ Growth Promise Indicators. KPMG, 2018. URL: https://assets.kpmg/content/dam/kpmg/be/pdf/2018/01/KPMG_GPI_Report_v12.pdf (accessed: 12.02.2022)

pendence factor relates to 40 years' experience of living in a centralized non-democratic regime where citizens were expected to "serve the state" and not the other way around ("the state is here to serve citizens and businesses"). Even 30 years after the change of regime, the past influences the present reality on the both sides (government and citizens). Governments like "to give orders" and people prefer to comply and not to protest (see for example Holmes, 2006).

The specific Slovak element is fear. In the early days of COVID-19 in Slovakia, the Institute for Health Policy (a policy unit at the Ministry of Health) published the first forecast for the spread of the pandemic in the country. It said that the total number of infected under a "laissez-faire" policy was expected to reach almost 50% of the population. This was broadly publicized by the media, and this critical message probably influenced the citizens' behavior.

The investigation of the issue of specific immunity is the "path" for medical specialists – some of them expressed the opinion that comprehensive immunization could play a visible role.

The smooth political "takeover" during the COVID-19 outbreak

The specific political situation for Slovakia is connected to the fact that national elections were held on February 29, 2020; the opposition parties won these elections. The change of government overlapped with the initial days of the outbreak of the pandemic in the country. The first COVID-19 case in Slovakia was identified on March 6, 2020, and the new coalition government was appointed by the President on March 21. In this situation, the first steps to fight the pandemic were taken by Prime Minister Peter Pellegrini and his (predominantly left-wing) government led by the SMER party, but Prime Minister Igor Matovič and his mixed government of four "newcomer" political parties (OLANO, Sme Rodina, SAS and Za ľuďi) were responsible for coping with it later.

Pellegrini, the departing Prime Minister, managed the crisis in office very well and tried to make the "takeover" smooth – for example, during the last days of the Pellegrini government, Prime Minister-elect Matovič was invited to participate in all the meetings of the Crisis Staff. In the times of a real pandemic crisis, politics were set very much aside and political fights significantly downsized.

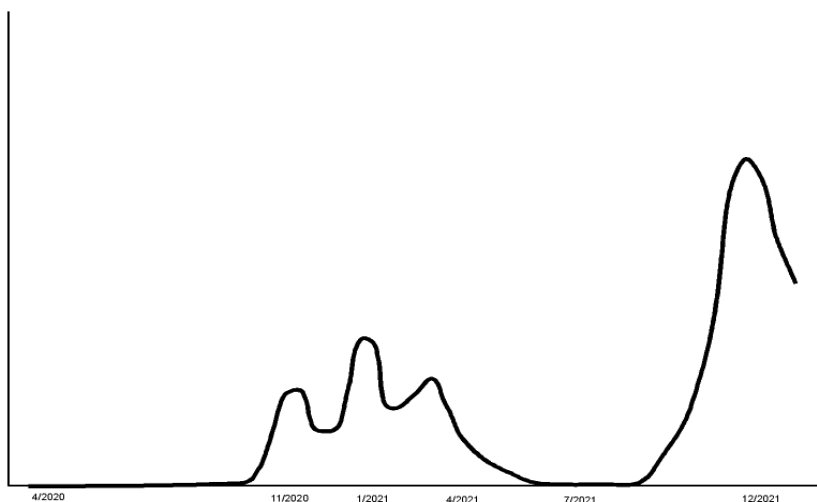
The opposition led by SMER voted in favor of most of the laws proposed by the newly elected government – laws focusing on the fight against the pan-

demic. The only exemption was the law to track the location of mobile phones, which SMER not only voted against, but even sent the law to be reviewed by the Constitutional Court (the Constitutional Court found some aspects of the law to be non-constitutional). On the other hand, ministers (not surprisingly) tend to blame the previous government for late and ineffective actions, although in many cases they were not at fault, and for fiscal irresponsibility.

Limited success of anti-pandemic measures after the summer of 2020

The positive picture of the first wave of the pandemic was later “replaced” by critical figures showing excessive relative mortality and morbidity in Slovakia after the summer of 2020 (Figure 2). For some periods Slovakia was on the top of the list of countries for relative morbidity and mortality. By January 17, 2022, Slovakia was ranked number 10 worldwide for COVID-19 deaths per one million people.⁴

Figure 2. Graph illustrating the development of the number of newly infected cases in Slovakia



Source: authors, based on national COVID-19 data

⁴ Statista data. URL: <https://www.statista.com> (accessed 16.02.2022)

In late July 2020 the pandemic situation in Slovakia worsened, when the number of infected started to increase once again. The number of newly infected cases reached critical levels in autumn, with the first peak on October 29; after the Christmas holidays these figures rocketed. The summer of 2021 was a short “peaceful” period, with almost no new infections, but in autumn the situation was critical again. As in the winter of 2021, hospitals were overcrowded by infected patients with complications, and the death toll escalated. Some possible reasons for this are given below.

Collaborative governance

During the later phases of COVID-19 pandemic, it became fully evident that Slovak leaders were not able or perhaps even unwilling to engage all the relevant stakeholders (especially experts) and to listen to them. Expert opinions and advice were rejected mostly because of populist reasons and protective measures, or strategies were even declared without any consultations with stakeholders. Critical stakeholders in both countries, especially local and regional self-governments, civil society, and professional organizations, were not only insufficiently consulted, but also not accepted as real partners, and a top-down approach in decision-making dominated. Without any consultation, the central government pressed sub-national governments to implement chaotic and non-strategic measures, regardless of their protests or warnings.

The Slovak case of blanket testing in late autumn 2020, may serve as a good mirror of the situation. Testing was initiated directly by Prime Minister Matovič, who continually argued that this testing served as a “nuclear weapon” against the spread of COVID-19. Citizens’ participation in testing was secured by the rule that without a negative test people would have to stay at home and could go to work or to the countryside. Most experts were strongly against such an experiment, arguing especially about the high social and economic costs, the limited capacities of medical personnel required to provide testing, the risk of spreading the virus while waiting for treatment and its results, and also by the very limited reliability of results of antigen testing in cold weather. To “win” his argument, apart from unfairly blaming his opponents, the Prime Minister also publicly announced: “Either testing, or my resignation”. Today it can be stated that the experience from the first round of blanket testing definitively proves that the Prime Minister’s expectations for “his nuclear weapon” did not materialize.

Miscommunication

The quality of communication from government to citizens and all relevant stakeholders suffered from many shortcomings. Two problems can be singled out: “too much information was not effective” and “information was frequently chaotic”.

Additionally, Slovak Prime Minister Matovič in late autumn and winter crossed acceptable boundaries in his style of communication. He regularly insulted experts, politicians or other actors with opposing views. His statement on January 13, 2021 at an official press conference related to the second phase of blanket testing may serve as a representative example of this: “If any expert now says that we need vaccination and not blanket testing, then this person is a fool and not an expert”.

Unsurprisingly, trust in the Prime Minister and his party dropped significantly (to approx. 10% in the end of 2022). Matovič was forced to resign in March 2021, and the governing coalition nominated Eduard Heger to replace him. However, Matovič was simply moved to the position of the Minister of Finance, and his unacceptable style of communication still influences the daily life of Slovak citizens.

Political fights

The situation significantly changed from the summer of 2020 in comparison to the first phase of the pandemic, when most political actors tried to work together and compliance and solidarity were high.

Almost any COVID-19 policy proposal by the government was used as an excuse for political battles, and it is not only the opposition that “automatically” fought any proposal by the government coalition. In Slovakia, the situation within the coalition was especially critical. In winter 2020 and spring 2021 the most visible fight was between the Prime Minister (OLANO) and the Minister of Economy (SaS). The “apex” of this fight was the press conference by the Prime Minister on January 11, when Matovič directly accused Richard Sulík of causing 4 300 preventable deaths by ignoring the order to purchase antigen tests. More recently, another coalition party, Sme Rodina, began to oppose some proposals prepared by OLANO. The fact that the governing coalition does not perform as a single bloc certainly limits chances for effective COVID-19-related policy making.

The political parties in the opposition began to exploit the rather limited popularity of anti-pandemic measures to increase their ratings. Two nationalist parties in parliament (Republika and LSNS) openly opposed such measures as wearing protective masks or even vaccination. SMER, the party of the former Prime Minister Robert Fico, criticized almost any government activities relating to COVID-19, and the party also organized several protest meetings. On December 16, 2021, Fico was arrested by the police for a few hours just before one of these protests began – this caused his popularity to increase, especially as the police were acting illegally.

Conclusions

This article documents the almost ideal reaction by the Slovak government to the first wave of COVID-19 and highlights factors which made Slovakia appear to be one of the most successful countries worldwide in combatting the pandemic in the spring of 2020. However, it also indicates the extremely poor performance of the country during the later phases of the pandemic and tries to suggest the factors “responsible” for such a shift.

In winter 2021/2022 Slovakia was among the most infected countries. It also had an extremely low relative level of vaccination – in Europe only Bulgaria remains significantly behind it. Voluntary compliance with anti-pandemic measures disappeared.

This article argues that the limited quality of public policy making, when evidence-based policy was replaced with party politics, was a critical factor in this drastic development. Slovak (and not only Slovak) politicians pursue their own political interests at the cost of the population’s health, so people react by non-compliance. How long can this situation continue – assuming that COVID-19 does not suddenly disappear?

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