

Governance of COVID-19

Cyprus



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Characteristics of the governance system

- Cyprus is a republican Presidential consociational democracy, with a separation of powers. The legislative (Parliament), Executive (Cabinet of Ministers) and Judiciary (courts) work separately, but are interdependent.
- The Greek-Cypriot President and Turkish-Cypriot vice-President are the Heads of State and are, according to the constitution, elected directly from the people 5 years. However, since 1963 there are no Turkish-Cypriot in the Governance and since 1974 the country is de facto divided.
- The President is Head of Government and appoints the Council of Ministers, which is responsible for the running of the country for a term of 5 years. The Council of ministers is the executive of the country but requires the support of a majority of members of parliament to enact legislation and to approve the budget. Parliament is composed of 56 seats held by Greek-Cypriots.
- The political landscape is dominated by an almost two large parties of Left and Right and two nationalistic otherwise centrist parties
- The electoral system for Parliamentary elections in the list proportional representation system, which nurtures political patronage and clientelism.
- Cyprus Public Administration is composed of Central Government Ministries, local authorities, independent public and regulatory authorities and agencies, and public corporations and nationalized industries.
- Some of these have an independent role, in the form of regulatory authorities overseeing particular sectors.

Organogram of the Health care.

Health Care System(s) in Cyprus

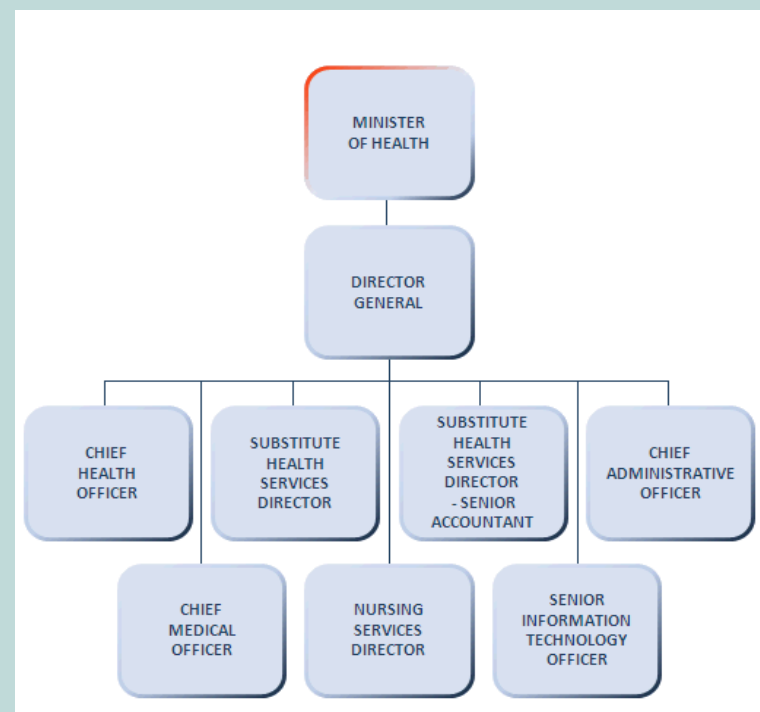
Public Health Care Sector

Organised three-tiered system
Primary care
Health centers
Outpatient centers (hospital based)
Secondary care
Hospital based
Tertiary care
Hospital/specialised center based
Distinct population group coverage criteria

Private Health Care Sector

Privately-run hospitals
Privately-run clinics
Individual doctors in private practice
Fee-for service
Private health care insurance coverage
Insurance coverage linked to employer

• Source:



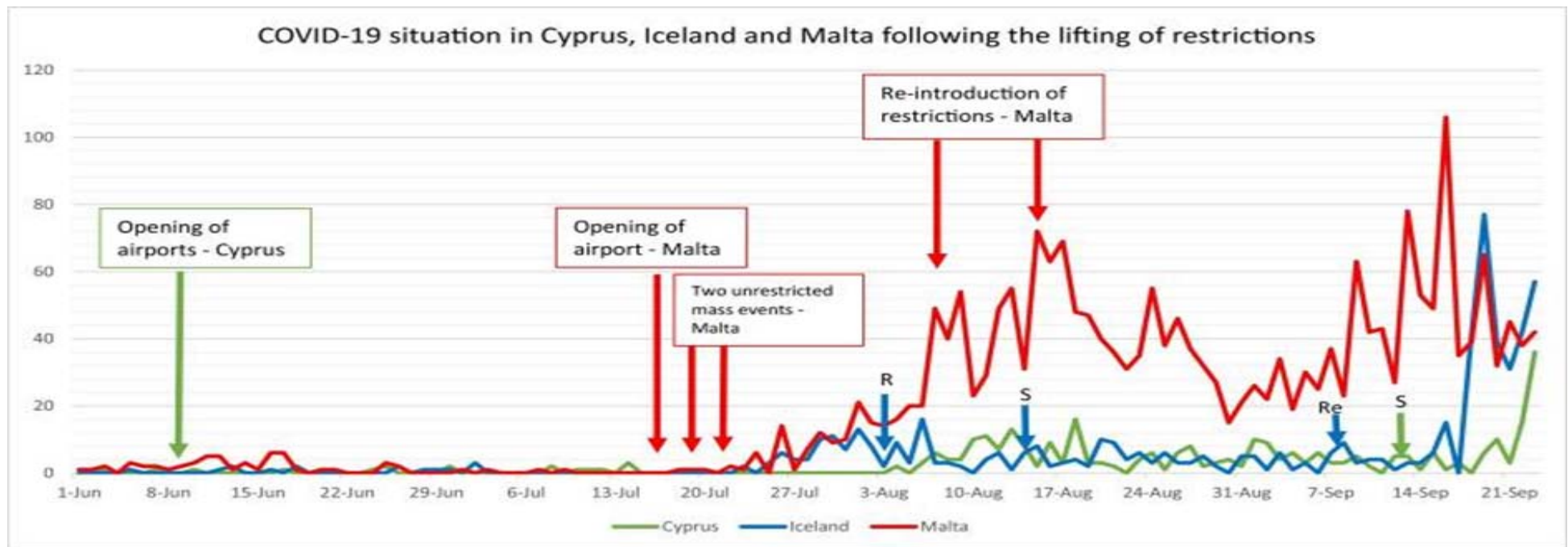
Establishing National Health System: 2017

- 2000: Law for the General Healthcare System (GeSY); Est. after TROIKA memorandum
- In 2013 Cyprus proceeded with national health care system with support from IMF, ECB & EU Commission. A Cyprus national health system was predicted to increase coordination, reduce waste, and be more fiscally responsible. Inefficiencies in the system include overlapping services between the public and private health service providers and "poor communication and coordination" between the sectors. Cyprus ranks the highest among EU nations on out-of-pocket health spending. Public healthcare operates with the state's Ministry of Health providing control and funding. Cy outperforms EU average of dentists per capita (91 for every 100,000 people) & underperforms in pharmacists per capita (21 for every 100,000 people).
- Health Ministry, September 2015: National Health Service to be established by 2017. Establishment of an operational NHS part of the Troika bailout programme: 2% special tax (1% for employers and 1% for employees) to finance a "mini-NHS".

Establishing National Health System: 2017

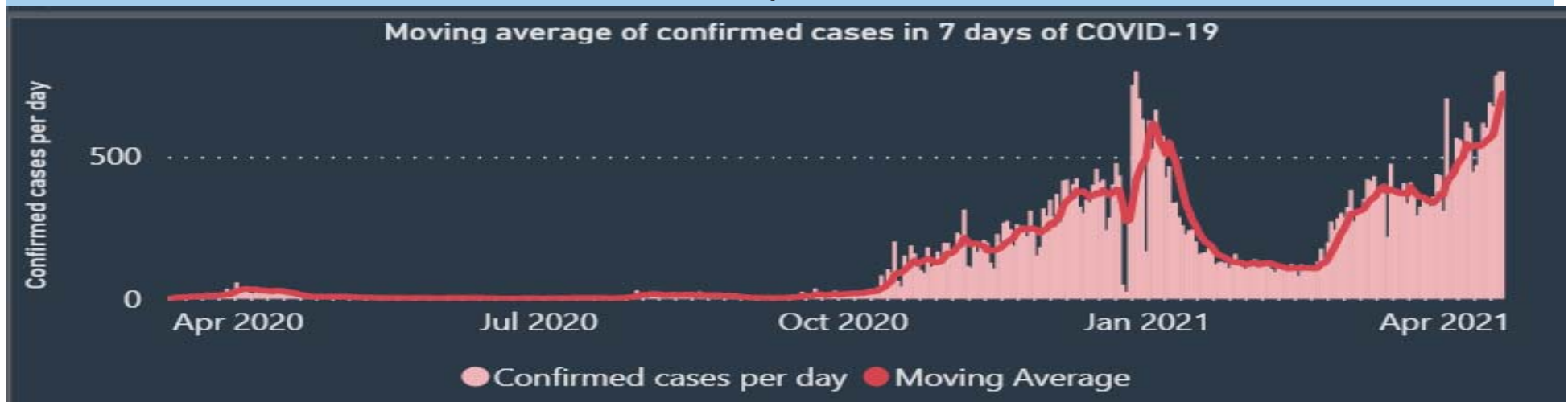
- The current dual sector system is in the process of being replaced with a national health system that aims to provide universal coverage. The National Health System was supposed to save €292 million from 2016-2025 compared to the predicted expenditures of the current system.[The public health sector managed by the Ministry of Health provided free services to approximately 83% of the population. Public coverage includes dental, mental health and pharmaceutical services, as well as general public health resources.
- The three government bills and regulations introducing the General Healthcare System, GeSY, were agreed by parliament on 16 June 2017. It is supposed to be fully operational by 1 July 2020. Collection of contributions for the first stage of implementation started on 1 March 2019.

COVID-19 pandemic: Boasting success 1st Wave



Source: Cuschieri, S., Pallari, E., Hatziyianni, A, Sigurvinsdottir, R., Sigfusdottir, I. D., e and Sigurðardóttire, A. K., (2020) "Dealing with COVID-19 in small European island states: Cyprus, Iceland and Malta" Elsevier Public Health Emergency Collection, doi: 10.1016/j.earlhumdev.2020.105261 [article withdrawn]

COVID-19 pandemic: 2nd and 3rd waves as 'wicked problem'



The first six months of the pandemic, up to October 2020, Cyprus did well in containing the spread of the virus. However, the second wave (Oct. 2020–Feb. 2021) and third wave (March 2021 -) has seen a massive rise in cases. Hospitals are now reaching a point of stretching beyond their limits

NOTE: Comparisons between the 1st wave (very little testing) with 2nd and 3rd (mass testing) are problematic. [source: University of Cyprus COVID-19 spread in Cyprus, University of Cyprus Res. Innov. Cent. Excel. 2021. <https://covid19.ucy.ac.cy/>, last accessed 19 April 2021]

Governance of COVID-19

- The pandemic is governed by the minister of Health who takes all decisions together with the Council of Ministers. The governance is supposed to be based on the advice of the epidemiological advisory committee and the immunisation advisory committee. These are professionals appointed by the minister who serve on a voluntary basis and their advice is not binding. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus
- All decisions are taken centrally. There is no local level involvement in decision-making but only in implementation.
- The role of politicians, administrative institutions (e.g. health agencies), experts from outside public administration (e.g. scientists) is rather muddled. The role of various experts is primarily a media role in communicating to the public what is happening, what the plans are and how the government is addressing the issues.

Governance of COVID-19

- It is impossible to say with certainty whether it has been mostly an expertise or politics led process. Often politicians will shift the responsibility for the decision to the scientists and would require that the scientists-advisors publicly defend the measures decided by the Government. However, many times some scientists within the advisory committee have publicly disassociated themselves from some measures taken. The most known virologist who chaired the advisory committee during the first wave was demoted and he subsequently resigned. He often appears on the media to criticise the Government strategy and measures.
- Societal beliefs have influenced the governance process: The Government is reluctant to take measures restricting the powerful Orthodox church. The Archbishop is allied to the current Government but the holy synod for instance opposed the closure and the restrictions relating to the holy communions. Some Bishops are openly defiant and are openly either denying the existence of the virus, or consider the pandemic to be a conspiracy of Bill Gates.

Governance of COVID-19

- Key issues/debates based on effectiveness, fairness, corruption and proportionality of measures: lockdown for many small shops; adverse discriminatory on poor, vulnerable and migrants; access to health and education; rise in poverty, inequality and unemployment; human rights violations; curfew and denial of right to assembly; refugee pushbacks routine since pandemic
- In the beginning the trust in government was high, particularly during the relative success of the 1st wave. With 2nd & 3rd wave trust in government has deteriorated.
- The allegations of mass corruption over the sale of 'golden passports' and other scandals together with Parliamentary election 28 May has accentuated discontent and despair.
- International cooperation on the European Union level for support in asylum, border management and procurement of vaccines.

COVID-19 and economy

- Key instruments used to curb the pandemic:
 - Lockdown (failure of local lockdown for Limassol & Paphos) used in all waves
 - Universities and schools went on line.
 - Masks in public places
 - Curfew and SMS restrictions of movement
 - Fall 2020: introduced mass testing with rapid tests; schools opened in September
- How have the health/medical vs. social/economic arguments and values been balanced in your country in managing the pandemic?
- Policy towards economic impact of COVID-19 was initially reactive but turned proactive.
- Which support measures have been applied to mitigate the economic impact of COVID-19?
- Differences between policies in Spring and Fall 2020?
- Lessons learned or critical junctures in the evolution of the policy?

COVID-19 and economy

Government introduced measures as part of financial and work-support package to boost the economy during the pandemic, to ease pressure on business liquidity, protect jobs and help the most vulnerable which are activated during lockdowns or if business affected - measures continue:

- **Tax measures**
 - payments deferrals, rate reduction
- **Employment related measures**
 - 60% wage compensation
 - Training
 - quarantine leave supplement
- **Economic Stimulus Package**
 - Loans
 - Moratorium on debt repayments
- **Customs Measures**
 - Electronic processing of Customs formalities

COVID-19 and education

Phase 1 (March – June 2020)

- All schools and University were closed. Learning transitioned online.
- All private schools had the IT infrastructure to go online,
- No all public schools had the IT infrastructure to go online
- A substantial number of teachers were unprepared for this change.
- School authorities failed to utilise the summer months to make the necessary logistical arrangements for the next school year.

Phase 2 (September 2020 – January 2021)

- The decision by Government was for all schools
- Each University decided differently on whether to go on line or to open but with measure in September October 2020.
- Private universities remained on-line, except for lab-teaching or thar course which necessitated face-to-face teaching (2020-2021)
- Reduced numbers for primary/secondary schools

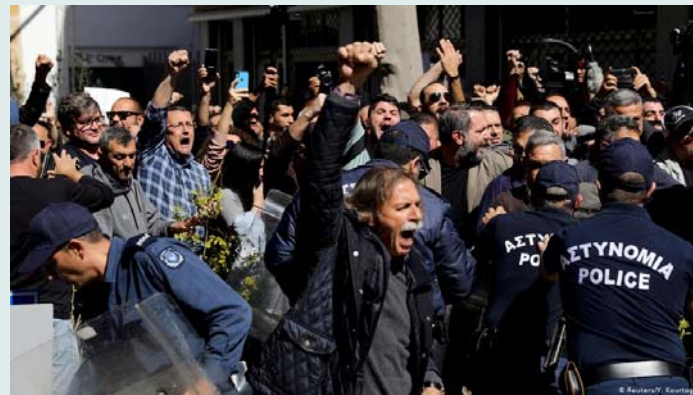
COVID-19 vaccines

- Total 210,576 vacc. (1st dose: 152,603 and 2nd dose: 57,973)
- The 1st dose has also been administered to 10.934 individuals from the vulnerable groups and to 745 bedridden individuals.
- Vacc. begun in closed structures, Prisons & immigration centres
- Expects:
 - 500.340 doses of Pfizer (end of June),
 - 2,400 Janssen (end of April)
 - 6.000- 8.400 Moderna vaccine and
 - 75,050 AstraZeneca (1 st May)

[Source: https://www.pio.gov.cy/coronavirus/uploads/18042021_emvolia51yoEN.pdf 18 April 2021]

COVID-19 and borders

- The first governmental act for the pandemic, when all ports airports were open and prior to locating any incident in the southern or northern part of the divided country was the closure of some crossing points, which was met with mass demonstrations.



COVID-19 and borders

- Civil disobedience .



COVID-19: Repression & police violence cause mass protests

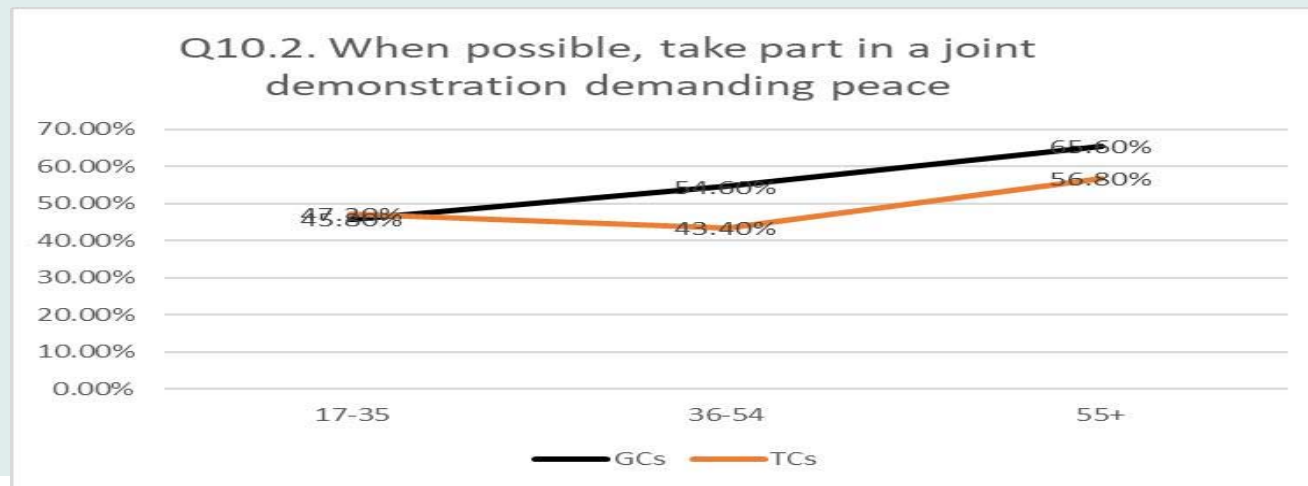


COVID-19 and borders

- State borders management during the pandemic was problematic.
- Travel restrictions introduced but also special regional or bi-country travelling bubbles: Since mid-February 2021 Cyprus and Israel agreed to mutually recognise each other's "green passports," enabling vaccinated people to travel freely between the two countries. The agreement was prompted by a decision of the Cypriot government to exempt Israeli nationals who have received a vaccine approved by the European Medicine Association (EMA) from taking a PCR test or being placed in quarantine on arrival [Greek City Times (2021), ['Israel and Cyprus agree on 'green passports'](#), 15 February 2021]
- Challenges related to the management of state borders: Cyprus relies heavily on foreign tourism and was one of the 13 countries supporting the introduction of 'green passports' for vaccinated tourists to be able to travel across the EU
- Special small state and island aspects.

COVID-19 and borders

- Recent research findings suggest readiness of G/Cypriots and T/Cypriots to participate in joint demonstration demanding peace as joint collective action event (planned for 24 April 2021 in divided Nicosia. represent 60,000 T/Cypriots and 400,000 G/ Cypriots in the streets...(the graph is indicating support for such an action by age).



COVID-19 vaccines



ERASMUS PLUS - 'Challenges to Democracy and Social Life'

COVID-19 vaccines- National Vaccination Action Plan

- Cyprus participated in the EU joint procurement for purchasing the coronavirus vaccines and has not made any additional agreements with other countries.
- On 15 December 2020, the Government approved the COVID-19 vaccination plan.
 - First round of the vaccination programme includes health care professionals, residents of care institutions and at risk people over the age of 70.
- The first phase of the implementation of the Estonian vaccination strategy has been criticised as slow and not clear for the wider public.
- According to recent surveys, 85% of the Cypriot population is willing to get vaccinated. However, a substantial segment is either sceptical or indecisive about vaccination.
- Cyprus is relying on the EU. Also there is reliance on the UK (ASTRA-ZENEGA)
- Cyprus has NOT signed any direct agreements with vaccine producers

Conclusion: Lessons and prospects

- COVID-19 pandemic has revealed systemic problems, new vulnerabilities:
 - Health system chronic underinvestment, bad planning and failures newly-established NHS; parasitical private health & absence of a unitary health system as major weakness in addressing epidemics/health emergencies
 - Failure to work with T/Cs to contain the pandemic; undermining contact between G/Cs & T/Cs
 - The dangers of repressive/disproportional measures derived from instruments derived from the colonial era
 - The failure of justice system to curb Police and executive power abuse of power
 - The political system failures of proper checks and balances, to scrutinise and protecting rights from abuse
 - The deepening and accentuating existing social and economic inequalities
 - The seriousness of gender-based violence which has been accentuated with pandemic lockdown
 - Humanitarian crisis of migrant detentions and poverty of migrant communities.
 - Dangers of nationalism, racism and accentuations and deepening of partition after closure of checkpoints
- Unexpected strengths:
 - The establishment of NHS has been a major achievement; without it, the situation would be worse
 - Resilience of communities in poverty and social exclusion
 - New impetus, solidarities when the state and establishment charities failed to deliver to poor and migrants
 - Resilience, new and lively activism of young who claimed their rights to assembly to the streets
 - Despite closure of checkpoints, contacts between G/cs & T/Cs strengthened via use of social media
 - The lockdown allowed from greater participation of those in remote areas in political debates; bete4r planning and reflexivity

Conclusion: Lessons and prospects

- COVID-19 pandemic has largely departed from the normal mode of operation of the governance system.
- The pandemic challenged the existing capacities of the governance system (policy-making, administrative, health etc.) Good governance in Cyprus was raised but various constitutional and executive affairs were raised but have not been dealt with during the health crisis.
- During the pandemic, Cyprus sought support from by the EU to deal with irregular migration but failed to properly differentiate migrants from refugees.
- The small size of the country permitted the authorities to deal with the pandemic on a national scale; little regional or local plans.
- The potential long-term impact of COVID-19 pandemic on the governance system in Cyprus allows for learning and reflexivity from weaknesses and strengths; the new social media and Zoom is here to stay.

Final conclusion to be determined after the pandemic is over

