

GOVERNANCE OF COVID-19

ERASMUS+ 'CHALLENGES TO DEMOCRACY AND SOCIAL LIFE IN EUROPEAN SMALL STATES'

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CHARACTERISTICS OF THE GOVERNANCE SYSTEM

	SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOURG	MONTENEGRO	CYPRUS	ESTONIA
POLITICAL REGIME	Parliamentary democracy	Parliamentary democracy	Parliamentary monarchy/ co-principality	Parliamentary democracy	Parliamentary democracy	Constitutional monarchy/ parliamentary democracy	Parliamentary democracy	Presidential democracy	Parliamentary democary
LEGISLATURE (size, term)	Consiglio Grande e Generale (60, 5 years)	Landtag (25, 4 years)	The General Council (28, 4 years)	Alþingi (63, 4 years)	The Parliament (67, 5 years)	the Chambre des Députés (60, 5 years)	Skupština (81, 4 years)	The Parliament (56, 5 years)	Riigikogu (101, 4 years)
SIZE OF THE GOVERNMENT CABINET	10 ministers	PM + 4 ministers	PM + 12 ministers	PM + 10 ministers	PM + 19 ministers (20 ministries)	PM + 16 ministers (24 ministries)	PM + 12 ministers	The President + 11 ministers	PM + 14 ministers (11 ministries)
MAJORITY/ COALITION GOVERNMENT	Coalition	Coalition	Coalition (equal gender)	Coalition	Majority	Coalition	Coalition	Majority	Coalition
HEAD OF STATE (election, term)	Two Capitani Reggenti (Parliament, 6 months)	The Prince	Prime Minister (Parliament)	The President (direct election, 4 years)	The President (Parliament, 5 years)	The Grand Duke of Luxembourg	The President (direct election, 5 years)	President (direct election, 5 years)	President (Parliament, 5 years)



TALLINNA TEHNIKAÜLIKOOL

GOVERNANCE OF THE HEALTH CARE SYSTEM

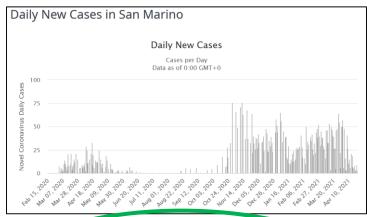
- Health care is centrally governed in all countries.
 - Only in Estonia the local governments assist in providing health care services
- Division of policy-making and implementation
 - Separate Ministry of Health in Andorra, Iceland, Malta, Montenegro, Luxembourg and Cyprus.
 - In almost all countries, the responsible ministry develops health policy and government agencies implement the policy and provide services.
 - In Malta the ministry of Health has both a policy-making and implementation role through different boards, councils and committees.
- Wide national health coverage in all countries covering 83-100% of the population.
 - Health insurance is compulsory for everyone in Liechtenstein, obligatory in Montenegro.
 - In Andorra and Estonia the availability of health insurance is related to the employment status.
- Health care agreements with neighbouring countries established in San Marino, Liechtenstein and Andorra due to only one national hospital.

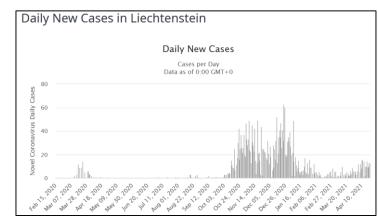


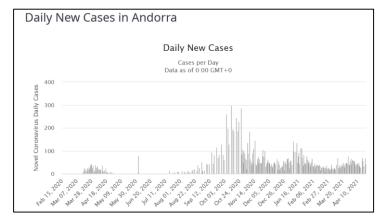
COVID-19 PANDEMIC

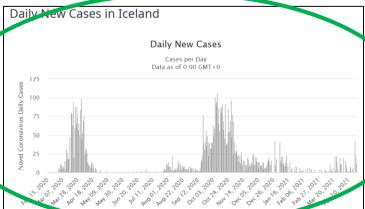
	1st case registere d (2020)	2nd wave	3rd wave	Peak number of hospitalization	Highest 14-day notification per 100,000 people/ Moving average of confirmed cases in 7 days	Total number of infections	Number of deaths (as of April 2021)
SAN MARINO	27 February	September		57 (March 2020)	1343,9 (February 2021)		84
LIECHTENST EIN	4 March	October					56
ANDORRA	2 March	mid-July		55 (April 2021)	1868 (November 2020)		112
ICELAND	28 Feb	September					29
MALTA	7 March	late July					286
LUXEMBOU RG	April	July	March 2021	199 (November 2020)	686 (November)		790
MONTENEG RO	17 March	August			(November 2020)		1365
CYPRUS	April	October	March 2021	Critical in spring 2021	(April 2021)		268
ESTONIA	26 February	November)	725 (March 2021)	1523 (March 2021)		922

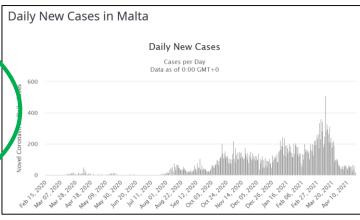
COVID-19 PANDEMIC

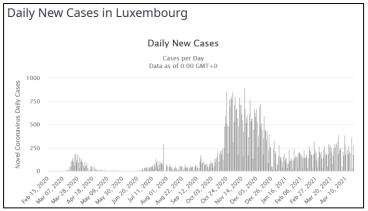


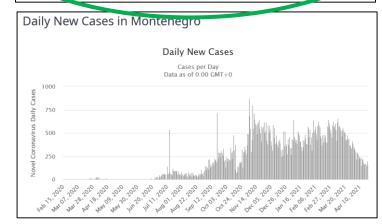


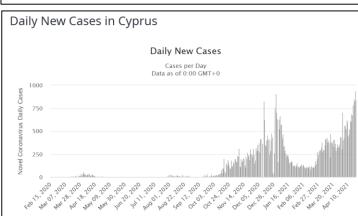


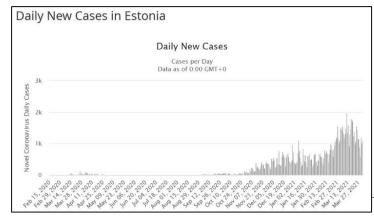












COVID-19 PANDEMIC

- COVID-19 pandemic "waves"
 - 2nd wave of the pandemic significantly more intense in San Marino, Liechtenstein, Andorra, Malta, Luxembourg, Montenegro and Estonia.
 - Iceland as an outlier the 1st and the 2nd wave with similar intensity.
 - Possible to distinguish a 3rd wave in Cyprus.
- Generally testing capacity improved during the 2nd phase and is widely available.
 - Malta began systematic contact tracing right after first cases were registered.
 - San Marino initially had low testing capacity due to no availability of autonomous swab analysis. In May 2020 the hospital laboratory acquired the needed skills.
 - Testing support from private companies in Iceland and Estonia.



GOVERNANCE OF COVID-19

- The governance of COVID-10 has mainly relied on the existing governance structure.
 - In San Marino, Andorra, Montenegro and Estonia a special commissioner, COVID office or new coordination or advisory body were created.
 - Wide cooperation between the government, experts and the civil society in San Marino and Malta
- Politics versus expertise led process?

	SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOURG	MONTENEGRO	CYPRUS	ESTONIA
POLITICS LED PROCESS	X?	х			х			х	
EXPERTISE LED PROCESS			x	х		х	х		х

- Process has become more political in Luxembourg, Montenegro (change of government), Malta, Estonia after the 1st wave.
- On the international level, cooperation has mainly related to border management, procurement of vaccines and economic support (EU).
 - Liechtenstein's reliance on the scientific expertise of Switzerland.



GOVERNANCE OF COVID-19

- Key debates in the centre of societal attention:
 - Individual freedoms versus strict measures to tackle the virus (San Marino, Estonia).
 - Exceptions for the church (Montenegro, Cyprus).
 - Effectiveness, fairness and proportionality of measures for private companies and entrepreneurs (San Marino, Malta, Cyprus, Estonia)
 - Access to health care for the more vulnerable (e.g. asylum seekers, migrants, non-citizens).
- High level and even increasing trust in the government in Liechtenstein, Andorra and Iceland.



MONTENEGRO: Clerical protests by Serbian Orthodox Church (Aug 2020)



CYPRUS: Mass demonstrations against the closure of border corssing points



ESTONIA: Demonstration against compulsory wearing of masks (Nov 2020







TALLINNA TEHNIKAÜLIKOOL

COVID-19 MEASURES

SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOUR G	MONTENEGR O	CYPRUS	ESTONIA
Full lockdown for 2 months during the 1st wave. 50% limitation for work place capacity Limited mobility during the 2nd wave – curfew from 10pm-5am.	One serious lockdown during the 1st wave. Limitation of contacts by temporary banning public events, closing restaurants, shops. Contact restrictions. Face masks incrementally became obligatory.	Measures mostly reactive. General lockdown during the first wave. Wider set and more severe restrictions during the 1st wave.	No full lockdown. Quarantine and isolation for people infected. Corona hotels.	No full lockdown. High level of caution among people and businesses during the 1st wave. Face masks became obligatory during the 2nd wave. Vouchers for locals to increase domestic tourism.	Closure of shops and restaurants during both waves. Strong suggestions for nonessential workers to work from home. Less restrictions during the 2nd wave even though it was more severe.	Curfew during the 1st wave and all except non- essential businesses were closed. Less restrictions during the 2nd wave.	Lockdown imposed during both waves. Failure of local lockdowns. Curfew and restriction of movement. Masks obligatory in public places.	Measures mostly reactive. No full lockdown. State of emergency declared during the 1st wave Masks obligatory in public places. Less severe restrictions during the 2nd wave (before the peak).

COVID-19 AND EDUCATION

- Schools were closed for a period of time and distant learning was used in San Marino, Andorra, Malta, Montenegro, Cyprus, Estonia.
- Universities went online in all countries.
- In Liechtenstein and Luxembourg, schooling was restricted as little as possible (only a few weeks). Comprehensive hygiene and safety concepts were introduced.
- In all countries some level of e-learning was used.
 - Digitalization initiative in Liechtenstein (all students received a tablet).
 - Internet connectivity related issues in San Marino and Montenegro.
 - Differences of available IT infra structure between private and public schools in Cyprus.



COVID-19 AND BORDERS

SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOURG	MONTENEGRO	CYPRUS	ESTONIA
During the 1st wave some border crossing points were closed and checkpoints introduced. All border crossing points were reopened at the end of the first phase. During the 2nd wave some mobility limitations were restored.	No travel restrictions towards Switzerland. Same travel restrictions as in Switzerland. Border closed between Liechtenstein and Austria during the 1st wave. Test required to enter the botder.	Temporary restrictions to crossing the borders by neighbouri ng countries. Andorra never closed its borders. Screening protocols introduced. Affected by the mobility restrictions in Spain and France.	Did not close borders. 14-day quarantine for all entering Iceland during the 1st wave. Rules revised after the 1st wave.	All sea and air travel banned on March 11. During the 2nd wave, list of amber zone countries and safe corridors.	Border have remained open. People returning from abroad have to stay in quarantine. Mainly concerned about the border controls by the German, French and Belgian Authority and its impact of workforce (incl. health system). Special agreements for cross-border workers.	Total closure of borders during the 1st wave. Opening of International borders and closing borders among municipalities during the 2nd wave.	Regional and bi- country travelling bubble with Israel. Closure of some crossing points in the northern part of the island was met with protests. Quick usage of "green passports" for vaccinated travellers.	Temporary restrictions during the 1st wave. Direct flights to countries with high infection rate were not allowed. The Baltic bubble was the first in the EU. Bilateral agreement with Finland for crossborder workers.

COVID-19 AND ECONOMIES

Health/medical versus social/economical considerations?

	SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOURG	MONTENEGRO	CYPRUS	ESTONIA
1ST WAVE	Medical	Economic	Medical	Medical	Economic	Medical	Medical	Medical	Medical
2ND WAVE	Medical	Medical	More social/ economic	Medical	Economic	Economic	Economic	Economic	More economic

- Economic support measures were a mixture of government subsidies, salary support, tax relieves, economic stimulus packages.
- In Montenegro, the economy faced slowdown already prior to the pandemic.
- The economy in Liechtenstein has remained surprisingly resistant.



COVID-19 AND VACCINATION

SAN MARINO	LIECHTENSTEIN	ANDORRA	ICELAND	MALTA	LUXEMBOURG	MONTENEGR O	CYPRUS	ESTONIA
No Access to European vaccination system. Agreement with Italy for the supply of vaccines. Russian vaccine received in February 2021 and additional doses ordered. Antivaccination campaign gaining traction – 26% of the population are against vaccination.	Integrated into the vaccination system of Switzerland. No agreements with the EU or pharmaceutical companies. Population dividend into groups in terms of who will receive the vaccine first. Approximately 1/3 of the population might not want to be vaccinated.	Vaccines have been acquired through Spain (Pfizer-BionTech), France (Moderna) and the COVAX facility (WHO). Vaccination process has been working well since the first doses arrived in January 2021.	Agreement with the European Medicines Agency for buying vaccines. In addition, contracts with pharmaceut ical companies. Slow start of vaccination.	Participation in the EU joint procurement for purchasing vaccines. Initial roll out was slow, but has gained momentum. Public perception is in favour of vaccination.	Participation in the EU joint procurement scheme. Buying Sputnik V from Russia has been considered. Vaccinations conducted in special centres. Strict multiphase vaccination plan.	Vaccination delayed until February 2021. Bilateral agreement with Russia and China. In addition vaccines have been received through the COVAX mechanism and as a donation from Serbia. Only 51% of the population want to get vaccinated.	Participation in the EU joint procuremen t scheme. Vaccination has begun quickly. Vaccination plan in phases.	Participation in the EU joint procuremen t scheme. Vaccination rollout in phases. Slow start, has gained momentum. 75% of the population is willing to get vaccinated.

CONCLUSION: LESSONS AND PROSPECTS

- A lack of preparedness for crisis management evident in e.g. San Marino, Estonia, Cyprus, but at the same time high level of resilience and agility evident in several countries (Andorra, Liechtenstein, Iceland, Luxembourg, Estonia).
- Increased level of digitalisation as a result of the pandemic evident in San Marino and Andorra.
- Further highlighting of already existing vulnerabilities
 - Dependence on larger neighbouring states.
 - Dependence on cross-border workers.
 - Economic dependence on only a few sectors (service sector, tourism).
- Trust in government its relation to the pandemic management.



DISCUSSION

- What will be the main implication of COVID-19 on the governance of small states looking forward?
- Has the COVID-19 pandemic increased or decreased the dependence of your country on other countries/international organisations?







THANK YOU!