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CENTRE FOR SECURITY COOPERATION

NEWSLETTER



**COVID-19 PANDEMIC -
CRISIS MANAGEMENT**

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Dear readers,

The coronavirus pandemic has had a tremendous impact on our lives and it has been changing the way we live our daily lives since February this year. It has spread across countries at different times, and each of them has managed it differently. Depending on their crisis management systems, health care capacities, or political systems but also overall social and economic factors, every country presents a different picture.


It is our pleasure to present you summaries written by the Seminar's distinguished lecturers dedicated to examining the national crisis management concepts and actual performance in the COVID-19 pandemic.

I strongly believe that it will help us better understand challenges and reconsider reactions of our crisis response systems, and thus contribute to the improvements of RACVIAC Members' crisis management capabilities. I hope that by exchanging national experiences, this Seminar provided you with relevant information on the scope and affecting factors of crisis management functions in pandemic diseases and consequently increased awareness about the relationship between organizational effectiveness and the necessity to permanently adapt and improve our response systems.

I would like to express my appreciation to our partner in this activity – Mr Robert Mikac from the Faculty of Political Science of Zagreb and all other lecturers – academic community representatives and subject matter experts from RACVIAC Member countries who presented and analysed their national experiences in dealing with coronavirus crisis. Special thanks go to Mr Vedran Kranjčević, representative of the Croatian Ministry of Health who brought an added value to our Seminar by presenting his practitioner's insights and to Dr Matthew Rhodes from the George C. Marshall Centre for his introductory remarks.

I would also like to thank all participants who took part in this event and with their comprehensive discussion actively contributed to this event.

I hope you will find the texts both stimulating and useful in your future work,



MG (ret.) Jeronim Bazo,
RACVIAC Director

COVID-19 PANDEMIC - CRISIS MANAGEMENT ON-LINE SEMINAR



Introductory Info

Background

The COVID-19 crisis, both due to its actual effects and consequences and the media amplification of the potential risks at the perceptual level, has brought the world as we have known it for decades to a halt. The uncontrolled spread of the coronavirus disease 2019 (SARS-CoV-2) has affected all countries and societies of this world harder than many other challenges we have faced so far. The crisis has caused numerous market disruptions, had a major impact on certain industries, produced additional clashes within international community, highlighted the impotence of International organizations and led to the return of states to the centre of international relations and communications, a role they have not had for a long time. States have proven to be the undisputed actors and creators of policies and conditions that most directly affect the

functioning of life, society and the economy during this crisis. Depending on their attitudes and ability to cope with the crisis, they determined current actions within their own borders, as well as the international environment and the future of relations between many actors in their society. It is the ability of states to organize an effective crisis management system, with all its components, phases of its cycle, application of knowledge of effective crisis communication, assessment and daily strategic decision-making that produces the preconditions for analysing how successful individual countries have been in dealing with this crisis. This subject was of central interest to our on-line Seminar, organized in partnership with the Faculty of Political Science of Zagreb University.

Purpose and Objectives

The main purpose of the Seminar was to present and analyse national crisis management concepts, inter-agency cooperation, challenges, best practices and lessons learned in dealing with the coronavirus crisis by providing the



platform for interaction among national crisis/emergency management and public health and civil protection experts thus contributing to the improvements of crisis management capabilities of RACVIAC Members.

Lecturers

Lecturers to this Seminar were: Mirza Smajić, PhD, Faculty of Political Science in Sarajevo, Vedran Kranjčević, Head of Cabinet, Croatian Ministry of Health, Robert Mikac, PhD, Faculty of Political Science of Zagreb University, Roberto Setola, PhD, Campus Bio-Medico, University of Rome, Olivera Injac, PhD, University of Donja Gorica, Podgorica, Marina Mitrevska, PhD and Lidija Georgieva, PhD, Faculty of Philosophy, Sts. Cyril and Methodius University in Skopje, and Želimir Kešetović, PhD, Faculty of Security Studies, University of Belgrade.

They provided national presentations on COVID-19 Pandemic Crisis Management analysing and presenting best practices, challenges, and lessons learned through out all three phases of crisis management cycle: prevention, preparedness, and response phase.

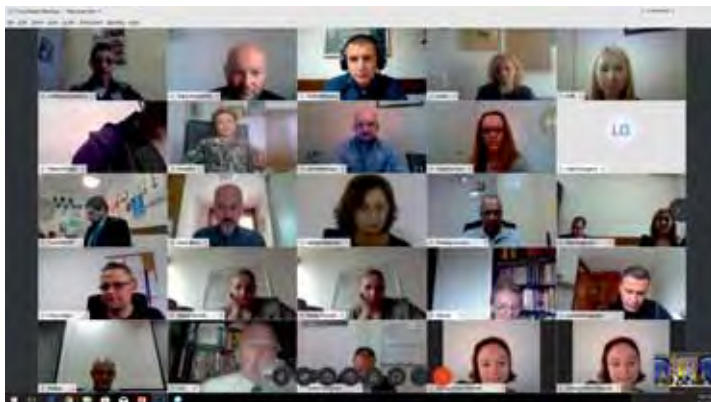
The short academic summaries of their lectures are published in this special edition of Newsletter.

Dr Matthew Rhodes from George C. Marshall Centre gave an introductory remark to this Seminar.

Disclaimer: The views and opinions expressed in this articles are those of the authors and do not necessarily reflect the official policy or position of RACVIAC-Centre for Security Cooperation.

Participation

More than 30 national crisis / disaster / emergency management, public health and civil protection academic and professional experts and representatives involved in COVID-19 pandemic crisis response or analysis, capable of discussing the challenges and practical experiences in the multi-organizational response system, from Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia, Serbia, Slovenia, Turkey, and Kosovo* as well as representatives of various international organizations and agencies, such as Defence Threat Reduction Agency (DTRA), OSCE Mission to Bosnia and Herzegovina, Disaster Preparedness and Prevention Initiative for South East Europe (DPPI), Konrad Adenauer Stiftung Office in Zagreb, and ISCTE-IUL Student Union from Portugal participated in this event.



Methodology

This on-line Seminar was designed as a peer-to-peer event aimed at examining various systems and approaches to crisis management of the COVID – 19 pandemic. ❄️

* This Designation is without prejudice to positions on status and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Introductory Remark



Dr Matthew Rhodes

I would like to start by congratulating the organizers on this very timely seminar, and also by thanking them for allowing the Marshall Centre and me to play a small supporting part in it. RACVIAC has established itself as a unique regional platform for discussion of current security issues among professionals from across the security sector, including academia and civil society. General Bazo is carrying that tradition forward and even further strengthening RACVIAC's profile through his energetic leadership. Dr Mikac from the University of Zagreb has likewise earned an excellent international reputation. He is a leading expert on crisis management issues who combines great experience as both a scholar and a senior practitioner in the field. Last but not least, the rest of the speakers and participants brought together today also represent an impressive group of experts. As also applies to both General Bazo and Dr Mikac, I am proud to note that many of you are Marshall Centre alumni and long-time friends.

Over the past several months, the COVID-19 pandemic has brought dramatic change to our countries. It is one of the most far-reaching global security challenges we have faced this century. It has brought illness and death to thousands of our fellow citizens, it has frozen large parts of our economies, it has disrupted established patterns of international relations, and, less horribly, it has pushed much of our own work in seminar discussions like this one into the online realm. Even now, as much of Europe and the United States begin to relax some restrictions, it is clear that this crisis is far from over.

Systematic analysis of how our countries have dealt with this pandemic, individually and collectively, is thus of vital significance. Sharing lessons, perspectives, and insights in seminars like this is necessary not only to help our countries better manage this great current crisis we face, but also better to prepare for or prevent potentially even worse crises in the future. The Marshall Centre is doing more of this as well. I wish you great success in this important work, and I look forward to further cooperation on the topic. ❄️

Dr Matthew Rhodes is a professor of national security studies and area studies chair at the Marshall Center. His principle interests include U.S. foreign and security policy, transatlantic relations, and Central and Southeast European security issues.

Dr Rhodes previously served as assistant professor of strategy and international security at the U.S. Air War College, Maxwell Air Force Base, Alabama from 1999-2003; assistant professor in the department of political science at Central College, Pella, Iowa from 1998-1999; and Jan Hus Foundation Academic Mentor in the department of politics and European studies at Palacky University, Olomouc, Czech Republic from 1997-1998.

Dr. Rhodes holds a Ph.D. in political science from the University of Wisconsin in 1997 and a bachelor of arts degree in government and German from Lawrence University in 1990, and is author or co-author of several books and articles.

COVID-19 CRISIS MANAGEMENT: CASE STUDY OF BOSNIA AND HERZEGOVINA

Mirza Smajić



Photo: Fehim Demir/EPA-EFE

It is quite certain that the pandemic caused by the SARS-COV-2 virus, i.e. the COVID-19 infection, represents the largest global crisis and disruption since the Second World War. The uncontrolled spread of infection has produced a state of human insecurity, i.e. the disruption of everyday life and the functioning of constructive societal, economic, security, social, health and other networks. It is very difficult to predict the crisis, but constant qualitative measurements of threats and quantitative measurements of the ability of movement of those threats can mitigate the consequences or increase the degree of prevention.

Main goal of this paper is the introduction of crisis management and crisis control caused by Covid-19 pandemic in Bosnia and Herzegovina in three phases: prevention, preparedness and response. Special goal is to focus on atomized crisis management system in Bosnia and Herzegovina and need to build a coherent system and strategy of crisis management.

The aim of the preventive measures taken at all levels shows that the actors did not underestimate the crisis, but also that the “unpopular” measures taken stemmed from the fact that this is a new Corona virus strain (SARS-COV-2) causing COVID-19 infection and with the current epidemiological and virological aspects taken into account. When it comes to crisis management caused by COVID-19 infection in Bosnia and Herzegovina, it can be said that the risk was recognized and that timely measures were taken in accordance with applicable national and international rules and regulations. However, regarding the State of Bosnia and Herzegovina,

there are certain peculiarities that are reflected in the organization and functioning of not only the security system (protection and rescue system) but also the health, i.e. the hygienic-epidemiological structure. Nominally, there are institutional actors and normative frameworks in Bosnia and Herzegovina, but they are dispersed at the Cantonal and Entity levels (ten Cantonal, Federation BH Crisis Staff HQ, Crisis Staff of Republic of Srpska HQ, Crisis Staff of Brčko District of BH HQ), while the State level deals with the coordination of activities. Unfortunately, this crisis has also shown that Cantons and (or) Entities have become a form of life, which in practice is reflected in unsynchronized and particular decisions and Staff assessments at all levels. However, given the depletion of the system, as well as the deficits in the security and health sector in Bosnia and Herzegovina, it has been shown that even with limited resources, adequate measures and activities are being taken to stop the spread of infection (linear growth). Prevention phase has show that it is

necessary to exceed institutional anomie and approach to make coherent State document (Assessment/strategy) to identify and equalize measures on all Government levels in Bosnia and Herzegovina.

for citizens of BH. First case of Covid-19 infection was officially registered on 5th of March in Banja Luka, and it was a person that had been in Italy. Besides decentralised crisis management system in BH, measures and activities have been



Border police checks documents on the border between Bosnia and Herzegovina and Croatia

In the preparedness phase in Bosnia and Herzegovina and in accordance with recommendations of local Institutions for monitoring of epidemic situation and World Health Organization, a series of measures and activities have been activated mid February. This happened primarily in Health but also in other sectors, and appropriate mechanisms have been activated to reduce Covid-19 infection. Related to this, State and Entity level institutions declared state of accident (Federation BH Entity) and/or emergency situation (Republic of Srpska Entity) mid March and gave instructions, orders and other measures on everyday basis in attempt to reduce infection spread. The first set of measures included setting a thermal camera for easy symptom detection for passengers who want to come entering Bosnia and Herzegovina. Besides Entity, Cantonal and City crisis headquarters, Coordination body was established on State level. One of the effective measures was to obligate selfisolation after entering Bosnia and Herzegovina, and Qarantine

activated on all levels, more or less, and showed effects in reduction of infection spread. cooperation and coordination of Health and Security sectors in BH were very good and successful. However, from today's perspective, after analysing a wider range of factors and areas important for protection and rescue, certain processes and measures have emerged that have led to the "radicalization" of public and professional discourse, which has raised some new and old issues, such as readiness and equipment of Civil Protection, Police, Health Institutions as well as measures introduced to protect public health

of citizens. On the other hand, if one compares - in time and essence - the measures taken in Bosnia and Herzegovina with those taken in other European countries, the current situation is satisfactory. Certainly, all phases of a crisis, especially when it comes to infections, require full civic discipline and responsibility in complying with the measures issued, and in this case especially the measure of self-isolation. This is a genuine joint struggle, which is reflected in the compliance with the issued measures and warnings by the competent authorities.

Last phase, reaction in Bosnia and Herzegovina, started when number of infected increased and measures (prohibition of movement and assembly and curfew) were put into force and updated on daily basis. Bosnia and Herzegovina have been praised by WHO officials for preventive, but also preparedness measures and reaction, specially healthcare sector (establishment of Covid-19 hospitals). We are witnessing that the crisis is multilayered and has



USA Armed Forces deliver supplies to the Armed forces of Bosna and Herzegovina *Photo: USA Emabssy in Sarajevo*

affected all segments of society, and therefore requires a multidisciplinary response from the health-epidemiological, security, legal, economic and other sectors, as well as their analysis of the current situation. A particular segment of this crisis, i.e. its management, is communication through timely, transparent and objective reporting to the public and the issuing of clear instructions. Healthcare institutions have special communication channel, and specialised web pages with all informations about Covid-19 crises. Special focus is on responsible and disciplined citizens that fulfill their obligations.

At the end, disease infection by Sars-Cov-2 at the end of May 2020, caused 2,415 infected and 144 dead in Bosnia and Herzegovina, but also 1,612 recovered citizens. Although all health and security structures at all levels in Bosnia and Herzegovina made professional efforts to counter the current crisis, the particular response and lack of a unified, consolidated and coherent crisis management approach complicated or slowed down the process of fighting the COVID-19 pandemic. Finally, there are several key recommendations for improving the crisis management mechanisms, as well as for future crisis situations:

- launch the initiative for the adoption of the Decision on Security Risk Management, i.e. establishing the security risk registry in Bosnia and Herzegovina. Within this, perform a gradation of the security situation (security risk measurement matrix) in the country based on the performed security risk measurement, analysis and classification (establishment of security levels). These acts should be common at all levels and in line with international standards and regulations;
- focus on streamlining the attention through the formation of specialized sub-staffs/ teams (scientific and professional provenance) to overcome the COVID-19 crisis (health, security, economic and legal sectors).
- initiate a state-level procedure for adopting a single methodology for developing the Report (assessment) on state of the security of the state of Bosnia and Herzegovina (establishing single indicators);
- define minimum (respecting the constitutional structure of BH) conditions of national/ state standards and procedures, which will be binding at all levels in case of emergence of new crises;



Photo: Fehim Demir/EPA-EFE

- continuously and unconditionally strengthen the personnel and material and technical capacities of the security and defence sectors, and the protection and rescue sector in particular.

By implementing the above recommendations, Bosnia and Herzegovina will soon have the preconditions for creating an effective and efficient crisis management strategy. ❄️

Mirza Smajić is an Associate Professor at the Faculty of Political Science in Sarajevo.

He obtained his bachelor, master and doctoral degrees at the Faculty of Political Science in Sarajevo, Department for Defence and Security.

He was appointed Associate Dean for the Teaching and Work with Students from 2015 to 2019 when he became the Head of the Department for Security and Peace Studies in October 2019.

He has been a permanent lecturer in the "Security Policy of BiH" course organized by OSCE Mission in BiH and the Ministry of Security of BiH and has been engaged as a consultant by domestic and international organizations (OSCE Mission to Bosnia and Herzegovina).

Scientific areas of his research and work are: security studies, human security, national security and law enforcement and police studies.

As an author or co-author he has published four books and studies, and a number of professional and scientific papers. He participated as a researcher or consultant in a large number of congresses and projects in EU, BiH, Croatia, and Serbia.

COVID-19: CASE STUDY OF THE REPUBLIC OF CROATIA

Management of the Crisis from the Healthcare Authorities Perspective

Vedran Kranjčević

Croatia's population is approximately 4.2 million and it is declining and ageing. Life expectancy has increased from 74.6 years in 2000 to 78 in 2017, in line with the overall EU trend. However, both preventable and treatable mortalities, which are proxies for effectiveness of health

care system, are just above the EU average. The prevalent preventable causes are lung cancer, heart disease, alcohol use and accidents. High mortality from treatable diseases is primarily a result of cardiovascular diseases and colorectal and breast cancers. Access to health care in Croatia is relatively good. As noted in a recent European Commission (EC) publication*, health expenditure per capita, at EUR 1 272, was lower than average in the EU in 2017, where the average was EUR 2 884. Croatia devotes 6.8 % of its GDP to health compared to an EU average of

9.8 %. The Croatian health care system is based on the following values: equity, fairness and solidarity and on the principles of universality, continuity and availability. Provision of health care is based on the principle of a universal approach to primary level, and specialized approach to specialist and hospital health care level. Health services are organized across the following levels of health care: primary, secondary and tertiary level, as well as the level of institutes. Primary healthcare is provided at health care centres, general practitioners, paediatricians, gynaecologists, occupational medicine specialist, community nursing, telemedicine and emergency medicine, institutions for home health care, palliative care, and pharmacies. Health care centres are the main providers of health care at the primary level. There are 49 health care centres in the Republic of Croatia with 61 branches across counties. Health care at the secondary health care level is provided at 22 general hospitals, 18 special hospitals, 6 psychiatric hospitals and 3 health resorts while health care at the tertiary level is provided at 5 Clinical Hospital Centres, 3 Clinical Hospitals and 5 Clinics.

The resilience of the Croatian crisis medicine and healthcare system is based on some of the general components from which it is derived: the official preparedness and planning for managing incidents or any other natural or human made developments that have a large scale effect on human health; the horizon of the growing tide



Tent for taking swabs *Photo Glas Istre*

care system, are just above the EU average. The prevalent preventable causes are lung cancer, heart disease, alcohol use and accidents. High mortality from treatable diseases is primarily a result of cardiovascular diseases and colorectal and breast cancers. Access to health care in Croatia is relatively good. As noted in a recent European Commission (EC) publication*, health expenditure per capita, at EUR 1 272, was lower than average in the EU in 2017, where the average was EUR 2 884. Croatia devotes 6.8 % of its GDP to health compared to an EU average of

* https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_hr_english.pdf

like the current global COVID-19 pandemic; the situational awareness from information gathering, processing and decision making effect it produces with the information sharing and flow with the relevant domestic and international stakeholders and partners and lastly, resource availability with both logistical support from the strategic financial and budgetary side of the government to the last man or woman in the field of work having gloves and a mask that was delivered by the distribution chain.

Having sufficient and well trained and educated healthcare professionals is the core of any crisis response in any country. The knowledge and the effort among the people the system relies on is crucial. No existent technology in the world in any country is equivalent to an organized, trained and loyal group of people willing to achieve the common goal. Make sure you value that when and if you get a chance to manage them.

The planning for managing healthcare crises is based on legislation and other regulatory framework. In Croatia the Protection of

Population from Infectious Diseases Law was the essential tool in COVID-19 response together with the National General Plan for a Coordinated Approach in Healthcare Crisis Situations, the national pandemic planning legislation by the Croatian Public Health Institute, evaluation of the domestic crisis response system, implementation of NATO CMS in the national legislation and many more. Keep in mind that all planners are people that need to see ahead what comes around the corner with having limited instruments to act and limited resources to get the instruments, so, as the great boxer Mike Tyson said: “Everyone has a plan until they get punched in the face”.

The existence of the Crisis Headquarters of the Ministry of Health as a permanent health authority body for managing any crisis in healthcare was essential. Its departments and people at the top of their specialties that participate in the HQ, made all things possible from day zero. The organization and the experts it had gathered instantly around an organized table for discussion and information analysis made the response immediate and effective. Being able to act instantly within a strict and



Hospital Beds being installed in Zagreb's Arena *Photo: HINA*



Disinfection of Zagreb's tram *Photo:City of Zagreb*

hierarchical frame and being managed by a minister at the head of the table gives direct political guidance from the highest level of authority and a great level of power to manage the system in your area of responsibility and control the circumstances.

In conclusion, Croatia did its best with the planning it previously made, relying on the crisis management personnel to guide the system with limited resources and trusted the staff on the ground to give their best and they did. The “whole of Government” approach proved to be successful and all the teams from all the ministries and other agencies that participated prove that only by working together and trusting each other hard times are prevailed. Having a devastating earthquake at the end of March in Zagreb brought a new crisis within an existing crisis and challenges we faced were vastly more difficult.

The number of confirmed COVID-19 cases and deceased people per one million inhabitants classifies Croatia at the very top of EU or any world countries that have reacted adequately and with necessary epidemiological measures with which exponential growth has been avoided and the crisis has been managed. ❄️

Mr Vedran Kranjčević has been working at the Croatian Ministry of Health at various positions since 2004, all being related to disaster and emergency management in healthcare.

Having a Master's degree in International relations paved the way for his appointment as the Croatian national representative in various committees and boards within international organizations such as NATO (NATO Civil Emergency Planning Committee's JHG (Joint Health Group)) and the EU (DG ECHO „rescEU Medical Task Team“, the TAIEX expert).

He has also been Chief of Operations and Logistics Coordinator of the Croatian MoH Crisis HQ since 2011, and he was the National Civil Protection Board member from 2015-2020.

Since 2015 Mr Kranjčević has been the Chief Advisor for Information Security at the Ministry of Health.

During the ongoing COVID-19 epidemic he was member of the initial task force that worked on setting up the national preparations of the healthcare system and the inter-sectoral operations for the whole-of-government response.

He was appointed as the Head of Cabinet of the Minister of Health and his Chief of Staff in March 2020.

COVID-19 CRISIS MANAGEMENT: CASE STUDY OF THE REPUBLIC OF CROATIA

Robert Mikac



Corona and Earthquake joined in Zagreb
Photo: Zvezdana Balogovic/Unspalsh

Epidemics and pandemics are not new. These have occurred throughout whole human history until the present day. The novelty, however, is the unknowns about: new strains of viruses about which we do not have enough knowledge at the time of their appearance; the speed and global reach of the spread of the infection; questions of understanding and reaction of a number of actors on the path from the source of infection to our environment; coordination and communication ability of vertical and horizontal crisis harmonization and management of complex processes; all the way to the level of individual responsibility and security culture of every citizen of our society.

The aim of this text is to present an overview of the reaction and actions of the Republic of Croatia to the global COVID-19 crisis viewed through the prism of the crisis management cycle, its prevention, preparedness and response phases, focusing on synergistic action of the health and security sector. For this purpose, theoretical and empirical solutions and current processes will be analysed and included.

Analysing the prevention phase, Croatia recognizes the risks and dangers of epidemics and pandemics. It analysed the subjects in a key strategic document, the Disaster Risk Assessment for the Republic of Croatia (2015 and 2019 editions), and thus determined the discourse of the development of health and other national policies of dealing with such risks and dangers. The risks and dangers of epidemics and pandemics have been identified also in previous assessments (which had different names) and general plans for interdepartmental actions have been developed. An interesting link to the COVID-19 crisis is that the Disaster Risk Assessment analyses and elaborates on the risk scenario that just occurred in early 2020 – the virus originated and developed in Asia, from where it spread to Europe through international travel, and therefore in Croatia. In this direction, (certain) capabilities and capacities for dealing with such conditions have been directed and developed all these years, and the health and security sectors have been tested both through occasional exercises and through reactions to swine and bird flu, as well as some other crises which were happening in Croatia. In general, the Croatian system of infectious disease prevention can be rated very high. The Croatian challenge in the preventive part, when it comes to epidemics and pandemics is multiple: there is never enough of total resources, coordination and strict priorities to interdepartmentally arrange and



2020 Croatian Presidency of the Council of European Union overlapped with pandemic *Photo: European Union*

organize all key actors and their actions from the strategic to the local level. The COVID-19 crisis could not be prevented but everything that has been done until it occurred (or failed to be done) in the field of infectious disease prevention has had extremely significant effects in the response phase to the crisis itself. It showed the situation in which Croatia did not have sufficient quantities of various protective equipment, and the ones it did have were used in the first few days. For this segment we can provide partial justification because so far, although scenarios of significant health crises have been worked out, since the establishment of statehood in 1992, Croatia has not encountered an epidemic and/or pandemic crisis that would affect the whole country and all society levels.

Croatia entered the preparedness phase following global developments, especially the situation in China. At the beginning of the year, the Croatian Institute of Public Health, the

primary institution of the health system responsible for public policy development and guidelines for public health, began to prepare specific bases for the health system to deal with coronavirus (SARS-CoV-2) as well as recommendations to citizens (through its own website and appearances in the public media space) on the necessary procedures and protection. Initial activities in preparation for the crisis (for which, at the beginning of the year, it was not possible to estimate its scope or consequences) were undertaken at the level of the Government of the Republic of Croatia and the Ministry of Health. In preparation for the crisis, the Crisis Staff of the Ministry of Health was activated at the end of January, and the Civil Protection Headquarters of the Republic of Croatia in mid-February. In addition, county civil protection headquarters were activated, as well as other services such as the police and civil protection. By activating these headquarters and services, Croatia has shown that it took the

approaching crisis very seriously. Externally, the development of events in Italy was especially monitored, from where very upsetting news came every day, and on February 25, the first case of an infected person in Croatia, who came from Italy, was recorded. What needs to be noted in this section – in addition to generally well-defined preparations – are cases in the first days of insufficient coordination and communication between different services, visible problems with the way of dealing with people entering the country and obviously undeveloped framework plans, steps and measures for further action at all levels, thus the decisions were made in accordance with daily assessments. As time passed, in most of the observations, the system became more organized and the procedures harmonized.

(which analysed the situation on a daily basis and made assessments of the situation) and the Civil Protection Headquarters of the Republic of Croatia (which decided on measures to be taken nationally), while other services followed decisions and implemented measures each in its own area of competence. Key decisions went in the direction of closing the country, slowing down the economy, introducing physical distancing and a strong appeal to citizens to be responsible in their actions. According to research by Oxford University, Croatia was at one time the country that took the most restrictive measures in the world, comparing the number of infected people and the introduced restrictive measures. We can interpret this by choosing a strategy to avoid the worst-case scenario in



Croatian Armed Forces on the streets of Zagreb in the aftermath of an earthquake

Photo: OSRH

With the increase in the number of infected people, at the beginning of March 2020, Croatia has officially entered the phase of response to the COVID-19 crisis, in terms of the resources involved and the measures it began to take on a daily basis. Strategic activities were undertaken between the Croatian Institute of Public Health

terms of the number of infected people. The positive part of crisis management is that the joint health and security sector represented by the national headquarters and regional civil protection headquarters, along with the Croatian Institute of Public Health, met daily, assessed the situation, published all important news, constantly communicated with different types of public and made decisions on further action – and ensured that the crisis did not escalate at any time, that there was not large number of infected and dead people. The

negative part relates to the preparedness and response of other key sectors on which we depend, from individuals, through society to the state. These are the finance, economy, education and tourism sectors. The crisis showed that within these sectors there are no plans, preparedness or vision of how to act in a

crisis at the strategic level, and each of their activities was marked by the method of attempt/failure/attempt until reaching a minimum framework with which they were satisfied. Such an approach has caused current major damage in the form of loss of tens of thousands of work places (where a large number of businessmen were unprepared for the crisis and expected primary solutions from the State) and a significant drop in revenues at all levels, with long-term consequences whose scope and consequences remains to be seen.

In conclusion, by the end of May 2020, coronavirus (SARS-CoV-2) and coronavirus disease (COVID-19) caused 2244 sick people and 101 deaths in Croatia. The numbers are not high given the potential danger to which Croatia was exposed. Much of the credit for the relatively low numbers goes primarily to the health sector and all its employees, all other engaged resources and individuals, and to a large extent to the quality response of citizens to this crisis. At the time of writing this analysis, the crisis is not over yet, but it is certainly an opportunity and a need to analyse it from a number of different aspects in order to draw lessons for future crises. Through this crisis, when we talk about the health and security, Croatia has shown that it is ready and able to respond to the biggest challenges and hardest tests, and it remains a pity that it does not react the same way in other key sectors. ❄️

Robert Mikac, PhD, is an Assistant Professor at the Faculty of Political Science of the University of Zagreb.

Professor Mikac has both practical and theoretical experience concerning various structures in the security sector of the Republic of Croatia.

During his career he performed various duties ranging from the tactical to strategic level: starting as a soldier at the Croatian Armed Forces, then being the Head of the National 112 Centre, the Commander of the Civil Protection of the Republic of Croatia, police inspector within the Ministry of Interior and four years as a Commander of the Civil Protection of the Republic of Croatia.

From 2016 till 2018 he was the head of university military study programme Military Leadership and Management at the Croatian Defence Academy, and from 2016 till 2020 a member of the Homeland Security Council of the President of the Republic of Croatia.

He is an internationally recognized expert in various security areas: International Relations; International and National Security; Security and Strategic Management; Small Arms and Light Weapons; Crisis Management and Disaster Recovery; Civil Protection; Afghanistan; Privatization of Security; Critical Infrastructure Protection and Resilience; Migrations challenges; Project Management.

He is the author of two and co-author of four books in the field of security and has written over 40 scientific articles.

COVID-19 PANDEMIC - CRISIS MANAGEMENT

THE ITALIAN EXPERIENCE

Roberto Setola

Introduction

Italy suffered serious consequences from the COVID-19 pandemic infection. Considering the official data¹ until June 11, there have been 34,114 deaths and more than 235,000 infected. But it seems that such data are significantly underestimated due to the mechanism used for counting the deaths, and because during the first phases of the epidemic only a fraction of the infected has been identified. The first diagnosis of COVID-19 in Rome dates back to the end of January, when a couple of Chinese tourists showed COVID-19 related symptoms. They have been isolated quickly and did not create any spreading of the infection. The first epidemic outbreak was localised in Codogno (Lombardy Region, near Milan) on February 21², and very soon it spread in the North of Italy and then all over the country. The most critical phase occurred in March with more than 5,000 new infected per day, about 29,000 patients hospitalized in intensive care and 900 deaths per day.

To fight the infection in the first phase, on February 22 the Government declared the quarantine of 11 municipalities (about 50,000 people), then on March 1 some restrictions were applied to four Regions and gradually extended to the whole Country. On March 7, the Government declared the quarantine for the Lombardy region and other 14 municipalities (a



Empty square in front of Milan's Cathedral *Photo: BN*

measure that involved more than 16 million of citizens).

Two law decrees, one on March 11 and the second on March 21, declared the lockdown for the whole Country until May 4 when the so called "Phase 2" was supposed to start (i.e. a gradual restart of the Country).

The lockdown had a dramatic impact on Italy's economy with an estimated decrease of the GDP of about 9% in 2020 (but actually there are no consolidated estimations).

Prevention

Following the experience of the avian influenza A/H5N1 virus in 2002, the Italian Ministry of Health published in 2007 the "National Plan for Preparedness and Response to an Influenza Pandemic"³.

The aim of the Plan is to strengthen preparations for a pandemic at the national and local level with the aim of:

1. Identifying, confirming and rapidly reporting on cases of influenza caused by new viral subtypes to enable their timely recognition at the outset of a pandemic;
2. Minimising the risk of transmission and limit morbidity and mortality resulting from the pandemic;
3. Reducing the impact of the pandemic on health and social services and ensuring the maintenance of essential services;
4. Ensuring adequate training for personnel involved in the pandemic response;
5. Guaranteeing up-to-date and timely information on decisions, health workers, the media and the public;
6. Monitoring the efficiency of the interventions undertaken.

The main inspiration for the Plan is the assumption that pandemic influenza constitutes a threat to the security of a State and that global emergencies call for coordinated and global responses for harmonising measures with the WHO recommendations to be implemented by other countries.

Preparedness

Italy has a large experience in management natural and anthropic disasters. The Italian Civil Protection is regarded in the world as one of the most effective structures to manage crisis situations. However, the initial management of the COVID-19 emergency emphasised some problems.

First of all, having the Health system decentralised and under the management of Regional authorities, it is highly heterogeneous in terms of governance, providers, procedures, and performance. Moreover, there is no efficient exchange of data among Regions and central authorities. Specifically, the Ministry of Health receives only subsets of data collected in the field, after a substantial delay and with limited capabilities for data linkage.

Secondly, but not less important, the indications for the management of the pandemic promoted

by the World Health Organization (WHO)⁴ in the period from December 2019 and February 2020 were not fully appropriated: WHO suggested to limit the execution of the swab only to symptomatic people with defined and limited epidemiological indicators (e.g. originating from infected areas or close contact with patients recognized as positive) and to impose 14 days quarantine only to people coming from the Wuhan region.

Third, the absence of a coordinated response from European countries reduced the capabilities to prevent the sharing of the infection from China. Each country adopted different strategies with respect to restrictions about flights from China and screening for travellers with the consequences that infection arrived in Europe.

Finally, in spite of the approaches experienced in China and in the other Far East countries, the Italian democratic rules did not allow to immediately suppress the constitutional freedoms of the citizens in spite of an epidemic outbreak not correctly recognised as a possible pandemic threats⁵.

Response

The first COVID-19 patient in Lombardy was identified by Italian medical doctors substantially violating WHO protocols: the “patient 0” was subjected to a pharyngeal swab



Photo: Giuseppe Lami/EPA-EFE



Hospital in Bergamo, March 2020 Photo: Reuters

because he had a persistent lung inflammation even if there was no direct link to the Wuhan region. Unfortunately, this introduced a significant delay and contributed to the outbreak of the infection.

Subsequently, the government adopted a gradual approach, increasing time over time the restrictions to movement and aggregation of the citizens up to the nationwide lockdown. Some observers, a posteriori, criticised such an approach and suggested that it would have been better to have immediately adopted country-wide restrictive measurements; but it was difficult to adopt such a solution in the absence of any reference or international experiences. Notice that the WHO in the pandemic declaration on 11 March admitted that this is *“the first pandemic caused by a coronavirus, and we have never before seen a pandemic that can be controlled, at the same time”*⁶

At the beginning of the emergency there has been an erroneous communication by the political leaders who tried to diminish the seriousness of the situation by expressing hope of a rapid return to normal (end of February), with the consequence that the citizens did not immediately recognise the gravity of the

situation. There have also been some problems with the institutional communications which were fragmented and partially incoherent due to different strategies adopted by Government and regions. In addition, the large number of measures taken by the Government created some confusion in the population. The confusion was also increased by the spreading of fake news in the social media.

Unlike China, where the infection was limited to the Wuhan area, all Italy suffered from the consequences of the outbreak. This represented a very significant problem for the management of the response. In “traditional” emergency there is a “red zone” (i.e. the crisis crater area) where emergency activities are concentrated, and one can exploit the “normality” outside of such area to arrange and support the emergency activities. Contrary to this, with COVID-19 we experienced for the first time an emergency which involved all the country; this means that the capability to move resource where limited. Moreover, in the same time the international support also disappeared because all the countries discovered the gravity of the COVID-19 (thanks to the Italian experience) and active “defensive” strategies to improve their own

response capabilities “forgetting” the solidarity obligations⁷. Therefore, it was very difficult to find the material that is necessary for crisis management, starting from the masks to the lung ventilators for hospitals. The Government activated specific initiatives to fund such material and several Italian companies converted their lines to produce them. In any Italian region some hospitals were converted into COVID-hospital, i.e. structures dedicated exclusively to treat patients affected by COVID-19 and several emergency hospitals were arranged, so the diagnostic capabilities were largely improved over the time⁸. The intensive care capabilities have been largely increased, growing from 5324 beds to 9463 beds at the pandemic peak in the middle of April. Moreover, the sophisticated mechanism of the CROSS has been activated which arranged the transfers of 167 patients affected by COVID-19 in from Italy to other countries⁹.

The infection peak was reached in the mid-April when about 100.000 people were infected in Italy, and at the end of April the epidemic curve started to decrease¹⁰.

A specific effort was dedicated to the service continuity of the essential services and critical infrastructures. The Critical Infrastructure Secretary of the Prime Minister issued specific guidelines¹¹. From this point of view, the feedback shows effectiveness, no essential service suffered from interruption during the crisis and also the rate of infected among the workers of such companies was definitively lower with respect to the national rate. Some companies adopted very sophisticated strategies which also included the continuous

24 h duty for 14 days of the staff inside the control rooms in order to prevent any contact with the outside world. ❄️

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1 <http://opendatadpc.maps.arcgis.com/apps/opsdashboard/index.html#/b0c68bce2cce478eaac82fe38d4138b1>

2 Some studies emphasised that already in January there was an abnormal number of viral pneumonia but actually there is no evidence that they were linked to Covid-19.

3 http://www.salute.gov.it/imgs/C_17_pubblicazioni_511_allegato.pdf

4 https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid=Cj0KCQjwIY13BRDVARisAF9E4GeQhldDog6NqQd6pv2A7_5A5XuN6jUJLZkXw8WYikUhhCsBzy9SUYAaApvVEALw_wcB

5 WHO declared Covid-19 as pandemic only on 11th March 2020.

6 <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

7 With some important exceptions as Albania and Cuba (which sent medical teams), Germany (which accepted in its hospitals several Covid-19 patients), Russia (which sent medical team for contaminated areas) and other countries

8 The number of swabs per day grew from 2,500 at the beginning of March to more than 70,000

9 It was a very complex task because the large part of the patients were in critical conditions and it was mandatory to use procedures to ensure bio-containment.

10 On 11 June, there are 31,710 infected in Italy.

11 http://presidenza.governo.it/AmministrazioneTransparente/Organizzazione/ArticolazioneUffici/UfficiDirettaPresidente/UfficiDiretta_CONTEII/Allegati/Principi%20precuzioni%20Infracrit%20COVID-19.pdf (in Italian)

COVID-19 CRISIS MANAGEMENT: CASE STUDY OF MONTENEGRO

Olivera Injac

The pandemic of COVID-19, which was initially registered in China at the end of December 2019, has dramatically shaken the world for the following six months, and so far caused more

six days after pandemic was declared by WHO and almost two months after first cases have been reported in Europe in late January 2020.

The aim of this paper is to analyse Montenegro response and crisis management during the COVID -19 epidemic, including relevant activities for risk reduction that have been conducted

through three phases - *Prevention, Preparedness and Response*, in mutual cooperation of health and security sector, but also in logistic collaboration with other sectors (economy, finance, transport, etc.). Measures for prevention are determined in health policy and other legal and strategic documents of Montenegro, such as Strategy for Disaster Risk Reduction (2018-2023) and the Law on the Protection of Population from Infectious Diseases, which recognized risks and biological hazards of infectious diseases,

epidemics and pandemics. Situational analysis and risk assessment of infectious diseases and pandemics is responsibility of the Institute of Public Health of Montenegro, which made recommendations and measures for prevention throughout the whole phases of COVID -19 crisis. Institute started the initial prevention measures right after WHO confirmed the virus strain, matrix and possible consequences of SARS-CoV-2 in early January 2020. Prevention measures for COVID-19 which Institute set in place are: the recommendations for citizens who travel to risk areas, instructions for control of entrance to country and preventing the transmission, guidelines for reporting to health system



Police checks a man after the Government tightens up measures for coronavirus in Podgorica in March 2020

than seven million people to be infected and 400 000 die. Although it was expected that strict measures which China implemented in Wuhan city and province of Hubei would stop the epidemic, unfortunately the control of the virus COVID-19 failed and it was spread massively till March 2020, especially through the international traffic and human interaction.

Primary issue of the crisis management are lessons learned through the COVID-19 epidemic, and how national system responded to this specific infection, which was imported to Montenegro in mid-March is relevant for understanding thereof. The last European country with imported cases of COVID-19 is Montenegro, and it happened on 17 March 2020,

institutions, public information on prevention for the community, education system, traffic and business sector, etc. During the phase of prevention and preparedness, two institutions at the national level had the most prominent role - Ministry of Health and the Institute of Public Health.

In cooperation with the WHO and UN, Montenegro has designed the National Plan for Preparedness and Response to COVID – 19, and based on that document national structure and activities for crisis management were managed. Certain national action plans and other framework for prevention and response to epidemics had been developed in Montenegro earlier when pandemic risks of bird and swine flu presented global threat, such as National Plan for Protection of Bird Flu and Pandemic Flu (2005). During the negotiation process with the EU, based on the European Centre for Disease Prevention and Control recommendation (ECDC), Montenegro has adopted Action Plan for improvement of the monitoring and response system for infectious disease (2017-2022), which consists of numerous measures for enhancing risk management capacities. As many other countries, at the earliest stage of epidemic, Montenegro exposed lack of insufficient quantity of protective medical gear and equipment, due to the restrictions for purchase from the EU states. First contingent of protective medical gear and equipment arrived on 28 March.

Montenegro started to monitor situation with COVID-19 in January 2020, right after WHO reported on dangers of expansion and the Institute has distributed epidemiological weekly reports within health system. During the preparation for response and later on, Montenegro fully implemented the WHO recommendations, and preparedness included different tasks and exercises within the system, coordination of the epidemiological services at the State level, defining and equipping of objects

for temporary hospitals, developing plans for quarantines and other capabilities, activities on readiness of health system for infection control and other. Based on the WHO and ECDC updates on monitoring of global situation about COVID-19, Institute of Public Health started to conduct a rapid and regular risk assessment and informing the public, regularly distributed information via webpage and sharing information with other sectors.

Necessity for multi-sectoral approach, was initiated by the Institute, who recognized significance of coordination on national and local level. Crisis response also included implementation of risk communication measures and exercise activities within the health system. Montenegro directly entered the response phase when first cases were imported and local



Triage tent in Podgorica, March 2020 *Photo: Boris Pejovic/EPA EFE*

transmission identified; after that activities followed which had focus on detection and control of cases. COVID-19 epidemic was officially declared in Montenegro on March 26, in accordance with the Law on Protection of the Population from Infectious Diseases. State has not formally declared a state of emergency, although many of adopted measures were quite strict, but mostly in line with the existing legal and constitutional framework.

National crisis management for COVID-19 was centralized, and focal point for decision making was the National Coordination Body for Infectious Diseases (NCB) with 18 members from the Government, ministries, security sector, health system, local community, etc. Part of NCB is Crisis Medical Team who oversees development of the epidemiological situation and manages resources to fight COVID-19 epidemic. Also, NCB has five operational bodies with different responsibilities (coordination of measures to prevent the spread of coronavirus, return of Montenegrin citizens from abroad, support to economy during duration of measures, coordination of international assistance and management of grants). On daily basis, NCB assessed the situation and acted proactively, with regular daily press conferences. During the management of crisis, Police Directorate and Army of Montenegro have provided assistance and actively participated in

of citizens breaking self-isolation, in accordance with the non-compliance with health regulations on dangerous infectious diseases regulations.

Crisis communication was well-organized and transparent, and representatives of media could address questions directly through the conference platform during the press conferences, but also the newest information have been presented on the web pages of the Institute of Public Health, Government and specialized portal (www.coronainfocg.me).

Montenegro registered 324 cases of COVID-19, of which 315 recovered and nine people died. After 68 days of epidemic, at the proposal of the Institute of Public Health, NCB officially declared the end of COVID-19 epidemic and proclaimed “corona free” status, but still certain national caution measures are retained. Montenegro reacted very fast, applied appropriate crisis measures and won the first half in the COVID-19 epidemic. ❄️



Women wearing masks walk on a street after Montenegro was declared coronavirus free, May 2020.

Photo: Reuters/Stevo Vasiljevic

the struggle. The Army of Montenegro was responsible for biological decontamination, and securing quarantines, where citizens arriving from abroad were accommodated. Montenegrin Police assisted in control of the situation and made prevention measures for prohibition of movement in night hours or intervened in cases

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COVID-19 CRISIS MANAGEMENT: CASE STUDY OF THE REPUBLIC OF NORTH MACEDONIA

Lidija Georgieva & Marina Mitrevska

Introduction

The first case of SARS-CoV-2 in the Republic of North Macedonia was registered in late February 2020. It appeared that the contagion was

making. The political situation in the country was sensitive as early elections were scheduled for April 12 and the Assembly was dissolved. As a result, President Pendarovski introduced a state of emergency on March 19, 2020.

The official statistics show that from late February up to mid-June the number of registered infections showed over 4 000 - 2166 active cases, 188 dead and 1710 cured. More than 40 000 people were tested in certified laboratories. In the session held on June 10, the Government decided not to accept recommendation of the Commission for Infectious Diseases to introduce more restrictive measures. At the same time the public expected there would be no additional prolongation of the state of emergency, as it should have ended on June 12, 2020. The early easing of restrictive measures could be counterproductive according to health experts even though the pressure from public and private sector, especially economy, was high.

connected to Macedonian citizens working in Italy (approximately 70 000), when some of them arrived home country in Debar and other municipalities in the southwest of the country and health crisis emerged shortly afterwards. Given the urgency and local health capabilities, on March 13, 2020, the Government declared crisis situation in the municipalities Debar and Centar Zupa that lasted 30 days. The subsequent contagion and the increase in the number of infected in other hot spots have increased the concern about timely and effective decision-

The aim of this paper is to present an overview of the reaction and actions of the Republic of North Macedonia to the COVID-19 crisis in the country. Although the focus is on the crisis management cycle, its prevention, preparedness and response phases, in this case there are a number of specifics that need future analysis.

Analysing the prevention approach

The Law on Crisis Management stipulates that



Streets of Skopje, May 2020 *Photo: Beta AP*

the “crisis” or “crisis situation” could be declared only by the Assembly and for the period of no longer than 30 days. The whole crisis management system depends on the legitimacy provided by the Assembly and institutions could take certain activities and measures if state of crisis was declared in a part or in the whole of the territory of the country for a certain period. This also applies to the role of the Army in crisis management i.e. if the President approves its engagement in support of the Police, based on the Law on Crisis Management and on the basis of the Decree on the Methodology for preparation of the assessment of the security threats from all risks and dangers. A National Assessment was adopted, as a proposal of the Assessment Group was prepared and the Centre submitted it for consideration to the Steering Committee. At the suggestion of the Centre, the Government adopted the assessment.

In response to the lessons learned from influenza A (H1N1) 2009 pandemic (the first pandemic declared by WHO in 21st century), the approach to global phases has been revised and new phases have been introduced based on virological, epidemiological and clinical data and criteria. The Operational Plan (Operating Plan and Manual for Risk Management in Pandemic Influenza in the Republic of North Macedonia) has been prepared on the basis of the phases of the continuous process of risk management procedures. The Operational Plan clearly defines roles, measures, activities, actors, protocols etc. on national and local levels for early identification and reporting about different types of infections.

In 2019, the epidemic of measles was declared in Skopje. It was due to a decline in the collective immunity of citizens. According to the Minister of Health, most of the 961 measles patients - 682 people - were from Skopje. There were active epidemics in Skopje, Tetovo, Kumanovo, Gevgelija, Kicevo and Struga. The Health Minister appealed for rapid vaccination of unvaccinated people and warned that the measles epidemic could last for months. Cumulatively since the

beginning of the epidemic, in December 2018, 1,891 cases of measles have been registered, which is 91.4 per 100,000 inhabitants, according to the Ministry of Health. The total number of vaccinated children, according to the Ministry, was 29,857.

The National Health 2020 Strategy Platform is a publicly accessible, web-based platform, designed as a policy tool to support policy-makers in developing the National Health 2020 Strategy and its implementing package. The Strategy clearly recognizes the interdependence of sectors, governance levels and actors at the global, regional, national and local levels and the need to address today's health challenges through highly coordinated action. Together with preparedness and response, communicable diseases are considered an important pillar of the National Health 2020 Strategy. The epidemiological activity in the Republic of North Macedonia is implemented on the basis of the Law on Public Health, the Law on Health Care, the Law on Protection of the Population from Infectious Diseases, bylaws in this area, and on the basis of the annual programs adopted by the Government. Perceived from the perspective of risk management the impression is that this sector prepares studies, programs and strategies that foresee the future challenges. From the perspective of crisis management, the representatives of the Ministry, Institute for Public Health and Centres for Public Health are included in the process of risk assessment and risk management.

Analysing the Preparedness approach

Preparatory measures against a potential outbreak started in late January 2020. On 6 February, the first set of preventive recommendations were announced to the public - ranging from frequent hand washing, using a handkerchief when sneezing or coughing, avoiding unprotected contact with sick people etc. On March 14, 2020, with an executive

Decision, the Government established the Main Coordination Crisis Headquarters (MCCH) to ensure full coordination of the State Administration bodies, the legal entities established by the State, as well as the local self-government units to cope and prevent the spread of Coronavirus COVID-19. The state of emergency according to North Macedonian Constitution was pronounced on March 19, 2020 by the President of the State and twice prolonged for 15 days. Given the fact that North Macedonian Parliament was dismissed due to early elections settled for April 12, 2020 the crisis situation was proclaimed by the Government only for Debar and Centar Zupa and lasted 30 days, until April 14, 2020. StopKorona! is a mobile application made according to the best world practices in dealing with the corona virus, designed to detect close contact with potentially infected people through a procedure

measure to the Government after joint meeting with Commission on Infectious Diseases. The restrictive measures were immediately introduced regarding travel and movement into the municipalities. The main crisis management headquarters proposed Action Plan that was changed and improved by the Government by additional measures. At the same session the Government decided to establish Main Coordination Crisis Headquarters that worked on daily basis and included representatives from most of the institutions (including Centre for Crisis Management and Directorate for Civil Protection). The Republic of North Macedonia has been in a state of emergency since March 19, 2020. Referring to his constitutional competencies and the constitutional provisions for declaring a state of emergency, President Stevo Pendarovski decided to declare a state of emergency on March 18, 2020, after the Government had previously submitted a proposal. The key difference between declaring a state of emergency or a crisis is the effectiveness of the measures that can be taken to prevent and protect citizens, as well as mitigating the consequences of the epidemic. Declaring a state of emergency gives the Government the power to issue decrees with legal force, which in this case is crucial according to some because such decrees without going through the legislature can be directly applicable. Such an advantage in terms of efficiency in the implementation of measures for prevention, protection and mitigation of consequences of coronavirus can at the same time mean danger in terms of concentrating all state power only in the executive branch. During the state of emergency caused by the corona pandemic, members of the Army were also contributing to the protection of citizens, as well as to reducing the consequences of the crisis. Based on the decree with legal force, the Army is engaged on the territory of the entire country in support of the police forces in securing the borders, in order to prevent illegal crossings, in guarding facilities of vital importance to the State such as the Government, Parliament,



In front of the Clinic in Skopje Photo: Boris Grdanoski/Beta-AP

for detecting the proximity of mobile devices / applications via Bluetooth technology. So far the number of citizens that are concerned about their human rights more than about possibility to use application as a preventive tool is higher.

Analysing reaction

In Debar and Centar Zupa crisis situation lasted 30 days. The Steering Committee proposed this

penitentiary institutions and locations for state quarantine as well as in support of the police at the mobile checkpoints during the control of the entrance and exit of the roads to the settlements. On March 14, 2020, with a Decision, the Government established the Main Coordination

seriously. The restrictive measures according to the Commission should be restored because certain municipalities, which are now new hotspots, are facing uncontrolled spread of coronavirus, especially in the capital. The calming voice is coming from the Health Minister who estimates that the second wave of coronavirus in the country will last only for a short time as he predicts that the situation will stabilize by the end of next week because over 90% of the new cases of COVID - 19 are asymptomatic or with mild symptoms of the disease. Regarding economic situation the Government introduced 25 different measures regarding payment of salaries, bank credits, loss of employment, support for small business, funds of solidarity, measures for cultural and sports workers etc.



Car disinfection Photo: Boris Grdanoski/ Beta-AP

Crisis Headquarters (MCCH). The Prime Minister as a head of the MCCH managed its work and activities. In his absence, the Deputy Prime Minister was in charge while the General Secretariat of the Government performed administrative and technical work for the needs of the MCCH.

Analysing the response activities

Given the fact that there are limited analyses regarding effective measures against the virus, different strategies are applied. Mitigation (spread delay strategy), intensity decrease and degree of occupation of the territory by the existing pandemic are more common. The epidemiologists believe that 20% of the population does not fully follow the Commission's recommendations and restrictions or does not take the disease

Conclusion

The general perception about crisis management is that health sector, The Ministry of Health and MCCH and the Minister Filipce, M.D., successfully approached and managed the COVID-19 crisis. Although there are opposing opinions from some opposition parties, especially after second wave in June, the general public expressed trust in Ministry of Health and Government measures. The North Macedonian Government took the multi-sector and multi-level coordination approach that started with crisis situation on the part of the territory of the country and then introduced state of emergency according to the Constitution. Therefore we can state that because of the characteristics of the epidemic and political and institutional capacities focused on early elections on April 12,

this is a specific crisis management cycle. Therefore, besides complex analysis of the efficiency of measures for countering epidemic, complex analysis of the efficiency of the crisis management system in emergency situation is also necessary. The key issue is that different governmental and public institutions have to improve their risk management and crisis management strategies and action plans, including financial aspects for prevention, preparedness and response. Private sector should also take serious steps for identification of potential challenges caused by risks of 21st century as technology becomes stronger but

humans more vulnerable. Finally, top down approach in crisis management is important from the point of leadership and coordination but significant capacity building and preventive measures and resilience are necessary on the local level also. In a way coping with COVID-19 proved that both competent civilian and security capacities and capabilities are necessary for successful multilevel and multi-sectorial approach. This means that reinventing human security concept as a partner to state security could be a starting point. ❄️

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COVID-19 CRISIS MANAGEMENT: CASE STUDY OF THE REPUBLIC OF SERBIA

Želimir Kešetović

Serbia, as well as the surrounding countries, occasionally faces various pandemics and epidemics, of which the most serious in recent history was the smallpox epidemic in 1972, and the H1N1 pandemic in 2009. The reactions of the state and the health system on this crisis were conditioned by rather different socio-historical contexts in which these events took place. The following text outlines the response of the Republic of Serbia to the COVID-19 pandemic through prevention, preparation and response phases.

In the prevention phase in the Republic of Serbia, the risks and dangers of epidemics and pandemics were recognized in the Disaster Risk Assessment, the national document adopted by the Government only in March 2019. This document, as the most realistic scenario, predicts a hypothetical flu epidemic in Novi Sad, and, as the worst case scenario, a pandemic flu on the entire territory of the Republic. The assumptions for the worst case scenario take into account the experiences from the 1918 pandemic, the 1968/1969 Hong Kong flu pandemic. The experiences from the appearance of the new pandemic virus A (H1N1), when action plans for the flu pandemic were made, were especially used. During this pandemic, a total of 190,563 (2.5% of the total population) patients with a clinical picture of

influenza were registered through population surveillance. For the purposes of this scenario, an infection rate of 30% (2,128,614) and a mortality rate of 0.2% (4,257) were considered. This danger represents a high level of risk as it has significant consequences on protected values (human life and health, economy/ecology and social stability). According to the scenario, a new subtype of the influenza-A virus is expected to appear among people on another continent (Asia), where the population lives in close contact with animals and where a pandemic strain is most likely to arise and start spreading. Information about the appearance of the pandemic strain of flu would be known even



A billboard showing Chinese president Xi Jinping's face next to the words 'Thank you, Brother Xi'

Photo: Andrej Isaković/AFP via Getty Images

before the appearance of the first cases of the disease in Europe, and thus in Serbia. The appearance of the first cases of the disease would be related to travellers who had come into contact with the cause of the disease outside the borders of Serbia. Therefore, the first patients

could appear in cities with international airports. The scenario envisages that the coordinator in the pandemic will be the Ministry of the Interior, and the holder of the activity is the Ministry of Health.

According to the adopted concept of disaster preparation and response, after adopting the Risk Assessment the Protection and Rescue Plan for each of the potential emergencies, including a pandemic should be developed. However, work on this document is still ongoing so that Serbia has virtually no national action plan in case of a pandemic/epidemic. There are certain working documents on pandemic preparedness, which were updated in 2009 at the time of the H1N1 pandemic when the proposal for a national operational plan was being worked on, but there is still no formally adopted mono-sectoral (on healthcare system level) let alone multi-sectoral national pandemic plan. Therefore, there were no activities in terms of organization of exercises / crisis simulations and no education/training of employees in the health system at any level was planned and/or organized.

Although the health system of the Republic of Serbia is ranked 18th in Europe, among 35 countries of the Old Continent, according to the results of the European Health Consumer Index (EHCI) for 2018, Serbia faced this crisis with insufficient resources, protective equipment (masks, gloves, visors, etc.) and respirators, as well as with insufficient hospital capacity, with some hospitals, such as the Clinic for Infectious and Tropical Diseases in Belgrade, in very poor condition. In addition, an outflow (brain drain) of medical professionals has been present in Serbia for many years, who, dissatisfied with their material and social status and working conditions, go to the countries of Western Europe. Anaesthesiologists are especially deficient, without whom the use of respirators is practically impossible, and there is a lack of laboratory staff for testing. The long-standing predominant influence of politics in all areas of social life has resulted in political eligibility

criteria being crucial for appointing managers in health facilities, nursing homes and social welfare institutions. It is interesting that the Government of Serbia passed a Decision in December 2019 transferring a total of 1.7 billion RSD (100,000,000 euros) from support to the Republic Health Insurance Fund and external debt service to the Public Company "Roads of Serbia". Serbia could not have prevented COVID 19 pandemic, but the aforementioned systemic factors made response activities more difficult.

Serbia began entering the readiness phase in February, as the National Institute of Public Health monitored the development of the epidemic in the world and the Western Balkans region and its neighbourhood, as well as WHO's information and instructions, and began preparations for the crisis with the Ministry of Health. Some doctors from the crisis management team and politicians at press conference on February 26th minimized the danger by saying that it is "the funniest Facebook virus in the history of mankind". As of February 24th, corrected algorithms have been applied to act in accordance with the development of the epidemiological situation in the world, especially in Italy, as well as on the basis of the knowledge gained so far about the characteristics of the infection and the causative agent/virus. The implementation of measures in accordance with the Law on Protection of the Population from Infectious Diseases has begun, which include the distribution of health warnings (somewhat overdue as it had not been specified who was in charge) to passengers coming from areas of intensive virus transmission and, according to indications, health surveillance and isolation of patients and health surveillance of contacts. Recommendations were also issued for persons who had returned from the area of intensive virus transmission, and the risk was assessed as moderate. The preparation of hospitals and army barracks for the reception of patients has begun, and from February 26th, the first testings of several people per day who met the criteria for

defining the case in the national reference laboratory of the Institute of Virology, Vaccines and Serums "Torlak". The first officially registered case of infection was recorded in Subotica on March 6th, when an invitation was sent to Serbian citizens who found themselves abroad not to return to the country, and soon (March 10th) a ban on entry of citizens of certain countries and a ban on indoor gatherings was introduced. Activities on the procurement of respirators are intensifying, and the President of the Republic was exposed in the media as the main supplier, while the data on the number of respirators marked as confidential/secret by the Prime Minister were made public by the President a day later. At the same time, risk communication activities in the preparation phase were completely inadequate, ranging from inappropriately minimizing the risk of the

experts for the control of infectious diseases COVID, led by the Prime Minister, Minister of Health and heads of health institutions and another Crisis team for preventing and eliminating the possible crisis impacts of Serbian economy headed by the President of the Republic of Serbia and Minister of Finance. The overall Serbian crisis response to the COVID-19 pandemic was conditioned, on the one hand, by the capacities of the Serbian healthcare system and the characteristics of the pandemic, and on the other hand by the socio-political moment, i.e. the fact that the beginning of the pandemic in Serbia coincided with the pre-election activities in connection with the just announced parliamentary, provincial and local elections. In that sense, after the initial minimization of the danger, the state of emergency was introduced on March 15th, as a special legal regime which is primarily resorted to in a situation when the security of the State is endangered, although in the opinion of some respectable lawyers and doctors all the necessary measures could be applied only by introducing emergency situation. The overall crisis approach was quite militarized, since the Serbian Army was used not only in terms of engaging its CBRN and logistics capacities, but also on a symbolic level through military patrols on the streets of Belgrade with automatic rifles, and soldiers as guards on the gates of hospitals and nursing homes, as well as militarized language by using terms such as resource mobilization, war against the invisible enemy, etc. A number of standard epidemiological measures have been implemented (border closures, restriction of movement, prohibition of gathering, abolition of public transport, etc.), with some, such as three-day general quarantine for the whole population and multi-week quarantine for those over 65 years, were very rigorous. In principle, the medical expert team, later assisted by experts from the People's Republic of China, proposed measures that were in general adopted by the political leadership, except in cases when politicians, guided by political motives and their



Army controlling restriction of movement in Serbia

Photo: RTSvesti

"funniest" virus at the mentioned press conference of doctors and politicians in late February to cataclysmic warnings about a possible "Italian scenario" three weeks later sent by SMS.

Serbia practically entered the crisis response phase on March 13th with the decision of the Government on the formation of two crisis headquarters. The existing systemic solutions were not applied in the management of this crisis, but the Government of Serbia formed two ad hoc crisis teams, one consisting of medical

rating, changed or mitigated some of the proposed measures, or even not applied them at all like in the case of gathering of believers at the Easter liturgy. It is estimated that the consequences of the pandemic would have been far more serious if restrictive measures had not been implemented.

From the very beginning of the pandemic, there was a lack of clear procedures, and the instructions given to health facilities and medical workers during the corona virus pandemic changed frequently, which officials explained by insufficient knowledge about the virus. The response strategy was conditioned by untimely

country from risky areas to report to epidemiologists was well thought out, but for days they could not make contact using any of the published telephone numbers, even though epidemiologists worked two shifts. The virus has entered a number of nursing homes, as well as a number of health facilities and one prison. There were a lot of mistakes in crisis communication, but preliminary research shows that the public highly supported the way the State solved the crisis. When it comes to success in crisis management, we should mention the organization of distance learning, the supply of citizens and the evacuation of Serbian citizens



Serbia converts enormous hall into 3,000-bed coronavirus medical centre

preparations and lack of tests, so in a month Serbia went from limited to extended testing, from reporting patients to epidemiologists to their departure to COVID clinics, from quarantining passengers coming from abroad to sending them to home isolation, from treating patients with lighter symptoms at home to care in makeshift hospitals, which caused confusion. The instruction for citizens coming to the

who found themselves abroad (around 300 flights were organized). The real heroes of this crisis are primarily health workers, but also soldiers, police officers and workers in the supply and logistics sector.

The state of emergency was lifted on May 7th, and in the next two weeks, most of the restrictive measures, including restrictions related to entry and exit from the country were also revoked,

which, according to some experts, was premature and caused by the upcoming elections.

By the end of May 2020 in Serbia, the total number of people tested on Corona virus was 245,985, among whom there were 11,412 confirmed cases, while 243 people died (mortality ratio 2.13 %). The key goal set before the epidemic, preserving the functionality of the health system, has been achieved. The most necessary health services were provided to

selection (morbidity rate or mortality rate) and their interpretation, context, as well as comparisons of data on the total number of tested, infected, cured, dead, etc. The assessments that come from official sources (the President, the Government, crisis headquarters, pro-government media) are completely positive, putting Serbia's crisis reaction at the very top of Europe and the world. On the other hand, there are serious critical insights and observations of doctors, lawyers, economists and media representatives, which point to a number of systemic weaknesses, omissions, shortcomings and contradictions in reacting and taking certain measures in the fight against the pandemic. State officials lack tolerance for these opinions and critical insights, and they disqualify them en bloc as attempts at disrupting the unity of society and the State in a difficult situation and getting cheap political points. ❄



Novi Sad, May 2020

citizens throughout the epidemic wave. Since the pandemic has not ended yet and several dozen cases of newly infected people are being discovered in Serbia every day, and new hotspots are appearing in some factories, it is too early to give final assessments and make a final analysis of managing this crisis. There is agreement that all the measures proposed by the medical crisis team were "adequate", but not because they were ideal, but conditioned and aligned with the situation in Serbian health care system and society in general. However, when it comes to the overall evaluation of the response to the pandemic so far, the assessments are quite different and mainly depend on the position and interests of those who express them, but also on the methodology, data

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INTERVIEW WITH PhD ROBERT MIKAC



‘When we talk about the reaction to a crisis, it is multi-layered and significantly different depending on the angle from which you look at it and analyze it, and to which part you refer.’

With PhD Robert Mikac, Assistant Professor at the Faculty of Political Science of the University of Zagreb, and an internationally recognized expert in several different security areas, we spoke about how Croatia is dealing with the COVID-19 pandemic, EU's response and what the world be like afterwards.

Professor Mikac, before we start talking in more detail about how Croatia and the whole world are struggling with the crisis caused by the COVID-19 pandemic, can you explain what in fact a crisis is? How do we define it, or, according to which parameters?

Crises are states, conditions and beliefs in which objectively, and/or, subjectively our regular functions, way of life and activities are disturbed to a greater or lesser extent. They are characterized by common features: the threat to acquired values, insecurity and the time pressure under which decisions need to be made. There are a number of classifications according to which we can classify crises and deal with them, and they are conditioned by four reference levels of crisis analysis. The stated levels are: the state, organization as a business entity, group or society, and the individual. In crises it is also necessary to point out that these are subjective constructions because it is very difficult to clearly distinguish them conceptually, theoretically and empirically from other similar and complementary terms and concepts, such as an extraordinary event and catastrophe when we talk about concepts, and concepts that directly or indirectly deal with crisis and emergency management and are very similar or complementary. In addition, the science that deals with this area is still a relatively young discipline so when we talk about crises, we have a lot of challenges ahead of us. But in order not to claim that everything related to crises has a negative connotation, it should be pointed out that every crisis is also an opportunity to correct certain things (laws, procedures, ways of coordinating and communicating, the public procurement process, etc.) and that one should never miss the opportunity to learn during and after the crisis and each time come out of it more capable in view of the next or similar crises.

How is crisis management regulated in the Republic of Croatia? How does the existing legal framework reflect on the operational and tactical level?

The Republic of Croatia has a lot of experience when it comes to dealing with and dealing with crises in practice, but, normatively, we do not keep up with previous experiences and the international practice. When we talk about the sectoral approach this is where we stand better than when it comes to issues concerning cross-sectoral activities. Each sector has regulated the crisis area in its own way and is quite successful in dealing with it. The Internal Security Sector, the Civil Protection Sector, the Water Management and Flood Defense Sector, and Fire Interventions are just some examples of tasks done very well within their jurisdiction - where we must be aware that absolute security does not exist and that every incident cannot be stopped and/or prevented or that an emergency situation cannot be prevented from turning into a crisis. Intersectorally it was only in 2017 that we adopted a definition of the crisis for the first time in the Homeland Security System Act and opened up the space for regulating this area. Thus, we operationalized the strategic vision from the National Security Strategy from 2017 into a normative solution. The Law on the Homeland Security System has set the framework and direction for the development of this area for the future but there is still a lot of work ahead of us to turn the strategic vision and normative solution into an effective crisis and emergency management system at the intersectoral level. What is important is that everyone looks at this area in their own way and it will be very difficult to find people and experts in Croatia who will have the same opinions when it comes to issues such as crisis, crisis management and crisis communication. This also presents a good side of things because each discussion can open up new perspectives and views that need to be analyzed and we

should see how best to turn them into solutions that we will all benefit from.

As far as the public health part is concerned Croatia has reacted very well, from the preparation to the immediate management of the situation and through various accompanying events.

The Republic of Croatia was hit by a pandemic during very difficult times that spanned the presidency of the European Union, the threat of a new wave of refugees, etc. Can you explain this situation a bit?

In a very short period of time Croatia found itself exposed to several different crises in terms of their character, consequences and the necessary capabilities to respond to them. At the time we assumed the Presidency of the Council of the European Union - which is our first such experience - the Union itself was (and still is) in a deep structural crisis on several different levels: the United Kingdom was withdrawing from full membership; there was a threat of a new migration wave in Europe; individual member states were pursuing internal policies contrary to the common positions and values of most other member states. These are strategic crises of the highest political level. Then, some Croatian strategic companies (which by definition can be classified as national critical infrastructures), such as INA, found themselves under serious cyber attacks that lasted for weeks and in which they suffered significant economic damage, as well as domino effects and numerous other actors associated with them. At that moment, we, as well as the whole world, were hit by the COVID-19 crisis and the earthquake in Zagreb, its surroundings and parts of Zagorje, on March 22, 2020. So, in a very short period of time we found

ourselves in several parallel crises, all of which are different in nature and have different consequences. All of the above has led to the engagement of significant resources of our country, and some have had to deal with two or more crises at the same time, which put all those involved in front of great challenges. This number, diversity and dynamism of crises from the international strategic level to the tactical one, in various parts of our country, has led to a situation in which the whole country, its political and professional part, are facing temptations that I guess they never thought could exist - and everything happened to them within a few weeks. Many larger countries, which have a longer tradition of dealing with crises, and more significant resources, would have faced numerous challenges and problems in this set of circumstances. Therefore, generally speaking, we managed to get by without catastrophic consequences, and the analyses that need to be carried out should show how real the current and long-term damage is.

Looking back the Republic of Croatia seems to have reacted well already at the beginning of the spread of the pandemic. What has the Republic of Croatia done differently or better than other countries?

The answer to your question has two fundamentally different answers. One is related to the public health part, the other to the issue of several other, equally important sectors. As far as the public health part is concerned Croatia has reacted very well, from the preparation to the immediate management of the situation and through various accompanying events. The situation has been monitored since the beginning of the COVID-19 crisis in China, and especially since the first large numbers of infected people began to appear in Europe, primarily in our neighborhood, Italy. Therefore,

the Crisis Headquarters of the Ministry of Health were activated at the end of January, and the Civil Protection Headquarters of the Republic of Croatia in mid-February, and both began working on preparatory actions for the crisis ahead which turned out to be the right decisions because we were then ready to deal with the first case of a sick person in Croatia on February 25, 2020, and all the other cases after that. Activation of these two headquarters, their constant work and support of the institutions such as the Croatian Institute of Public Health, the entire health system, and then the activation of the entire civil protection system according to the depth criterion, enabled timely crisis management and the result you categorized as a good response. As for the other sectors, and I am referring mostly to the economy, tourism and finance, they were definitely surprised by the crisis and already when it started happening they could not pick themselves together and start acting at the level of public health to start acting the way they would be expected to act in a crisis. As a result, a number of harmful consequences occurred that could have been less pronounced if these sectors were ready to face the crisis, if they had begun to prepare for the crisis at the first risk indicators, if they were better equipped and more organized for what was about to happen inevitably. So, when we talk about the reaction to a crisis, it is multi-layered and significantly different depending on the angle from which you look at it and analyze it, and to which part you refer.

The European Union was late in its reaction. After a late reaction, and when the member states closed down and determined that each would try to deal with the crisis on its own, there was no longer an opportunity to change such a discourse.

This crisis has clearly shown that different countries have responded differently to the crisis, mostly by closing in and taking care only of themselves. How do you interpret that?

Yes, states have predominantly decided to close down and try each to find the best path or solution for themselves to deal with the crisis. Those who reacted faster and earlier generally have better results in this crisis than those who either did not respond in a timely manner, or, sufficiently, or, with a sufficient number of measures. However, in-depth analyses of the success and purposefulness of the measures taken have yet to be carried out. Looking from a European perspective, Sweden reacted significantly differently than most other countries, hasn't had worse results than others and in the long run we will see if their choice was better and more successful than that of countries that closed as much as possible, "shut down" the economy and significantly restricted the movement of their citizens. Going back to the very approach of states to this crisis closure within their borders was a short-term solution because the challenge is global and the responses are local and uncoordinated. So, with this approach, some countries may have reduced the consequences of the first wave of coronavirus, but the question is whether they can react in the same way with the second, third and each subsequent wave of the coronavirus. Because if they chose the option of completely closing and stopping most economic processes every time this would very quickly cause the collapse of a significant number of economic branches and industries and have extremely severe consequences for the entire economy and citizens. Therefore, next time, there should be a global reaction to the next corona wave, which is hard to expect, so, at least a regional one, at the level of the European Union and/or the whole of Europe.

What do you think about the reaction and moves of the European Union? Was the EU response timely and adequate?

I think that the European Union was late in its

reaction. Ursula von der Leyen's statement that politicians underestimated this crisis is also on this track. Which on the one hand we can understand because we are talking about a cumbersome mechanism that takes time to get up and running, but on the other hand it's also a very expensive delay and a question of responsibility that will clearly not happen or be posed. Of its many integrations, the Union has started the integration in the field of security among the last, so it is still creating and developing its mechanisms in this area. But for an organization where human, financial and intellectual potential has never been at stake, much more is expected. The Union can be said to have unlimited resources and opportunities, so we should regret all the time lost in which crisis management mechanisms have not been developed, conceptualized and put in place that could and should have resolved crises like this one without too much effort. After a late reaction, and when the member states closed down and determined that each would try to deal with the crisis on its own, there was no longer an opportunity to change such a discourse. The Union, therefore, turned to support processes, the coordination of certain activities, financial support and the search for its niche in this crisis. A much more appropriate role would be strong preventive action, elaboration of scenarios, creation of a unique situational picture of risks and processes, modeling of potential situations and imposing oneself as a leader who will manage the crisis from the center point, leaving states to resolve their own specifics.

You see that global forces are not ready (which is paradoxical, because they are capable) to try to solve any global challenge.

The crisis has also revealed a number of shortcomings and weaknesses, not only in regards to responses by individual countries but also globally. Can you comment on that a bit?

Certainly, as every crisis reveals shortcomings and weaknesses. Since this is a global crisis of enormous proportions large problems and omissions are noticeable in proportion to that. At the beginning of the crisis many around the world hoped that this was an opportunity to sober up, return to true values and needs, cooperate and build a better world. But the course of the crisis illuminates and shows that we are not moving in that direction and that global disputes between major powers continue where every opportunity is a good opportunity to accuse the opposite side of just about anything, where everything is useful as ammunition in denigration. Such an approach is counterproductive to the pursuit of global dialogue and the attempt to address global challenges. You see that global forces are not ready (which is paradoxical, because they are capable) to try to solve any global challenge. For the rest of us, but also the inhabitants of these globally central states, this means that we are hostages of a small and narrow circle of people which do not allow us to live on a planet that would have significantly fewer crises than the number they create.

The duration of a pandemic cannot be predicted and, therefore, its consequences. What do you think the world will be like afterwards, what can we expect?

We can expect pretty much the same world after this crisis. We will return to old habits and lifestyles with a number of measures that will still be restrictively in force because a second wave of coronavirus could hit us very quickly. What would be useful is to do an in-depth analysis and see what we have done well, and what less well, at all levels - from the political to professional to us as individuals. But experience shows us that we in the Republic of Croatia have not been ready for such a thing so far, we have not done in-depth analyzes of previous crises and turned identified lessons into practice, changing the way we organize and act, all in order to be more successful next time in less time, by investing

less financially and with less stress. Yes, we adopt certain things, it is more experiential, not procedural, and all such improvements are very slow processes that last too long. All of this should go faster, should be done more efficiently and more transparently. Hence, my concluding thought is that if you are a realist, then you must also be a pessimist. Because in spite of outstanding achievements in certain areas, such as science and technological development, in other areas such as learning from experience, creating a better living environment, work-stimulating environment and all the way to establishing an effective integrated management system in crisis and emergency situations, we are significantly behind achievements that have quality. And we have no real justification for these delays.



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