

PANDEMIC MANAGEMENT

LESSONS LEARNED FOR A SAFER FUTURE

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BCSP

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for Security Policy

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PANDEMIC MANAGEMENT LESSONS LEARNED FOR A SAFER FUTURE

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ВЛАДА РЕПУБЛИКЕ СРБИЈЕ
РЕПУБЛИЧКИ СЕКРЕТАРИЈАТ
ЗА ЈАВНЕ ПОЛИТИКЕ



УНИВЕРЗИТЕТ
БЕОГРАДУ



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The COVID-19 pandemic (coronavirus disease), which was declared by the World Health Organisation on 11 March 2020, is one of the biggest challenges the world has faced since the end of World War II, as evaluated by major decision-makers in the world in the vast majority of countries worldwide. The pandemic is certainly primarily a problem and an issue in the field of public health. However, given the consequences it causes, the pandemic is a political and security issue, both nationally, regionally, and globally.

There is almost no area of social life that has not been affected by the pandemic. During the first two years of its existence, the political, economic, and cultural dynamics changed completely. As a highly infectious disease that disrupts normal social functioning, the COVID-19 epidemic, like any epidemic, opens the door for politicians and national authorities to adopt measures aimed at preventing the spread of the disease. Although the pandemic in some way completely surprised social and political actors, its outbreak did not come as a surprise to experts who were announcing the possibility of an outbreak of a health crisis of this magnitude. Also in 2022, when the pandemic is no longer a topic of the utmost importance, as well as when the situation has calmed down, experts are warning that there is no room for great relaxation. Namely, not only that the COVID-19 pandemic is over yet, but there are warnings of an outbreak of a pandemic of new infectious diseases. That is why the team that worked on this analysis considered it necessary to reflect on all the good and bad things done in the management of the pandemic in Serbia, in order to be better prepared for the next one.

The political and social context in which the pandemic management in Serbia is analysed is marked by a drastic decline in the level of democracy in the country, as well as the strengthening of authoritarian tendencies in the state and society within the process of “capturing the state” by the ruling elite. Unfortunately, Serbia cannot boast of successful results, especially if we take into account the number of deceased citizens, as well as the low level of vaccination compared to European Union countries. The number of deceased citizens in 2021 is as much as 18 percent higher than in the same period in 2020.¹ Statistical data show that in 2021, most people died in Serbia within one year since the end of World War II.² These data speak volumes about the results of the crisis management caused by the COVID-19 epidemic in Serbia.

Hundreds of pages of an analysis can be written about the pandemic management in Serbia, because the subject matter of research is voluminous in its scope. Therefore, in this analysis, and due to limited space, the focus is on two aspects of pandemic management – the legal aspects of crisis management and the health system’s readiness to deal with the crisis. The analysis was created within the framework of informal cooperation between the Belgrade Centre for Security Policy and the Union of Doctors and Pharmacists of Serbia. The author of the paper on the legal aspects of pandemic

management is a lawyer from the Union of Doctors and Pharmacists Milja Dimitrijević, while the part about the capacities of the health system was written by Dr. Rade Panić, the President of the Union of Doctors and Pharmacists.

The analysis was created within the survey that was conducted from October 2021 to March 2022. Precisely because of that, some data in the analysis were presented during the writing of the analysis itself, which were relevant during the research and writing the analysis (for example, when writing about the number of infected citizens, or the number of deceased doctors). Finally, the analysis concludes with certain recommendations necessary to improve the management of the COVID-19 pandemic, but possibly some other pandemics in the future.

LEGAL FRAMEWORK

An Analysis of Legal Aspects of Epidemic Management in the Republic of Serbia

The Government of the Republic of Serbia made the **Decision to declare the COVID-19 disease caused by the SARS-CoV-2 virus an infectious disease** on 10 March 2020. The decision ceased to be valid on 16 December 2020. On 15 March 2020, the President of the Republic of Serbia, with the co-signature of the Prime Minister and the Chair of the National Assembly, declared a state of emergency. The state of emergency was lifted by the Decision of the National Assembly on 6 May 2020. On 19 March 2020, the Minister of Health of the Republic of Serbia passed the **Order declaring the epidemic of the infectious disease COVID-19 an epidemic of greater epidemiological significance for the territory of the Republic of Serbia**. The order is still in force. **It is important to note that the state of emergency was declared before the epidemic was declared an epidemic of major epidemiological significance and without the participation of the National Assembly as the body responsible for declaring a state of emergency.**

What is an epidemic according to our law?

The Law on Protection of the Population from Infectious Diseases (Official Gazette of the RS, Nos. 15/2016, 68/2020 and 136/2020) defines the basic terms related to the epidemic.

*“- **an epidemic of an infectious disease**³ is an infectious disease unusual in number of cases, time, place, and population affected or an unusual increase in the number of patients with complications or death, as well as the occurrence of two or more interrelated cases of infectious disease appeared in one area or the occurrence of a number of diseases whose cause is unknown, and is accompanied by a febrile condition;*

*- **an epidemic of major epidemiological significance** means the occurrence of severe clinical forms of infectious diseases and/or deaths from infectious diseases, where there is a risk of serious economic and social consequences, cross-border transmission of diseases and recurrence of removed or eradicated infectious diseases;”*

Also relevant for the analysis is the fact that the epidemic according to the Law on Disaster Risk Reduction and Emergency Management (Official Gazette of RS, No. 87/2018) is considered a natural disaster, and more broadly a disaster, Article 1, para. 1, item 1) and item 2):

*“**Catastrophe** is a **natural disaster** or technical-technological accident whose consequences endanger the safety, life and health of many people, material and cultural goods or the environment on a larger scale, and whose occurrence or consequences cannot be prevented or eliminated by regular action of competent authorities and services;*

***natural disaster** is a phenomenon of hydrological, meteorological, geological or biological origin, caused by natural forces such as earthquakes, floods, torrents, storms, heavy rain, atmospheric discharges, hail, drought, landslides, avalanches and avalanches, extreme temperatures air, water accumulation on the watercourse, pandemics, **epidemics of infectious diseases**, epidemics of livestock infectious diseases and pests and other natural phenomena of greater scale that may endanger the safety, life and health of many people, material and cultural goods or the environment on a larger scale;”*

According to this law, bodies and procedures for preventing and suppressing conditions of this kind are also envisaged. Thus, the existence of the Risk Register is envisaged, which should be established within three years from the entry into force of this law, i.e., by 21 November 2021.⁴ In the course of 2020, a number of bylaws for law enforcement were passed. Civil protection and emergency headquarters have been arranged, which in most cases were established in cities during 2021.

Who declares an epidemic and what measures are taken?

COVID-19, at the time of crossing our border, was not recognised as an infectious disease in the law. However, Article 6 of the Law on Protection of the Population from Infectious Diseases stipulates that the Government may declare a disease infectious.

“In case of danger of an infectious disease which is not determined in Article 5 of this Law and which may endanger the population of the Republic of Serbia, the Government, upon the proposal of the Minister of Health (hereinafter: the Minister), may declare such a disease an infectious disease, the prevention and suppression of which is in the interest to the Republic of Serbia, as well as to determine appropriate measures, conditions, manner of implementation, operators and means for implementation.”

The Government of the Republic of Serbia did that on 10 March 2020, by passing the Decision to declare the COVID-19 disease caused by the SARS-CoV-2 virus an infectious disease, published in the Official Gazette of RS, no. 23/2020 (Decision):

Paragraph 1: *“The COVID-19 disease caused by the SARS-CoV-2 virus is declared an infectious disease, the prevention and control of which is of interest to the Republic of Serbia.”*

The mentioned Decision of the Government of the Republic of Serbia was repealed on 16 December 2020 by Article 15 of the Decree on Measures for the Prevention and Control of Infectious Diseases COVID-19 (Decree). This Decision had as many as 27 amendments during its implementation, i.e., until its repeal by the Decree. On the other hand, the Decree itself, until the moment of analysis, has 26 amendments, so that on 12 March 2022, it will cease to be valid with the adoption of the new Decree.⁵

By amendment to the Law (Official Gazette of RS, No. 136/2020) of 13 November 2020, COVID-19 was incorporated into the law itself as an infectious disease over which epidemiological surveillance is carried out and against which measures to prevent and combat infectious diseases are applied.

What is a pandemic?

“An infectious disease pandemic is an infectious disease outbreak that spreads across national borders and to a great part of the world or the world as a whole, endangering people in all affected areas;”⁶

As a reminder, the **World Health Organisation declared the coronavirus pandemic in the world on 11 March 2020.**

Under Article 6 of the Law on Protection of the Population from Infectious Diseases, the following is provided: *“In case of declaring an epidemic of an infectious disease or a threat of an epidemic of an infectious disease referred to in paragraph 2 of this Article or if the danger of an epidemic or pandemic of an infectious disease has been declared by the World Health Organisation (WHO), **the Government, at the proposal of the Minister, shall determine the need of the Republic of Serbia for the procurement of goods, services and works in order to prevent and combat this infectious disease.***

There is no information that the Government determined the need for the procurement of goods, services and works in order to prevent and suppress this infectious disease, although the law should have done so immediately after the declaration of the epidemic.

At this moment, the question of the legitimacy of declaring a state of emergency arises.

STATE OF EMERGENCY AND EMERGENCY SITUATION

What is a state of emergency?

"A state of emergency is a state of public danger in which the survival of the state or citizens is endangered, and is a consequence of military or non-military challenges, risks and security threats."⁷

Who declares a state of emergency and what does it mean?

*"When a public danger threatens the survival of the state or citizens, the **National Assembly** declares a state of emergency."*

Although in the session, the National Assembly did not declare a state of emergency. The impossibility of meeting is questionable.

"During a state of emergency, the National Assembly meets without a special invitation and cannot be dissolved."

The National Assembly met twice during the state of emergency, once to confirm the Decision on declaring a state of emergency on 28 April 2020, and the second time to repeal and confirm the decrees passed by the Government with the co-signature of the President on 6 May 2020.

*"By declaring a state of emergency, the **National Assembly** may prescribe measures derogating from the human and minority rights guaranteed by the Constitution."*

"When the National Assembly is unable to meet, the decision to declare a state of emergency is made jointly by the President of the Republic, the President of the National Assembly and the Prime Minister, under the same conditions as the National Assembly."

In Serbia, this possibility was used (more correctly: abused) without any explanation. There are different views on the possibility of meeting the Assembly, which is the main objection of the profession, which believes that there was no need to use this alternative mechanism, which took over the competence of the National Assembly unjustifiably executive bodies (Government of the Republic of Serbia, above all) - first proclamation, then prescribing measures derogating from human and minority rights, and the adoption of various decrees, conclusions, decisions calling for a state of emergency and the impossibility of meeting the assembly. At that moment, all power was concentrated in the executive, which violated the principle of tripartite division of power.

*“When the decision on the state of emergency has not been made by the National Assembly, **the National Assembly shall confirm it within 48 hours of its adoption, i.e., as soon as it is able to meet.** If the National Assembly does not confirm this decision, the decision shall cease to be valid at the end of the first sitting of the National Assembly held after the declaration of a state of emergency.”*

The National Assembly confirmed the decision on 28 April 2020. Whether the assembly could have met or not was placed in a subjective category of possibilities, not legal and always verifiable, but we cannot but see that at the time of that session there were 222 new cases, at which time 2517 patients were hospitalised, unlike the moment of the declared state of emergency when there were fifty-seven confirmed cases of coronavirus. How is it that the Assembly Chairwoman, as a representative of this body, concluded from her free assessment that the danger to safety and health is less on 28 April than on 15 March?

Regarding the institute of state of emergency, the most important issue is the measures that deviate from guaranteed human and minority rights. Therefore, **in case the Assembly cannot meet, only the Government can prescribe deviations from human and minority rights by decree with the co-signature of the President of the Republic of Serbia.**⁸

The fact that there were fifty-seven patients at the time of the declaration of the state of emergency, and that there were over 7,000 at the time of writing this analysis, when the state of emergency was not declared, did not even prescribe any significant measures to prevent the spread and control of the virus.⁹

The notions of state of emergency and state of emergency have often been mixed even today, which is why it is important to make an incorrect distinction and to bring this other notion closer as very relevant and applicable.

What is a state of emergency?

A state of emergency is defined in an identical way in several different laws¹⁰ as a state that arises from the proclamation by the competent authority **“when the risks and threats or consequences of disasters, emergencies and other dangers to the population, environment and material goods of such scope and intensity the occurrence or consequences cannot be prevented or eliminated by regular action, so it is necessary to apply special measures.”**

An emergency situation is declared immediately upon learning of the imminent danger of its occurrence. A state of emergency may be declared after the occurrence, if it could not have been foreseen or if due to other circumstances it could not be declared immediately.

The state of emergency for the territory of the Republic of Serbia is declared by the Government, at the proposal of the National Emergency Response Team.

A state of emergency for the territory of the Republic of Serbia is declared when there is an immediate danger that will affect, or has already affected at least two local self-government units, and the assessment is that the danger or its consequences will spread and that all capacities of the Republic of Serbia must be engaged in prevention, elimination or mitigation.

What is important to emphasise is that the state of emergency at the state level (for the territory of the Republic of Serbia) has not been declared.

Certain local self-governments declared emergency situations, mostly in July and November 2020, so not ***“immediately upon learning of the imminent danger of its occurrence”***, but later, probably by some order. More about that in the next part, which talks about emergency response teams.

By declaring a state of emergency, as we mentioned, measures were adopted with a call for a state of emergency and acts, whose primarily nomotechnical aspect is very bad and whose legitimacy we have already disputed. Here we come to question the legitimacy of the work of the COVID-19 Crisis Response Team, which at one point decided, then “gave recommendations”, and at all times was presented as the most important body during the state of emergency, and today. Who is actually in charge?

COVID-19 CRISIS RESPONSE TEAM AND NATIONAL EXPERT COMMISSION FOR PROTECTION OF THE POPULATION FROM INFECTIOUS DISEASES AND NATIONAL EMERGENCY RESPONSE TEAM

COVID-19 Crisis Response Team

We remind that at the time of its “creation,” no law provided for the existence of the Crisis Response Team for Suppression of Infectious Diseases, nor its powers and competencies. This is evidenced by a special analysis that was made and published on the website of the Union of Doctors and Pharmacists of Serbia.¹¹ It is also important that the Government published on the official website the text entitled “Legal basis for the adoption of the Conclusion to form the Crisis Response Team” without anyone’s signature, without the Ministry of Health’s letterhead and seal, by which “someone” claims that this body was formed on 13 March, where the team members are also listed. The Government cannot form a temporary working body by a conclusion, but by a *Decision*, which must be published in the Official Gazette. There is no decision in the Official Gazette to form this body.¹² Unlike this “fictional body”, the law provides for the powers of the National Expert Commission for the Protection of the Population from Infectious Diseases and the National Emergency Situations Response Team; yet those powers are not used. By the *Decision* of the Government of 31 October 2020, the COVID-19 Crisis Response Team was formed (hereinafter: Crisis Response Team) as a temporary body of the Government of the Republic of Serbia, strictly advisory in its nature;¹³ yet, it is presented to the public as an important decision maker. Until the day the Decision was made, i.e., until 31 October 2020, this group of people acted illegitimately and illegally.

As it was established with a reference to the Law on the Government,¹⁴ this body must submit reports on its work, to the competent committee every 60 days, and to the Government at least every 90 days.

The problem with the existence and work of the Crisis Response Team was first of all its legality – it is not based on the law,¹⁵ unlike the body established by law – the National Expert Commission. Even at the time when the Crisis Response Team was established (let’s say legalised) in October 2020, it was formed as a temporary working body of the Government, while the National Commission was established as a permanent body appointed by the Minister according to a predetermined procedure, at the proposal of Batut and reference institution, with already provided competencies and authorisations. Therefore, the validity and justification of the existence of a body such as the Crisis Response Team is questionable, and the following questions logically arise: Why is this parallelism of forms allowed? Why does the Government establish temporary bodies and unauthorisedly steal/abolish the competence and importance of legally established permanent bodies? Why, contrary to the rule, amendments to the law are retroactively legalised illegally?

NATIONAL EXPERT COMMISSION FOR PROTECTION OF THE POPULATION FROM INFECTIOUS DISEASES

*"In order to establish expert opinions on the preservation and improvement of health, prevention and control of infectious diseases, treatment and health care, as well as on the improvement and development of the organisation of the health service dealing with prevention, control, treatment of infectious diseases and support based on evidence and international recommendations, the **National Expert Commission for the Protection of the Population from Infectious Diseases (hereinafter: the Commission)** is established.*

The Commission referred to in paragraph 1 of this Article, upon the proposal of the Institute and reference health institutions, shall be formed by the Minister."¹⁶

The work of the National Expert Commission is of exceptional importance as a body provided by law, the main mechanism for combating the epidemic.

As it is known, the website of the Ministry of Health of the Republic of Serbia is not updated and is not informative enough. Also, most of the acts of the Minister cannot be reached. The RS Ministry of Health Directory does not include this commission. It is not possible to find the act on the formation of the Commission in the Official Gazette.

The competence of the commission is to consider the current epidemiological situation of infectious diseases in the Republic of Serbia based on the report of the Institute, the success of implemented programs in the Republic of Serbia and give conclusions and recommendations for improving protection against infectious diseases. The Institute performs professional, administrative, technical and informative tasks for the needs of the Commission.

In fact, but also legally, the Commission should be one of the most important factors in the fight against the epidemic.

The law stipulates that the Minister declares the occurrence of an epidemic of an infectious disease of greater epidemiological significance and orders measures that must be implemented in that case, and at the proposal of the Commission and the Institute no later than two days from the date of submission of such proposal.¹⁷

This proposal of the Commission and the Office is almost impossible to find. It has not been made public, but success has been found in finding its text. The mentioned proposal emphasises: ***"The Institute of Public Health (IPH) of Serbia in cooperation with the National Expert Commission for Protection of the Population from Infectious Diseases, COVID-19 Crisis Response Team, Interdepartmental Working Group for Monitoring the Epidemiological Situation and Assessing and Risk Assessment and Control during the COVID-19 epidemic, proposes declaring the COVID-19 epidemic an***

epidemic of greater epidemiological significance for the territory of the Republic of Serbia, in order to put all human and material resources in the function of controlling the spread of SARS-CoV-2 virus in the population.”

The problem with the Commission is that there is no published public act on the establishment of this Commission. We note that some Orders (e.g., the Order on the Prohibition of Assemblies in the RS in Public Places) (Official Gazette of the RS No. 83/2020) were issued with an invitation to this Commission.

The national programmes for prevention and suppression, as well as the removal and eradication of certain infectious diseases, are prepared by Batut, in cooperation with relevant institutions, and adopted by the Government. The envisaged fine for non-compliance with this obligation ranges from 50,000 to 2,000,000 dinars.

It is unclear why the Commission is not involved in the work on the suppression of the epidemic and why its importance has been neglected, when according to the law, the scope of its work is of essential importance for the suppression of the epidemic. Instead, another, temporary body for these purposes was simply and unnecessarily formed.

Accordingly, and for the sake of easier understanding, we underline the differences between the National Expert Commission and the Crisis Response Team:

	National Expert Commission to protect the population from infectious diseases	Crisis Response Team to suppress infectious diseases
Basis of existence	<ul style="list-style-type: none"> - Law on Protection of the Population from Infectious Diseases (LPPID) - Law on Health Care (LHC) 	<ul style="list-style-type: none"> - Illegal until 31 October 2020 - 30 October 2020 The Government made a Decision to form the Crisis Response Team on the basis of the Law on the Government! - on 13 November 2020 the LPPID is supplemented by a new article¹⁸ which stipulates that the Government may establish the Crisis Response Team

	<ul style="list-style-type: none"> - Formed by the Minister of Health (according to LPPID and LCH), - at the proposal of reference health institutions, professional associations and chambers of health workers, as well as higher education institutions of the health profession. 	<ul style="list-style-type: none"> - Formed by the Government (under the Law on the Government - Not proposed by the professionals
	<ul style="list-style-type: none"> - Permanent body, envisaged by the law 	<ul style="list-style-type: none"> - Temporary working body of the Government, established by a decision
Members	<ul style="list-style-type: none"> - health and scientific workers who have a significant contribution to the work and development of certain areas of medicine, complementary medicine, dental medicine, pharmacy, or health care. 	<ul style="list-style-type: none"> - Ministers, directors, etc. - Unknown criterion
	<ul style="list-style-type: none"> - a maximum of 10 members 	<ul style="list-style-type: none"> - Over 30 members
	<ul style="list-style-type: none"> - Mandate of 5 years 	<ul style="list-style-type: none"> - period required to perform tasks
Administrative and technical, professional assistance	<ul style="list-style-type: none"> - Batut and the Ministry of Health 	<ul style="list-style-type: none"> - General Secretariat of the Government
	<ul style="list-style-type: none"> - Rules of Procedure 	<ul style="list-style-type: none"> - /
	<ul style="list-style-type: none"> - / 	<ul style="list-style-type: none"> - Report on the work to the competent committee within 60 days, to the Government within a maximum of 90 days
Funds for work and remuneration for members' work	<ul style="list-style-type: none"> - The amount is determined by the Government on the proposal of the Minister and the funds are provided in the budget of the Republic of Serbia – “7,000 dinars per session, and members and secretary in the amount of 5,000 dinars per session.”¹⁹ 	<ul style="list-style-type: none"> - Members and engaged persons are not entitled to remuneration for work.²⁰

The conclusion is that we have a paid body (National Expert Commission) that “DOES NOT WORK” and “volunteers” (Crisis Response Team) who “DO WORK”.

We have often heard that the activities of the Crisis Response Team are justified by the fact that the state of emergency has been lifted in the country, but that the emergency situation is still current. **It is true that the state of emergency was not lifted, but only because it was never declared.** What is happening with the emergency situations teams and why was the possibility of declaring a state of emergency at the national level not used?

Emergency situations teams are being set up to monitor disaster risk reduction activities and to coordinate and manage emergency situations. **The National Emergency Situations Response Team is formed for the territory of the Republic of Serbia**, which is established by the Government; The Emergency Situations Team issues orders, conclusions and recommendations and has its own seal and record book.

The National Emergency Situations Response Team was formed by the Decision published in the Official Gazette of RS, No. 50/2019 of 12 July 2019, and came into force on 13 July 2019. At that time, Nebojša Stefanović, PhD, the then Deputy Prime Minister and Minister of the Interior, was appointed commander.²¹ Later, with the new government, a new team was formed. Aleksandar Vulin, the Minister of the Interior, was appointed commander.²²

There is no publicity of the work of this team either. Apart from the statement of 16 March 2020, in which the Chief of this Team pointed out that they had taken all necessary steps to protect the citizens of Serbia, and the statement of 21 May 2021, there is no other information on activities.²³

Unlike the Republic and the National Emergency Response Team, to this date, over 20 city teams have declared emergency situations in certain cities.

Why is National Emergency Response Team important? Because it is the legally envisaged body, which is activated together with the appearance of a threat to the state, in this case an epidemic, with established authority to detect such a danger and declare a state of emergency.

In the case of dissolution of the team, the National Emergency Situations Team shall form a temporary emergency situations team from among its members, employees of the Ministry, managers of entities of special importance for protection and rescue and other professionals from the territory of local self-government units. There is no information about the formation of this body.

The National Emergency Situations Team, in accordance with the assessment, forms the operational team as its auxiliary operational body for certain types of dangers, which is in a continuous session during the emergency situation. **This body has not been formed or at least information about it is not publicly available.** The National Emergency Situations Team is an important factor in managing risks and reducing the consequences of disasters (epidemics and pandemics are defined as natural disasters, and natural disasters as disasters, in short), and neither its significance nor capacity has been used.

Other statutory bodies, councils and institutions relevant to the management of the epidemic

Much of the mechanism provided by law for better organisation of the health system and the management of the pandemic has not been used at all or has been used insufficiently. Of the bodies, councils, institutions and bodies we single out:

- **The Health Council**,²⁴ as an expert and advisory body that takes care of the development and quality of the health care system, as well as the organisation of the health care system and health insurance. The Institute of Public Health Dr Milan Jovanović - Batut, as the main bearer of activities in the field of public health, whose potential and importance has been neglected. **National body for managing the response of the health sector in crisis and emergency situations**, in charge of determining the necessary measures that legal entities, entrepreneurs and natural persons are obliged to adhere to, for which there is no information that it is active. The National Council for Public Health, which is formed by the Government in order to improve the cooperation of competent bodies, organisations, carriers and participants in the public health system, whose activity is not visible during the pandemic. Torlak Institute of Virology, Vaccines and Serums, whose significance and potential are clear.

MEASURES

Elections, political decisions, data concealment

Suppressing an infectious disease means a set of measures that are carried out against already existing infectious disease, in order to reduce its frequency. Measures to protect the population from infectious diseases are a set of all activities planned, organised and implemented by the authorities of the Republic of Serbia, autonomous provinces, local governments, businesses and legal entities, institutes and institutes of public health and other health institutions, health workers and health associates and natural persons in order to protect the population from infectious diseases.

Measures in Serbia varied. Since the introduction of a state of emergency and the ban on the movement of citizens, until the ban on the movement of certain categories of citizens (e.g., people over 65), at certain times (e.g., at five in the morning), sometimes in places (e.g., shops), from border checks, to Prohibition of gatherings, from the construction of temporary COVID hospitals and measures of mandatory referral of patients to treatment, to prescribing isolation and quarantine at home, from mandatory wearing of protective masks and keeping distance, to establishing recommended emergency immunisation of the population, from limiting the number of those present indoors (e.g., cinemas, theatres) and open, through the conditionality of attending the possession of certificates, to the establishment of fines and prescribing new powers of the communal police and sanitary inspection, etc.

Of course, with the measures, there are also problems with their application in practice, so the government often decided to pass decrees that do not have the legal force that would be attributed to them, but most often served to derogate from the law. Certainly, there were also good measures. There are no real measures today.

Thus, when we talk about epidemic management and legal aspects, we come to the question of the adequacy of measures in the context of the fight against the epidemic, on the one hand, and political decisions, on the other hand.

Freedom of movement

It is important to note that freedom of movement is guaranteed by the Constitution to everyone.²⁵ However, the Constitution also provides for the possibility of restricting movement. Thus:

“Freedom of movement and residence, as well as the right to leave the Republic of Serbia may be restricted by the law if necessary for the purpose of conducting criminal proceedings, protection of public order, prevention of spreading infectious diseases or defence of the Republic of Serbia.”

The law stipulates that, in order to prevent the introduction of infectious diseases into the country, suppression and prevention of their spread to other countries, according to the law, the Minister may order measures to protect the population from infectious diseases at the proposal of the Commission (the one for which we are not sure it exists), including a ban on travel to a country where there is an epidemic of an infectious disease and a ban on the movement of the population, i.e., a restriction on the movement of the population in an area affected by a particular infectious disease, i.e., an epidemic of that infectious disease.

We would also like to draw your attention to the fact that in the latest amendments to the law, dated 13 November 2020 (Article 53a), additional powers have been given to the Government.

"In the event of a pandemic or epidemic of infectious disease, the occurrence of a new or insufficiently known disease and in case of suspicion of the use of people and lives of people and in which there is an immediate danger to mass transmission of infectious diseases, the government may:

a) prohibit or restrict entry into the territory of the Republic of Serbia to persons coming from countries with unfavourable epidemiological situation, determine the conditions for entry and measures to be applied during the stay in the territory of the Republic of Serbia, the circle of persons to whom certain conditions and measures apply and the manner of control of implementation, operators and means for implementation and those measures; - This is a tendency of other countries as well, in order to justify selectivity. In the context of defending the overriding interest (citizens' health), we believe that this is a justified measure.

b) decide on the opening of temporary facilities for accommodation, isolation and treatment of patients with infectious disease, when the existing capacities of health institutions and facilities referred to in Article 29 of this Law are insufficient for isolation and treatment of persons suffering from infectious disease, as well as providing necessary equipment, medicines, medical devices and medical supplies, the manner of providing medical and non-medical staff, ensuring the safety of temporary facilities and other issues relevant to their functioning; - This is a classic example of an attempt to legalise already open temporary facilities. It should be reminded that these facilities do not have a defined status, they were not envisaged as a legal possibility (in the form in which they exist), so there are problems with addressing certain requests, since those engaged in these facilities are not employers. And questions are posed – whether it is a health institution?

c) decide on sending patients with infectious diseases abroad for treatment in case of filling all available capacities for isolation and treatment in the Republic of Serbia, on seeking help from other states and international organisations and on assisting other states affected by the epidemic in providing necessary equipment, medicines, medical devices and medical supplies, temporary referral of missing medical and non-medical staff and other issues of importance for stopping the epidemic, i.e., pandemic and treatment and protection of the population from infectious diseases;

d) establish a crisis headquarters and determine other appropriate measures to stop the epidemic, i.e., pandemic and treatment and protection of the population from infectious diseases, as well as the conditions, manner of implementation and operators. - so, the Government makes this decision without consulting the professionals. This provision derogates from the established provisions of the Law on the Protection of the Population from Infectious Diseases.

As a novelty in the law, provisions on “preventive measures restricting the freedom of movement of persons in collective accommodation with the aim of preventing infection in the collective” were introduced, in order to legalise the closure of nursing home users in the absence of a state of emergency. Also, the terms “home isolation”, “quarantine at home”, as well as “personal protection against infection” are defined.

Covid passes²⁶ were also introduced for stays in non-essential facilities (cafes, restaurants, shopping malls, museums) after 8 pm. In the context of freedom of movement and non-discrimination, on the one hand, and needed and necessary measures to prevent the spread and suppression of the epidemic, on the other hand, we can say that this measure has no real scope for protection and suppression of the epidemic. As we have seen, covid passes have been introduced in other states as well. It is not an unconstitutional measure, if it is taken that it was adopted in order to suppress the epidemic, but conceived in this way, when placed on the level of essence, it cannot be considered justified because it is not an adequate means of suppressing the epidemic. The question that science cannot answer is the time determinant – 8 pm. Government officials gave their explanations, which we will not quote in the analysis. Ironically, an anti-epidemic measure that has no real effect on the fight against the epidemic.

This measure, as well as the non-introduction of real, effective measures, is only a seeming result of a compromise between politics and the profession (medicine). In fact, the victory of politics is pure, to the detriment of health and safety. Although it is often forgotten, inaction is also sanctioned.

In addition to the above, one of the violations is the right to access information and inform the public. We remind you that this is determined by laws²⁷ as an obligatory measure that serves to suppress the epidemic, which is why hiding or falsely presenting data should be sanctioned.

Article 17 of the Law envisages special measures for the protection of the population from infectious diseases, one of which is informing health workers and the population. Special measures are organised and directly implemented by health institutions, private practice and legal entities that also perform health activities, health workers and state administration bodies. Regardless of this provision, we have cases of punishing health workers for presenting information related to the epidemic, protection, work environment and the like.

In the context of this is the controversial decision to centralise information, which was valid for only one day, after which it was withdrawn.²⁸ So, it is against the law to sanction someone who has a legal obligation or at least the opportunity to inform, and quite the opposite, it is unconstitutional to forbid someone to express an opinion.

Regarding the notification, it was proven that before the elections in 2020, the displayed number of deaths and illnesses did not correspond to the real state of affairs. The numbers were faked, reduced by several times, as shown by the works of investigative journalists.

Conspiracy theories – immunisation

One of the topics was the issue of mandatory vaccination of certain categories of citizens. According to our regulations, this possibility exists and does not contradict the Constitution. The law already stipulates, and the rulebook stipulates in more detail that for certain categories of citizens or persons up to a certain age, mandatory vaccination is valid.²⁹ These are dozens of diseases (which have been accurately determined), of which protection is provided by immunisation. Also, certain categories of persons may be ordered to be immunised against other infectious diseases that are not listed in the Law, if the danger of transmitting that infectious disease is determined. In that case, the recommended or obligatory emergency immunisation against that infectious disease can be determined for all persons, i.e., for certain categories of persons. Mandatory, i.e., recommended emergency immunisation is ordered by an act of the Minister, in accordance with the recommendations of the WHO, at the proposal of the Office with the consent of the Commission.

Also, many EU countries, as well as countries of the world, have introduced mandatory vaccination against COVID-19 diseases of certain categories of citizens (employees in health care institutions, public services, police³⁰) and even all citizens (e.g., Austria). The context of freedom of choice leaves room for opposing opinions, since the profession also gave different opinions, but despite that, the predominant interest is not difficult to prove in this case.

CAPACITIES OF THE HEALTHCARE SYSTEM IN THE CONDITIONS OF THE EPIDEMIC

The state of the health system before the outbreak

Before the outbreak of the COVID-19 epidemic, there were over 100,000 employees in health care institutions from the Health Care Network Plan, of which over 80,500 were health workers. In order to avoid confusion, it should be emphasised that only **about 20,000 are Doctors of Medicine, 1,600 dentists and about 1,700 pharmacists**. This is not just a lump sum. This framework is the subject of an analysis based on published Batut reports. The last published report of Batut is from 2019, and with data ending on 31 December 2018, when 80,621 health workers were employed, of which 1,937 were medical doctors, 1,609 dentists and 1,738 pharmacists.³¹ It is important to emphasize that there was a shortage of staff in the fields of anaesthesiology, epidemiology, and infectiology. It should be noted that the insufficient number of health workers is the result of employment policy in the last twenty years, which has its roots in the ban on specialisations (because the authorities concluded that there are too many specialists), then the ban on employment (rationalisation), rationalisation in pharmacy and dentistry, then the current way of approving referrals to specialisations (consents, commissions), which makes timely staff planning, based on the recommendations of local public health institutes, meaningless. The average age of a doctor is 55 years. There is an urgent lack of specialists due to the current brain drain, as well as due to untimely renewal of staff. The health system of Serbia is facing a deficit of as many as 5,000 health workers, as shown by the analysis of the Fiscal Council from 2021.

Mixing professionals and politics

Protection of the population from infectious diseases is carried out by performing epidemiological surveillance and planning, organising and implementing the prescribed measures, controlling the implementation of these measures and providing material and other means for their implementation. It seems as if the state response failed both in terms of planning and organisation, and that the response was especially poor in the field of prescribing and applying special measures and control. In the field of labour law, decisions were at odds with basic labour law principles, but also with the logic of common sense. Some economic measures were considered meaningless by most economic experts, while others were commended. It is clear that everything, including health measures, depended on the current political demands and the curves of the graph of the desired rating. It has been proven that the figures about the sick and the deceased were hidden. It is clear that the scope of testing was smaller before the 2020 elections. It is clear that at the time of writing this analysis, there were over 7,000 patients and that the

state is not reacting. It is clear that new elections are approaching and that it depends on the election campaign whether there will be any health measures. What does that have to do with the healthcare system, someone will ask? There will be, say, all those who work in intensive care units, all those who participate in the care and treatment of patients with COVID-19, those who are engaged in covid hospitals and covid clinics on a daily basis, those who didn't have a vacation for three years. Patients who were waiting for a year and a half for a regular programme to be established will tell you this. Every citizen who is aware that adequate and proportionate measures are key to reducing the number of new patients rather than a reason to reduce the number of citizens interested in immunisation will tell you the same.³²

Is the health system ready for a pandemic?

Epidemics of infectious diseases have some regularities, but when it comes to a new disease, it is not possible to have protocols ready in advance. However, sciences that can be applied during an epidemic, and legal acts, of course, prescribe conduct during an epidemic. The first and basic rule is to find the zero patient and identify all his/her contacts and then isolate them. So, there are some basic principles of treatment during an epidemic, while the new ones are modified or introduced on the fly, depending on how much the new disease is specific. The threatening danger is defined by law as a catastrophe, and therefore there is the Law on Protection of the Population from Infectious Diseases, as the only law that deals with one type of disease – contagious diseases. There are other laws whose subject matter is related to the organisation of defence and reduction of damage/consequences caused by the epidemic. The World Health Organisation publishes guidelines and guides for dealing with already known but not eradicated infectious diseases. Of essential importance for the treatment of the health system is the Expert Methodological Guide for the Control of Intake and Prevention of the Spread of the Novel Coronavirus the SARS-CoV-2, which has undergone numerous changes during this time. We should not forget the professional and methodological instruction for the administration of recommended emergency immunisation against COVID-19 adopted in January 2022.³³ There is an obligation to report every case of confirmed or suspected infectious disease – it is reported to the Public Health Institute. There are centres around the world for the detection and rapid reporting of infectious diseases. We have a number of bodies provided by law, which could perform this task, but in practice it does not seem to be the case. Also, according to our data, the national body for health sector response management in crises and emergency situations has not been formed. Of the 5,000 viruses that can currently infect the humans, about 3,500 are of animal origin. About 120 viruses are currently threatening to spread from animals to humans for the first time. For such leaps from species to species, viruses need decades of adaptation and evolutionary selection of suitable mutations. Unfortunately, public health problems like this are a matter of prevention and are most often on the very edge of survival in the current environment. During the last decade, very little has been set aside for these

purposes, and the main consequence is the outbreak of the COVID-19 pandemic, although we have twice been warned of SARS and MERS epidemics over the last fifteen years. These are the viruses from the same family of coronaviruses and with many similarities, but also with significant differences turning SARS-CoV2 from the epidemic that appeared in China into a pandemic that affected the whole world. Questions are being asked whether China has hidden some information, but regardless of that answer, the conclusion is that the world was certainly not ready for a pandemic.

The Serbian health system, for its part, was definitely not adequately prepared for the epidemic. There were numerous omissions, on top of which is the fact that actions were not taken in accordance with the legal acts. For more than three months, there was room to prepare adequately. It is the legal obligation of the Minister of Health to inspect the situation and make an urgent procurement and replenish all expected funds.

The problems started back before the epidemic. The lack of 10-15% of health workers is an old, well-known problem, which is the cancer of Serbian health care. The main characteristic of the epidemic is that it raises the requirements in the capacities for the care of the sick, both in accommodation and in humanity. The basic procurement should be focused on protective equipment, and the situation in Serbia is best reflected in the sentence of Professor Dr. Zoran Radovanović that more protective equipment was spent for one civil protection exercise in Yugoslavia than in Serbia at the beginning of the

epidemic. We remind you that throughout the epidemic, the crisis is being managed by a body called the Crisis Response Team, formed by the decision of the RS Government. It functioned completely outside the law for a year, and then it was legalised by amendments to the law. The law stipulates that the Minister of Health is the decision-maker within the framework of the law, upon the recommendation of Batut and the National Expert Commission for Infectious Diseases. During the epidemic, the election was held in Serbia, and another one was called. Throughout the epidemic, there was an election campaign that introduced inappropriate and illicit influence of politics

and the interests of politicians in power on the profession and on decisions made to mitigate the epidemic, reduce the consequences. From ridiculing the virus and the epidemic at the very beginning, followed by ignoring world experiences and expectations that the summer would reduce the intensity of the virus, late reactions of the Crisis Response Team, predominance of unqualified politicians over doctors in the Crisis Response Team, unreasonable Batut protocols prescribing antibiotics for a viral infection, experimenting with new, possibly efficient, yet exceedingly expensive drugs for the Serbian health care, procurement of a large number of ventilators, and neglecting the basic postulates of anti-epidemic struggle embodied in correct and complete informing

of citizens, a unique attitude of the profession and raising citizens' trust in health authorities, as well as conducting epidemiological work, recognising, isolating patients, reducing the number of contacts and focusing on the red zones of the epidemic.

The government has shown through a series of wrong decisions that it did not take the

threat seriously, nor did it have the capacity to adequately organise the health system and the functioning of society as a whole. The number of patients and deaths during the entire epidemic was manipulated with. Procurement of equipment and materials was declared a secret, information on the functioning of newly built temporary (special) hospitals for the treatment of people with covid is still shrouded in a veil of secrecy.

The Prime Minister stated that she did not believe in measures against the epidemic. Probably the only thing well done was the procurement of sufficient quantities of vaccines. Unfortunately, it was followed by a vaccination campaign that was a fiasco, and still no one is asking the question, what happened to the surplus of expensively paid vaccines? Probably the results of Serbia's readiness for the epidemic can best be seen in the fact that we are one of the countries with the highest mortality rate per 100,000 inhabitants in Europe and the world and unfortunately 147 doctors who died during the epidemic (until now).

Protective equipment – the main indicator of the readiness of the health system

At the very beginning of the epidemic, the Union of Doctors and Pharmacists of Serbia, doctors and employees themselves drew attention to the lack of protective equipment, because there really was no equipment. The only goal of all of them was to protect health workers, who were then left on the lurch. Evidence is the result of the analysis³⁴ according to which about 40% of health workers did not have or only sometimes had enough protective equipment at work, as well as a high percentage of those, 48.5% of them, who stated they were limited in the workplace when protective equipment was concerned. The truth is that in some cases the equipment was on stock, but it was under lock and key. The truth is that the recommendations (number of masks per hour of work, for example) were not respected, nor are they being respected today. Unfortunately, there have been cases of verbal and even written orders banning the wearing of protective equipment even for personal protection, as well as reducing one's salary if the employee was found with protective equipment.³⁵ On the other hand, we have some information that makes us suspect reasonably that certain equipment was not safe to use or, at the very least, was inadequate (masks with a shelf life, masks with a label that they are not for medical purposes). Also, spacesuits were used that are for use in construction, and do not protect against biological agents. The first hospital epidemic broke out at the Institute of Oncology with dozens of sick employees and patients because, according to the statements of two nurses, two coats worn by everyone were used for protection. We have examples of washing and drying spacesuits for protection (Subotica hospital). In addition to the lack of equipment, there was no proper organisation of work in many secondary healthcare institutions, to the extent that clean and infectious routes intersected. This was confirmed by the mentioned analysis, according to which as many as 23.9% of respondents said that in the institutions where they work had no strict division into red and green zones. A special problem is the

enormous jump in prices of protective equipment, where nothing was done to prevent the behaviour of traders regardless of the decision to put the price under government control. This has significantly reduced availability of protection to the population.

To summarise, safe working conditions are not provided for health workers in most health facilities. Many doctors found their ways, organised the purchase of personal protective equipment (friends made viziers for some, others procured suits from beekeeping and painting shops, masks were sewn *en masse* by patients, health workers themselves, their neighbours, they also procured glasses (while they were available), viziers and other equipment at their own expense and in different ways), while selfless individuals and organisations organised donations (Visionaries of Serbia). This is the time when equipment was stored in warehouses. It cannot be said that protective equipment is adequate if one surgical mask is provided for one employee per shift, or one glove every 24 hours. Even in 2021 the Union of Doctors and Pharmacists of Serbia was receiving requests and requests for the procurement of equipment. The question is how and what equipment Serbia donated to other countries while it was still needed by health workers to a great extent than the one they use, and this is especially the case with dentistry, which most often reports a lack of equipment.

The availability of equipment at the beginning of the epidemic was in line with the situation and the response was insufficient. In the meantime, large purchases of ventilators of questionable quality were made; a large number of transport ventilators were inadequate for the treatment of covid patients. The lack of equipment was also seen due to mass transports to higher centres and special hospitals ((un)equipped ambulances). The question is the money spent on the purchase of respirators of this quality. For healthcare professionals and patients, the issue of the existence of certificates of functional correctness and safe use for new devices is much more important, as well as the issue of authorised services for the same. We are witnesses that these biomedical devices have been modified by uneducated and unauthorised service technicians, often technical staff permanently employed at hospitals. As it turned out during the epidemic, the reference indicator of the size of bilateral pneumonia characteristic of COVID-19 is CT of the lungs. In a large number of secondary healthcare institutions, such diagnostics was not available to patients for various reasons, from the lack of technical and human resources to the inability to organise transportation of patients within the institution. Special problems were created by the need to treat patients with previous chronic diseases (dialysis, ultrasound diagnostics, haematological patients).

At the beginning of the epidemic, a bigger problem than the virus itself was the problem of preserving the safety and health of employees in the health system. They were treated as replaceable labour for whom this was an obligation, as people who “have to risk their lives, as they went to school and got trained to do it, they have to go to the front as soldiers, although there are those who are hiding like pussies, taking a sick leave and inventing a myriad of ways to flee...”³⁶...no one cared about their lives. In addition to problems with protective equipment, the biggest problem was inhumane treatment

during work organisation, shifts, separation of zones, referrals to other health care institutions, vacations and private life. So, in addition to poorly organised work in terms of mixing clean and infectious routes, a lack of protective equipment, there was almost always some equipment missing, while the biggest problems in covid zones were the lack of sufficient number of operators, especially disputed qualifications. This led to difficulties in the organisation of work, as well as an additional burden on those with qualifications. It was often done in difficult conditions, without a central oxygen supply or without adequate ventilation, and in winter conditions with open windows. Consequently, shifts were often too long to work under protective equipment, and conditions in rest areas were inadequate and inadequately equipped. According to a survey by the Union of Doctors and Pharmacists of Serbia and the Belgrade Centre for Human Rights, 30% of health workers worked in shifts lasting over 8 hours. In many institutions, the burden of work in the covid zones fell on the same employees in all waves, which led to exhaustion, and even mass illness, and recently more frequent dismissals of health workers. A special problem was the illegal decisions to send health workers to work in covid centres and temporary hospitals. Often orally, without an adequate act and legal basis, almost always without provided accommodation at the beginning, with only two meals during 24 hours, in exhausting 8-12 hour shifts.

There is no exact definition of a health system breakdown. On the other hand, we can define it as the impossibility of fulfilling the legal obligation of the state towards the citizens. When the health condition of the patient requires hospital treatment based on medical parameters, and due to insufficient capacities the patient cannot get the treatment, and when the number of such patients is not negligible, we have to talk about the breakdown of the health system. That happened at least in Novi Pazar, during the election year 2020. The words of the colleague of the author of this part of the analysis that she refused to stack the dead on top of each other speak best about the situation in those days in the hospital. The recognition of the government came with the engagement of the units of the Armed Forces of the Armed Forces in order to remedy the situation, and only after the alarming situation went public. One of the most prominent doctors in the Crisis Response Team, epidemiologist Predrag Kon, was not familiar with the biggest hotspot of the epidemic in Serbia at that time. The question arises how the in the Crisis Response Team worked and made their decisions. An even bigger problem, considering the fact that even such recommendations of doctors on the basis of incomplete information, politicians refused to accept, and even when they were accepted, their implementation was not completed. Many health systems did not respond adequately in the conditions of the epidemic, and we can say that the Serbian health system was prevented by politicians from responding adequately, and at the moments of consequence of bad decisions it justifiably did not have the capacity to respond. The responsibility lies on the Ministry of Health, including the current one and some of the previous ones. The Law on the Government provides for the responsibility of the Minister for decisions and measures that he has made or failed to make or take. All of the above, and best expressed through mortality from the “common flu” speaks of the malfunction of the health system during the epidemic, while the events in Novi Pazar,

as well as in many other towns that remained out of sight with insufficient information about them, show that the health system at certain moments in certain segments experienced a breakdown.

What about some patients?

The question of treating some patients arose relatively quickly. The state's indifference to endangered groups of citizens with special needs was extremely highlighted, during the complete closure at the beginning of the epidemic. The inconsistency in the perception of capacities and, consequently, the organisation of institutions to adequately provide health services to covid and non-covid patients, led to a great diversity in the real situation depending on the territory. A big problem arose with the entry of the virus into hospitals and other protected institutions due to inadequate tests for admission to green zones (antibody tests), which led to illness among employees, which significantly hampered the functioning in conditions of already short staff. The regular (cold) programme functioned all the time in a reduced volume, and at certain moments, at the peak of the waves, and completely interrupted. There are many complaints from patients about the unavailability of services to which they are otherwise accustomed. It is believed that part of the "excess" mortality (almost 50,000) is an increased number of deaths in some patients. In addition, one should be aware that some patients have died from covid, and some with covid. Covid exacerbated or worsened the underlying disease, and together they led to a fatal outcome. We will find out the exact data on what the condition was in the treatment of some patients with subsequent analyses of what happened, with the big question of whether scientists will be able to operate with accurate data.

CONCLUSION

Based on all the above, it can be concluded that the Constitution and the laws in the Republic of Serbia have not been respected since the beginning of the epidemic, and that the laws are still not being applied today. To put it in simple words, the Government and the ministries, for their part, and the Assembly for its, did not abide by the law. The already established mechanisms and systems have not been used. The president again didn't live to his expectations and exaggerated, without even hiding it, but simply exceeded his function and authority, which under the applicable acts of the Republic of Serbia, he does not have, while the institutions were not doing their job.

The Crisis Response Team was not to be established, the National Expert Commission was to be the most important body for combating the epidemic, composed of experts and to consult with all the above-mentioned (already existing) bodies, and especially with Batut, as an institution of crucial importance. The government had to declare a state of emergency, the National Emergency Situations Response Team would work then, while the measures would not be just dead letters on paper. Without politicizing the situation and making exclusively political decisions, often unhidden and shrouded in the veil of medicine, the state would be better able to resist the epidemic and respond to the crisis. Political points often took precedence and took the place of citizens' health.

Communication between the competent institutions and bodies regarding the management of the pandemic should have been at a higher level. Frequent contradictory messages sent to the public led to a kind of confusion and confusion among citizens, especially when it comes to the perception of the danger that the pandemic brings. It is especially necessary to carry out a radical reform of the health system, because, as already emphasised in the part concerning its capacity. Namely, there are major shortcomings in the functioning of the health care system, on a number of issues that prevent Serbia from successfully coping with one such challenge as the COVID-19 pandemic.

APPENDIX 1

Recommended activities for the current crisis caused by the COVID-19 epidemic:

1. To make the remaining capacities of the health system that do not belong to the COVID19 centre system fully available to patients with other acute and chronic diseases and conditions. Admission of patients who are not COVID and emergency, with increased protection measures, must begin.
2. Work of specialist clinics of health centres. With all protection measures.
3. Purchase equipment for personal protection, disinfectants in optimal quantities. Not export. Not donate to foreign countries! Increase their availability. Make reserves! Provide quarterly PPE stocks for each facility, without exception.
4. Requisition and demand that the required amount of equipment be delivered, according to SMU! So, not the "sufficient" amount according to the manager, but the one that is needed and provided by the SMU as mandatory! We reiterate that one glove per shift at the reception and in the COVID clinic, and in any other workplace with contact in general, is neither sufficient nor professionally justified nor does it meet real needs.
5. Enable the use of equipment in the quantity prescribed by the SMU, to supervise the application of the SMU in all institutions, continuously.
6. Strengthen the protection of equipment in health centres - so change the SMU in the part related to primary health care in the direction of strengthening protection.
7. Make IS COVID-19 (Information System COVID-19) available as prescribed, not only in some institutions as is currently the case. Be electronically connected with ISIS, so that doctors know the way from the instructions for testing, through the admission and the results to the end of the treatment. What is important for later, in order to know whether the patient has already dealt with the virus (whether it is "infected"), in this regard is the constant demand of Union of Doctors and Pharmacists of Serbia for a single information system.³⁷
8. Continue to use PPE as if all patients are positive for the virus. This protects both patients and healthcare professionals.
9. Epidemiological surveillance intensified. Do not reduce the scope of testing. Get more tests. Test all contacts of a positive patient (change the SMU in that part).
10. Provide virologists with all the means necessary for work and help.
11. Improve the organisation and functioning of the health system. Make a strategy for the functioning of the health system after the epidemic.
12. Employment of all medical from the records of the unemployed of the National Employment Service.
13. Adopt the Rulebook on referral and work in covid units. Most of the listed measures/ recommendations should be contained in it, as well as referral procedures and rules.

APPENDIX 2

Source and basic concepts

We single out the following legal sources as relevant:

1. Constitution of the Republic of Serbia ("Official Gazette of the RS", No. 98/2006)
2. International Covenant on Economic, Social and Cultural Rights
3. Law on Health Care (Official Gazette of RS, No. 25/2019)
4. Law on Health Insurance (Official Gazette of RS, No. 25/2019)
5. Labour Law (Official Gazette of RS, Nos. 24/2005, 61/2005, 54/2009, 32/2013, 75/2014, 13/2017 - decision of the Constitutional Court, 113/2017 and 95/2018 - authentic interpretation)
6. Special collective agreement for health institutions founded by the Republic of Serbia, autonomous province and local self-government unit (Official Gazette of RS, Nos. 96/2019 and 58/2020 - Annex I)
7. The Law on Protection of the Population from Infectious Diseases ("Official Gazette of the RS", Nos. 15/2016, 68/2020 and 136/2020) defines the basic terms related to the epidemic.
8. Law on Public Health (Official Gazette of RS, No. 15/2016)
9. Public Health Strategy in the Republic of Serbia with the Action Plan for the period from 2018 to 2025 (Official Gazette of RS, No. 81/18)
10. Law on Health Documentation and Records in the Field of Health (Official Gazette of RS, Nos. 123/14, 106/15 and 105/17, 25/19)
11. Law on Patients' Rights (Official Gazette of RS, No. 45/13)
12. Law on Safety and Health at Work (Official Gazette of RS, Nos. 101/2005, 91/2015 and 113/2017 - as amended)
13. Rulebook on Preventive Measures for Safe and Healthy Work during Exposure to Biological Hazards (Official Gazette of RS, Nos. 96/2010 and 115/2020)
14. Rulebook on Determining Occupational Diseases (Official Gazette of RS, No. 14/2019)
15. Law on Defence (Official Gazette of RS, No. 116/2007, 88/2009, 88/2009 - as amended, 104/2009 - as amended, 10/2015 and 36/2018)

16. Law on Disaster Risk Reduction and Emergency Management (Official Gazette of RS, No. 87/2018)
17. Rulebook on the content, manner of establishing and maintaining the register of disaster risks (Official Gazette of RS, No. 78/2019)
18. Decree on Obligations of the Entities of the Disaster Risk Reduction and Emergency Management System in the Procedure of Preparation of the Disaster Risk Register, Manner of Preparation of the Disaster Risk Register and Data Entry (Official Gazette of RS, No. 122/2020)
19. Law on Military, Labour and Material Obligation (Official Gazette of RS, Nos. 88/2009, 95/2010 and 36/2018)
20. Law on the Government ("Official Gazette of the RS", No. 55/2005, 71/2005 - corr., 101/2007, 65/2008, 16/2011, 68/2012 - decision of the Constitutional Court, 72/2012, 7/2014 - decision of the Constitutional Court, 44/2014 and 30/2018 - as amended)
21. Rules of Procedure of the Government of the Republic of Serbia (Official Gazette of RS, No. 61/2006 - consolidated text, 69/2008, 88/2009, 33/2010, 69/2010, 20/2011, 37/2011, 30/2013, 76/2014 and 8/2019 - amending regulation)
22. Law on Medicinal Products and Medical Devices (Official Gazette of RS, Nos. 30/10 and 107/12) Law on Medical Devices (Official Gazette of RS, No. 105/17)
23. Rulebook on Immunisation and Method of Protection with Drugs (Official Gazette of RS, Nos. 88/2017, 11/2018, 14/2018, 45/2018, 48/2018, 58/2018, 104/2018, 6/2021 and 52/2021)
24. Law on Employees in Public Services (Official Gazette of RS, Nos. 113/2017, 95/2018, 86/2019 and 157/2020)
25. Law on the System of Salaries of Employees in the Public Sector (Official Gazette of RS, Nos. 18/2016, 108/2016, 113/2017, 95/2018, 86/2019 and 157/2020)
26. Decree on the corrective coefficient, the highest percentage increase in the basic salary, criteria and measures for the part of the salary that is realised on the basis of work performance, as well as the method of calculating the salary of employees in health care institutions (Official Gazette of RS, No. 100/2011, 63/2012, 101/2012, 46/2013, 113/2017 - amending law, 21/2018 and 95/2018 - other law, 10/2019, 86/2019 - amending law, 13/2020 and 157/2020 - amending law)
27. Decree on the plan of the network of health institutions (Official Gazette of RS, Nos. 5/2020, 11/2020, 52/2020, 88/2020, 62/2021, 69/2021, 74/2021 and 95/2021)

28. Rulebook on detailed conditions for performing health care activities in health care institutions and other forms of health care service (Official Gazette of RS, Nos. 43/2006, 112/2009, 50/2010, 79/2011, 10/2012 - amending rulebook, 119/2012 - amending rulebook, 22/2013 and 16/2018)
29. Law on the Validity of Decrees Adopted by the Government with the Co-Signature of the President of the Republic during the State of Emergency and Confirmed by the National Assembly (Official Gazette of RS, No. 65/2020)
30. Expert-methodological guide for controlling the introduction and prevention of the spread of the new corona virus SARS -CoV-2
31. Decision on the formation of the Crisis Response Team for the Suppression of Infectious Diseases COVID 19 (Official Gazette of RS, No. 132/2020)
32. Decision on the formation of the Commission for the analysis of deaths caused by the disease COVID-19 no. 119-01-380/2021-22
33. Decrees, decisions, conclusions, orders, etc. (should we single them out and list them?? For example, Decree on the allowance based on the salary of employees in health care institutions and certain employees who perform tasks in the field of health, i.e., protection of health of the population of the Republic of Serbia, i.e., treatment and prevention of spread of COVID-19 disease epidemics caused by SARS-CoV-2 virus; Decision on declaring COVID-19 disease caused by SARS-CoV-2 virus an infectious disease; Order on declaring an epidemic of infectious disease COVID-19, Decision on declaring a state of emergency; Decision on lifting the state of emergency; Decision on opening a temporary facility for accommodation and treatment of persons suffering from COVID-19 infectious disease caused by SARS-CoV-2 virus – Čair Hall, Decision on opening a temporary facility for accommodation and treatment of persons suffering from COVID-19 infectious disease caused by SARS virus -CoV-2 – Novi Sad Fairgrounds, etc.... as well as “internal” acts - Letter from the National Health Insurance Fund to health care institutions on the payment of financial assistance to employees in health care institutions, MoH Order on employment of health care workers indefinitely urgent; on engagement and referral to perform work duties; Letter from the Ministry of Health on: introduction of 24-hour duty in triage clinics; prohibition of work engagement in additional work during the state of emergency; the obligation to visit to patients in health centres who are not mobile, to make available to the MoH all capacities - human and material resources; Conclusions of the Crisis Response Team on referral of health workers for treatment; on the possibility of referral on the basis of an oral order and the establishment of a work obligation; etc)

Publicly published articles, data from the Institute of Public Health Dr Milan Jovanovic Batut, data from the Ministry, RS Government, National Employment Service, individual acts of directors, heads of services and health institutions, professional texts and other sources were used as sources.

1 <https://www.danas.rs/vesti/drustvo/broj-umrljih-u-srbiji-u-2021-godini-za-182-odsto-veci-u-odnosu-na-2020/>

2 <https://www.danas.rs/vesti/drustvo/u-srbiji-u-2021-umrlo-najvise-ljudi-od-drugog-svetskog-rata/>

3 *"An **infectious** disease is a disease caused by a specific causative agent resulting from the transmission of an agent or its toxic products from an infected person or other reservoir to a susceptible host, either directly from person to person or indirectly through contaminated food, water, common objects, transient host, vector or inanimate environment, and the exchange of fluid contaminated with the cause of infection", Article 2, para. 1, item 1 of the Law on Protection of the Population from Infectious Diseases.*

4 The Decree on Obligations of the Entities of Disaster Risk Reduction and Emergency Management System in the Process of Drafting the Disaster Risk Register, the Manner of drafting the Disaster Risk Register and Data Entry entered into force on 17 October 2020 (Official Gazette of RS, No. 122/2020), according to which for epidemics and pandemics, the state administration body in charge of health, i.e., the Institute of Public Health of Serbia Dr Milan Jovanović Batut, was identified as the holder of the obligation - the entity of the system of disaster risk reduction and emergency management;

5 A special issue is the type of act that regulates this issue, which we will not analyse in more detail on this occasion. Reminder: Article 42 of the Law on the Government of the Republic of Serbia: *"By **decree**, the Government shall regulate in more detail a relationship governed by law, in accordance with the purpose and aim of the law."* Article 43: *"By a **decision**, the Government shall establish public companies, institutions and other organisations, take measures and regulate issues of general importance and decide on other issues for which a law or decree prescribe that they shall be regulated by Government decision."*

6 Law on Defence (Official Gazette of RS, Nos. 116/2007, 88/2009, 88/2009 – amending law, 104/2009 – amending law, 10/2015 and 36/2018).

7 Special mention should be made of Article 109 of the Constitution, according to which "the National Assembly may not be dissolved during a state of war or emergency." The National Assembly was not officially dissolved during the state of emergency, but in fact, by analysing activities and actions, as if it were.

8 We remind you that in accordance with the European Convention on Human Rights ... the Secretary General of the Council of Europe must be informed about these measures, i.e., in accordance with the International Covenant on Civil and Political Rights, the Secretary General of the UN. **The question is whether international law has been respected so far when passing regulations?**

9 See the Decree.

10 The Law on Public Health (Official Gazette of RS, No. 15/16), Law on Protection of the Population from Infectious Diseases (Official Gazette of RS, No. 15/16) and Law on Disaster Risk Reduction and Emergency Management (Official Gazette of RS, No. 87/18),

11 <http://www.sindikatlfs.rs/direktori-ipak-potpisali-resenja-o-premestaju/>

12 See Law on the Government and the Rules of Procedure of the Government.

13 Decision on the formation of the COVID 19 Response Team (Official Gazette of RS, No. 132/2020) See also: Resolution no. 24 number 119-9696/2020, 24 number 119-10273/2020.

14 Law on the Government ("Official Gazette of the RS", No. 55/2005, 71/2005 – corr., 101/2007, 65/2008, 16/2011, 68/2012 – decision of the Constitutional Court, 72/2012, 7/2014 – decision of the Constitutional Court, 44/2014 and 30/2018 – as amended), Article 33.

15 Only in November 2020, an amendment to the Law added a new Article 53a, paragraph 1. d) which prescribed; "In the event of a pandemic or epidemic of a contagious disease of major epidemiological significance, the emergence of new or insufficiently known infectious diseases and in case of suspicion of the use of biological agents and others that may endanger human health and life and in which there is an imminent danger of mass transmission of infectious diseases." The government can form a crisis response team and determine other appropriate measures to stop the epidemic, i.e., pandemic, and treat and protect the population from infectious diseases, as well as conditions, methods of implementation and executors," so even after this second "official" establishment of the Crisis Response Team in October 2020.

16 The Law on Protection of the Population from Infectious Diseases, Articles 17 and 49, but also Article 8.

17 The proposal contains: the name of the infectious disease, the area affected by the epidemic, the measures that must be implemented in that case, the manner of their implementation and the means needed to ensure the implementation of these measures. At the proposal of the Institute, the Minister, in cooperation with the Commission, declares the cessation of the epidemic of greater epidemiological significance.

18 See Article 53a of the Law on Protection of the Population from Infectious Diseases.

19 See the Decision on the amount of fee for the work of president, members and secretary of the national professional commissions (Official Gazette of RS, No. 84/2020).

20 See the Decision to form the Crisis Response Team, item 6.

21 The Decision to form the Emergency Situations Response Team (Official Gazette of RS, No. 50/2019).

22 For the whole composition, see: Decision to form the Emergency Situations Response Team (Official Gazette of RS, No. 3/2021)

23 There are also statements of 18 January concerning the floods.

24 See Art. 135 – 140 of the Law on Healthcare.

25 Everyone shall have the right to free movement and residence in the Republic of Serbia, as well as the right to leave and return. Article 39, Constitution of the Republic of Serbia

26 The Decree on Measures for the Prevention and Control of Infectious Diseases COVID-19, "Official Gazette of the Republic of Serbia", No. 99/2021 of 22 October 2021.

27 The Law on Protection of the Population from Infectious Diseases, Art. 17 and Art. 49, but also Article 8 of the Law on Healthcare.

28 Government Conclusion, Official Gazette of RS, No. 48/2020 of 31 March 2020.

29 See the Rulebook on Immunisation and Manner of Protection by Medicines

30 <https://www.reuters.com/business/healthcare-pharmaceuticals/countries-making-covid-19-vaccines-mandatory-2021-08-16/>

31 About that, see the public letter sent to the Prime Minister: <http://www.sindikatlfs.rs/jav-no-pismo-vicesampioni-po-broju-novoobolelih-u-svetu/>

32 <https://www.reuters.com/business/healthcare-pharmaceuticals/countries-making-covid-19-vaccines-mandatory-2021-08-16/>

33 Full name of the regulation: Expert-methodological instruction for the administration of recommended extraordinary immunisation against COVID-19 in the Republic of Serbia with vaccines: PFIZER-BIONTECH COVID-19 VACCINE (Comirnaty), Gam-COVID-Vak, SARS-CoV-2 Vaccine (Vero Cell), Inactivated, ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) COVISHIELD/AstraZeneca SKBio AZD1222-COVID-19 Vaccine (ChAdOx1-S(recombinant))/ COVID-19 Vaccine AstraZeneca (Vaxzevria) and SPIKEVAX (earlier COVID-19 Vaccine Moderna), regulated by the Ministry of Health, the National Coordination Team for the Administration of Immunisation against COVID-19, the Expert Committee for Immunisation. Note that the SMU for immunisation for 2021 does not mention immunisation against Covid-19, although the order of the Minister of Health on the administration of recommended extraordinary immunisation has been in force since 2020.

34 Survey – Attitude of health workers about the possible existence of violations of their human rights in the conditions covid 19 – BTĐ project. The survey was conducted in 2021.

35 We are in possession of photographs of these orders.

36 <https://www.magazin-tabloid.com/casopis/?id=06&br=512&cl=13>

37 <http://www.sindikatlfs.rs/zahtev-za-umrezavanje-svih-drzavnih-i-privatnih-zdravstvenih-ustanova-u-jedinstvenu-mrežu-zdravstvenih-ustanova-republike-srbije>



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