

SERBIA

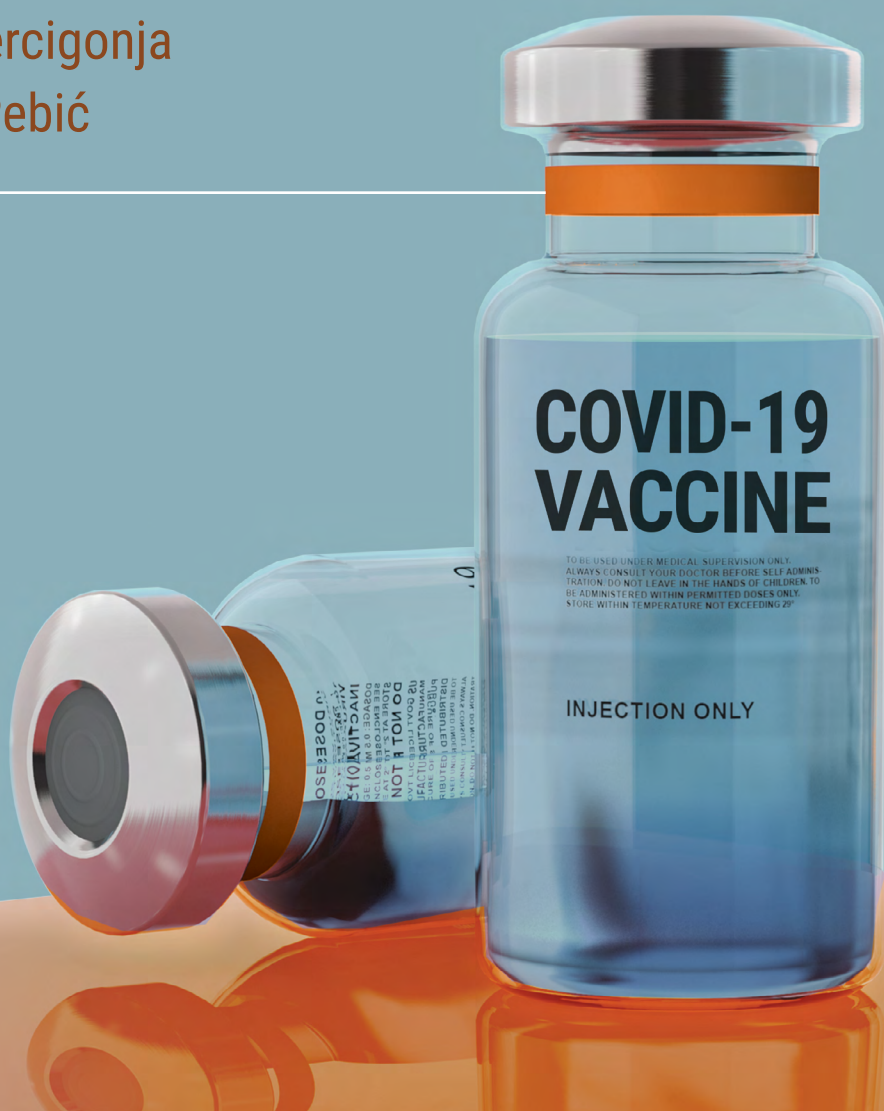
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# PANDEMIC MANAGEMENT LESSONS LEARNED FOR A MORE SECURE FUTURE

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For the purpose of this report, the research team conducted desk research by collecting and analyzing the data related to Serbia's COVID-19 pandemic management. The data collection and analysis did not focus only on gathering, collecting, and processing publicly available information from national public institutions but also included the use of the Freedom of Information Act. Unfortunately, the relevant public institutions stated that they did not have the requested information, and some of them did not even reply to the requests of the research team. However, this did not significantly affect the conclusions made in this report. The research team also used discourse analysis aiming to assess and conclude the level of cooperation between different actors involved in the COVID-19 pandemic management at the national level and their collaboration with regional and global health institutions.

After the rapid spread of coronavirus outside of China to more than 100 countries worldwide in early 2020, the World Health Organization declared the COVID-19 pandemic in March 2020. The first case of coronavirus in Serbia was detected on 6 March 2020, while the state of the pandemic in Serbia was officially declared on 19 March. With the number of cases on the rise and following similar procedures in Europe, a state of emergency was declared on 15 March 2020, with strict measures being imposed to control the spread of the virus. The state of emergency was abolished in May 2020, and the measures aiming to contain the virus later depended on the so-called waves of infections. Without being officially announced, almost all anti-COVID-19 measures were abolished in early 2022, with the country entering what might be called the “post-pandemic world” or “the new normal.” Until January 2023, 17,619 people died of COVID-19, and 2,460,387 people were infected, according to official data (with the most deaths per year being registered in 2021 – 9,489 and per day on 4 December 2020). In January 2023, with the pandemic still ongoing, there were at least 600 new cases per day, with around 5-9 persons daily death rate.

The COVID-19 pandemic broke out during the year when Serbia was facing a significant rise of authoritarian tendencies in the state and society, driving to the culmination of the democratic backsliding that had for years negatively influenced the rule of law and respect for human rights in the country. No longer being considered a democratic state but a “hybrid regime”, Serbia could be described as a “captured state” during the pandemic. The public institutions primarily worked for the interests of those actors holding positions of political and economic power with close connections with the ruling party and its proxies. According to the Freedom House democracy index, Serbia was described as “partly free” in 2021, with a score of 64/100.<sup>[1]</sup> Officially being in the process of the European Union accession negotiations, Serbia ranks as per the global indexes of media freedom, respect for human rights, and political and social plurality. With the power mostly being accumulated at the hands of the President of the Republic and his close associates, the country's political system is *de facto* presidential (although parliamentary, by Constitution). Politics was the main force (particularly after the end of the state of emergency) that guided the institutions and decision-makers in pandemic management, while expertise (epidemiology and medicine in general) was put aside.

At the very beginning of the pandemic, the Serbian public health system faced several major challenges, including the lack of specialists in certain branches of medicine, problems with employment policy, brain drain, high levels of corruption and nepotism, and long waiting lists for surgeries and other medical interventions not related to COVID-19. According to the Ministry of Health, epidemiology and anesthesiology were some of the health professional shortage areas. A shortage of epidemiologists and anesthesiologists was identified in Serbia even before the beginning of the pandemic. In 2019, the Serbian public health system had 39,506 hospital beds (with a total population in the country being 6,963,764 or 5,67 beds per 1000 inhabitants) and a total number of 1,008 ventilators.<sup>[2]</sup> These challenges caused a rise in the number of private health institutions (including hospitals) and an increase in the number of patients in the private health system. In addition to the above-mentioned challenges, the lack of certain types of medical equipment also contributed to the unpreparedness of the Serbian public health system to deal with the consequences of the COVID-19 pandemic. This is particularly the case with ventilators, which are necessary for the treatment of critically ill COVID-19 patients.

Once the pandemic was declared at the global level, the shortage of masks (both for medical workers and for the general population), as well as the shortage of tests for coronavirus, caused market disturbances, as the prices of masks were significantly higher in pharmacies compared to the market price and opened avenues for government corruption. The lack of essential medical equipment led to highly untransparent procurement of tests and masks and unclear donations of this equipment from third countries and/or organizations. The shortage of masks in Serbia was particularly precarious once the state of emergency was declared on 15 March 2020.<sup>[3]</sup> Serbia procured 5 million masks from China in March 2020, but it has remained unclear whether the delivery of masks was a donation or a purchase.<sup>[4]</sup> Numerous investigative journalists have addressed these issues in their research. For example, Serbia's public Health Insurance Fund signed two contracts worth RSD 58 million for COVID-19 testing with a company called "Second Cycle", whose ownership is associated with a governing party member. Once the investigative journalists made this deal public, the Fund changed the information about the value of the deal by increasing it to RSD 109 million.<sup>[5]</sup>

Apart from donations of vaccines that were transparent (particularly those donations coming from COVAX and Western countries), it was neither possible to assess how Serbia had obtained masks in 2020, nor what Serbia had done with two face mask manufacturing machines that were delivered from China in spring 2020.<sup>[6]</sup> The content of contracts with pharmaceutical companies also remains unknown, as well as how much Serbia paid for the purchased COVID-19 vaccines.<sup>[7]</sup> The transparency during the pandemic was also very low when it came to the procurement of pulse oximeters, medical oxygen, and other medical supplies. Health institutions went through the public

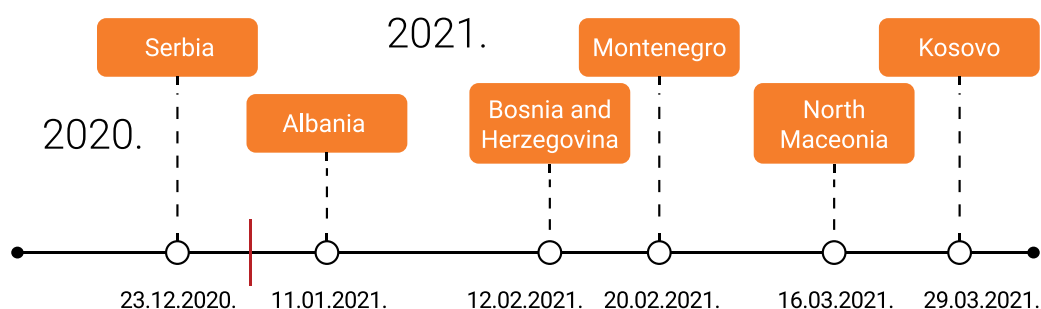
procurement procedures often without making a public call for tenders, while the prior practice had been that medical institutions underwent several transparent procurement processes for only one item over one year.<sup>[8]</sup>

Even the process of vaccine donations was not transparent. The research team tried to obtain concrete data about how many vaccines were donated to Serbia and how many vaccines Serbia donated to third countries and/or organizations. The Ministry of Health, Institute of Public Health, and the “Torlak” Institute of Virology, Vaccines, and Sera replied to the research team that they did not have the data about vaccine donations, while the Government of Serbia and Customs Administration of the Republic of Serbia did not reply at all. The data that was available to the public was made so via media. China<sup>[9]</sup> and Poland<sup>[10]</sup> are among the countries that donated the greatest amount of vaccine doses, with 200,000 each. In 2021 Serbia received 797,280 vaccines through the COVAX system, according to UNICEF data.<sup>[11]</sup> The list of the countries to which Serbia donated vaccines is also quite long.

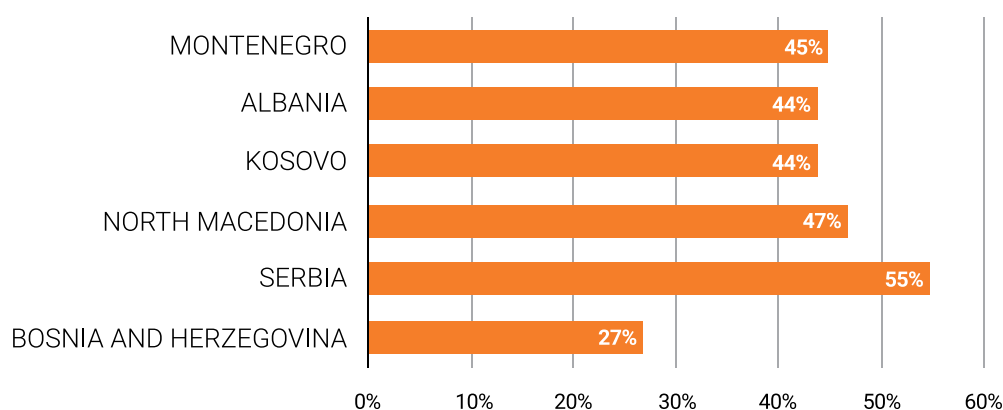
Country	Vaccines that have been approved by the country's regulatory agency					
	Astra Zeneca	Pfizer	Sinopharm	Sputnik V	Moderna	Johnson& Johnson
Serbia	✓	✓	✓	✓	✓	✗
Bosnia and Herzegovina	✓	✓	✓	✓	✗	✗
Kosovo	✓	✓	✗	✗	✗	✗
Albania	✓	✓	✓	✓	✗	✗
Montenegro	✓	✓	✓	✓	✓	✓
North Macedonia	✓	✓	✓	✓	✗	✗

Instead of perceiving vaccines as a public good, most countries in the world were primarily concerned with obtaining vaccines for their own population. This led to the massive gap between the countries of the so-called “Global North” and “Global South”, where the rich countries, mostly in Europe and North America, took the lead in vaccine distribution. Once the vaccines were available in Serbia, the country became involved in what is called “vaccine diplomacy”. Serbia was one of the first countries in the world and the first one in the region where a massive immunization campaign took place. Not being a member of the EU, Serbia was used by countries such as China and Russia for their own vaccine diplomacy. For example, Serbia received one million vaccines from China already in January 2021.<sup>[13]</sup> There is no verifiable information about the number of vaccines Serbia donated to other countries. According to the Serbian Prime Minister, Ana Brnabic, Serbia donated 230,000 vaccines to the countries of the region. Until 7 April 2021, around 39,000 foreign citizens, mostly from Bosnia and Herzegovina, North Macedonia and Montenegro, had been vaccinated in Serbia.<sup>[12]</sup>

## The dates of the first vaccinations by countries



## Percentage of vaccinated citizens compared to total population



From the very beginning of the immunization process, the politics of vaccine donations had been widely guided by foreign policy goals. Serbia's officials often claimed that the act of vaccine donations to third countries (particularly to the countries in the region and the countries in Africa) were acts of solidarity. However, the donations were sometimes visible acts of a win for Serbian authorities with nothing to lose. An example of this was a large government campaign that brought at least 22,000 people from other countries in South-East Europe to Belgrade and other cities in Serbia at the end of March 2021 who were vaccinated with AstraZeneca vaccine doses whose expiry date was the beginning of March.<sup>[14]</sup> In addition, Serbia donated vaccines to dozens of African and Asian countries, particularly to the ones that did not recognize the independence of Kosovo. Although the Serbian foreign minister at the time claimed that the donations were an act of pure solidarity, Kosovo's officials claimed that Serbia was rewarding vaccines to those countries that did not recognize Kosovo's independence.<sup>[15]</sup>

Countries that Serbia has donated vaccines to	Number of donated vaccines
Czechia	100 620
Bosnia and Herzegovina	52 000
Zambia	50 000
Iran	50 000
Angola	50 000
North Macedonia	40 000
Uganda	40 000
Zimbabwe	30 000
Namibia	30 000
Lebanon	20 000
Tunisia	20 000
Montenegro	12 000

Political dynamics largely influenced the pandemic management in Serbia. Not only did Serbian politicians use the pandemic for their particular interests, but the decisions made were largely based on the (un)popularity they might have among the citizens. This became evident in late spring 2020, with the state of emergency abolished on 6 May 2020. The parliamentary elections were scheduled for June 2020, and the Official Gazette of the ruling Serbian Progressive Party declared “victory” over the pandemic, with most of the measures being abolished.<sup>[16]</sup> Similarly, shortly before the general elections took place in early April 2022 (only 3 months after the country saw a record-high number of infected citizens), Prime Minister Ana Brnabic praised the investments made into the public health system, which led to the “victory” over COVID-19.<sup>[17]</sup> Even though the ruling party declared victory over the pandemic after the end of the state of emergency and after the elections, the abnormal rise in the number of infected people and the overcrowded hospitals in late June and early July 2020 led to the decision announced by the President of the Republic that new restrictions would be imposed, and that weekend-long curfew would be introduced.<sup>[18]</sup> After massive and violent protests of thousands of citizens in Belgrade and other towns across Serbia, this decision was revoked. Simply put, after the state of emergency, the decision-making process regarding the pandemic management largely depended on public opinion stances. For that reason, the COVID-19 passes, for example, never actually played an important role in everyday life once they were introduced, nor did the government make any firm restrictions when it came to the opening hours of restaurants and cafes, despite the strong objections made by epidemiologists and other health experts.

Even the most important decisions made by the state during the pandemic management were not aligned with the Constitution and applicable laws of Serbia. The state of emergency at the onset of the pandemic was declared unconstitutionally, as many scholars and legal experts confirmed.<sup>[19]</sup> Legal experts also claimed that some measures

such as a complete ban on the freedom of movement for citizens older than 65 were unconstitutional even in a state of emergency,<sup>[20]</sup> while the main governing body for the pandemic management – The Crisis Response Team was illegally formed, and it did not have any basis in the Serbian legal system.<sup>[21]</sup> Many legal experts claimed that the court proceedings during the state of emergency that were conducted online were illegal.<sup>[22]</sup> With many homeless people being unable to oblige with the mandatory curfew<sup>[23]</sup> and yet still under the threat of receiving penalties for breaking the law, one of the most striking violations of human rights was the arrest of journalist Ana Lalic for publishing the text about the critically dire situation in the main hospital in the city of Novi Sad.<sup>[24]</sup> Finally, the Law on Protection of the Population from Infectious Diseases, which provides a legal framework for the epidemic (and thus pandemic) management, was largely ignored or marginalized. During the state of emergency, special police units were patrolling the empty streets of Belgrade to secure respect for the imposed curfew. Similarly, and as President Vucic announced during the state of emergency, the Serbian Army guarded the hospitals.<sup>[25]</sup> The police were also giving permissions for free movement during the curfews, often based on political reasons and not on the regulations that were imposed.<sup>[26]</sup> There was no rational explanation why these measures were taken, and all appeared to be a “security theatre” for the citizens. The regular police units were sufficient for ensuring public order during the first days of the pandemic and during the imposed curfews.

The communication about the pandemic was mainly led by the Government and the government-formed Crisis Response Team and its members. Both the politicians and the medical experts (mostly epidemiologists) were the ones who were communicating the situation regarding COVID-19. The main characteristic of the communication toward the citizens was a dual approach towards the pandemic flow. On the one hand, the main message that was communicated was the one that there was no reason to panic<sup>[27]</sup> or, in some cases (such as January 2022 when Serbia saw the highest number of infected people), complete silence<sup>[28]</sup>; on the other hand, there were clear cases where the government officials (including the President of the Republic) spread panic.<sup>[29]</sup>

Fake news and disinformation campaigns spread mainly through social media, and they should be perceived as one of the consequences of the “distrust in science” and the fact that we are living in what many would call the “post-truth” world. Although it is difficult to assess if the spread of fake news regarding the virus, and later on the vaccines, was organized or not, in Serbia, it had devastating consequences. Almost a year after the outbreak of the pandemic, one-third of Serbian citizens did not believe in the existence of the virus at all.<sup>[30]</sup> Still, much fake news was spread by experts close to the government – a prominent doctor said in a press conference, in attendance with other experts who were going to be members of the Crisis Response Team and in the presence of the President of the Republic, that the coronavirus was the most ridiculous virus in the history of humankind that existed only on Facebook (this claim was made in late February 2020, when the virus spread across the continents).<sup>[31]</sup> The incumbent Minister of Health of Serbia, Dr Danica Grujicic claimed in February 2020 that the COVID-19 pandemic was a specific kind of biological warfare given the fact that almost all infected were Chinese citizens, and she also claimed that the virus was human-made.<sup>[32]</sup>



One of the main scandals related to the pandemic management was the discovery that the state purposely minimized the number of infected and deceased citizens. The first discovery of the fraud happened in June 2020, when investigative journalists published an article claiming that the government and the main institution for public health in Serbia were providing false information about infected and deceased people at least three times lower than in reality.<sup>[33]</sup> This was later confirmed by one of the leading epidemiologists and a member of the Crisis Response Team, Dr Predrag Kon, who confirmed in the fall of 2021 that the number of deaths from COVID-19 was at least two and a half times higher than the official number.<sup>[34]</sup> Indeed, the statistical data shows a huge increase in deceased people in Serbia in 2021 compared to the last 10 years. One of the leading Serbian epidemiologists, Dr Zoran Radovanovic, claimed that 57,000 people died because of COVID-19, from COVID-19 or having COVID-19.<sup>[35]</sup> Dr Rade Panic, president of the Serbian Labor Union of Medical Doctors and Pharmacists also claimed that the government purposely manipulated the numbers of infected and deceased people and that Serbia was at the top of the list of countries in the world when it came to the mortality rate from COVID-19.<sup>[36]</sup> Although the government officials denied these accusations, the statistical data on the deceased people in 2021 and 2022, compared with the pre-pandemic years, show a significantly higher number of deceased (in 2021, there were 136,622 total deaths in the country,<sup>[37]</sup> while in 2019, 101,458 people died<sup>[38]</sup> in Serbia; in addition, life expectancy was 75.7 in 2019<sup>[39]</sup> and 72.8 in 2021<sup>[40]</sup>). Another major scandal during the pandemic took place in 2020, shortly after the state of emergency ended, and when, during the election campaign, almost all measures were revoked, the world media covered the story of a big football game in a Belgrade stadium with attendance of roughly 25,000 people, wearing no masks nor respecting any other pandemic measures. This was one of the first major public gatherings in Europe, causing shock and disbelief in the world press.<sup>[41]</sup>

The World Health Organization (WHO) has run its country office in Serbia since 2002 and has since been collaborating with the governments and institutions in Serbia. In April 2022, WHO and the Serbian Ministry of Labor, Employment, Veteran and Social Policy signed an Agreement on cooperation and assistance in combating the COVID-19 pandemic.<sup>[42]</sup> The main goal of this agreement was that WHO assist Serbia with an in-depth analysis of Serbia's response to the outbreak of the pandemic. WHO also committed to providing Serbia with educational material (including printed guidelines and video material) for a safe working environment in the context of the pandemic and training for safe behavior in COVID-19 hospitals. In April 2022, the Serbian Ministry of Health and WHO signed the Biennial Collaborative Agreement covering several topics (including immunization and mental health), with one of the goals being the recovery of the health system from the pressure caused by the COVID-19 pandemic.<sup>[43]</sup> Unlike the public appearances of the WHO Representative and Head of the WHO Office in Belgrade, who commented on the situation with the pandemic, the cooperation between WHO and the government was not largely present in the media and was not properly communicated with the wider public. Other UN bodies also assisted during the pandemic. For example, The United Nations High Commissioner for Refugees (UNHCR) and United Nations Development Program (UNDP) provided help to Roma children, for example, in overcoming the consequences of the pandemic.<sup>[44]</sup>

## Conclusion

The main feature of the pandemic management in Serbia is the dominance of politics and the political interests of the powerholders over expertise. Although there were moments when expertise and containing the spread of the virus were the primary goals of the management (particularly at the very beginning), the main decisions were made based on expected political consequences. This approach towards the management is also obvious in the way in which the government and state officials communicated about the pandemic and what measures were being adopted: from a spread of panic and imposing some of the most rigorous restrictions in Europe to complete silence from officials about the pandemic situation and lifting all measures. The second main characteristic of the pandemic management is non-transparency, of course of actions in various fields: giving false statements about the numbers of infected and deceased people from COVID-19, non-transparent procurement of medical equipment and of vaccines, disclosed agreements with third countries and private companies. The pandemic management should have included experts from different areas, such as communicology and psychology, while organizational aspects of the management should have included plans for other vulnerable groups and patients who were totally neglected throughout the course of the pandemic.

## Recommendations:

- Full implementation and respect of the Constitution and Laws, particularly the Law on Protection of the Population from Infectious Diseases
- Collection of all data related to the pandemic management in one place, preferably at the Institute of Public Health
- Inclusion of the private health sector into pandemic management and treatment
- Cross-sector collaboration on important measures imposed due to the pandemic (medicine, politics, business, economy, social care system)
- Decentralization of decision-making processes in the pandemic management to the lower levels, such as regions, towns and municipalities
- Improvement of vaccination campaigns
- More focus on marginalized groups and communities in the society

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