



PROJECT NUMBER
101080161

Report of the Survey Analysis-1

Work Package 1



Co-funded by
the European Union

About the project

The COVID-19 coronavirus pandemic has affected our lives in many ways and manifested itself in many undesirable forms, such as the negative impact of coronavirus on individual lives, it has caused many deaths, the negative impact has also been on the global economy and employment, and on the quality of life in society in the form of restrictions on social rights, such as the right to be protected from poverty and social exclusion, the right to housing and education, and restrictions on medical care. COVID-19 also has effects on the democratic debates and the enjoyment of fundamental rights in the different countries of Europe. The impact was even more pronounced from a gender perspective, because as the United Nations (2020) noted, "from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex". Given the mentioned situation, the European Commission has awarded the project partners with the project HEARD, which focuses on the impact of the COVID-19 crisis on the democratic debate, the enjoyment of fundamental rights and the work and life of women through a gender perspective.

HEARD focuses on the impact of the COVID-19 crisis on the democratic debate, the enjoyment of fundamental rights and the work and life of women through a gender perspective. The search for an adequate response to overcome the crisis that occurred during the pandemic of COVID-19 should be a result of the participation of the involvement of various social partners, civil society and decision-making bodies of a given state. By involving partners from 9 different European countries in all the phases of the project we aim to measure the impact of the COVID-19 pandemic in terms of respect for the rule of law, democratic values and the enjoyment of fundamental human rights, with special attention to the social rights of citizens and residents of the given state.

The project HEARD consists of 11 Work packages. In this document - the Report of the Survey Analysis-1 - we summarise the following project results/ deliverables of Work package 1 (WP 1):

1. Event Description Sheet for Launch Event 1 (See Appendix 1),
2. Report of the Conducted Desk research of Different Practices, Handling the COVID-19 Crisis (See Appendix 2),
3. Project Website (See Appendix 3),
4. Project Social Media Sites (See Appendix 4),
5. Report of the Survey Analysis (See Appendix 5).

About the deliverables of Work package 1

Within the WP 1 the project partners had first prepared an analysis of ways of handling the crisis in all the partner countries in order to identify the good praxis in Europe regarding the topics of the project - how the COVID-19 crisis has affected democratic debate, the enjoyment of fundamental rights and the work and life balance of women **(See Appendix 2: Report of the Conducted Desk Research of Different Practices, Handling the COVID-19 Crisis)**.

Then the preparation of the appropriate methodology for research and development of an online survey had followed and a hybrid (8 partners online and 2 In-situ) "launch event" with 10 project partners in 9 partner countries with 360 residents and citizens of partner countries was conducted. The aim of launch event was to gather all potential respondent and introduced the project and survey to them **(See Appendix 1: Event Description Sheet for Launch Event 1)**.

After the launch event the online survey on the topic how the COVID-19 crisis had affected the democratic debate was released. The results of the survey were statistically processed, and the report was prepared **(See Appendix 5: Report of the Survey Analysis)**.

In the meantime, the project website available in all partner languages was created **(See Appendix 3: Project Website)**, and project social media in English language were established - FB and Instagram page **(See Appendix 4: Project Social Media Sites)** that present information about the project and its progress and outputs.

Meet the partnership



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Co-funded by
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Appendix 1: Event Description Sheet for Launch Event 1

EVENT DESCRIPTION SHEET**For Launch Event 1**

PROJECT	
Participant:	01 - FAKULTETA ZA ORGANIZACIJSKE STUDIJE V NOVEM MESTU (FOS) 02 - Associazione InCo-Molfetta APS (InCo) 03 - INSTITUTO ANAPTIXIS EPICHEIRIMATIKOTITAS ASTIKI ETAIREIA (IED) 04 - CBE Sud Luberon Val de Durance (CBE SL VDD) 05 - Comune di Vimercate 06 - FONDATSIA ZA PREDPRIEMACHESTVO, KULTURA I OBRAZOVANIE - Foundation for Entrepreneurship, Culture and Education 07 - NORDIC DIASPORA FORUM (NDF) 08 - AYUNTAMIENTO DE MISLATA 09 - Federação de Associações Juvenis do Distrito de Braga (FAJUB) 10 - CARDET CENTRE FOR THE ADVANCEMENT OF RESEARCH & DEVELOPMENT IN EDUCATIONAL TECHNOLOGY LIMITED (CARDET)
PIC number:	01 – 943692340 02 – 922855576 03 – 998069182 04 – 950177275 05 – 905191003 06 – 940414710 07 – 916641562 08 – 897272796 09 – 929027880 10 – 999738552
Project name and acronym:	The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective - HEARD

EVENT DESCRIPTION	
Event number:	01
Event name:	Launch event 1: Impact of the COVID-19 on the democratic debate
Type:	Launch event
In situ/online:	Online and In-situ
Location:	8 partners conducted event online and 2 partners In-situ.

	01 – Online in Slovenia, Novo mesto 02 – Online in Italy, Molfetta 03 – Online in Greece, Larissa 04 – Online in France, Pertuis, Aix-en-Provence, Marseille 05 – Online in Italy, Vimercate 06 – Online in Bulgaria, Sofia 07 – In-situ in Sweden, Stockholm 08 – Online in Spain, Mislata 09 – In-situ in Portugal, Braga 10 – Online in Nicosia, Cyprus		
Date(s):	01 - 10. 01. 2023 02 - 21. 12. 2022 03 - 24. 01. 2023 04 - 12. 01. 2023 05 - 23. 01. 2023 06 - 23. 01. 2023 07 - 10. 02. 2023 08 - 14. 02. 2023 09 - 10. 01. 2023 10 - 25. 01. 2023		
Website(s) (if any):	https://heard-project.eu/		
Participants			
	Female:	229	
	Male:	129	
	Non-binary:	2	
	From country 1 [Slovenia]:	49	
	From country 2 [Italy]:	75	
	From country 3 [Greece]:	34	
	From country 4 [France]:	31	
	From country 5 [Bulgaria]:	32	
	From country 6 [Sweden]:	31	
	From country 7 [Spain]:	47	
	From country 8 [Portugal]:	30	
	From country 9 [Cyprus]:	31	
	Total number of participants:	360	From total number of countries: 9

Description

Provide a short description of the event and its activities.

The launch event "BE HEARD! How the COVID -19 crisis had affected the democratic debate" was the first launch event that launched the survey prepared within Work package 1 of the HEARD project in all project partner countries. The event aimed to gather all potential respondent and introduced the project and survey.

At the launch event, all project partners presented the CERV programme and introduced the objectives and phases of the HEARD project, which focuses on the impact of the covid- 19 pandemic on democratic debate, the enjoyment of human rights and fundamental rights, and on women's work and life from a gender perspective, encouraging citizens and residents of the European Union to participate in the democratic co-creation of the EU by sharing their views on the (in)appropriateness of the measures taken by each Member State in relation to the covid- 19 pandemic. Then all project partners presented the survey on topic "How has the COVID -19 crisis had affected the democratic debate" to the participants and animated them to participate in the survey. The preliminary needs analysis was presented at the launch event and discussed with the participants as well. The event concluded with a question and answer session where participants could communicate directly with the project partners and address their concerns, express their opinions, comment on the results of the preliminary analysis, and ask questions. By registering and participating in the event BE HEARD, participants also had the opportunity to express their views on how to better address the challenges arising from the epidemic situation in terms of democratic debate.

HISTORY OF CHANGES

VERSION	PUBLICATION DATE	CHANGE
1.0	15.5.2023	Faculty of Organisation Studies in Novo mesto

Appendix 2: Report of the Conducted Desk Research of Different Practices, Handling the COVID-19 Crisis,

in English and Slovenian language.



PROJECT NUMBER
101080161

Report of the Conducted Desk Research of Different Practices, Handling the COVID-19 Crisis

The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective - STATE OF THE ART ANALYSIS



Introduction

The COVID-19 coronavirus pandemic has affected our lives in many ways and manifested itself in many undesirable forms, such as negative consequences of coronavirus on individual lives, it has caused many deaths, the negative impact has also been seen on the global economy and employment, and on the quality of life in society in terms of restrictions on social rights, such as the right to protection from poverty and social exclusion, the right to housing and education, and restrictions on medical care. It is necessary that we focus on recognizing these negative consequences and limiting them in such a way that we limit the possible further adverse effects on our quality of life. Marija Pejanović Burić, Secretary-General of the Council of Europe, pointed out, “While the virus is resulting in the tragic loss of life, we must nonetheless prevent it from destroying our way of life – our understanding of who we are, what we value, and the rights to which every European is entitled. There is an urgent need to co-ordinate states’ responses, to exchange good practices, and to help each other in the quest for a quicker recovery” (Council of Europe, 2020). The search for an adequate response to overcome the crisis that occurred during the pandemic of COVID-19, should be a result of the participation of involvement of various social partners, civil society and decision making bodies of a given state—involving the aforementioned partners in the phase of planning, implementation and also in the evaluation of all the measures to overcome the given situation, with the main objective of ensuring and measuring the impact in terms of respect for the rule of law, democratic values and the enjoyment of fundamental human rights, with special attention to the social rights of citizens and residents of the given state. As we have seen, “the coronavirus has had an impact on many aspects of democracy in countries around the world — from postponing elections to crackdowns, arrests and torture of citizen protesters to using military force to resolve long-standing conflicts and consolidate power” (USGLC, 2021). The COVID-19 pandemic raised several social issues, such as, distrust of science and medicine, where we witnessed suspicion of official scientific research due to its alleged connection to pharmaceutical lobbies. This given distrust was also reflected in increased attention to various conspiracy theories or the words of non-experts on various social networks. People began to polarize in different subgroups – such as the vaccinated and the unvaccinated, on those who believe in the existence of COVID and those who do not. However, they focused mainly on the common agenda of political protest, which also manifested itself in different restrictions on those who physically went on political protest in a given country:” According to the Carnegie Endowment’s Global Protest Tracker, more than 100 countries have experienced significant protests, including 78% of authoritarian or authoritarian-leaning countries. While popular protests in Chile and Sudan led to democratic improvements, Freedom House identified 158 countries where new restrictions have been imposed on protests” (USGLC, 2021). Since, as Michael J. Abramowitz, president of Freedom House, said, “What began as a worldwide health crisis has become part of the global crisis for democracy,” (USGLC, 2021), the world is in a global crisis of democracy, which has a particular impact on the democratic debate and the enjoyment of fundamental rights, which will be the primary focus of our research.

On the other hand, if we take a closer look at the public sphere, we can see that the exchange of opinions through conferences, public debates within a country or even between different countries was very limited. As the coronavirus increased gender disparities in the EU (European Parliament, 2021), we also missed a focused debate on the issue of women in the coronavirus situation, who were more affected by the situation as they were overrepresented in the main sectors, starting from the healthcare workforce, and had to take care of the household and family in addition to the professional challenges. We could see that the pandemic had a negative impact on women in the areas of work, money, knowledge, time, power, health, and an increase in domestic violence.

Measures to contain the COVID-19 pandemic have curtailed democratic freedoms around the world. According to the Democracy Index report, personal rights have been restricted in nearly 70 countries. Slovenia was recognised as a country with a flawed democracy (Democracy Index 2020). The pandemic has led to a sharp decline in civil liberties and fuelled the current trend toward intolerance and censorship of opinion (Democracy Index 2020). The curtailment of civil liberties, attacks on freedom of expression and decline in democratic accountability because of the pandemic are concerning (Democracy Index 2020). If we look at the Democracy Index 2020 across the partner countries of this project, we can see the following situation:

Partner country	Democracy Index 2020	Flawed democracy
Slovenia	7.54	yes
Italy	7.74	yes
Greece	7.39	yes
Bulgaria	6.71	yes
Malta	7.68	yes
France	7.99	yes
Sweden	9.26	no (full democracy)
Portugal	7.90	yes

Given the above situation, all partner countries are described as flawed democracies with the exception of Sweden, which was intentionally included in our project to represent a different experience in dealing with the COVID-19 pandemic than other partner countries. As the following brief analysis of partner countries shows, all countries face problems of gender inequality and a lack of democratic debate in the COVID-19 situation due to the "verticality" of the decision-making process in dealing with the health crisis. All the measures taken by governments during the pandemic posed a real threat to the stability of democracy in each country, leading to the need to protect democracies and rights while preserving public health. Partner countries identified a failure of their countries to manage the pandemic, which exacerbated social insecurity and economic precarity and served as an alibi for a regime of limited democracy based on the intimidation of people and the politics of fear.

Bearing mentioned in mind, the partner countries in year 2022 prepared a CERV project HEARD, which is financed by the EU. In order to gain detail insights in the researched topic, the project partners prepared a state of the art analysis about the topic of the impact of COVID-19 crisis on diverse democratic perspectives through gender perspective on three different aspects:

1. How the covid-19 crisis had affected the democratic debate?
2. How the covid-19 crisis had affected the enjoyment of fundamental rights?
3. How the covid-19 crisis had affected the work and life balance of women?

Below, a reader can find detail insights about the mentioned topics accordingly to each of the studied countries (Slovenia, Portugal, Bulgaria, Cyprus, France, Greece, Italy, Portugal and Sweden. More detail findings, with added survey findings, penal debate findings, conference findings, politic suggestions etc. will be included in further outputs of the project partners, as the project CERV will be developing.

1 Theoretical overview

1.1 Slovenia

The first case of infection imported from another country was confirmed in Slovenia on March 4, 2020. On the proposal of the National Institute of Public Health, the Ministry of Health of the Republic of Slovenia declared an epidemic on 12th of March 2020 and activated the Pandemic Plan. In order to limit the spread of the infection, various measures were introduced, like restriction of the gatherings, movement, closure of educational and care institutions, cancellation of public transport, promotion of work from home, restriction of movement within the municipalities, temporary ban on the provision of all non-essential services, including healthcare, and others. In healthcare, all non-emergency services were temporarily suspended with the exception of services in oncology and in connection with pregnancy, medical personnel were redeployed to workplaces in connection with COVID-19, measures have been introduced to restrict entry into medical institutions (first contact with a doctor by telephone, mandatory ordering, entry to the institution only through the triage point, mandatory questionnaires before entering, etc.) and measures to protect employees and patients/residents against infection (use personal protective equipment). The introduced measures changed depending on the current epidemiological situation. The epidemic of the first wave reached its peak at the end of March 2020, when the number of new cases of infection began to fall. In the second half of April 2020, the country began to relax measures, on 9/05/2020 the restrictions on health services were cancelled, as of 31st of May 2020, the epidemic was cancelled, but still some reasonable measures were left in use. (Slora.si, Covid-19)

At the end of August and in September 2020, the number of cases of new infections started to increase again and due to the rapid spread among the population, an epidemic was again declared on 19th of October 2020. Various measures restricting movement, gathering and providing services have been re-introduced. In healthcare, all non-emergency services were temporarily suspended again, with the exception of services in oncology. Compared to first declared pandemic, now the cancer screening programs were also mentioned as an exception, which thus functioned smoothly with adjustments, but with only minor deviations in terms of volume (mainly in connection with staff shortages due to illness or redeployment to other workplaces). The number of new cases of infection was much higher in the autumn wave of the epidemic than in the spring wave (7-day average in the autumn wave up to 2,000 new cases; spring wave up to 50 new cases), the virus spread particularly quickly in homes for the elderly, appearing new versions of the virus started to spread faster. (Slora.si, Covid-19)

Due to the large number of infections and limited laboratory capacities, the testing regimen and contact tracing also changed during the course of the epidemic. At the end of 2020, the global development of science and services made it possible to use the rapid antigen tests, which allowed much faster (but slightly less reliable) results about potential infection. On 27th of December 2020, the first residents in Slovenia were vaccinated with the vaccine against COVID-19. In the coming months, vaccination of the population was promoted according to the Vaccination Strategies, which defined the priority groups for vaccination, also in accordance with the availability of the vaccine. The Government of the Republic of Slovenia continuously adjusted its measures during the entire period of the epidemic. The 15th of June 2021 was the last day of the declared epidemic. (Slora.si, Covid-19)

Slovenia was faced with different prohibitions and commandments during the covid-19 crisis:

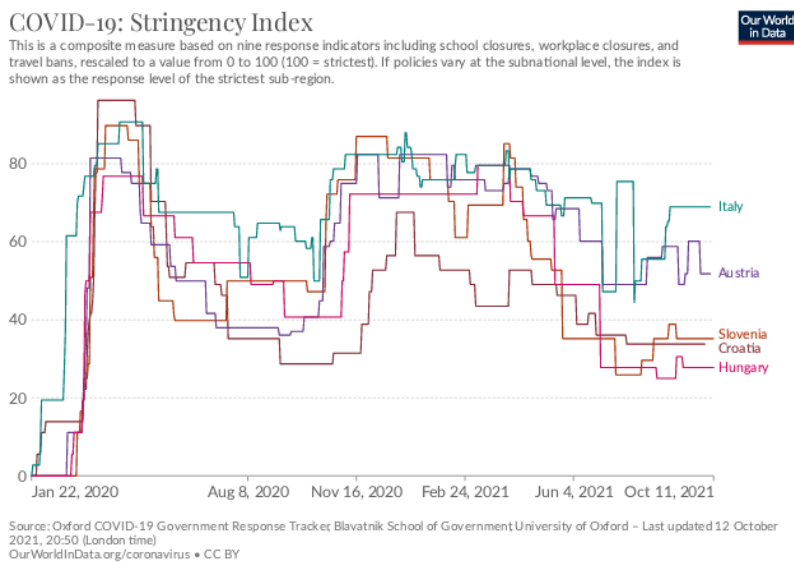
- the mandatory disinfection of multi-apartment buildings
- movement, accessing and staying in public places, subject to maintaining a safe distance to other persons, were only allowed for individuals in specified situations (e.g. going to work, providing care and assistance to persons needing support, accessing pharmacies, food shops, health and sanitation services, accessing services for persons with disabilities, accessing emergency services, accessing banks and post offices, accessing public parks and other walking areas) (FRA, 2020, 5)
- public passenger bus and railway transport, including transport with cable cars and funiculars, were suspended
- implementation of the mandatory safe distance measures
- limitation of purchases for only vulnerable groups (e. g. pensioners, disabled, pregnant women) could make purchases between 8:00 a.m. and 10:00 a.m.
- prohibited movement outside the municipality of permanent or temporary residence
- closure of educational facilities and distance education was ordered for the entire area of Slovenia, for all upper-level elementary school students and high school students, and the majority of tertiary educational institutions also switched to this way of working. Exceptions included “education institution set up for work with children with emotional and behavioural issues, and dormitories in the case of secondary school students, including foreign students, who are prevented to return to the place of their permanent residence because of the current security situation, unaccompanied children with international protection or those seeking asylum, university students with permanent residence in student dormitories, student families, and foreign university students and visiting professors who cannot return to places of their permanent residence because of the existing security situation” (FRA, 2020, 5)
- mandatory use of a protective mask or other forms of mouth and nose protection and glove in closed public places
- the complete ban on visits to retirement homes
- visits to prisons and a correctional home have been banned
- the offering and sale of goods and services directly to consumers was also banned, while grocery shops, pharmacies, medical stores, gas stations, post offices, banks, and providers of delivery services were exempt from the ban (FRA, 2020, 9)
- on October 14, 2020, the government adopted a package of stricter measures, which divided Slovenia according to infection by statistical regions. Regions that have recorded more than 140 infections per 100,000 inhabitants in the last fortnight were marked red, and less infected regions were marked orange, while at that time, there was no green area in Slovenia. In the red regions, as of Friday, October 16, 2020 the mandatory wearing of protective masks was ordered even outdoors, the use of sports facilities, private gatherings of people over ten, and all events and religious ceremonies were prohibited
- closure of all catering establishments (with the exception of personal pick-up and delivery) and fitness centres in the red regions, and also limitation of the operation of hairdressing, cosmetic and other service salons to a maximum of one customer per room
- with minor exceptions (work, economic/agricultural activity, use of tourist vouchers, etc.), it was forbidden to pass between red zones, while residents of the orange zones could pass freely, ...

Government has foreseen that “those working parents who cannot arrange care for their children may in such a situation invoke the provision on force majeure from the Employment Relationships Act, this is not necessarily a straightforward proposition. For example, the president of a major national trade union noted that such an arrangement should be firstly negotiated with employers, namely it should be necessary to answer the question of what happens if a worker asks for an

absence and their request is denied. The trade unionist further noted that workers were only entitled to half of their salaries in such situations, a considerable decline in income which particularly affects households with children as these have more needs compared to households without children” (FRA, 2020, 6-7).

The graph below shows that more strict measures than in Slovenia were introduced in Italy and Austria in neighbouring countries, while slightly less strict measures were introduced in Croatia and Hungary in researched period. Zobavnik et al. (2021, 6) also stated that EU member states that are not neighbouring countries, only Denmark has less stringent measures in place than Slovenia, while stricter measures than in Slovenia were in force in Poland, Portugal, Germany and Austria. They have also stated that accordingly to the data for the non-EU countries Switzerland and the United Kingdom have slightly stricter measures, while Norway has less, and Switzerland has stricter measures than Slovenia (Zobavnik et al., 2021, 6).

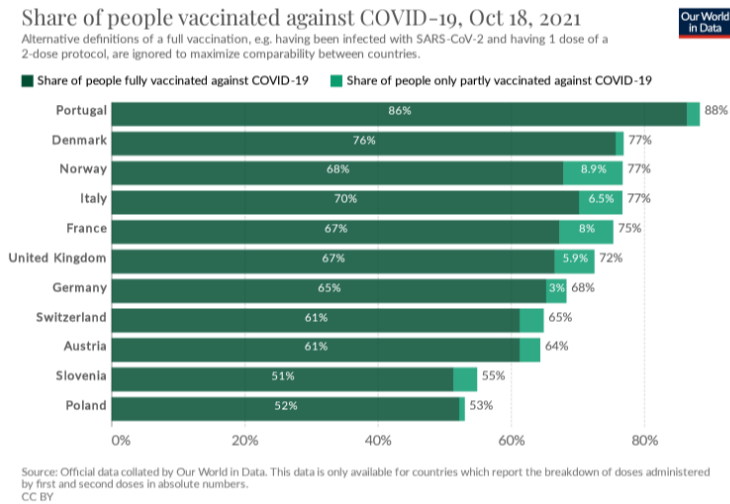
Figure 1: Index of stringency of measures - comparison between Slovenia and its neighbouring countries (Italy, Austria, Croatia, Hungary)



Source: Zobavnik et al., 2021, 5.

In the EU countries, the highest vaccination coverage was in Portugal and Denmark, and the lowest in Poland and Slovenia.

Figure 2: Proportion of the population vaccinated against COVID-19 in the countries under consideration



Source: Zobavnik et al., 2021, 110.

On March 24, 2020, a consultative group of experts for economic measures proposed to the government to adopt a different emergency corona package of measures (named PKP) to mitigate the consequences of the epidemic for citizens and companies, which had proven in general to be a good praxis to help the people, tourism, culture, agronomy and economy to overcome the serious implications covid-19 had on the lives of the people and other segments of their lives. PKP's are legislative packages adopted by the government of the Republic of Slovenia for the purpose of helping citizens and the economy in Slovenia in order to face the challenges and consequences of the epidemic in the country. It envisaged a number of measures in the fields of economy, public finance, agriculture, forestry and nutrition, social welfare, student meal subsidies, higher education, infrastructure, and public procurement, etc. Thus, it helped students, recipients of cash social assistance, families, employees by paying contributions for pension and disability insurance, it provided for subsidizing reduced working hours, tax-free crisis allowance for those employees whose last salary did not exceed three times the Slovenian minimum wage, the state fully covered compensation for waiting for work for workers (80% of the worker's salary), as well as salary compensation for those workers who cannot work due to force majeure, the self-employed, farmers and religious employees, the state paid a monthly basic income under certain conditions, it provided for an easier situation for companies when taking out bank loans, the state also increased the average fees received by the municipalities, compensation for waiting for work for those companies in tourism and hospitality under certain conditions... One of the more successful and visible aid measures was tourist vouchers or vouchers, where the Government allocated €200 vouchers to all adult citizens and €50 vouchers to minors, which can be used at all Slovenian bed and breakfast providers, which enabled the affected tourism industry to survive the challenging times of movement restrictions due to the covid-19.

All parents who have to be absent from work because of an infected child are entitled to 80% of their salary compensation. 100% salary compensation was also available for employees who were ordered to quarantine due to contact with an infected person at work. If quarantine is ordered for the self-employed, they are entitled to €250 compensation. Everyone who was included in the compulsory health insurance was also entitled to the seasonal flu vaccine. In the field of education, funding was provided for protective equipment and means for disinfecting premises in educational

institutions, as well as an exemption from kindergarten fees if the child was ordered to be quarantined. Employees in critical infrastructure received a work allowance.

All students entitled to school meals were provided by the local community with a free hot meal on school days, which was covered by the state budget. The national budget and the funds of the European Union also covered the purchase of protective equipment for those pupils and students who need it when performing their educational or study obligations according to the study programs of public and concessionary higher education institutions. Students were exempted from paying for dormitory services. Virtual meetings and meetings of supervisory bodies were made possible. The state also helped the self-employed in culture and provided access to state funds for film projects that were not paid due to the epidemic. War veterans and the disabled and the unemployed who lost their jobs after March 12, 2020, and were still unemployed at the time of payment also received a one-time financial aid.

The possibility of three-day sick leave without a medical certificate was established, but only once in a calendar year. The state compensated the loss of income from school transport to carriers, providers of passenger transport in rail traffic, bus passenger transport and road transport license holders who carry out occasional transport with combined vehicles, and the state also took over the costs of testing Slovenian athletes.

As Sodja (2020, 1-2) stated, that in Slovenia, the prevalence of mental health problems has increased in recent years and is higher than the average of EU. The increase in mental health problems is characteristic of all developed countries, which is the result of a fast-paced lifestyle, high expectations of the individual, an unhealthy lifestyle, growing inequalities, deprivation and loneliness of the elderly. Slovenia stands out in particular due to the high proportion of women with mental health problems and, at the same time, very high inequalities in mental health in relation to income. The proportion of people who felt tension, loneliness and depression during the restrictive measures was lower in Slovenia than in the EU average. This was largely influenced by milder forms of movement restrictions than, for example, in some other EU countries (Italy, Spain, France), as well as a significantly lower number of confirmed infections and deaths⁹. According to Eurofound¹⁰ survey data, in April 10.8% of Slovenians (EU: 18.4%) estimated that most of the time they feel tension, that they are lonely, 9% (EU: 16.3%) said that they are alone most of the time felt sad and depressed, reported by 6.5% of respondents (EU: 12.8%). Unlike previous years, the values of all three indicators increased. (Sodja, 2020, 1-2).

In the following points, we will be focusing on how the COVID-19 crisis had affected the democratic debate, the enjoyment of fundamental rights and the work and life balance of women.

HOW THE COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE?

The covid-19 pandemic has significantly affected all areas of human life, both in Slovenia and around the world. "In Slovenia and in the EU, during the epidemic, people's well-being was slightly worse, there was more work at home, trust in the European Union and the government was low, the number of reports of domestic violence increased, and people's optimism about their future also decreased." (Sodja, 2020, 1). While cultural sociologist Ksenija Vidmar Horvat pointed out that "the covid-19 pandemic has opened many social wounds in addition to health issues. Distrust in science and medicine deepened, belief in the power of the word on social networks strengthened, public space broke up into many subgroups, which - often ideologically and with diverse interests - are connected by new common agendas of political protest. All of the above represents a great

challenge and raises a key question: how to think about democracy and democratic development?" (Vidmar Horvat in: Volk, 2021)

New report from Freedom House entitled: "Democracy under Lockdown - The Impact of COVID-19 on Global Freedom" stated that since "the coronavirus outbreak began, the condition of democracy and human rights has worsened in 80 countries, with particularly sharp deterioration in struggling democracies and highly repressive states" (Freedom House, 2020). We could say that political rights and civil liberties are generally respected in Slovenia, but the right-wing government, which ruled during the COVID-19 crisis "has continued attempts to undermine the rule of law and democratic institutions, including the media and judiciary; this prompted pushback from civil society. Corruption remains an issue, though media are proactive in exposing it. The judiciary has established a record of independent rulings." (Freedom House, 2022). The President of the National Assembly of the Republic of Slovenia in 2021 Igor Zorčič pointed out the good praxis of Slovenia on the World Conference of Speakers of Parliaments, where he presented the adaptations of the work of the National Assembly to pandemic conditions, which strengthened the possibilities of democratic decision-making, because "the epidemic cannot be an excuse for weakening democracy, on the contrary, the epidemic is a reason for strengthening democracy". (ORF, 2021)

As we could also see from below Figure, we can note the democracy decline in Slovenia during the covid-19 epidemy, but also, we can note that the decline in democracy in Slovenia can be noted from the year 2011 on.

Figure 3: Democracy score history for Slovenia

NATIONS IN TRANSIT 2021: DEMOCRACY SCORE HISTORY BY REGION

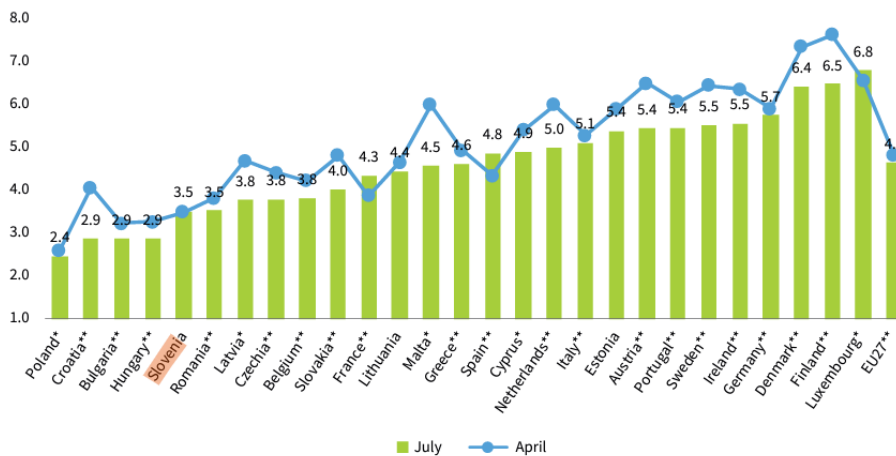
Country	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
Central Europe												
Bulgaria	4.93	4.86	4.82	4.75	4.71	4.75	4.64	4.61	4.61	4.54	4.50	▼
Czech Republic	5.82	5.82	5.86	5.75	5.79	5.79	5.75	5.71	5.71	5.64	5.57	▼
Estonia	6.07	6.07	6.04	6.04	6.04	6.07	6.07	6.18	6.11	6.07	6.04	▼
Hungary	5.39	5.14	5.11	5.04	4.82	4.71	4.46	4.29	4.07	3.96	3.71	▼
Latvia	5.86	5.89	5.93	5.93	5.93	5.93	5.96	5.93	5.86	5.79	5.82	▲
Lithuania	5.75	5.71	5.68	5.64	5.64	5.68	5.68	5.64	5.61	5.64	5.68	▲
Poland	5.79	5.86	5.82	5.82	5.79	5.68	5.43	5.11	5.04	4.93	4.57	▼
Romania	4.57	4.57	4.50	4.54	4.54	4.54	4.61	4.54	4.43	4.43	4.39	▼
Slovakia	5.46	5.50	5.43	5.39	5.36	5.39	5.39	5.39	5.36	5.29	5.32	▲
Slovenia	6.07	6.11	6.11	6.07	6.07	6.00	5.96	5.93	5.93	5.93	5.86	▼
Average	5.57	5.55	5.53	5.50	5.47	5.45	5.40	5.33	5.27	5.22	5.15	
Median	5.77	5.77	5.75	5.70	5.71	5.68	5.55	5.52	5.48	5.46	5.45	

Source: Freedom House, 2021b, 27.

Regardless of mentioned decline, we could not a clear stand of Slovenia against the authoritarianism, as Freedom House stated: "There were also instances of pushback against the authoritarian reach and influence of the Chinese Communist Party (CCP) in the EU. /---/ governments in Romania, Lithuania, Croatia, and Slovenia have banned Chinese companies or suspended public tenders due to concerns about transparency and national security. And in 2021, amid a culmination of concerns over "dividing Europe," the three Baltic countries, Romania, Bulgaria, and Slovenia conspicuously scaled back their presence at the latest summit of the 17+1 platform on cooperation between China and Central and Eastern European governments, rejecting the CCP's ongoing attempts to expand its global presence through multilateral institutions." (Freedom House, 2021b, 17)

But one of the crucial problems Slovenia faces in connection to democracy is the lack of trust in institutions: “Even during the epidemic, trust in institutions in Slovenia was lower than the EU average. The results of the Eurofound survey show that in April in Slovenia and on average in the EU, trust in healthcare and the police was higher than trust in the government and the European Union. In Slovenia, trust in healthcare and the police was assessed with an average score of 6.1, which is below the European average. In times of crisis, trust in the government, which is responsible for the measures introduced during the epidemic, is particularly unstable. In Slovenia, the average rating of trust in the government was 3.5, which is lower than the EU average (4.8). Trust in the EU was also low and below the European average. In Slovenia, it was rated with an average score of 4.3 (EU: 4.6%), which shows that Slovenians still trust the EU more than the government. Data from most European countries, however, showed that trust in the EU was lower than trust in the national government, a departure from past opinion polls and perhaps reflecting a perceived lack of a coordinated European strategy to tackle COVID-19” (Sodja, 2020, 6). From below figure, we can see, that Slovenia has one of the lowest mean scores in the category trust in national government.

Figure 4: Trust in national government (mean scores by country)



Notes: The survey question was: ‘Please answer on a scale of 1-10 how much you personally trust each of the following institutions.’ 1 – Do not trust at all; 10 – Trust completely. * Low reliability in July in Cyprus, Latvia, Luxembourg, Malta and Poland. **Statistically significant change (p=0.05).

Source: Eurofund, 2020, 54.

At the beginning of 2020, mainly peaceful protests against the new government led by the Slovenian Democratic Party (SDS) and Janez Janša began to take place in several Slovenian cities. The protesters accused the government of breaking the pre-election promises of the coalition parties, the controversial previous actions of the SDS party and governments, and several new controversial moves by the government. “In Slovenia, thousands attended weekly demonstrations on bicycles to circumvent bans on gatherings, after allegations of political interference in the public procurement of medical supplies surfaced.” (Freedom House, 2021b, 11). During the coronavirus epidemic in Slovenia, the implementation of protests was made more difficult by decrees aimed at limiting the spread of the epidemic. “In October 2021, police used water cannon and tear gas to disperse thousands of anti-government protesters in Ljubljana. Interior Minister Aleš Hojs criticized police for dispersing a simultaneous far-right demonstration intended to disrupt the anti-government protest; the officers involved received disciplinary actions.” (Freedom House, 2022).

“The relations between the government and the opposition were very tense. The opposition accuses the government of mismanagement of the Covid 19 crisis, of authoritarianism and

“Orbanisation” of the country by weakening of democracy and the independence of institutions, of threatening the media and journalists, of embarrassing Slovenia at the European and international level for siding with Trump and Orban and for adopting a critical line on the Rule of Law conditionality regulation.” (European Parliament, 2021a). In connection to that a philosopher Mladen Dolar stated “A few weeks ago, a group of European parliamentarians was here to assess the state of democracy in Slovenia. And the president of this group stated when she left that she had never seen such rough communication - such a level of hatred, incitement, reckoning in a public space.” (Volk, 2021).

During the covid-19 crisis different legal basis were implemented like National Plan on the Protection and Relief in the Event of Epidemic or Pandemic Infectious Diseases in Humans, Act on Intervention Measures to Assist the Economy and Tourism Sector, Intervention Measures in the Field of Wages and Social Contributions Act, Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy, Ordinance on the prohibition of the provision of air services in the Republic of Slovenia, amended Communicable Diseases Act, Order on the declaration of the contagious disease SARS-Cov-2 (COVID-19) epidemic in the territory of the Republic of Slovenia, Ordinance on the temporary suspension of the operation of border crossings for local border traffic at the border with the Republic of Croatia, Ordinance determining conditions of entry into the Republic of Slovenia from the Italian Republic to contain and control the spread of communicable disease, Ordinance determining conditions of entry into the Republic of Slovenia from the Republic of Austria to contain and control the spread of communicable disease, Ordinance on a temporary general prohibition of movement and assembly of people in public places and surfaces in the Republic of Slovenia, Ordinance on the temporary prohibition of and restrictions on public transport of passengers in the Republic of Slovenia, Ordinance on the temporary prohibition of the offering and sale of goods and services to consumers in the Republic of Slovenia, Ordinance on temporary measures in implementing compulsory health insurance to contain and control the spread of COVID-19 epidemic, Ordinance on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic etc. But nevertheless in June 2021, the Constitutional Court declared that key provisions of the Communicable Diseases Act, which prohibited public gatherings and limit the number of protesters were unconstitutional and represented a disproportionate infringement of human rights (Amnesty International, 2022, 329). “The government amended the law in July to pass other coronavirus-related public health restrictions by decree, without public consultation.” (Freedom House, 2022). The Constitutional Court also ruled that Article 104 of the Act on temporary measures to mitigate and eliminate the consequences of covid-19, when it refers to primary schools and schools and educational institutions for children with special needs, is inconsistent with the constitution. They stated: “The legislator did not envisage that he would decide when distance education would be implemented by himself, but instead granted the authority to adopt a regulation establishing such a measure to the Minister of Education. With the contested legal provision, the legislator did not leave the Minister of Education to regulate the already accepted limitations of human rights in detail, /.../, but only left it to him to decide whether these rights will be encroached upon at all.” (Kuralt, 2021) “

“The Constitutional Court also warned that the legislator did not take into account that there are other measures that do not interfere with human rights, or mean less intensive interference with them, such as live education in small groups or shift education and left everything to the Ministry of Education. /.../ It should be clear from the law that the Minister of Education may order a distance education measure only if other measures were also introduced at the same time, which prevent mass contact between people and which interfere with human rights and fundamental

freedoms in a comparable or even less intense way than the contested measures. However, the legislator did not include such a limitation in the disputed legal regulation, but also left the decision-making in this regard entirely to the Minister of Education /.../ This measure can be ordered for the entire country or only for areas with a worse epidemiological picture or even only for an individual school or a department within that school. The legislator granted the Minister of Education unlimited discretion regarding such a spatial limitation of distance education, even though a limitation in a certain area is not even necessary in view of the epidemiological picture." The constitutional judges had the same opinion regarding the time limit." (Kuralt, 2021)

The Freedom House (2022) in connection to the rule of law commented that: "Prime Minister Janša continued to criticize and disparage the judiciary throughout 2021. He repeatedly claimed, without evidence, that the Constitutional Court was responsible for deaths caused by the COVID-19 pandemic after the court ruled against the Communicable Diseases Act in July. The government also ignored several judicial rulings, including one that compelled them to fund the STA, and legal obligations throughout the year." (Freedom House, 2022).

During the covid-19 epidemic, the good praxis was noted in Slovenia about the informing the public, on how to prevent the infection and about measures adopted to contain the spread of the Covid-19: the government set up a dedicated official webpage (in Slovenian language, together with Hungarian and Italian languages of the national minorities) with up-to-date information about the relevant developments, events, government measures, recommendations for citizens, FAQs, link to the Legal-information system of the Republic of Slovenia - an online database with the national legislation to which a dedicated webpage including all adopted regulation to counter the Covid-19 crisis. Also the Human Rights Ombudsman in Slovenia set up a webpage dedicated to the virus outbreak, highlighting that the epidemic should be tackled in a manner that respects human rights and freedoms. There were also daily press conferences, streamed live via internet on GOV.SI Portal, national public broadcaster RTV Slovenia's MMC portal and on Channel 3 of TV Slovenia. Government opened a call centre, which operated from 8AM to 8PM, where residents of Slovenia could get all the needed information. An additional major source of information in Slovenian language was the website of the National Institute of Public Health (NIJZ). It includes essential information about the Covid-19 and a series of guidelines and instructions targeting general public as well as different actors (FRA, 2020, 9).

The crucial worrying aspect of the covid-19 crisis handled by the Slovenian government in connection to democracy aspect, was the absence of the democratic debate and in connection with that also the absence of the possibility of people or representatives of different interest groups to get involved in the democratic debate on how to handle the covid-19 crisis.

HOW THE COVID-19 CRISIS HAD AFFECTED THE ENJOYMENT OF FUNDAMENTAL RIGHTS?

With the intention to protect human rights to life during the covid-19 crisis different extraordinary measures that intervened for the purpose of protecting people's health and life to other human rights, were taken. But as we could see from the ruling of the Constitutional court, some measures were admissible and proportionate, while others were not. Also, we have to note, that the Constitutional Court of the Republic of Slovenia, the Information Commissioner and many legal experts warned the Slovenian government, that any encroachment on human rights must be regulated by law, a decree alone is not enough and that governing with the decrees should be allowed only in the state of war. The government has reportedly adopted around 2,700 decrees related to covid-19.

The most intensive measures to prevent the spread of the infectious disease covid-19 were the ban or a restriction on the movement and gathering of people in public places. The government introduced these measures through decrees issued on the basis of the second and third points of the first of paragraph 39 of Article Communicable Diseases Act, where there is stated that “When other measures specified by this law are not sufficient or will not be sufficient to ensure sufficient protection against the spread or to prevent the spread and control of an infectious disease and to protect the health and life of people, the Government of the Republic of Slovenia may, at the proposal of the competent minister, also prescribe measures by decree , specified in this article, if such measures are necessary, appropriate and proportionate to prevent the spread and control of infectious diseases and protect people's health and life.” (Communicable Diseases Act, Article 39)

“Nevertheless that there is no basis for adopting banning measures or restrictions on movement and assembly were in accordance with the Constitution, some measures are before the Constitutional Court of the Republic of Slovenia in terms of content pass the proportionality test. In terms of content, the measures were taken for the purpose of protection health and life of people, their appropriateness and necessity and closer proportionality judged with the arguments of the profession. The ban on public gatherings was disproportionate in content more than ten people, as it would be possible to ensure people's safety with other protective measures, and the ban on gathering people in educational institutions for children with special needs, which the adverse consequences for children do not outweigh the benefits of the measure” (Pohlen, 2021, 90).

If we concentrate on the Associational and Organizational Rights, the Freedom House (2022) warned: “In 2021, the government used the Communicable Diseases Act, passed in 2020, to limit and at times completely ban mass gatherings, citing the COVID-19 pandemic. Though the Constitutional Court declared parts of the law preventing assembly unconstitutional, the government tightened restrictions by means of parliamentary decrees. Police issued harsh fines for activities that were newly considered offenses by the government’s new policies. Senior government representatives repeatedly accused protesters of spreading COVID-19 without evidence. In March, underage students were prosecuted for violating assembly bans when protesting the closure of schools.” Also “/.../ the Janša government created an increasingly hostile environment for civil society in 2021. Senior officials, including Janša himself, made spurious and unsubstantiated claims about organizations’ activity and funding throughout the year. The Ministry of Culture unsuccessfully attempted to evict several NGOs from an old office building. Similarly, the government attempted but failed to change public tender rules for NGOs applying for grants from donor countries in the European Economic Area (EEA), including Norway, Iceland, and Liechtenstein.” (Freedom House, 2022). Mentioned was confirmed also by Amnesty International (2022, 329): “Government officials also frequently engaged in smear campaigns against NGOs and other critical voices. The Council of Europe’s Human Rights Commissioner warned that the toxic and hostile environment for media and civil society organizations had a chilling effect on freedom of expression and human rights work”.

If we closely look at the Freedom of Expression and Belief in the context of the Free and independent media, violations can be noted: “For most of the year, the government withheld public funds from the Slovenian Press Agency (STA), despite two separate laws that provide for its financial support. The Office of the Government of the Republic of Slovenia for Communication (Ukom) initiated a contract dispute intended to compel the agency to submit to greater

government control. Critics speculated that Ukom deliberately dragged out the dispute to drain the STA of funds, so as to weaken their negotiating position.” (Freedom House, 2022). “In Slovenia, Prime Minister Janez Janša—who had benefitted from Hungarian investment in the Slovenian media industry—has elevated verbal attacks on journalists to a new level.” (Freedom House, 2021b, 2). “The relations of the government with the media are also very tense, with the Prime Minister directly attacking media and individual journalists, notably by Twitter. These attacks have been criticized by international, European and national journalists and editors’ associations.” (European Parliament, 2021a, 5). “International media advocacy groups have noted an increasingly hostile environment toward the media and a worrying increase in violence against journalists. A retrial of a criminal case against Prime Minister Janša, accused of defamation by two female journalists, began in June 2021. One of the journalists received threatening letters containing unknown substance in June and September. The substance in both cases turned out to be nontoxic. In April, National Security Secretary Žan Mahnič posted threatening messages on Twitter toward Peter Žerjavič, the Brussels correspondent for Delo Daily, which was condemned by the main Slovenian media organization, Delo Journalists’ Association (DNS).” (Freedom House, 2022). “Media freedom continued to deteriorate, with journalists – particularly, female journalists – being the target of frequent online harassment and threats, including by the prime minister Janez Janša and other senior politicians. Government officials took measures to weaken public media services by labeling them as “anti-government” or, in case of the Slovenian Press Agency, by withholding their funding until November. Slovenia’s ranking in the World Press Freedom Index dropped from 32nd in 2020 to 36th place.” (Amnesty International, 2022, 329)

If we look at Freedom of belief, we can see that: “In June 2021, the government disbanded its Office for Religious Communities. Several religious leaders claimed this left a void of support from the government, especially regarding religious practice during the coronavirus pandemic. The government established a separate council tasked with resolving open questions specific to the Roman Catholic Church, but no other religious community.” (Freedom House, 2022).

In connection to the political rights, we could also note the inconsistencies: “Supporters of a July 2021 referendum on the Waters Act accused the government of using voter suppression tactics to affect the outcome of the poll. Vote-by-mail request forms were sent to nursing homes only 12 hours before the application deadline; the Commission failed to sufficiently staff voting centres (which were poorly marked and had long lines); and there were unusual changes in voters’ polling stations.” (Freedom House, 2022).

In connection to the Freedom of work, we have seen following challenges: “Many people at the beginning of their careers or nearing retirement are employed under precarious conditions. According to labour unions and advocacy groups the situation is getting worse every year and was exacerbated by the COVID-19 pandemic. Labour unions cite extended work hours and workplace quality as pressing issues, while experts say that the main problem is lack of oversight.” (Freedom House, 2021a). “According to a survey by the trade union Mladi Plus, the average length of unemployment for young people increased in 2021, while those who remained employed saw their salaries reduced. Many people at the beginning of their careers or nearing retirement are employed under precarious conditions.” (Freedom House, 2022). According to Eurofound data, 36.8% of respondents in Slovenia temporarily lost their jobs due to COVID-19 (EU: 23.2%), while 5.5% of respondents remained without work (EU: 5.3%). On average in the EU, 37% of respondents started working at home (over 30% in most EU countries). Uncertainty regarding job loss was lower in Slovenia than in the EU average. The share of all workers who worked during the epidemic in their free time in order to fulfill their work obligations was higher in Slovenia than the EU average. The

results of the Eurofound survey show that in April in Slovenia it was 21.4% (EU: 17.5%) (Sodja, 2020, 4)

The WHO-5 mental well-being index, which gauges people’s moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19, but was ranked in the middle of 27 EU’s countries on the Optimism about one’s future scale (Eurofund, 2020, 25) The share of those who had difficulty concentrating on work due to family responsibilities is slightly higher in Slovenia than the EU average. However, the share of those who worried about work even when they were not working (SLO: 23.5%, EU: 30%) and those who reported that they could not devote time to their family due to their work was below the European average. who want it (SLO: 17.8%, EU: 18.8%). People with young children and women had greater challenges balancing work and family time and focusing on work, suggesting that even during the epidemic, women did more unpaid work than men. (Sodja, 2020, 4-5)

Prisons and asylums were overcrowded. A significant increase in the number of immigration detainees, combined with a lack of staff to handle detainees, as well as language and cultural training, has exacerbated the overcrowding problem. (United States Department of State, Human Rights Report for The Year 2021 For Slovenia)

HOW THE COVID-19 CRISIS HAD AFFECTED THE WORK AND LIFE BALANCE OF WOMEN?

Accordingly to below stated Figure, we can see that Slovenia scored one of the lowest indicators on a summary indicator of work-life balance between EU countries.

Figure 5: Summary indicator of work–life balance

Country	April	July	Difference July to April	Country	April	July	Difference July to April
Austria	7.4	7.1	-0.2	Italy	6.2	6.2	0.0
Belgium	6.3	6.3	0.0	Latvia*	6.5	6.2	-0.3
Bulgaria	6.6	6.3	-0.3	Lithuania	6.7	6.3	-0.4
Croatia**	6.5	5.9	-0.6	Luxembourg*	6.5	6.1	-0.4
Cyprus*	6.2	5.5	-0.7	Malta*	6.3	5.8	-0.5
Czechia	7.0	7.0	0.0	Netherlands	7.1	7.1	0.1
Denmark	6.9	7.0	0.1	Poland*	6.5	6.2	-0.2
Estonia	6.4	6.6	0.2	Portugal	6.0	5.8	-0.2
Finland**	6.8	6.4	-0.4	Romania**	6.7	6.4	-0.3
France	6.4	6.5	0.1	Slovakia	6.9	6.8	-0.2
Germany**	7.1	7.2	0.1	Slovenia	6.9	6.8	-0.1
Greece	6.1	6.0	-0.1	Spain**	6.3	5.9	-0.3
Hungary	6.9	7.1	0.2	Sweden	6.8	6.9	0.1
Ireland	6.5	6.6	0.0	EU27**	6.6	6.6	-0.1

Notes: *Low reliability in July. **Statistically significant increase (p=0.05). Figures in green denote a statistically significant improvement; figures in red denote a statistically significant deterioration (p=0.05).

Source: Eurofund, 2020, 66

“The covid-19 epidemic is placing a tremendous strain on the global economy and public health systems. It seriously threatens the employment and livelihood of women, especially in industries such as personal services, retail, hospitality. It also highlights and exacerbates inequality and the multiple and overlapping forms of discrimination women face. The epidemic practically paralyzed the entire world, as countries began to take measures such as restrictions on non-essential activities, closing schools and kindergartens and educating children from home. The epidemic caused, or is causing, an economic crisis, which is reflected, among other things, in the fact that, among the consequences, even greater differences between men and women began to appear,

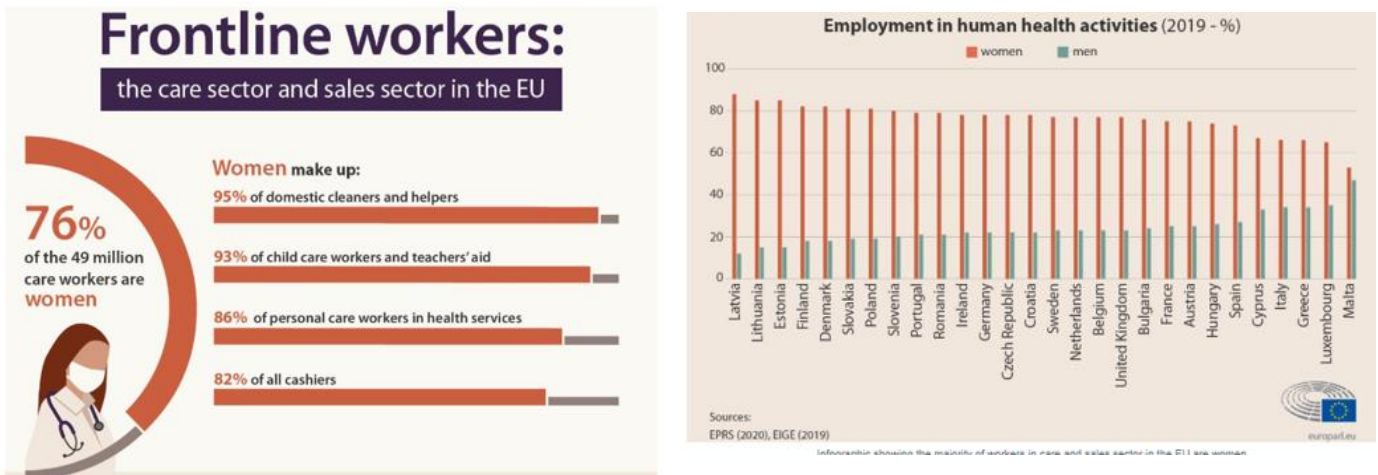
both during the beginning of the epidemic and during the subsequent recovery after the crisis. Today we live in a time where ever greater and faster changes are needed. There is greater globalization as well as digitization, increasing inequality and deepening of the gap between the rich and the poor, and many other changes, among which the epidemic can also be classified" (Domenih, 2022)

Sodja (2020, 4) pointed out that in Slovenia, women do significantly more unpaid work than men, which makes it difficult for them to balance their professional and family life. "Across Europe, there were wide variations from one country to another: in Belgium, Germany, Slovenia and Spain, the gender difference in caring for children or grandchildren was just 1 or 2 hours, while in the Netherlands (49 hours for women compared to 23 hours for men), the difference was most marked." (Eurofund, 2020, 23) Also, we have to state, that the largest drop in employment was recorded in Estonia, where it decreased by 3.3, Slovenia (-2.2) and Spain (-2.1), and the smallest in Croatia (-0.3), Latvia and Poland (both -0.4) (EC Europe, 2020).

"The law prohibits women from working in certain industries. Overall, women's earnings were 68 percent of men's earnings, and in comparable positions, women's earnings were 97 percent of men's earnings." (United States Department of State, Human Rights Report for The Year 2021 For Slovenia, 22) "Discrimination in the workplace on the basis of gender still occurred. Despite equal pay regulations, inequalities still existed." (United States Department of State, Human Rights Report for The Year 2021 For Slovenia) "The reason that the measures of COVID-19 have disproportionately affected the female labour market are the gender imbalances in various jobs in the economy. At the same time, the conflict between professional and private life is further intensified by working from home, as mothers with small children often bear the main burden." (EuropeDirect Slovenija, Covid-19 bolj prizadel ženske kot moške). "The unequal division of labour in the private sphere is an obstacle to equal opportunities in the labour market. Although men are increasingly involved in childcare and other family responsibilities (e. g. housework), there is still a large difference between the sexes in the number of hours of paid and unpaid work. On average, women in Slovenia do 234 minutes of paid work and 286 minutes of unpaid work per day, while men do 300 minutes of paid work and only 166 minutes compared to women /.../ promoting the employment of women through co-financing of wages, tax relief for the employment of young women in case of maternity leave, and the implementation of positive discrimination, which would guarantee women equal employment opportunities in workplaces where they are less well represented. Companies should also provide men and women with equal opportunities for employment and promotion." (Domenih, 2022, 51-52)

Of the 49 million care workers in the EU, who have been most exposed to the virus, around 76% are women. In addition, women are over-represented in essential services ranging from sales to childcare places, which remained open during the pandemic. In the EU, women account for 82% of all cashiers and represent 95% of workers in domestic cleaning and home help fields.

Figure 6: Employment of women in the care and sales sector in the EU



Source: European Parliament, 2021b.

»In Slovenia, violence against women in partner relationships is below the EU average, according to data from the Pan-European survey on violence against women. This research also showed that the rate of reporting violence to the police and other institutions is low, and as the main reason for not reporting violence, the respondents stated that they deal with violence and its consequences by themselves or with the help of friends and family (violence is considered a private matter) /.../ During the epidemic, the number of reports of domestic violence increased slightly in Slovenia. The confinement in the home environment and the lack of social contact with others have led in many families to an increase in disagreements, arguments and humiliating acts, and in some cases even to physical, psychological and economic violence. There is probably even more violence in the family, but the victims (most often women and children) do not report it, because in the period of increased cohabitation, control by the perpetrators is more intense and therefore the search for help is more difficult, and at the same time, the victims have an increased sense of hopelessness, as they assume that help is not available at this time. (Sodja, 2020, 6-7)

In the EU 33% of women were subjected to physical and/or sexual violence, while 55% were sexually harassed, women in the EU earn on average 16% less than men and they still experience barriers to access and remain at the labour market and Women remain underrepresented in leading positions, including EU's largest companies where only 8% of CEOs are women (Gender Equality Strategy: Striving for a Union of equality, 2020). According to the National Institute of Public Health (NIJZ), the number of reported cases of gender-based violence increased in 2020, amid the COVID-19 pandemic.” (Freedom House, 2021a), while the cases of gender-based violence continued to rise in 2021; the number of domestic murders reached the pre-pandemic average by the end of March.” (Freedom House, 2022).

“The research shows that many things still need to be changed on the basis of gender equality, because according to the presented legal sources that regulate the field of gender equality, we can conclude that the legislation at the national and international level, which also binds the Republic of Slovenia, satisfactorily defines gender equality, only that in practice the theory is not yet so established. Compared to men, women are still not guaranteed equal access to working conditions and employment, despite the improvements made in the area of economic growth and employment in the EU. Some data suggest that the epidemic has only exacerbated previous imbalances. Based on research, I found that women are more physically and mentally strained by

the epidemic than men, which means that the epidemic can cause short-term and long-term career interruptions.” (Domenih, 2022, 54)

“In April 2020, Eurofund conducted an EU-wide survey on how Europeans experience the pandemic. The findings show that for parents of young children (up to 11 years old), the conflict between professional and private life burdens women more than men. Almost a third of women (29%) found it difficult to concentrate on their work because of their family, just under a sixth of men (16%) felt the same way. Family obligations also prevented more women (24%) than men (13%) from devoting time to work. Even in the opposite direction, women were more affected - 32% of women felt that work prevented them from devoting time to family obligations, compared to 25% of men. According to initial findings, the pressure caused by these conflicts affects the mental well-being of women more than men, especially when young children are present. In April 2020, women were also more likely than men to feel stressed (23% compared to 19%), lonely (14% compared to 6%) and depressed (14% compared to 9%). The financial impact of the crisis was similar for both genders, with 38% of both indicating that their financial situation had worsened and expected it to worsen. However, because women are more often not in paid work or in low-paid and temporary jobs, they are more financially vulnerable than men. More women (24%) than men (22%) across Europe reported having problems getting through the month. This was particularly evident among women with children (32%), compared to men with children (29%). Men are also more likely than women to maintain their standard of living: 23% of men have no savings, compared to 31% of women, while 16% of men, compared to 12% of women, have enough savings to see them through more than 12 months. The high level of financial insecurity is part of the reason for the decline in optimism among Europeans. Among men, 48% are optimistic about their future, while among women this feeling is shared by 43%. In 2016, this optimism was much higher, with the gender gap narrowing, with 65% of men compared to 62% of women expressing optimism about their future. While some of the current gender effects of the crisis could be temporary and could be reversed once the blockade is completely avoided, others could have long-lasting consequences. It is therefore essential that the economic and social inclusion of women is at the heart of economic recovery measures.” (EuropeDirect Slovenija, Covid-19 bolj prizadel ženske kot moške).

“Slovenia adopted a comprehensive package of measures with the aim of helping both the country's residents and the economy. In Slovenia, one of the measures was the transition to work from home, which happened overnight, although it was not mandatory. The pandemic has also deepened the cracks that were already present in Slovenia, both in terms of gender equality and the balance between professional and private life, which means that some more work will need to be done in the field of women's equality.” (Domenih, 2022, 55)

“In June, the Slovenian Parliament adopted amendments to the Criminal Code that recognized that sex without consent is rape, bringing the legislation in line with international law and standards. Under the new law, coercion, or the use or threat of force, will no longer be required as conditions for the crime to be considered rape” (Amnesty International, 2022, 329).

1.2 Portugal

According to the World Health Organization (WHO), in Portugal, from 3rd of January 2020 to 4:53 pm CET, 12 December 2022, there have been 5,536,455 confirmed cases of COVID-19 with 25,345 deaths. The first information for the public from the Directorate-General of Health on the then-novel Coronavirus was issued on 14th January 2020: “preliminary data do not show evidence of person-to-person transmission”. At the same time, the travellers in high-risk regions were advised on hand hygiene, respiratory etiquette and to avoid contact with animals or close contact with people with respiratory symptoms. As the epidemic evolved in China, more updated information to the general public was issued by the Directorate-General of Health, with new data from China and from the European Centre for Disease Control and Prevention (ECDC). No travel restrictions were put in place in the beginning, but people who had recently travelled to affected areas and experienced respiratory symptoms were advised to call the SNS 24 Contact Centre for further information and health advice. Nevertheless, the first suspected case of COVID-19 was identified on the 25th of January, in Portugal. Although the case was not confirmed, on 26th January the Ministry of Foreign Affairs advised against all but essential travel to China. A dedicated website (<http://covid19.min-saude.pt>) was created to inform the general public on COVID-19 with advice on hand hygiene and respiratory etiquette, main symptoms of COVID-19, posters and leaflets for schools, public services and airports, videos, among others.

As the epidemic evolved, solely the confirmed COVID-19 cases with clinical criteria for hospitalisation were being treated in hospital. Cases with mild symptoms were sent home and regularly contacted by health care workers for monitoring. They were subject to mandatory confinement and the police were informed by the health authorities in order to ensure compliance. The definition of suspected cases had changed with the evolution of the pandemic, but it included symptomatic travellers returning from areas with active community transmission. With the evolution of the outbreak across the globe, those areas were also expanded: initially they included China, South Korea, Japan and Singapore; then, Iran and four regions in Northern Italy (Emilia-Romagna, Lombardia, Piemonte and Veneto) were added, finally three States in Germany (Bavaria, Baden-Württemberg and North Rhine-Westphalia), two regions in France (Regions of Grand Est and Île-de-France) and four autonomous communities in Spain (Catalonia, La Rioja, Madrid and Basque Country) were added. Social distancing, hand hygiene and respiratory etiquette were recommended for travellers returning from those areas. They should monitor their symptoms and, in case of symptom onset, self-isolate and call SNS 24. Contacts of confirmed cases were traced by public health authorities and, according to exposure, they could be ordered to self-isolate at home for 14 days during which they were monitored by health authorities.

Mandatory quarantine for public health emergencies has not been foreseen in the Portuguese Constitution, but after the State of Emergency came into force, restrictions on citizens' movements were put in place. As mentioned, mandatory quarantine was only applied to confirmed cases who were recovering at home and all those isolated by determination of the public health authorities. The rest of the population was strongly advised to stay at home and only leave under special circumstances, with more limited circumstances for those aged 70 years and older, immunocompromised patients and people with chronic conditions.

As social distancing and confinement measures were implemented, several psychological support lines were created across the country, aiming to provide support for adults or children who are isolated at home as a result of the outbreak. Since 1st of April, SNS 24 Contact Centre, in cooperation with the Portuguese Psychologists Association, has provided specialised counselling

for the general population, with 60 psychologists answering the phone calls. Between 1st of April and 6th of October, 40,661 phone calls from the Psychological Support Help Line have been answered, including 3,373 from health care workers. Additionally, a website exclusively devoted to mental health has been launched (<https://saudemental.covid19.min-saude.pt>), with general information for the public, Q&As and specific information for health care workers. Additionally, a number of locally organised initiatives to provide support for vulnerable populations (that is, older people living alone, homeless people, people with disabilities, etc.) have been implemented across the country. (*European Observatory on Health Systems and Policies, 2021*)

While Portugal has been less affected by the COVID-19 pandemic than many other European countries during the first wave of the virus, subsequent waves hit the country hard. In January 2021, Portugal had the highest rates of new infections and deaths worldwide. (*OECD Economic Surveys: Portugal 2021*) Some relaxation during the Christmas' period in 2020 combined with the emergence of a more contagious virus variant led to a fast rise in infections. The partial lockdown and geographically targeted containment measures introduced in response up to mid-January 2021 were insufficient to slow the spread of the virus. The number of infections declined with the introduction of a second lockdown on 15th of January. Still, the pandemic has raised multiple challenges for Portugal and exacerbated existing weaknesses. It triggered a major health crisis, reversed the strong recovery from the last downturn and caused the deepest post-war recession. The disproportionate impact of the crisis on sectors with abundant seasonal, temporary and low-paid jobs, such as hospitality and tourism, and on people with pre-existing financial difficulties may have reversed the progress made in reducing poverty and inequality levels of previous years.

HOW THE COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE?

In democracies, the pandemic puts governments in a difficult position. High uncertainty caused by COVID-19 pushes them towards adopting measures that, during normal times, contradict fundamental democratic principles. Decision-makers are confronted with the dilemma of weighing public health goals against democratic norms, rights and freedoms. This trade-off plays out at two levels:

- the need for quick reaction creates strong incentives to concentrate power on the national executive and thus to weaken other institutions
- the policies to counter the outbreak of COVID-19 are extraordinary themselves, as they aim at 'social distancing' and thus restrict fundamental rights such as the freedom of movement or assembly

From a legal perspective, governments are entitled in times of crises to take extraordinary measures to protect public interests, even if those measures restrict fundamental rights, but only if specific conditions are met, and if the measures are proportional, limited in time and non-discriminatory. In reality, however, evaluations of what is proportional can vary over countries, governments and citizens. Almost all European democracies laid the foundations for such measures by responding with a national emergency plan that refers to a legal instrument. Since restrictions of democratic principles are seen as a rational response to buy time and space for the authorities to cope with a crisis, most states have the option to react with emergency provisions:

Declaration of state of emergency	Bulgaria, Czech Republic, Finland, Hungary, Italy, North Macedonia, Moldova, Portugal, Romania, Serbia, Spain
Declaration of state of public health emergency	France, Lithuania, Slovakia
Declaration of state of disaster/catastrophe	Albania, Bosnia and Herzegovina
Other legislation	Austria, Belgium, Croatia, Denmark, Greece, Ireland, Norway, Poland, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom
No national-level emergency response	Germany, Netherlands

Figure 1. Primary legal instrument used to adopt main national-level emergency measures [Source: Edgell et al. (2020a); Pandemic Backsliding (PanDem) project by the V-Dem Institute]

While COVID-19 has dominated much political debate since early 2020, it is only one factor among many that are reshaping democracy worldwide. Democracy stands challenged in significant ways well beyond the pandemic's impact – and democratic institutions must be prepared for other kinds of crisis and emergency likely to emerge in the future. Prominent theorists suggest that democracy has shown itself to be an always-evolving set of practices, rather than a static concept in need of preserving from imminent redundancy. COVID-19 factors and other political dynamics have increasingly intertwined with each other in complex ways.

For around two decades, many party memberships and electoral turnouts have suffered serious declines. At the same time, citizens have participated in higher numbers in other forms of democratic engagement. The pandemic reinforced the need for engagement by highlighting the importance of connections and trust in society: whether people are engaged with one another and with their institutions affects their willingness to wear masks, follow safe distancing practices and get vaccines. Many people sought out engagement with one another in order to retain their connections and help each other with day-to-day needs during the crisis. In parallel, mass protests about COVID-9 issues have often morphed into efforts to build community level self-organisation. Not all such mobilizations are about democracy or even necessarily favourable for democratic reform, but a large number of them have been. More structured forms of deliberative participation, like citizen assemblies, have thus gained support. Even as experts were called upon for their advice during the pandemic, COVID-19 has given a further boost to both protest activity and organised participative experiments. In particular, the pandemic has inspired digital democratic innovations, as COVID-19 disrupted existing patterns of engagement and forced public officials, their staff, and citizens to adapt to a world where face-to-face meetings were impossible. This has spurred newer democratic innovations to serve the pandemic's most pressing needs: generating verified information and reliable data; mobilising resources, skills, and knowledge to address the health emergency; connecting volunteers and service organisations with people who needed help; and implementing and monitoring public policies and actions.

The state of emergency in Portugal lasted from March 19 through May 2, 2021. After that, Portugal transitioned to a state of calamity, which is regulated by a different law that allows the government to impose a state of calamity for limited periods of time without an intervention from the President or the Parliament. This regulation is the same mechanism of response that was used when Portugal struggled with summer wildfires in 2019. Even before the declaration of a state of emergency, the government had used a declaration of a state of calamity to place the small Portuguese city of Ovar, one of the early epicentres of COVID-19, under a cordon sanitaire—a public health measure, recently used in the response to Ebola, that places a designated area under quarantine for a limited period of time. The declaration of a state of calamity ushered in a period of phased reopening in

Portugal. The government issued new guidelines that continued to mandate several procedures for disease monitoring, contact tracing, and isolation of infected populations. While public health authorities continued to urge people to avoid unnecessary social interactions, the government eliminated the distinction between the elderly and populations under 70 years old in connection with the duty of home isolation. Instead, they announced what became understood as a general obligation to minimise social contact. Although Portuguese constitutional law scholars agree that a state of calamity carries less severe restrictions to individual freedoms than a state of emergency, there was heated debate about the precise extent of the measures that the government could adopt during this new phase. For instance, some experts argued that church gatherings could not be limited during the state of calamity, as there is no parliamentary check on the government's intervention, and a legislative intervention is required to limit fundamental rights that the Constitution protects. The Portuguese government, however, ended up maintaining restrictions on church gatherings and other forms of religious celebrations through the end of May.

Portugal is a unitary, highly centralised state; however, it conceded autonomy to two island archipelagos in the mid-Atlantic, namely Madeira and Azores. Throughout October 2020, politicians from the continent descended upon the Azores, particularly on the weekends, to help their local colleagues in the election taking place on 25th of October. The campaign took place under quite restricted sanitary conditions due to the COVID-19 pandemic. Therefore, the election was a significant rehearsal for the forthcoming national presidential elections on 24 January 2021. The autonomous region of the Azores was ruled by the Socialist Party/Partido Socialista (PS) under Vasco Cordeiro's presidency, with an absolute majority for two decades. The opposition's main aim was to break the Socialist's absolute majority and eventually replace it with an alternative government. Although regional issues dominated the election, it also represented the first test for the October 2019 re-elected socialist Antonio Costa government at the national level and its crisis management of the pandemic. Despite the difficulty of the Socialist minority government, Costa managed to get the main opposition party, PSD, to approve the budgetary bills, and there was quite considerable cooperation and agreement in this area.

A pretty controversial agreement was to abolish the fortnightly debates with the Prime Minister (similar to question time). However, PSD leader Rui Rio suggested abolishing this rule and reducing it to once a month. The final draft stipulated that the Prime Minister should be in Parliament for question time, at least once a month. In reality, due to other official appearances of the Prime Minister in Parliament, such as reporting on developments in the European Union (EU), the budget debate and the state of the nation speech, question time was reduced to every two months. Many MPs of the Socialist and Social Democratic group dissented from the official position. PSD leader Rui Rio was criticised for proposing and supporting such a move, and gladly accepted by the government party. In the final vote on 24 July 2020, seven PSD and 28 PS MPs voted against the revised version of the Standing Orders. A further five MPs of the PS abstained (overall one-third of PS MPs dissented). Overall, the final vote was 152 for the revision and 78 against. This bipartisan agreement represented a major blow to democratic accountability of government to Parliament, and an impoverishment of the democratic debate. (*European Consortium for Political Research*)

In January 2021, less than two weeks before Portugal's presidential election was scheduled, a new wave of the coronavirus threatened to overwhelm hospitals and led the Portuguese government to put the country back under lockdown. But unlike other countries, which postponed elections due to similar events, Portugal's election moved forward as scheduled. While Portugal's elections appeared well administered, Portugal made some missteps in the run up to the election that made it more vulnerable to potential interference, contributed to lower than expected turnout, and

increased the risk of making its citizens more distrustful of their democracy. Turnout was approximately 39 percent, the lowest ever recorded for a presidential election in Portugal. Understandably, some voters chose to stay home rather than vote in-person and risk exposure to the coronavirus. Portugal offered both in-person early and election day voting, but it did not offer other ways to vote, such as postal voting, which made it harder for certain groups of voters to successfully cast ballots, including Portuguese emigrants.

Portugal made significant efforts to try to adjust its electoral framework to better accommodate voters during the coronavirus pandemic. For example, it adopted several amendments in November 2020 in response to the pandemic that reduced the maximum number of voters per polling place, increased the number of polling places, allowed for early voting, and expanded home-based voting arrangements to better accommodate those voters who couldn't visit a polling place during the election for a variety of reasons, including the pandemic. Unfortunately, similar access was not afforded to out-of-country (abroad) voters, who often had to travel much farther to cast their ballot.

COVID-19 infections spiked two weeks before the election, with the country going into full lockdown. This was unexpected and extremely severe. Political rights were not curtailed in any way, and were fully respected by all relevant authorities, something that must be highlighted. However, conditions on the ground impacted the campaign, with most activities shifting online. The media played a crucial role and television debates, which gathered large audiences, were seen as fairly organised and an example of good practice. Despite the challenges, some of them very avoidable, the Portuguese electoral system and administration was shown to be resilient, through its multiple entities, and high levels of public trust. Slowing down the street actions at the start of the campaign, the Portuguese glued themselves to the screen to follow the presidential debates: the three most watched head-to-heads in the 2021 elections captivated on average a greater number of viewers than in the 2016 elections. The debates opposing the presidential candidates to André Ventura generated the most audiences. The most watched debate was the one between Marcelo Rebelo de Sousa and André Ventura, candidate for Chega. Broadcast on SIC and SIC Notícias, the debate reached a total of 3 million people, with an average audience of 1.8 million viewers and a share of 32.1%. In 2016, the most watched debate was the one that put Marcelo Rebelo e Sousa and Sampaio da Nóvoa face to face, generating a total audience of 2.1 million viewers, an average audience of 1.2 million, having generated for SIC a share of 25.3%. Thus, in times of pandemic, Portuguese appeared to be more interested in Presidential debates. (*European Council on Foreign Relations*)

1. How the COVID-19 crisis had affected the enjoyment of fundamental rights?

How can the protection of fundamental rights be combined with the strict requirements of controlling the COVID-19 pandemic? It is believed that the answer lies in the delicate balance of ensuring public health without falling into the extreme of a "fascistoid-hysterical hygienic state" (fascistoid-hysterischen Hygienestaat). (*Heinig-Verfassungsblog, 2020*) Above all, nobody should give in to the naivety of envisaging constitutional/administrative exceptions as merely transitory and magically vanishing with the resumption of constitutional normality. In times of emergency, whether constitutional or administrative, it is a cliché to claim that parliaments should be acutely vigilant. Notwithstanding their significance, one cannot downplay the relevance of the courts in scrutinising violations of fundamental rights. The main dangers that could arise from muscular executives and diminished parliaments are well documented in academia. First, the Government might be tempted to extend its emergency powers beyond the emergency itself. Second, and quite

ironically, if de jure constitutional emergency is designed in an extremely strict and foreseeable way, a de facto postponement would be unpredictable and beyond the boundaries of the constitutional framework.

Yet, under the current adverse conditions, courts play a significant role in scrutinising COVID-19 legislation. In Portugal, COVID-19 jurisprudence is still scarce. Still, a recent development is worth mentioning. After the constitutional state of emergency, a Portuguese citizen landed in the Azores archipelago and was compulsorily confined (a measure implemented by the regional government of the Azores) for a period of fourteen days, and at his own expense. The citizen then filed a writ of habeas corpus against arbitrary detention. Remarkably, the Court of Ponta Delgada decided that the decision to compulsorily confine violated freedom of movement and was organically unconstitutional, as the confinement took place after the end of the state of emergency. The court held that such restrictions on fundamental rights could only be legislated by Parliament or the Government (with prior authorization from Parliament). Additionally, the court ruled that imposing confinement on a citizen that was not COVID-19 positive disrespected the principle of proportionality. Although this decision had no direct effect for parties who were not in court, the President of the Government of the Azores immediately announced new measures for containing the spread of COVID-19. As a result and as a good practice, compulsory confinement was replaced by voluntary confinement. As this case was brought to the Portuguese Constitutional Court, on its first COVID-19 decision, it ruled unanimously that regional regulations which imposed mandatory confinement were organically unconstitutional.

The question that follows can be stated thus: Was the declaration of constitutional emergency adequate or was it impulsive and overzealous? Maybe only time will tell the rightness of the constitutional and administrative measures. Still, the declaration of emergency was at that time inevitable and necessary to contain the spread of the virus and to overcome constitutional issues that would derive from implementing a wider range of restrictive measures. More importantly, back then, constitutional law scholars strongly disagreed as to whether the existing emergency legislation allowed the imposition of quarantine and confinement without prior judicial order. Some argued that quarantine could be imposed based on an extensive reading of Article 64 of the Constitution (right to health). Yet, others claimed that part of Article 27 expressly rejected such a possibility, as it restricts the deprivation of freedom to situations in which a judicial authority orders the “committal of a person suffering from a psychic anomaly to an appropriate therapeutic establishment”. Therefore, and according to this last doctrinal stance, a constitutional amendment would be required to allow the imposition of quarantine due to infectious diseases. (*Revista e-Pública*, 7(1), 78–117)

Presidential decrees of emergency provide the normative framework under which the Government may intervene. Still, such decrees were too general in this case and did not sufficiently determine the conditions under which the Government could restrict some rights and freedoms. Moreover, they did not specify which articles of the Constitution were suspended, as required in Article 19. Notwithstanding some critiques, it should be remembered that this was the first time since the transition to democracy that a constitutional emergency has been declared. Under these circumstances, and given that the President could not take inspiration from past drafts of constitutional emergency decrees, he had to actively engage with the constitution “in action” and explore unknown terrain. (*O desassossego dos direitos humanos em tempos de pandemia*)

Despite having legislated mostly within the existing legislative framework, in Decree-Law 10-A/2020, of March 12th, the Government approved restrictive measures before the declaration of a

constitutional emergency, which raised doctrinal critique. As a result, it endorsed measures not contemplated in the emergency legislation previously passed by Parliament. What is more intriguing is that such restrictions were ratified a posteriori by Parliament, in what “resembles an indemnity bill” and in violation of the prohibition of retroactive restrictions granted by Article 18 of the Portuguese Constitution. As the constitutional emergency legislation was adopted in a haste to address the crisis, there are some constitutional issues worth mentioning. In the Portuguese Constitution, the fundamental rights that are not specifically safeguarded in Article 19 can be suspended during constitutional emergencies. Apart from the emergency scenario, fundamental rights can be restricted as long as the six cumulative requirements of Article 18 are fulfilled (one of the requirements, as well as proportionality, is that the restriction is legislated by Parliament or by the Government with prior authorization by Parliament).

What has been witnessed in Portugal—unlike in neighbouring countries like Spain—is a dutiful and well-intentioned parliamentary approval of most of the measures that the Government deems to be appropriate. However, Portugal still struggles to implement policies based on evidence, and this lack of sufficient scientific expertise raises pertinent questions of political accountability. (*Presidential Elections in Portugal*)

Having a more specific look on some of the rights, here are some of the good practices taken as measures for the well-being of the Portuguese:

RIGHT TO HEALTH

- Publication of various guidelines and recommendations by the National Directorate-General for Health (DGS), in different formats (leaflets, posters and presentations), aimed at different sectors, taking into account their specificities and risks: health professionals, schools, civil protection, embassies, hotels, media, social institutions, private social solidarity institutions and tourism industry. It was intended to support the response and the adequacy of preventive measures by adapting the functioning of public services and economic activities
- Definition of procedures for Residential Structures for the Elderly (ERPI), Long-Term Integrated Care Units (UCCI) of the National Network of Long-Term Integrated Care (RNCCI), as well as structures dedicated to the elderly, people with disabilities and institutions for the care of children and young people at risk
- Publication of specific guidelines on COVID-19 for health professionals, regarding prevention, approach and measures to be adopted regarding the exposure to COVID-19 cases (DGS Guideline 13/2020, of 21 March)
- Preparation of the “Family Manual” about isolation in the domestic environment, addressing issues related to family life, emotions, stressful situations, rules, separation, routines, anxiety in young people and online safety. With this manual, it was intended to guarantee assistance in managing the multidimensional impact of COVID-19 in the family context
- Creation of the Trace COVID-19 tool to support doctors in Public Health and Primary Health Care to monitor COVID-19 patients, in surveillance and self-care, as well as for effective contact tracking
- Development of performance indicators related to COVID-19, namely regarding its impact on the performance of the National Health Service (SNS). By reporting weekly on this matter, it was possible to ensure that updated information was made available, thus enabling prompt and more assertive action, as well as guaranteeing access to health care

RIGHT TO INFORMATION

- Permanent and transparent monitoring of the evolution of COVID-19 in Portugal, namely through daily press conferences of the health authorities, since 9th of March, with the dissemination of data, information and updates on the pandemic. It was intended in order to guarantee access to reliable and credible information and data for all citizens
- Creation of the platform Estamos On (<https://covid19estamoson.gov.pt/>). This website was intended to be a practical guide to support citizens, families and businesses in combating the effects of COVID-19. For this purpose, it gathered all information related to good practices and recommendations from health authorities, advice for working from home, access to public services, as well as exceptional measures adopted by the Government and approved legislation
- Development by the National Institute of Statistics of Portugal (INE), as the main national authority producing official statistics, of a specific microsite, where it could be consulted the most relevant statistical results for monitoring the social and economic impact of the COVID19 pandemic. Its main objective was to enable in-depth knowledge of the situation, seeking to contribute to informed decision-making
- Regular dissemination, through the Ministry of Foreign Affairs, of updated information to foreign diplomatic missions accredited to Lisbon on the immediate measures adopted by Portugal in the context of the emergence of the COVID-19 pandemic, as well as the organisation of an information session in coordination with the Government, in the areas of Health and Internal Affairs
- Establishment of a partnership between the DGS and the SIC television channel for the scientific validation of contents presented in the “Polígrafo” program, which addressed news and rumours on social networks, in order to combat disinformation about COVID-19

RIGHT TO EDUCATION

- Organisation of remote learning and related support resources. In pre-school, basic, secondary and vocational education, schools remained open to ensure basic, social and administrative functions and to support remote learning practices. However, all face-to-face classes were suspended from 16th of March
- Implementation of various solutions, through different channels, such as websites, special educational platforms for remote learning, TV / radio, e-mails
- Assessment of needs in all public schools and implementation of a set of partnerships for the appropriate distribution of equipment, considering that remote learning is a learning method to be gradually developed and carried out with the necessary technological means
 - Collaboration with local authorities and civil society, which has already made it possible to distribute IT equipment to thousands of students who did not have it
 - Preparation of a plan to ensure computer equipment and Internet access for all students, for the next school year
- In response to the pandemic crisis, schools define strategies for the non-discrimination of children in disadvantaged situations, migrants, of different ethnicities or from vulnerable communities, motivating them to interact with the community and explore different ways of learning. In this context, school psychologists were also called upon to intervene
- Regarding the inclusion of children from Roma communities, availability of material dedicated to work with Roma students was made available on the website of the Directorate-General for Education
- Additionally, and in order to reinforce the identification of risk situations in the context of distance learning, coordination with the Commission for the Protection of Children and Youth (CPCJ)

RIGHT TO ADEQUATE HOUSING

- To ensure that households could remain in their homes during the pandemic and to assist households struggling to cover rent or mortgage payments due to loss of income, the following measures were taken:
 - Suspension of forfeiture, deadlines and opposition to the renewal of rental contract
 - Suspension of the execution of mortgages on properties that constitute permanent housing
 - Temporary deferments of mortgage payments
 - Temporary deferments of rent payments for tenants who have a proven loss of income
 - Financial support, in the form of interest-free loans, for tenants who have a proven loss of income and in a situation of housing cost overburden and for low-income landlords. It was anticipated that part of the loans granted for the payment of rents will be converted into a non-refundable subsidy.
- The reforms and investments undertaken by the government with the aim of mitigating the economic and social impact of the coronavirus pandemic included the promotion of new affordable housing and new responses to urgent housing needs

RIGHT TO CULTURE

- Safeguarding cultural rights, both in maintaining access, fruition and participation and in supporting artists, creators and technicians, bearing in mind that the arts and culture sector was among the first to stop and see all its activity cancelled as a result of the pandemic
- Launching the Emergency Support Line for the Arts Sector, with a value of one million euros, reinforced by 700,000 euros, to support creative artistic projects in the areas of performing, visual arts and disciplinary crossings, with a total of 311 projects
- Launching the Support Line for Publishers and Bookstores, for agents linked to book production, in order to contribute to the safeguarding of the publishing and book market in Portugal, in return for the delivery of copies of works from the respective catalogues and bibliographical funds
- Financial support to media, through the allocation of 15 million euros for early purchase of spaces for institutional advertising. 25% of this sum was allocated to the regional and local press
- Allowing the cancellation of the implementation of artistic projects and activities included in the contracts under the arts support program, during the pandemic period, maintaining the scheduled payments during the suspension period

Thus, even a cursory glance at the Portuguese legislation revealed the presence of an ordinary emergency law. The Civil Protection Framework Law permitted some restrictions on fundamental rights, such as limiting the circulation of persons and vehicles, and temporary requisition of products and services, the Health Framework Law allocated powers to health authorities to address public health hazards, including requisition of health facilities and professionals, determination of confinement of individuals, and decisions on closing public and private facilities and the Law on Public Vigilance of Health Risks addressed public health emergencies and allowed the suspension of activities. (*National Human Rights Committee, 2020*)

HOW HAD THE COVID-19 CRISIS AFFECTED THE WORK AND LIFE BALANCE OF WOMEN?

Around 76% of the 49 million caregivers in the EU who have been exposed to the virus the most are female. Women are also overrepresented in a variety of crucial fields, including sales and childcare facilities, which remained open during the pandemic. Women make up 82% of all cashiers

in the EU, 95% of domestic cleaners and home helpers, 93% of teachers' assistants and child care employees, 86% of personal care workers in health services, and 93% of all child care workers. Finding a suitable balance between work and daily living is a challenge that all workers face and families are particularly affected by this. The ability to successfully combine work, family commitments and personal life is important for the well-being of all members in a household. Governments can help to address the issue by encouraging supportive and flexible working practices, making it easier for parents to strike a better balance between work and home life.

An important aspect of work-life balance is the amount of time a person spends at work. Evidence suggests that long work hours may impair personal health, jeopardise safety and increase stress. In Portugal, some 6% of employees work very long hours in paid work, less than the OECD average of 10%. The more people work, the less time they have to spend on other activities, such as time with others, leisure activities, eating or sleeping. The amount and quality of leisure time is important for people's overall well-being, and can bring additional physical and mental health benefits. In Portugal, full-time workers devote a similar amount of their day on average, to personal care (eating, sleeping, etc.) and leisure (socialising with friends and family, hobbies, games, computer and television use, etc.) to the OECD average of 15 hours. (*OECD Better Life Index*)

In the context of the COVID-19 crisis, working from home was adopted in Portugal as a general instrument to pursue and combine social distancing, caring for children after the schools' shut down, and the running of the Economy. This development was formally enabled by the legal provisions on telework (as specified in Article 165 of the Portuguese Labour Code), but in practice it has gone beyond what is formally covered by the legal notion of telework as it was made compulsory for all professional activities that could be performed remotely (Article 29 of Decree-Law No. 10-A/2020). And until today many workers are still working from home and remote work is strongly encouraged whenever possible. Under normal circumstances, teleworking has shown benefits for its users, allowing a better balance between work and family, although some studies have also identified some negative impacts on work-life balance. Researchers within the Portuguese context have consistently found that, under normal circumstances, the management of work and family roles is difficult, with Portuguese workers often reporting high levels of work-family conflict. During the COVID 19 pandemic, the boundaries between work and personal life brought additional challenges, potentially generating conflict between professional and personal life. (*Flash Report*)

Workers with children under 12 years old that had to stay home due to the closing of the schools have been allowed to stop working to take care of the children and were granted the right to a special social security allowance to take care of their children. However, this allowance was not paid if the worker or his/her partner could work remotely from home. So, the challenges of work-life balance during this period have indeed been enormous. The Government information regarding the payment of this special assistance allowance, indicated that this allowance has been paid mostly to women (82 %). The lack of proportionality may have arisen from the gender pay gap (as women earn less than men, the financial family loss is lower if the member of the couple that stops working is the woman), but it has also demonstrated that even during this crisis women tend to take the lead in the caring of their children. Studies emphasised that satisfaction with teleworking was different between men and women, confirming that the new model of work organisation may have contributed to an increasingly unequal distribution of tasks within a family, with more tasks being performed by women. As during the COVID-19 lockdown, children and perhaps other dependents (for example, elderly people) were at home, teleworkers had to find a balance between work and personal life in that context. It seems likely that women with more dependents

had greater difficulties in balancing work and personal life while teleworking because of the conditions of lockdown. In contrast, women without dependents are likely to have had a different lifestyle. So, their experience of work-life balance during the lockdown would probably have been different too. (*Work Organisation, Labour & Globalisation*)

Researchers from NOVA University Lisbon and the University of Coimbra analysed the impact of the pandemic on Portuguese women academics and the findings showed that in Portugal, academic women seemed to be more exposed to not only the severity of psychological/emotional effects of the COVID-19 crisis but also to the increased burden of domestic and care duties during confinement, as already mentioned. The general impact of confinement measures in the academic performance of professors and researchers has been a subject of interest, mainly because most of the working professors and researchers are also parents, some with young children in their care. It is a matter of public discussion that COVID-19 was and is having an uneven influence with those with child/adult care responsibilities – particularly women. Female professors and researchers have been facing more difficulties to publish their research due to the confinement caused by COVID-19, according to data that show that women's publishing success dropped after schools closed. A recent study indicates a sharp decrease in original research-papers submissions by female researchers in several international journals, during confinement caused by COVID-19. (*Where are the women?*) As the novel virus revealed an endeavour to researchers in the medical and health sciences disciplines, the proportion of published papers in such fields dramatically increased to promptly allow results dissemination. In this regard, female publication success during this period should have increased, not decreased, since women have been increasing their representativeness in these fields. This fact illustrates the confinement effect on women's publication records and at the preprint and journal submission stages. Moreover, the pandemic appears to have disproportionately affected the housework and care routines of women (especially younger academic mothers), as well as the personal routines of female academics, who reported more often a reduction of leisure time during the lockdown.

The increased household and emotional burdens arising from COVID restrictions also affected the work-family negotiations and conflicts, posing differentiated challenges to reconcile the competing time demands of paid work and family. Substantial differences are observed between men and women's perceptions of how the pandemic has affected their work. Female academics and academics with young children in the household most frequently emphasise the influence of COVID-19 on the amount of time dedicated to professional work. Moreover, when analysing the changes on time allocation to the various domains of the academic activity, it can be observed that the reinforcement of teaching and administrative tasks during the confinement is specially bound to female dedication. In the case of young mothers, the priority given to teaching occurs at the expense of research activities (e.g., manuscript and grant writing, peer review and serving on funding panels) which are critical to career progression.

When considered in combination, gender and parental status displayed a significant influence in the differences observed between the pre-pandemic and pandemic period, placing female scientists with children up to 12 in a particular disadvantage. Moreover, women without children and men with and without children have increased their output submission during the confinement, whereas younger academic mothers faced an inverse trend. This difference may have further aggravated the gap between men and women, as said institutions have an increasingly research-oriented strategy. This may translate into a significant disproportion of the performance management policies regarding tenure, recognition and promotion since most academic careers

evolve directly from strong publication records and academic performance. (*The unequal effect of the COVID-19 pandemic on Portuguese women academics*)

Another study conducted shows that the COVID-19 pandemic lockdown in Portugal did not equally affect all facets of women's social lives; in fact, among the considered aspects, the home environment and the financial status were the aspects least negatively affected by the lockdown: more than half of the respondents (56.7%) stated that the lockdown did not negatively affect their financial status and income at all; almost half of the women (48.4%) stated that the stay-at-home measures did not have a negative impact on their home environment. However, it should be noted that the study was not conducted representatively of the employment status, since there may have been an overrepresentation of women with more secure jobs, less vulnerable to economic disruptions. Higher job security and higher paying jobs can more easily be migrated to a remote working mode and increases the chance of having better housing conditions and technological equipment, thus reducing the disruption caused by the lockdowns. In fact, a study on mobility under COVID-19 restrictions in Italy has shown that the lockdown had a greater impact on the poorer segments of the population, thus revealing the uneven socioeconomic consequences of the political measures to contain the pandemic. However, the main finding regarding the social consequences of the lockdown was that the different social life facets were homologous: the cluster analysis showed that the women who were more harshly affected in one facet were similarly affected in all others, while those who experienced a lesser impact likewise avoided severe effects on other aspects of their lives, suggesting that there is an underlying social structure that segments different aspects of social life and behaviour in homologous patterns. (*Soc. Sci. 2022*)

Although the effects of the lockdown and/or the pandemic have been previously studied in some specific contexts, such as in Germany, Italy and China, this work had not yet been carried out in Portugal; for instance, none of the studies on the effect of the pandemic on violence against women funded by the Fundação para a Ciência e a Tecnologia under the Gender Research for COVID-19 grants were representative of the Portuguese population, focusing only on specific regions, types of violence, or on specific victims. Generally, the COVID-19 pandemic caused an increase in the number of gender-based violence incidents reported in 2020. These cases continued to grow in 2021, and by the end of March, the pre-pandemic average for domestic homicides had been achieved, with 33% of women experiencing physical and/or sexual abuse and 55% experiencing sexual harassment. Home is not always a safe place to live; in fact, for adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological and sexual abuse occurs. This is because home can be a place where dynamics of power can be distorted and subverted by those who abuse, often without scrutiny from anyone "outside" the couple, or the family unit. In the COVID-19 crisis, the exhortation to "stay at home" therefore has major implications for those women already living with someone who is abusive or controlling. Stringent restrictions on movement shut off avenues of escape, help-seeking and ways of coping for victims-survivors. Restrictive measures are also likely to play into the hands of people who abuse through tactics of control, surveillance and coercion. This is partly because what goes on within people's homes—and, critically, within their family and intimate relationships—takes place "behind closed doors" and out of the view, in a literal sense, of other people. Unintentionally, lockdown measures may have therefore granted people who abuse greater freedom to act without scrutiny or consequence. (*The pandemic paradox*)

One of the movements that brought light to this scenario and can be seen as a good practice was the launch of a contest by the Foundation for Science and Technology (FCT), named Gender Research 4 COVID-19. This contest aimed to support new studies on the gender impacts of the

pandemic, with a total allocation of 500000 euros, which was opened between 15th of May and 2nd of June 2020. This was an initiative of the Government, bringing together the areas of Citizenship and Equality and Science, Technology and Higher Education, with the aim of stimulating new research on the constraints posed by social gender relations in individual, family, economic and health responses in the context of the pandemic, in order to facilitate informed strategies to combat gender inequality, violence against women and domestic violence. Three lines of investigation were considered: gender and the labour market, everyday life, stereotypes and gender roles and violence against women and domestic violence. (*National Human Rights Committee, 2020*)

1.3 Bulgaria

There are undoubtedly constructive and optimistic perspectives in being able to talk somewhat in the past tense about the Covid-19 pandemic. After the conflicting rationale, based on data and assessments on the one hand, and the purely subjective feelings of individuals and social groups, wandering in a rather chaotic public conversation between the need to deal with anxiety and infection, and the positive effect of raising important public topics we could already approach, based on expert observations and analyses, with work on possible models to document for future crises.

According to the World Health Organization, the first cases of infection with Covid-19 in Bulgaria were confirmed on 08 May 2020. At the time of writing this report, 19 January 2023, the Unified National Portal regarding the information on coronavirus in Bulgaria indicates that the total number of sick persons is 1,294,604; 1,253,005 persons were cured, and 38,154 persons died. For this day (19 January 2023), the new cases registered are 129. The active cases are currently 3,453. For comparison, in the neighboring countries of Bulgaria, there are currently active: Turkey – 181,298 cases, Greece – 3,148 cases, the Republic of North Macedonia – 4,289 cases, Serbia – 12,426 cases, and Romania – 22,415 cases. These data are published in the unified information portal Coronavirus.bg, created during the first weeks of the declared state of emergency in the country. According to Worldometer, as of 19 January 2023, Bulgaria is in 58th place in the world in terms of the total spread of coronavirus (total number of infected for the entire period of the declared pandemic), in 28th place in terms of the number of deceased persons with established Covid-19 infection and 2nd place in the world in the number of deaths per 1 million population. At the same time, Bulgaria ranks 78th in tests used per million population, which leads to the hypothesis that the actual number of mentioned cases may be much higher (Worldometers.info).

In Bulgaria, a state of emergency was declared on 14 March 2020. After the expiration of its two-month period, an emergency epidemic situation was declared by a decision of the Council of Ministers dated 14 May 2020. This situation, practically equivalent to a state of emergency, was renewed several times, with its last period ending on 31 March 2022. Then the temporary anti-epidemic measures, adopted and canceled with varying scope and severity for all previous periods between March 2020 and March 2022, were finally dropped: the wearing of a protective mask in indoor public places, observance of physical distance, restrictions on the implementation of face-to-face education in higher schools, a ban on visits to hospitals and social services, the requirement that 50% of the staff work from home if such an opportunity exists. Green certificates of antibody detection or completed vaccination course, previously required to visit indoor spaces in the country, were dropped in three short stages related to both the percentage of detected cases and milder symptoms of the Omicron variant falling since the end of 2021 and the beginning of 2022: from 24 February 2022, certificates remained at the discretion of the owner of a shop or establishment. From 3 May 2022, they were abolished in all establishments, shops and closed public spaces, and from 3 October 2022 - they were completely abolished. The history of green certificates in Bulgaria has been accompanied by vague dissatisfaction among some citizens and businesses. An active mobilization for protests in the center of the capital was led by the nationalist and pro-Russian political party Vazrazhdane, as well as other smaller civil formations with similar orientations (Hundreds protest against Bulgaria's COVID health pass, October 2021). The case was similar in neighboring Romania, for example (Romania: Far-right protesters oppose COVID workplace passes, December 2021). As of 1 May 2022, the certificates of natural immunity response, negative test, or vaccination, required until then to enter the country, have also been permanently abolished (Ministry of Health, 2022).

At the beginning of the pandemic, one of the first decisions regarding limiting the spread of Covid-19 was the suspension of mass cultural events throughout the country. This suggested that many workers in the cultural sector, artists, and practitioners in non-governmental organizations related to culture and the arts would be among the earliest groups affected by the pandemic. Also, checkpoints were set up at the entrances and exits of many cities. There was a ban on visiting public parks and gardens. Establishments, some shops, and event halls were closed for different periods and under different conditions during the two intense years of the pandemic. In essence, they are similar to the measures taken across the EU, but we should note that their compliance was thorough during the first and, to some extent, the second wave in the spring and autumn-winter seasons of 2020-2021, respectively. Often the checks were carried out on a campaign basis and in the larger cities, while in the smaller settlements, the responsibility was rather left to the conscience and will of the citizens.

One of the first significant decisions in the direction of providing funds to support various social groups was the agreement dated 14 April 2020 to redistribute contributions from the European Structural and Investment Funds by transferring funds to provide financial support for measures to reduce the consequences of the pandemic. Another decision that can be pointed out as significant is the permission from 5 May 2020 for various state properties to have a reduced or completely canceled rent for use upon presentation of relevant documents to limit or suspend the activity of the natural or legal persons who use them - according to independent decisions of ministers, regional governors, etc. executives.

Throughout the state of emergency and the extraordinary epidemic situation, several economic and social measures were taken to minimize the effects of the Covid-19 pandemic. The more significant among them are listed below.

- Micro, small and medium enterprises
- 60/40 program: this is probably the most popular measure that employers could take advantage of. This is a measure to preserve the employment of employees and is open for application to employers from almost all labor sectors. The conditions of the measure were that the work was stopped during the declared state of emergency and emergency epidemic situation; have worked part-time; retained employment after a mass layoff notice has been filed. The measure includes 50% of the insurance income if the employer declares a decrease in income by at least 30%; 60% of the insurance income in the case of a reduction in income of at least 40% declared by the employer.
- "Employment for you": a measure to employ unemployed persons under a program financed by the Operational Program "Human Resources Development"
- Provision of working capital for enterprises that ceased operations between 22 March 2021 and 30 April 2021
- Preferential lending measures
 - Measures for large enterprises and municipalities and public-private enterprises, similar to those for small and medium-sized enterprises - "Save me+", Employment for you, 60/40
 - Financing for urban development
 - Microcredits and interest-free loans for self-employed individuals on unpaid leave, microcredits for small start-ups
 - State aid for tour operators (Coronavirus.bg)

The adoption of a National Plan for the vaccination of the population against Covid-19 from the beginning of December 2020 marks the beginning of the vaccination process, which unfolds slowly in the following months and years and meets with a great deal of mistrust and conspiratorial resistance from the population, which is due in the greatest extent of the media environment and the very low levels of trust in institutions among Bulgarians. The chaotic organization of the vaccination process also contributed to the feeling of uncertainty about the decisions of the authorities - with initially defined priority social groups, with the introduction of "green corridors" for citizens over 65 years old at certain times and days, and eventually the introduction of four vaccination 'phases'. At the same time, in parallel, it was possible to carry out "vaccination at will", which practically nullified attempts to bring order. This led to queues in front of the vaccination points in some periods, and the disposal of unused doses of vaccines due to a lack of takers, in other periods. Regarding the vaccination rate, as of January 2023, the total number of people vaccinated with a full course in Bulgaria is 4,606,717 persons, or almost 67% of the population. There were 941,792 persons with a booster dose and 69,223 with two booster doses. The data are for the period 27 December 2020 to 19 January 2023.

In the Introduction of the "National Plan for Dealing with the SARS-CoV-2 Pandemic", it is said that in the country "the conviction is being strengthened that there is a serious problem in Bulgaria with the crisis caused by COVID-19. In terms of mortality, Bulgaria is in third place after Hungary and the Czech Republic, although, the average incidence of COVID-19 per 100,000 population is lower compared to about 2/3 of the other EU countries." This conclusion was drawn based on data from The National Institute of Statistics until June 2021. The conclusion is that this extremely negative result in terms of mortality from COVID-19 is rooted in several main reasons, among which hypothetically stand out: the age structure of the population and the prevalence of severe chronic diseases among it; the state of the health system; and poor crisis management (National SARS-CoV-2 Pandemic Response Plan, 2021).

The purpose of this text is to review some researches carried out by different teams in the last almost three years in Bulgaria. They indirectly shed light on the three aspects identified as key for the purposes of the current project. This will be achieved through 1/ a review of secondary data extracted from the Eurostat databases in order to create a general picture of the issues under consideration; 2/ a review of intermediate or final results of studies conducted in Bulgaria, which deal with specific problematic aspects of the crisis, specifically focusing on certain social groups or phenomena. Thus, a kind of base will be created with already achieved and reflected results, which will be taken into account in the next stages of the Heard project.

How the COVID-19 crisis had affected the democratic debate?

Before the declaration of a state of emergency in Bulgaria, a decision dated 26 February 2020 established a National Operational Headquarters "in connection with the public health emergency of international importance declared by the World Health Organization concerning the disease COVID-19 (an infectious disease caused by coronavirus 2019 -nCoV)", headed by a major general, head of the Military Medical Academy. For months. In the first weeks, this image was relatively well received; but with the continuation and deepening of the crisis, this image became rather problematic for public opinion. It can be said that as the pandemic progressed, public opinion, regarding the National Headquarters, split into two - on the one hand, people who were either not seriously affected by the infection itself, or due to various factors explained the events with less than rational arguments (religious belief in predestination, Large initial period of time the start of the National Crisis Staff was accompanied, as in most societies, by panic, scarce information and,

one might say, shock. At the same time, numerous social actors took political advantage of, by endorsing terms such as the "new normal" and by accusing various media and public figures, both at National Headquarters and in other public spheres, of creating panic or psychosis, contributed as much to the phenomena in question as overexposure of the fatalistic forecasts for the development of the pandemic.

In Bulgaria, the Covid-19 crisis was intertwined and, we can say, gradually spilled over into a political one. The complex socio-political processes were also intervened by the extreme and worrying for a large part of the society foreign political, geopolitical and other events of 2022, which played a significant role in the enormous difficulties that the public democratic debate faced. The crisis of the Covid-19 pandemic has revealed the real consequences of the fact that Bulgaria ranks 91st in terms of freedom of speech in the world.

In a political aspect, the last two and a half years in the country have been turbulent - after 12 years of rule by the then most strongly represented party in the Parliament, in the summer of 2020, social mobilizations and groups of dissatisfaction against certain policies and power practices took shape. Several elections followed, and, without going into details, mainly five were the axes of the public conversation or, more often, a clash in Bulgarian society. They are as follows:

The pandemic, the measures implemented to support social groups and businesses and their effectiveness.

The political orientation of the country - a very complex debate provoked by the war in Ukraine; Bulgaria has a past of close ties with the Soviet Union before 1989, and society still has both sentiments of nostalgia and hence support for Russia's aggression, as well as political and non-political organizations and related media that profit from opposition to the political orientations. In practice, most of the sociopolitical debates that are currently unfolding in the country stem from this basic, fundamental debate.

Inflation and general financial difficulties experienced by society and especially its vulnerable groups and the measures applied to them

Smaller political discussions around specific political subjects and their actions in the last two years actually divert the central issue that should concern political forces and actors in the public sphere. According to the Freedom House reports for both 2020 and 2022 "Nations in transit. Dropping the democratic façade", Bulgaria remains in the group of "semi-consolidated democracies".

A specific study of its kind, conducted in the first quarter of 2021 in various Bulgarian cities, is the one initiated and conducted by the Bulgarian Community for Liberal Democracy. It consists of a total of 10 focus groups with citizens from different vulnerable social groups or communities. These are persons with mental (developmental) problems; persons of Roma origin in a separate neighborhood in a regional city; persons deprived of liberty; persons with impaired vision; persons with physical disabilities; employees in closed institutions; youth from a school for the socially weak. "The main problem this project will address is the lack of timely, accurate, and reliable information coming from free and independent media related to the pandemic and its consequences." (Boldbg.net, 2020) Participants are selected as if largely achieve gender balance, as well as include representatives from different age groups and with different levels of education. The questions cover significant problem areas around the perception of the Covid-19 pandemic and the unbalanced relations between reality, coverage, and perception of crisis events and processes. The research disproves the common belief that public opinion is formed mainly through television - respondents show much higher levels of trust in social networks and interpersonal communication

as a means of information. This leads to problems, of course, as the verifiability of sources is almost non-existent - people tend to trust what is "shared" rather than what is "verified".

According to a report by the Center for economic policy research, an extremely important factor in overcoming the pandemic when talking about public conversation or debate is trust. As, the authors write, the pandemic demonstrates how dealing with crises will increasingly require cooperation between all actors in the public and private spheres. The authors cite the work of Barrios et al., where it is shown that civic capital leads to higher levels of social distancing, which, in turn, leads to easier acceptance of anti-epidemic measures by citizens. The graphic in the report shows how "Considering government trust in our set of countries as a more general measure of the quality of the political environment - the reciprocal confidence between governments and citizens - this correlation confirms the central role of trust in the outcome of the pandemic (Cohen et al., 2022) The bottom graph shows the position of Bulgaria in relation to other European countries when comparing the economic and health index and trust in the authorities. As stated above, the political situation in Bulgaria and public attitudes, including the upcoming early elections, do not imply the building of special trust between citizens and institutions.

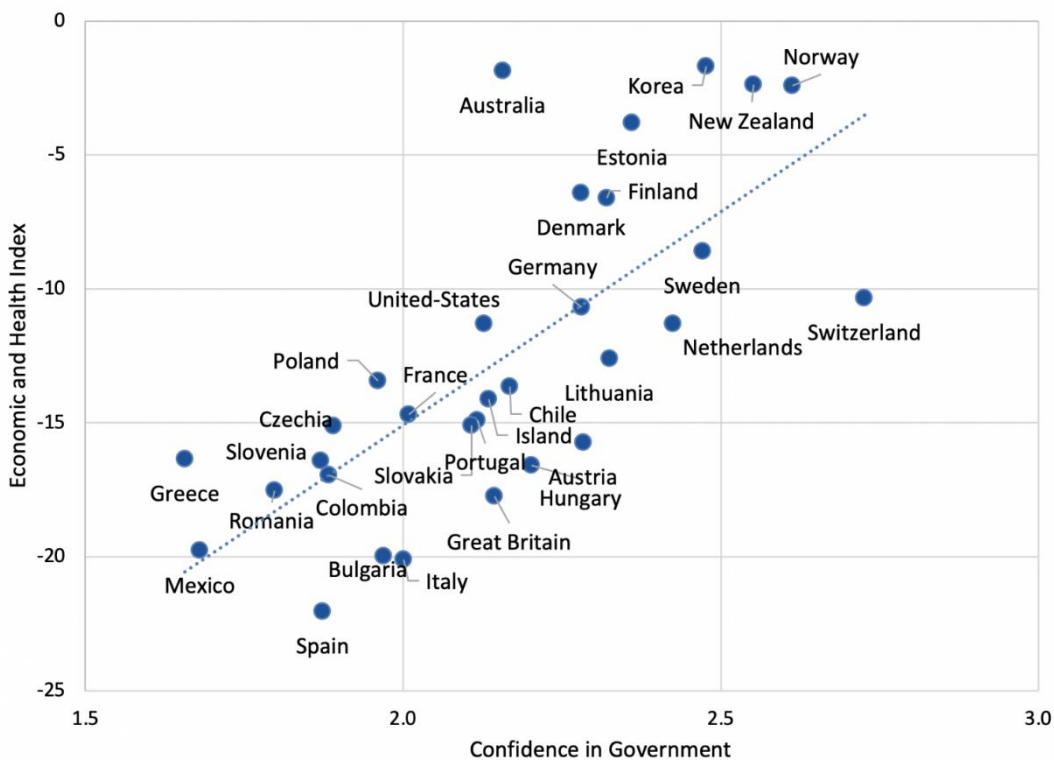


Figure 1. Economic and health index in correlation with the confidence in government.

Source: CERP

The last elections conducted in early October 2022 provoked more frustration and voter alienation than clear perspectives and solutions. After the unstable coalition of partners often opposed important issues, led to a new period of the caretaker government, and these 3 and a half months until mid-January did not lead to a new coalition and a regular government. As of 19 January 2023, it is already clear that the next elections will be held in the early spring, but in the public space, an increasing feeling of withdrawal of voters due to the production of conflicts, discords, and scandals rather than actual democratic debate is apparent. Thus, the pandemic crisis in Bulgaria, already in its most active period strongly politically tinged, turned into a completely political one. The winds of populism are also reorienting towards any political process or public debate and gradually, in the last 2 years, they have taken over the voices of discontent, thus pushing into society both pro-Russian and anti-EU discourse. (Idea.int, 2022)

How the COVID-19 crisis had affected the enjoyment of fundamental rights?

The possibility of exercising rights necessarily includes reducing discriminatory practices, overcoming deficits of social inclusion, addressing inequalities, and access to services, markets, and public spaces. As already mentioned, the coronavirus pandemic "exposes" and further reinforces inequalities, discriminatory discourses, fake news, and hearsay narratives that anyway circulate in a highly problematic media space that often stifles reasonable social dialogue and blurs and degrades perceptions and the attitudes of different social groups towards each other. In the extensive report on the so-called "anti-gypsyism" under the initiative "Care for the truth: overcoming anti-gypsyism by empowering the Roma to counter disinformation and fake news in Bulgaria" under the coordination of the SEGA Foundation and in partnership with other NGOs, various aspects of strengthening the attitude towards the Roma and the prerequisites for the violation of their rights during the development of the Covid crisis. (Media and Online Narratives, Fake News and Disinformation Trends Affecting Roma in Bulgaria, 2020) The following manipulative narratives emerged: Roma are spreading contagion, not complying with pandemic measures, leaving their homes when not allowed as part of emergency measures, unable to follow instructions, etc. This led to "restriction of access to and exit from Roma neighborhoods in some cities" (Ibid: 39). However, a problem also arose among the Roma communities themselves - according to focus group analyzes for the mentioned study, fake news and conspiracy theories were spread among them that "the virus was invented to justify the actions of the state authorities to keep the Roma locked away from the rest of the population (Ibid: 40). Stricter restrictions are imposed in Roma neighborhoods than for the rest of the population; this sometimes leads to job losses, which indirectly leads to more poverty and further isolation from democratic and informational flows. There are situations where health mediators who work with local Roma communities have to take over part of the duties of medical staff who refuse to care for cases in Roma neighborhoods in a city in Northern Bulgaria. This contributes to alienation and the even more determined spread of conspiracy theories and disbelief in the data disseminated by the authorities. In turn, many media reinforce their narratives of imputing guilt to the Roma population, deepening hostility towards it even more. An atmosphere of "shared disbelief" is created between ethnic communities, authorities, the media, and the ethnic majority in the population, which ultimately reinforces the influence of "alternative facts", delusions and attitudes, further worsening the public conversation.

"Shouldn't the Universal Declaration of Human Rights be renewed?" asks the human rights activist Dimitrina Petrova in an article for the academic journal "Piron" and continues with several considerations that practically summarize concerns articulated in the public sphere far beyond Bulgaria - they touch on a legal, a civil, but even a philosophical level, what constitutes citizenship, rights, democracy in the 21st century, and even more so in the conditions of an unprecedented crisis. For the researcher, it is a worrying phenomenon "...electronic surveillance of people, in which the difficult balance is violated in the use of modern technologies for mass collection and processing of personal data in the interest of society, on the one hand, and the need to protect private life, from another". Further, the author continues with the trend toward power centralization and compromising the separation of powers. There is also a risk that the authorities will use the collected data against the right to assembly (street protests, for example). Petrova's main critical point is the future of human rights after the current crisis. In the context of attacks on liberal democracy over the last 10 years or so and the danger of accelerating processes characteristic of authoritarian and conservative populist movements, the future will be of business models based on universal surveillance rather than the protection of personal freedom and ownership, as in traditional capitalism.

Among the extensive and multi-stage studies on the topic of the effects of the covid pandemic are those conducted by a team of researchers from the Institute for Population and Human Research at the BAS. These are three phases of a study titled "Stress and coping in the setting of a spreading coronavirus infection." The items relevant to this report from the online questionnaire, offered to the general public via social networks during three separate periods of the pandemic, concern citizens' perceptions of threat and their optimistic attitudes as they relate to respondents' economic status. From there, we can relate this data to the general feeling in society about the effectiveness of the measures in maintaining the rights to work, for example, or access to economic and social measures. Also, these data speak about the right to movement of citizens, reduced during some periods of the pandemic. In March 2020, anxiety about negative consequences in relationships with people was practically not reflected at all, and in May and November 2020, it increased to 6% and 9%. For Covid-19 as a danger, we have varying anxiety between 37% in March, 31% in May, and rising to 42% in November 2020. Respondents significantly more strongly assess the economic consequences of the crisis at the beginning of the pandemic with 63% in March, as well as May, while this percentage decreases to 49% in November. The explanation for these changes could be that the infection gains strength in the second wave from November 2020 onwards, while the economic measures start to bear fruit and give at least some peace of mind to the citizens. Paradoxically, the respondents' optimism was reported almost unchanged for all three periods of the study - with a constant average of about 3.7 on a scale of 1 to 5.

Linked to the exercise of basic rights, such as employment and freedom of movement, are inequalities and poverty. According to Eurostat data, in Bulgaria in 2021, it was the most difficult for people to meet their basic needs financially (Fig. 2)

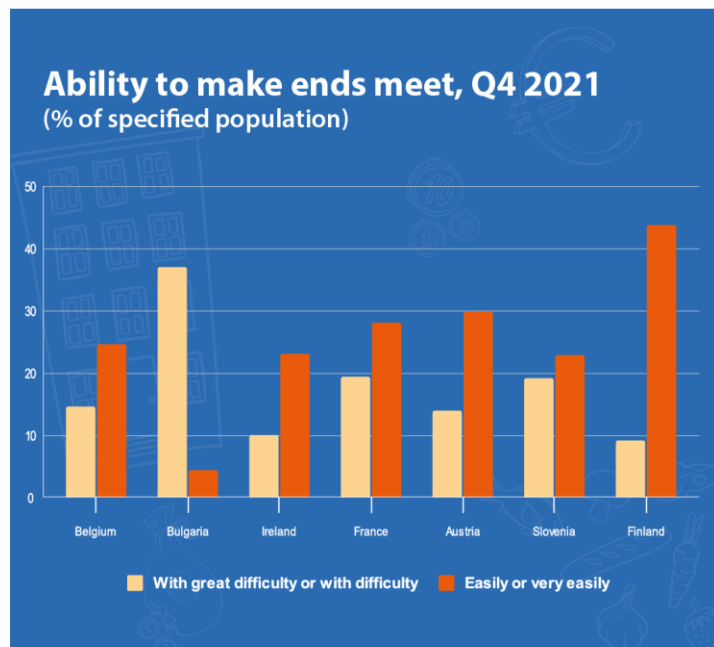


Fig. 2. Ability to make ends meet, Q4, 2021 (% of specified population).

Source: Eurostat

ec.europa.eu/eurostat

At the same time, other data indicate that Bulgaria is in a relatively good place in terms of average income loss, taking into account the compensation granted under programs to reduce the damage from the Covid-19 pandemic (Fig. 3). Compensation did not help the losses to halve as in other countries but also compared to most other countries, the losses were not crucial.

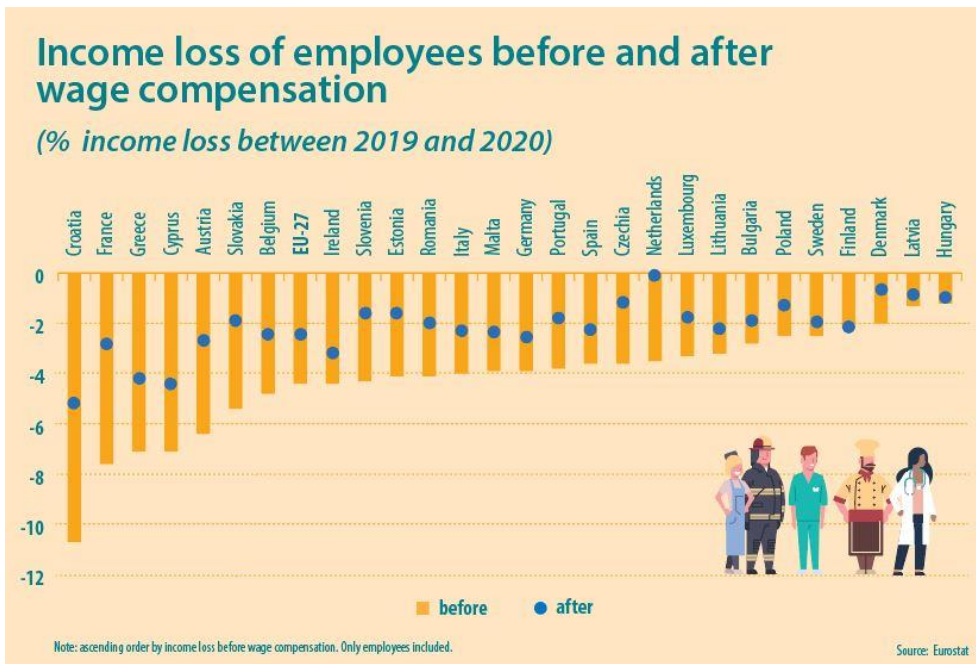


Fig. 3. Income loss of employees before and after wage compensation (% income loss between 2019 and 2020).

Source: Eurostat

ec.europa.eu/eurostat

How the COVID-19 crisis had affected the work and life balance of women?

Three years after the outbreak of the covid pandemic, it is known that the crisis has affected women and girls in many different ways; some researchers share research results that show that women are more affected than men, regardless of their position in society. According to the UN Women's report "From insight to action" on gender equality in the context of a Covid-19 pandemic, female medical personnel is three times more at risk against the virus - globally, they represent 70% of healthcare workers. Also, according to the data for Europe and Central Asia, self-employed women are more affected by the crisis - 25% against 21% of men. "Feminized" sectors have been hit hard by the pandemic and in line with the fact that a large proportion of those working in them are migrants or women from marginalized ethnic groups. Based on data from 22 countries in Europe and Asia, it states that in terms of time spent on household activities, there is a much more serious increase for women than for men - especially for activities such as cleaning (increase in time by 49 % for women and 33% for men); childcare (37% for women and 26% for men); food preparation (37% for women and 16% for men). One of the most serious problems is the increase in various types of domestic violence/violence by a partner or family member. In some countries, there has been an increase in reported cases, while in others there has been a decrease, which is also a worrying trend as it speaks to the possible barriers women face when trying to find help.

Against the background of this context, not enough research has been carried out in Bulgaria on the impact of Covid-19 on women and girls, which reveals a serious deficit of data, but also of interest, which would lead to the preparation of more reports, recommendations and possibly changes in the preparation of policies in principle and critical situations going forward. We can still find data on some economic indicators from Eurostat, as well as extract a gendered aspect of crisis-related phenomena from other, larger studies when we analyze the data through their demographic indicators, even though they are not specifically focused on the issues of women. There are no official statistics on cases of domestic violence in Bulgaria, but the NGO sector reports that calls to hotlines for victims of domestic violence have increased by 30 to 50% during the pandemic. Shelter and protection centers for such victims are woefully inadequate and victims

often do not have access to them. Unfortunately, the increased attention to this huge problem was only temporary and no serious measures have been undertaken to date.

An important and perhaps the only research of its kind is being conducted by the Ekaterina Karavelova Foundation. The published report is the result of the public event they organized at the end of March 2022 "Health: from women to women", and besides systematizing the symptoms, effects, and complications reported by the participants during the "post-covid" or "long covid" ", also takes into account the impact on the daily life of women experiencing similar symptoms.

"Another issue that is of particular importance is whether the ongoing symptoms have negatively affected various spheres of the respondents' lives. Of the 120 respondents to this question, 35.8% stated that ongoing symptoms had no negative impact on their lives. Of those who were adversely affected, the largest percentage (44.2%) reported a negative impact on their work life, followed by 43.3% who had changed the way they spent their free time." (Women's Long Covid-19 in Bulgaria, 2023).

As part of the project to cope with stress during the Covid-19 pandemic, which we mentioned above, we find a publication that deals with intimate relationships, social and professional life. Here we find empirical evidence of the general idea that has become established in society - at first, people in close intimate relationships had the opportunity to deepen and improve their communication, to provoke their innovation by looking for alternative ways to spend time with their partner and/or children; but prolonged "closures", social isolation and encapsulation in the relationship led many partners to negative effects.

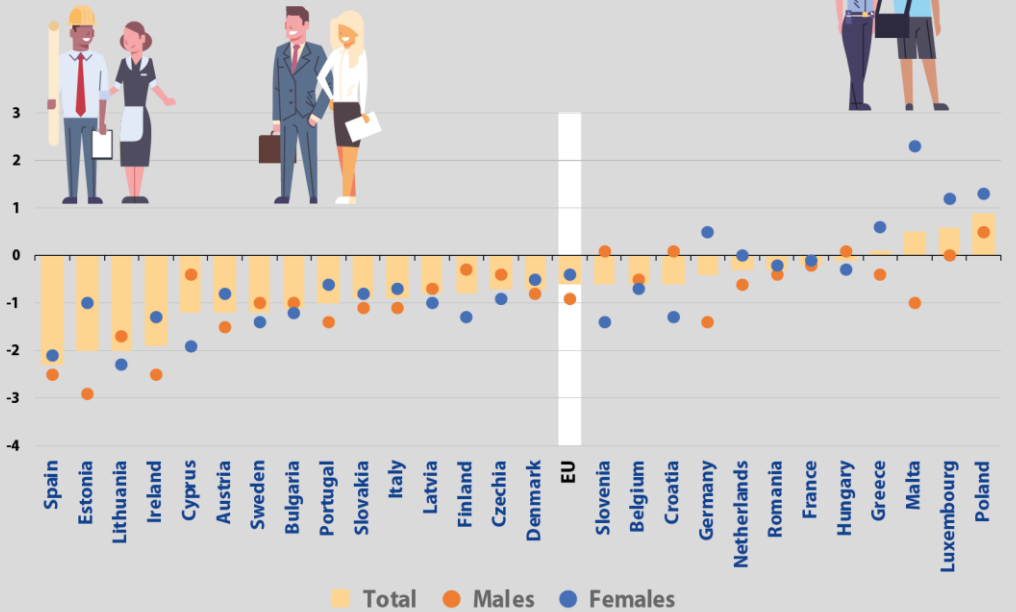
"Spending too much time with the partner in the context of reduced social activities and isolation may lead to monotonous coexistence, more stress and conflicts and feeling of a lack of personal space and opportunity for privacy. If partners do not live together, forced social isolation and restrictions can cause not only physical distance, but also emotional and psychological alienation" (Dragova-Koleva et al., 2022: 99).

Regarding the female-male comparison, the researchers reported an equally clear relationship between love, intimacy, romance, and well-being in both married and unmarried couples. However, in women, this relationship is stronger. (Ibid.: 98). Important are the findings when studying the relationship between the stress caused by Covid-19 and the three main life spheres outlined by scientists - love, social and professional life. While men express more fear of the impact of Covid-19 on their love life, women expect a negative impact on all three mentioned spheres, with an emphasis on social life. In conclusion, the scientists express their concern that stress may persist and the effects on the balance between personal, social and professional life may be more long-term than we expected.

Interesting data is found in the research published on the Eurostat portal regarding the changes in employment levels for the EU in a comparative perspective between 2019 and 2020. It turns out that, in general, men lose their jobs more often than women. In Bulgaria, this is not the case, but the drop in women and men who lost their jobs around the Covid-19 crisis is almost the same value - about 1 percent.

Change in the employment rate in the EU

(age group 20-64, Q4 2020 compared to Q4 2019, in percentage points)



Notes: Germany: low reliability and provisional data reported in Q4 2020 in addition to the break in series in Q1 2020.

Fig. 4. Change in the employment rate in the EU (age group 20-64, Q4 2020 compared to Q4 2019, in percentage points).

Source: Eurostat

ec.europa.eu/eurostat 

1.4 Cyprus

According to the World Health Organization (WHO), in Cyprus, from 3rd of January 2020 to 5:33 pm CET, 23 January 2023, there have been 640,729 confirmed cases of COVID-19 with 1,280 deaths¹. The first official press release from the Ministry of Health was an *"Action Plan of the Medical Services of the Ministry of Health for dealing with any coronavirus outbreaks that may occur in the Cyprus"* was issued on 25th January 2020. The press release was advised citizens who are traveling to China or other countries "to following the local media for developments regarding the virus, follow the instructions of the authorities of the authorities in these areas and apply personal protection measures"².

Additionally, two days later the Ministry of Health in the first official press release regarding COVID-19 mentioned "We follow the World Health Organization guidelines such as published so far. Even yesterday we had an update. Basically, protocols have been put in place for such cases, all health professionals have been informed since yesterday on how to act either in the event of a suspected case or a confirmed case, how the hospitals will proceed, the ambulance service and all other health professionals"³. At the same time, they were not any restrictions to people travelling from China through other countries, with the Ministry of Health to mentioned that any citizens arriving from China will follow specific protocols and answer some surveys.

On the 31st of January, the Ministry of Health with a new press release, asked the Media to be aware of any misinformation of suspected covid cases they share in public. At the same time, the Ministry shared with public information regarding COVID-19, such as the symptomatology, which is a respiratory infection, with possible symptoms such as fever, cough and difficulty breathing. Also, refer to the human-to-human transmission as confirmed, individual safety measures (wash hands, avoid physical contact), measures of prevention and advice for travelers in areas in China (avoid buying or contact with animals, Avoid contact with patients especially if they have symptoms such as fever, cough or breathlessness, after returning from a trip to China and in particular from the city Wuhan, citizens are advised to monitor their health for the next 14 days)

The first two cases of COVID-19 in Cyprus, were identified on the 9th of March 2020. The case was not confirmed at the same time and hysteria began on the island about any other cases that may have been confirmed. Moreover, a website was created to inform citizens due to COVID-19 (<https://www.pio.gov.cy/coronavirus/eng>). The first cases were two Cypriots returning from Milan and England. One of the cases failed to report their symptoms. The ministry did not trace any new positive cases related to the above people, while the Nicosia General Hospital closed for 48 hours.

On the 11th of March 2020 the Minister of Health issued his first decree which was forbidding gatherings of over 75 people in theatres, cinemas, restaurants, cafeterias, bars, ice cream parlors, and event halls, until March 31. In the following days, more cases were traced and the first measures by the President of Cyprus were announced. The first measures were a prohibition on the entry of any citizen - irrespective of nationality - who does not fall into the categories below: Cypriot citizens, legal residents of the Republic of Cyprus, European or third-country citizens working in the Republic of Cyprus, citizens of countries who are in a designated diplomatic mission or mission under bilateral or international conventions, individual cases of European nationals or nationals from third countries for unavoidable professional obligations, provided that permission has been

¹ <https://covid19.who.int/region/euro/country/cy>

² <https://www.pio.gov.cy/coronavirus/press/25012020-21.pdf>

³ <https://www.pio.gov.cy/coronavirus/press/27012020-27.pdf>

obtained from the relevant competent Ministry, European or third-country citizens attending a school or university educational institutions in the Republic of Cyprus.

Moreover, the second measure was “as regards the crossing points between the free and occupied territories areas shall be permitted only for persons who fall within the following categories: Cypriot citizens, Greek Cypriots and Turkish Cypriots, legal residents in the free areas and citizens of countries in a designated diplomatic service or mission, under bilateral or international conventions and the last one was the suspension of attendance at public and private schools extended of the country until 10th of April of 2020⁴. The measures were increased every few days, with flight cancellations and travelers to quarantined for fortnight and avoidance of visiting church.

The general lockdown was announced on the 23rd of March, a few days after the first death of a patient. The new measures announced by the President of the Republic of Cyprus include a ban on unnecessary movement from 06.00 p.m. on 24 March 2020 until 13 April 2020, with exceptions, as well as a ban on parks, playgrounds, outdoor sports areas, etc. From May 2020, the restrictions were relaxed, with fewer positive cases reported on the island.

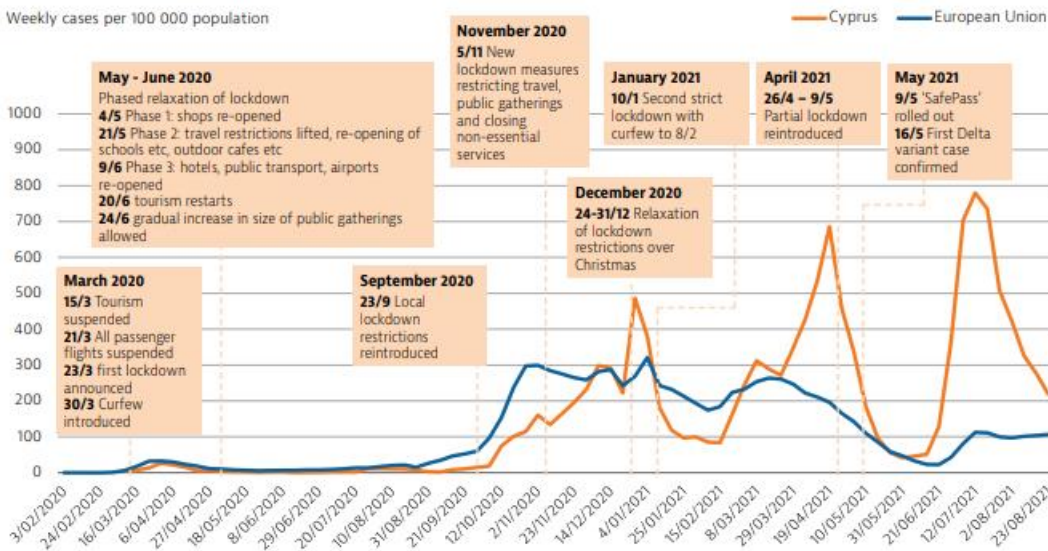
It is essential to refer also to the unique case of Cyprus due to the division of the island into two areas. The above information was related to the recognized Republic of Cyprus. On the other side, in the unrecognized “Turkish Republic of Northern Cyprus” (“TRNC”), the first case of COVID-19 was reported on 12 March, however, because the “TRNC” is not recognized, the latter figures are not reported to the World Health Organization (WHO). Even though many civil society organizations were raised the issue of a common coordination on the island, each side handled the situation without a common coordination, “apart from the Bicomunal Technical Committee on Health, whose work is generally not publicized”. (*The impact of the COVID-19 crisis on divided Cyprus, 2020*)

Moreover, another essential aspect of Cyprus is the universal health coverage, despite the pandemic, which was implemented in June 2019, which came to replace an unfair and problematic system. In the new system of health, some of the responsibilities of the Ministry of Health are shifted to the Health Insurance Organization or to “new State Healthcare Services Organization, which is responsible for the development, management, control and supervision of hospitals and health centers in the public sector. Concerted reform efforts meant that, despite the pandemic, the new health system became fully operational on 1 June 2020”. (*State of Health in the EU · Cyprus · Country Health Profile 2021*)

In June 2022, Cyprus had the highest rates of new infections and deaths worldwide. In the graph below are presented the Cyprus measures during the pandemic and the infections rate during those restrictions.

⁴ https://www.pio.gov.cy/coronavirus/press/13032020_17.pdf

Figure 15. Cyprus managed to contain the COVID-19 infection rate initially



Note: The EU average is unweighted (the number of countries used for the average varies depending on the week).
 Sources: ECDC for COVID-19 cases and authors for containment measures.

Figure 7: State of Health in the EU · Cyprus · Country Health Profile 2021

In addition, according to the Flash Eurobarometer 500 Public opinion in the EU regions. National report: Cyprus (2021), to the question "In general, how satisfied are you with the measures taken by the European Union to combat the coronavirus pandemic?" (%), 46% answered quite satisfied and 17% not at all satisfied.

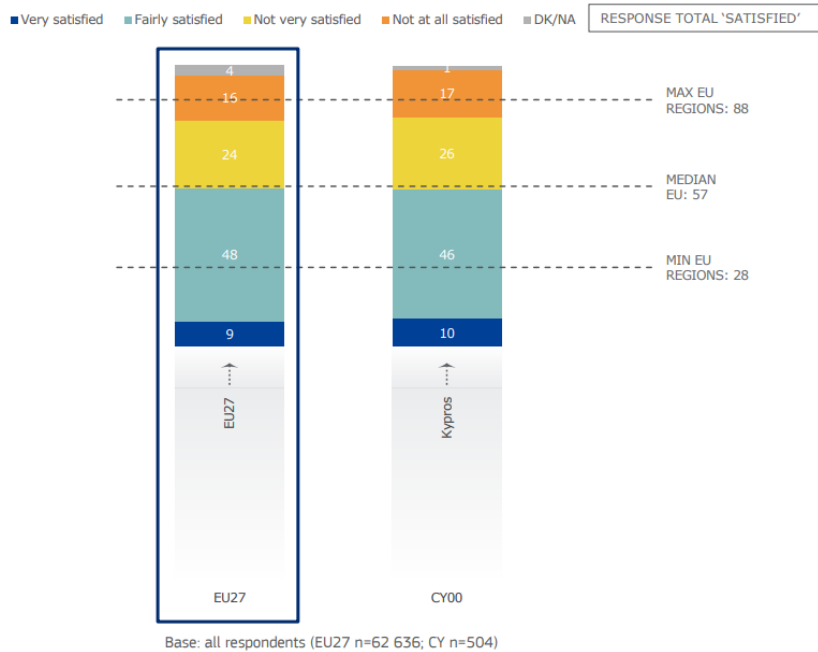


Figure 8: In general, how satisfied are you with the measures taken to fight the coronavirus pandemic by the European Union?

HOW HAD THE COVID-19 CRISIS AFFECTED THE DEMOCRATIC DEBATE?

An important aspect of the Constitution of the Republic of Cyprus is the Chapter 260 of the Laws of Cyprus. The specific chapter is the Quarantine law and is “a short colonial law initially created during British time on the Island in 1932 and [amended from time to time, in 2003 and 2020](#)”. [According to the constitution of Cyprus any](#) “pre-existing colonial legislation continues to be in force until amended and/or replaced by the legislature”⁵. The importance of the above is the strong connection between the Republic of Cyprus with the British colonial time and the fact that terms like Governor were changed to Minister of Health in just 2003.

“The Law offers a wide margin of discretionary powers to the Council of Ministers to declare a dangerous infectious disease within the meaning of the Law. Such measures include the regulation of the movement of goods and persons through [decrees](#), to provide for adequate equipment, facilities and to determine such other measures as to prevent the spread of any disease.”⁵

Other than that, “the law also provides for a Network for Epidemiological Surveillance and Control of Infectious Diseases, implemented early on during the COVID-19 pandemic. All decrees, notices and regulations issued under the Law remain in force until revoked, replaced or amended, potentially inviting the executive to maintain the measures beyond reasonable time.”, which by law and constitution the COVID-19 pandemic were lawfully. Additionally, “the lack of meaningful social contract in the Republic of Cyprus, partly due to its colonial history, usually translates into the absence of wide and inclusive public consultation”⁵.

“The special context of the Quarantine Law can only exacerbate the debate around the preservation of the Rule of Law in times of COVID-19. The anachronistic nature of Cap. 260, offering a wide range of powers to the executive, also means that there is a need to read the Law in conjunction with other emergency laws in order to gain a holistic understanding of the measures taken in the Republic of Cyprus, and a constant need for scrutiny of powers granted. Nevertheless, despite the colonial roots of Cap. 260 and any uneasy relation with other measures, it could appear from initial investigations that the powers conferred upon the executive were exercised with sufficient precaution, diligence and coordination to render it a relatively effective piece of legislation to fight the COVID-19 pandemic. As measures are gradually lifted, their lawfulness is an [ongoing concern](#)”⁵.

Corruption Scandals:

Moreover, many of the events that have taken place on the island are important around democratic debates. One of them was the corruption aspect. According to the Eurobarometer (2022), the general perceptions of corruption was significant high comparing to the 2019. In the question “In the past three years, would you say that the level of corruption in Cyprus has total increased”, 66 participants agree to that statement and 27 choose the “Stayed the same”.

During COVID-19 in Cyprus the corruption scandals of politicians, the president of the parliament and the president of the country were exposed by an Al-Jazeera documentary in 2020. The documentary was about the Cypriot investment program and how foreigners will buy a luxury house in order to obtain a Cypriot passport. In the documentary the above individuals were

⁵ <https://lawblog.uclancyprus.ac.cy/the-islands-of-cyprus-and-great-britain-in-times-of-covid-19-pandemic-variations-on-the-rule-of-law-in-and-out-of-the-eu/>

exposed for corruption regarding the cash-for-passports actions. (<https://www.aljazeera.com/news/2022/7/16/four-charged-over-cyprus-cash-for-passports-scheme>)

The scandal became public, and the president of the parliament was arrested. In February 2021, a political coordination group was formed by various groups on the island, called "Os Dame", the English translation is "Enough". The aim was to organize a peaceful march against authoritarianism, corruption and the government's management of the COVID-19 pandemic. The movement organized the first protest on 13 February 2021 at Kolokasi Park in Nicosia, with many groups and collectives. During the protest, the police suppressed the march using extreme, intense, and unprecedented violence.

The peaceful demonstration turned into a war zone with protesters running around the park and trying to protect themselves. In addition, 11 people were arrested during the demonstration and many were injured, one 25-year-old woman underwent emergency eye surgery after being hit in the face by a police water cannon. The demonstration was highly publicized due to the police violence and another march was organized at the same place on 20 February 2021. The second march was one of the largest in Cyprus' recent history with around 10,000 people participating and protesting against police violence. Apart from this, the aim of the protests, according to the organizers, was:

- *Investment in public health and education, not in the police & arms programmes,*
- *End pandemic management in terms of repression, while ensuring the protection of vulnerable groups,*
- *Immediate measures to support workers and unemployed, local people, migrants and asylum seekers affected by the pandemic,*
- *End the war on culture and amateur sport,*
- *End the ban on demonstrations,*
- *End to police violence and the immediate withdrawal of the deadly water spray with the imaginative name Ajax from our streets.*
- *Immediate withdrawal of charges against the 11 arrested on 13 February.*

The 11 people arrested during the first demonstration are still in courts with many of them facing up to three years in prison with charges of rioting and breaking COVID-19 measures. Related to the arrest of 11 people the "Os Dame" movement said, "we believe that the decision of the Attorney General to prosecute eleven persons who participated at the first Os Dame demonstration on 13/2/21 is an act of political revenge against a big part of the Cypriot society who dared to protest against corruption and authoritarianism, against the migrant concentration camps and against the policy of partition that the government has been following. Immediately after the demonstration and its violent repression, it became clear to the Cypriot society that it was the police and its political superiors who were responsible for the horrific scenes that everyone witnessed on that day [...] Despite the desperate attempts on behalf of the government and many media outlets to blame the protesters for the violence, the 10,000 people who peacefully marched through the streets of Nicosia on 20/2/2021 gave the best answer to those in power."⁶

Moreover, it is important to mention that two police officers are facing charges of using excessive violence during the protest and the criminal responsibilities of the police were decided after the

⁶ <https://in-cyprus.philenews.com/news/local/os-dame-protesters-to-stand-trial-on-monday/>

Law Office of the Republic evaluated a report submitted by the Independent Authority for the Investigation of Allegations and Complaints Against the Police (IAIACAP).⁷

During the pandemic there were other demonstrations, such as the anti-racism demonstration in Nicosia on 31 May 2020 and in Limassol on 13 June 2020. The demonstrations were against the ongoing detention of migrants in the Pournara concentration camp. During these demonstrations 6 people were arrested. Another demonstration was held on 28 November 2020 for Health and Freedom.

Media:

Media rhetoric in Cyprus is structured around the political ideologies of the channel owners. After the scandal emerged, journalists met with the President of Cyprus for a press release. The president imposed on the journalists in an authoritarian manner to not ask him anything about the Al Jazeera scandal, with the media remaining silent and not questioning the president about the scandal. Moreover, the media attack on the protests was significant and the constant information about the coronavirus outbreaks could be translated in a possible way to divert publicity away from the scandal on the island.

Another important event on the island is a demonstration outside a TV station in Nicosia. The protest was by members of the public, not as part of any organisation or movement. This demonstration was against the Safepass measure, which citizens must have to enter various places and against the vaccination measures. On 18 July 2021, thousands of people demonstrated outside the presidential palace against the government's new measure (Safepass). After it was over, half of them went to the Sigma TV building and burned cars, vandalized the building while people were working inside. "Sigma is seen as having a hardline stance against anti-vaccination campaigners and has been targeted in previous protests against anti-coronavirus measures"⁸.

Elections:

Cyprus did not have elections that were supposed to take place in 2020. The presidential elections took place in 2018 and the next elections to be held were the parliamentary elections in May 2021. The elections were held and everyone could vote without restrictions. Some of the rules were to wear a mask at polling stations. In the parliamentary elections there was a 34.28% absenteeism rate.

A good practice that took place on the 27th of January 2021 was an event "Vaccines and COVID-19: Myths and realities" and organized by CARDET and the Yale Center for Analytical Sciences at the Yale School of Public Health were hosted an open discussion on Coronavirus Vaccines. According to the events descriptions "At a time when the issue of public vaccinations is monopolizing the world's attention and qualifying as a crucial step in limiting the spread of the pandemic and returning us to normalcy, experts in the field will examine the facts, developments and myths surrounding vaccines. Through the discussion, the organisers aim to limit misinformation on the

⁷ <https://in-cyprus.philenews.com/news/local/os-dame-protesters-to-stand-trial-on-monday/>)

⁸ <https://www.keptalkinggreece.com/2021/07/19/sigma-tv-cyprus-protesters-attack-covid-measures-vaccines/>

topic and provide in-depth answers to better inform the public.” (<https://www.facebook.com/events/1577936985723615/>)

In the debate participated Dr. Tassos K. Kyriakidis - Researcher/Professor Epidemiologist, Professor Yale School of Public Health and the discussion moderated the journalist Andri Daniil.

Other than that, a useful platform that pre-existed the COVID-19 but was extremely useful especially during the pandemic. The electronic legislative observatory Nomoplatform is a politically independent initiative that aims to increase transparency, offering citizens the opportunity to monitor directly and accurately the processes taking place within the Parliament. On Nomoplatform, every citizen, in addition to having access to the procedures for tabling, examining and voting on draft laws, can receive news updates on the processes taking place within the Parliament and can consult the biographical data of each Member of Parliament. (<https://www.nomoplatform.cy/>)

How had the COVID-19 crisis affected the enjoyment of fundamental rights?

For many individuals the pandemic could be explained as the panopticon, which is “a disciplinary concept brought to life in the form of a central observation tower placed within a circle of prison cells”⁹, the prisoners are being watched but they cannot watch the tower and they do not know when are being watched and according to Foucault “ultimate goal is to induce in the inmates a state of conscious visibility. This assures the automatic functioning of power”. Moreover, it compares the panopticon with a “to a medieval village under quarantine. In order to stamp out the plague, officials must strictly separate everyone and patrol the streets to ensure villagers don’t leave their homes and become sick. If villagers are caught outside, the punishment is death”⁹.

Closure of the checkpoints:

One of the restrictions during the pandemic was the closure of four checkpoints along the ceasefire line separating south (the Republic of Cyprus) from north (the Turkish occupied “Turkish Republic of Northern Cyprus”). The checkpoints were opened in 2003 “as a measure to assist collaboration between the Greek and Turkish communities and had remained open for seventeen years until 28 February 2020.” Many parties objected to the incidents because of the absence of coronavirus cases in the north and because of the country's external borders which were still open at the time; the next day there was a demonstration at the checkpoint. The police arrested and charged some of the participants in the demonstration. The following week another demonstration took place even though the police announced that will be charging people participating in unlawful assembly (*Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020*).

Border measures:

From 21st March 2020 border control measures were announced, travellers should provide a medical certificated that they were not positive to coronavirus. The specific measure was debatable due to the difficulty to obtain the specific document in many countries. Additionally, the prohibition of Cypriots to enter Cyprus “have sparked public debates about their legality and compliance with fundamental rights. The travel bans in particular have divided lawyers and concerned citizens whether the measures were lawful, proportionate and constitutional. Media reports suggest that Cypriot students studying abroad have placed a complaint to the EU Commission” (*Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020, p. 5*).

⁹ [The panopticon](#)

Afterwards, the Cypriot citizens could return in Cyprus with flights that the Republic of Cyprus paid and stay in a hotel during their quarantine time. Additionally, the measure to allow the entrance to the country only to those present a medical certificate for coronavirus create objections. The Article 14 of the constitution prohibit “to prohibit the application of either deportation/exile or entry into the Republic to make it clear that the treatment reserved for the citizens of the Republic is not permitted, for better or worse, to foreigners in accordance with the law of each State”(The Cyprus Review Vol. 33(1), p.86-88), other than that dimensions the restrictions to entry to Cyprus is not based on the constitution but from court.

One of the issues raised while implementing the emergency measures in Cyprus was the need to obtain a health certificate prior to the entrance into the Republic. This applied for Cypriots and non-Cypriots alike but affected specific groups of individuals of Cypriot origins and/or permanent residents of Cyprus, temporarily studying or residing abroad, more than others. In general terms, the right of a citizen to enter their country is a human right which can only be subject to proportionate restrictions for overriding interest purposes such as public safety, public order, threat to life, physical integrity, etc. Article 14 of the Constitution (no citizen shall be banished or excluded from the Republic under any circumstances) does not give the right to any government to impose any restrictions and/or arbitrary conditions regarding the entrance of its citizen. But the exercise of that right in the context of the COVID-19 pandemic may not constitute an unlawful prohibition to individual rights.

However, the implementation of the measure ran into some practical considerations that led the government to plan for the gradual repatriation of citizens and other residents for legal reasons. The obligation to obtain a health certificate cannot constitute an absolute prohibition, unlawful restriction and/or direct discrimination in entry in violation of Article 14 and EU principles and values. It remains, however, that such measures may impose a greater burden on certain categories of Cypriot citizens or residents, those currently abroad, who may be in a vulnerable position and may lead to reverse discrimination. It should be noted that since the accession of the Republic of Cyprus to the EU in 2004 and at present, the territory of the Republic of Cyprus is outside the scope of the Schengen area. Whether state measures are proportionate or not is ultimately a matter of legal control. In the broader context of migration in the Mediterranean and Europe, there is growing concern and urgency regarding the migrant population facing the COVID-19 pandemic in Mediterranean countries that are minimally affected by the migration crisis, including Cyprus.

On 20 March 2020, the coastguard of the Republic deterred a vessel with approximately 175 illegal migrants from approaching the island. On its territory, the Republic has introduced measures in reception facilities, including social distancing/quarantine, which may have affected further access to legal aid and social services. Reception centers remain overcrowded while health issues due to overcrowding had been reported even prior to the pandemic. Such State responses to the pandemic have affected migrants even more than before, endangering their internationally protected status and/or rights. (A Tale of Two: The COVID-19 Pandemic and the Rule of Law in Cyprus, 2020)

Educational barriers:

Schools closed on 10 March 2020 and teachers had to take learning online and contact students' families about connectivity and equipment availability. Teachers were unable to reach some parents, especially immigrant and refugee families who did not speak Greek. In addition, some parents were not digitally literate and could not help their children. According to NGOs assisting migrant communities, the children of migrants/refugees were not able to benefit from the use of

the online platform. The government issued a press release about supporting families and that TV channels would broadcast more children's programs; however, the press release did not specify assistance to children facing connectivity or equipment gaps.

Meetings of over 75 persons are banned:

Another restriction was the closed of many businesses and the ban of gatherings of more than 75 persons. The restrictions were only for the concentration and residence in the same single indoor, private, or public use, but not in offices, companies, shopping malls, supermarkets, and other places where visitors will move and will not remain for long periods concentrated in the area. Moreover, that included mass events, gatherings, parades, concerts in public places, football matches and other matches without the presence of spectators. In case of the religion, the Orthodox churches remained open and continues to hold masses, offering Holy Communion.

Impact on the Turkish Cypriot community:

Turkish Cypriots and Greek Cypriots affected by the closure of the checkpoints. People who were staying in the occupied side of the island could not pass the checkpoints and as a result did not have access to schools, universities, jobs, hospitals or government services.

Impact on asylum seekers and refugees:

Asylum seekers and refugees at the Kofinou Reception Centre were instructed to stay inside their accommodations. Even though those accommodations did not have their own toilet or kitchen. The residents of the camp were allowed to leave and return in the camp if it was a necessity, however no one could enter other than the guards. Food was delivered to the camp, however people were afraid of the spread of coronavirus through the plastic containers of food and the children could not use any online platforms for their lessons. Additionally, the Kokkinotrimithia camp shut its gates and "resembling a detention centre rather than a reception facility." Other than that, the population in the camps is too high, with six to eight persons sleeping in a single tent.

Additionally, in March 2020, the Greek-Cypriot Sea Patrol pushed back a boat with 175 Syrians, who arrived in the occupied side after the government in Cyprus did not accept them. Additionally, the specific government policy is being criticized by "human rights experts and journalists expressed concern over the risk of undermining international protection in the course of implementing emergency measures as a result of Covid-19."

Persons suffering from other conditions:

Other conditions treatment has been suspended during the COVID-19. For instance, many people with thalassemia appointments for blood infusion were postponed.

Impact on privacy and spread of disinformation:

Privacy during the pandemic was an essential issue that government or local authorities were unable to protect. For example, the identity of the first coronavirus case on the island was revealed to the public. This resulted in the harassment of that individual. Furthermore, in the first weeks of the launch of the rapid tests, medical staff at the various centres gave the results to patients by shouting their names outside each medical facility, with many people reacting to this protocol. In general, in Cyprus the stigmatisation of positive cases was high and many people did not inform the authorities if they were positive to avoid the whole stigma of society and did not receive medical treatment.

Right to safe and healthy working conditions:

The Ministry of Labour, Welfare, and Social Insurance (MLWSI) were working closely with the Ministry of Health to give to the employees and employers in the island all the relevant information for the protection from COVID-19 in the workplace. The document was translated into 5 languages. Other than that, the healthcare professionals in different facilities (either public or private) were trained on basic hygiene rules, related to gloves, masks etc.

Health is a human right:

In Cyprus in 1990 there was one hospital bed per 170s persons. 27 years later, it changed to one bed per 290 persons. According to Gregoris Ioannou (2020), "With an EU average of 541 hospital beds per 100 000 residents, Cyprus has 339. Long-term health care expenditure in many EU countries surpasses 20% of their total health spending, while in Cyprus the equivalent figure is 3%. At an EU average of total health spending of 10% of GDP, in Cyprus this stands at merely 6.8%." (<https://www.opendemocracy.net/en/can-europe-make-it/authoritarianism-masking-incompetence-case-republic-cyprus/>).

The pandemic found the health system in Cyprus unprepared with lack of intensive case units, lack of equipment etc. Additionally, three of the main public hospitals closed some sections, the first week of the pandemic due to infection of health professionals with COVID-19, and even a month after the lockdown were not any new health professionals' staff. Medical and nursing students were working in the hospitals; however, the government was not had any new funds for public health. Moreover, not many people could test for the virus due to lack of tests in the beginning of the pandemic.

Another essential aspect is the cost of sanitizers, masks and in some time the money that people should pay to do a rapid or PCR test. The high prices of the above resulted to the division in a high level of the public and accessibility of all people to basic equipment to their protection.

Freedom of movement:

During the pandemic, some of the measures to minimize the movement of people were a curfew from 21:00 to 06:00 in the morning. Another measure was SMS, which was a measure for movement other than going to work. The SMS was free of charge. Each person had a certain number of messages (during one period it was one and during other periods it was three) that they had to send in order to be able to move outside their home. Every citizen had to send X (number corresponding to the reason of movement) [space] Identification number [space] Home Postcode. The X stood for a number between 1 and 8 that corresponds to the reason for leaving the house.

These were: 1: Pharmacy or blood donation or doctor visit or Covid test or vaccination, 2: Shopping for supplies/services, including take away, 3: Bank, if an online transaction is not possible, 4: Absolutely necessary visit to government departments or departments of the wider public sector or local administration, 5: To help people who cannot look after themselves or cannot protect themselves or are in isolation at home or designated quarantine premises, 6: Physical exercise or individual training provided access is allowed at the venue, 7: To attend a funeral, wedding, christening, by first and second degree relatives who do not exceed 10 or for individual prayer, 8: Any other reason that can be justified on the basis of the restrictions

Subjects received four different responses, approval, rejection due to the structure of the message, rejection due to exceeding the maximum number of movements allowed and rejection due to non-compliance with the curfew. Also, the approval of moving outside their homes was valid under a specific time period.

One good practice that implemented in Cyprus during the pandemic was the *CRESTART - CREative rESilient leARning communiTies* meeting COVID challenges project. The material created in the project aimed to help local communities prepare for potential crises, building on the experience of COVID 19 pandemics. It contains theoretical and practical knowledge on active citizenship and community participation, and presents lessons learned from the pandemic. Additionally, it provides thorough knowledge on crisis, its effects and measures leaders can/should do to minimize the effects on their community, the methodology of public involvement and co-creation and share good practices (<https://crestart.org/>).

How had the COVID-19 crisis affected the work and life balance of women?

According to the Eurobarometer (2022), on Women in the times of COVID-19, the women in Cyprus in the question “With a view to the role of the European Parliament, which of the following gender-related issues would you like the Members of Parliament to tackle as a priority? You can select up to three issues. (%)”, answered as follow:

- 57% of women choose “Trafficking and sexual exploitation of women and children”,
- 54% choose “Mental and physical violence against women”,
- 50% of women choose “The pay gap between women and men, and its impact on career development”,
- 36% of the “Protection of women and girls belonging to vulnerable groups”,
- 29% choose “The stronger difficulties for women in reconciling their private and working lives (work-life balance)”,
- 13% choose “The persistence of sexist stereotypes” and “Lack of representation of women in positions of responsibility in politics”,
- 10% choose “Lack of representation of women in positions of responsibility in companies”,
- 9% choose “Alleviating the financial impact of COVID-19 on women”.

Moreover, in questions related to pandemic and work, women in Cyprus had to answer if they agree or disagree with different statements. In the statement “The pandemic has had a negative impact on my work-life balance”, 30 and 38 women choose Totally agree and Somewhat agree respectively. Also, 6 answered that somewhat disagree with the statement above, 8 that they totally disagree. In the statement “The pandemic had a negative impact on my income” 32 and 25 answered that Totally agree and Somewhat agree respectively.

To summarize the above statements and data, four in ten women say that the pandemic has had a negative impact on their income and work-life balance, while one in five say that the crisis has had a negative impact on the time, they can devote to paid work. Cyprus is in first place across Europe with 68% of respondents (the EU average is 44%) saying that the pandemic has had a negative impact on their work-life balance.

As other countries, Cyprus economy affected by the pandemic and decreased in the second quarter of 2020 by 4.7% and in the third quarter by 1.4%. The government adopted measures to reduce the impact of the pandemic on workplaces with different income support schemes for employees and businesses. Different surveys took place during the first lockdowns, such as “How do Cypriots experience the COVID-19 pandemic (April 2020) and the COVID-19 pandemic in Cyprus in the

second containment measures relaxing phase (May 2020)". According to the survey, 89% of the interviewees reported to have used ICT technologies in the previous week: 24% for telework, 19% for tele-education, 86% for communicating with friends and relatives. (Industrial relations and social dialogue Cyprus: Working life in the COVID-19 pandemic, 2020, p. 2). Additionally, 19% reported the fully suspension of their work, 15% partially suspension and 3% had dismissed.

Public services:

The Ministry of Finance on the 17th of March announced measures regarding the public service and the wider public sector. The measures included "flexible working schedule under conditions, work from home where possible, a special partly paid leave of absence only one of the two parents who have children aged under 15 years for up to four weeks for the time being, leave for persons belonging to vulnerable categories, such as persons aged over 60 years of age, persons with specific chronic illnesses, pregnant women irrespective of age."¹⁰

Impact of measures on victims of domestic violence:

During the pandemic, the individuals experience domestic violence were increase by 30%. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the increase of 30% on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17th of March 2020. NGO states "that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim." (*Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020, p.11*). By the end of March 2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

Additionally, economic insecurity was an essential factor for individuals experience domestic violence, because of the uncertainty of the future in the workplaces, due to reduce of salaries or dismissal. As a result, many individuals experience domestic violence returned to the abusers. Adults and minors who have to stayed at home during the pandemic due to the close of schools and the teleworking were exposed more often into domestic violence situations.

One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message "Violence against women kills... Put. An End. File a complaint", with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO's phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the www.domviolence.org.cy with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

Moreover, in the annual report of the office of the committee for gender equality (2020) was mentioned the new National Action Plan for Gender Equality (NAP). In the report is mentioned the burdened of women in Cyprus with more responsibilities related to caring for the household, the elderly, people with disabilities, and people with disabilities. disabled persons and/or other dependents. The aim of the NAP is to overthrow patriarchal and male-dominated societies, economic and political structures, and mechanisms.

¹⁰ *Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020, p.8*

A good practice that was implemented during the COVID-19 was the Virtual Teams project which aims to help Leaders in Small and medium-sized enterprises (SMEs) to acknowledge the importance of digital skills and wellbeing practices in maintaining healthy and productive virtual teams. Its objectives include the development of appropriate competencies in team leaders to better manage virtual team wellbeing and productivity and at the same time enrich their capacity to use the appropriate technological tools. Virtual Teams also aims to equip HR professionals with tools and skills to be in a position to promote positive organizational cultures by adjusting their policies, practices and procedures and support their staff. (<https://virtual-teams.eu/about/>)

1.5 France

General overview

In France, the disease arrived at the beginning of 2020, with a first case detected on 24th January 2020. Since then, several outbreaks of contamination have appeared throughout the country. The first restriction measures were taken at the end of February 2020, with a ban on events involving more than 5,000 people in closed spaces. On the 19th December 2022, 37.8 million cases of COVID-19 were registered in France, with a total of 157,000 deaths. Many people have therefore been infected by this virus, despite national measures aiming at curbing the spread of the epidemic.

On the 11th March 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic. As a result, more restrictive measures have been taken in the European Union, including France. On Thursday 12th March 2020, the current President of the French Republic, Emmanuel MACRON, announced the closure of all nurseries, schools, colleges and universities from Monday 16th March, and strongly encouraged the deployment of remote working for professions that could use it. These measures were initially planned to last 2 weeks. However, they were completed 4 days later, on the 16th March 2020, by a lockdown of the population and circulation restriction to what was strictly necessary. The only authorized reasons for leaving home were for going to work, for medical purposes, for compelling family reasons or for walking a pet for one hour, within a maximum radius of 1km from the home. This first lockdown, scheduled to begin at noon on the 17th March and to last for fifteen days, was extended twice, until the 11th May 2020. This first lockdown lasted a total of 55 days.

A second lockdown took place from the 30th October to the 15th December 2020 (46 days) and from the 3rd April to the 3rd May 2021 (30 days). Intermediate measures such as curfews, prohibition of gatherings of more than a certain number of people or in certain places, access to certain places submitted to the presentation of a certificate of a test (antigenic or PCR) negative to COVID-19, have been taken as part of a gradual exit from lockdown or in response to situations of epidemic resurgence, at local or national level.

All the measures taken during the epidemic aimed at restricting contact within the population, with the objective of limiting the spread of the epidemic and therefore deaths linked to COVID-19, and of preventing hospitals from being overwhelmed by patients, thus restricting access to care for other patients. The aim was to take measures that were appropriate and proportionate to the situation the country was facing. The unprecedented and exceptional nature of the pandemic required urgent measures, albeit within a precise legal framework. The traffic restriction measures taken on 16th March 2020 took the form of a decree "regulating circulation as part of the fight against the spread of the COVID-19 virus"¹¹. It was combined with another decree "creating a fine to punish the violation of measures intended to prevent and limit the consequences of serious health threats on the health of the population"¹² on the 17th March 2020. All of these measures

¹¹ Decree n°2020-260 of 16th March 2020 regulating travel as part of the fight against the spread of the COVID-19 virus, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000041728476/2020-03-21/>

¹² Decree n° 2020-264 of 17th March 2020 creating a contravention to punish the violation of measures intended to prevent and limit the consequences of serious health threats on the health of the population, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000041731767>

were permitted by Article L. 3131-1 of the Public Health Code (CSP)¹³. A so-called "health emergency" state was established by a law of the 23rd March, which formed the basis of the new legal framework for all measures taken to fight the spread of the COVID-19 epidemic¹⁴.

There were two elements that justified government action and the introduction of restrictive measures

- The inclusion of restrictions in a well-defined legal framework made it possible to legitimize these measures;
- The urgency in view of the potential danger of this unknown virus.

The exponential spread of the disease, the images of lockdowns in China and the seriousness of the disease (even death for the most vulnerable), enabled a consensus within the population, in the general interest. In that sense, Jean-François DELFRAISSY, President of the Scientific Council on the coronavirus, stated that "the objective of lockdown is to limit the number of serious forms of the disease and to allow our healthcare system to remain effective".

Despite an initial acceptance of the general lockdown measures, the French population's weariness has gradually been felt. This can be explained by the successive scandals that happened on our territory concerning the equipment of health care workers, the distribution of masks, and later, vaccines. We can add the existence of numerous controversies, discussed both at the political level and among the population.

Such measures inevitably had economic, professional, social and health consequences. French people's lives have been completely turned upside down by the pandemic and the various lockdowns : French people's mental health has been greatly impacted by these various measures. In addition, there was a considerable increase in domestic violence, both against children and women¹⁵.

The political life of France, often considered as the "land of human rights", suffered deeply from the pandemic. According to a study by the Economist¹⁶, France went from being a "full democracy" to a "failing democracy" in 2020. This study is based on the democracy index, an indicator defined by the Economist intelligence group, which evaluates 60 criteria divided into 5 categories (electoral process and pluralism, civil liberties, government functioning, political participation and political culture). This democracy index fell from 5.37 in 2020 to 5.28 in 2021 in France. This drop, the largest since 2010, can be explained by the pandemic and the measures taken to contain it : these affected both the enjoyment of fundamental rights and the existence of democratic debate as a basis for

¹³ Article L3131-1 - Public Health Code, https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000046118996

¹⁴ Law n° 2020-290 of 23 March 2020 on the emergency response to the COVID-19 epidemic, <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041746313/>

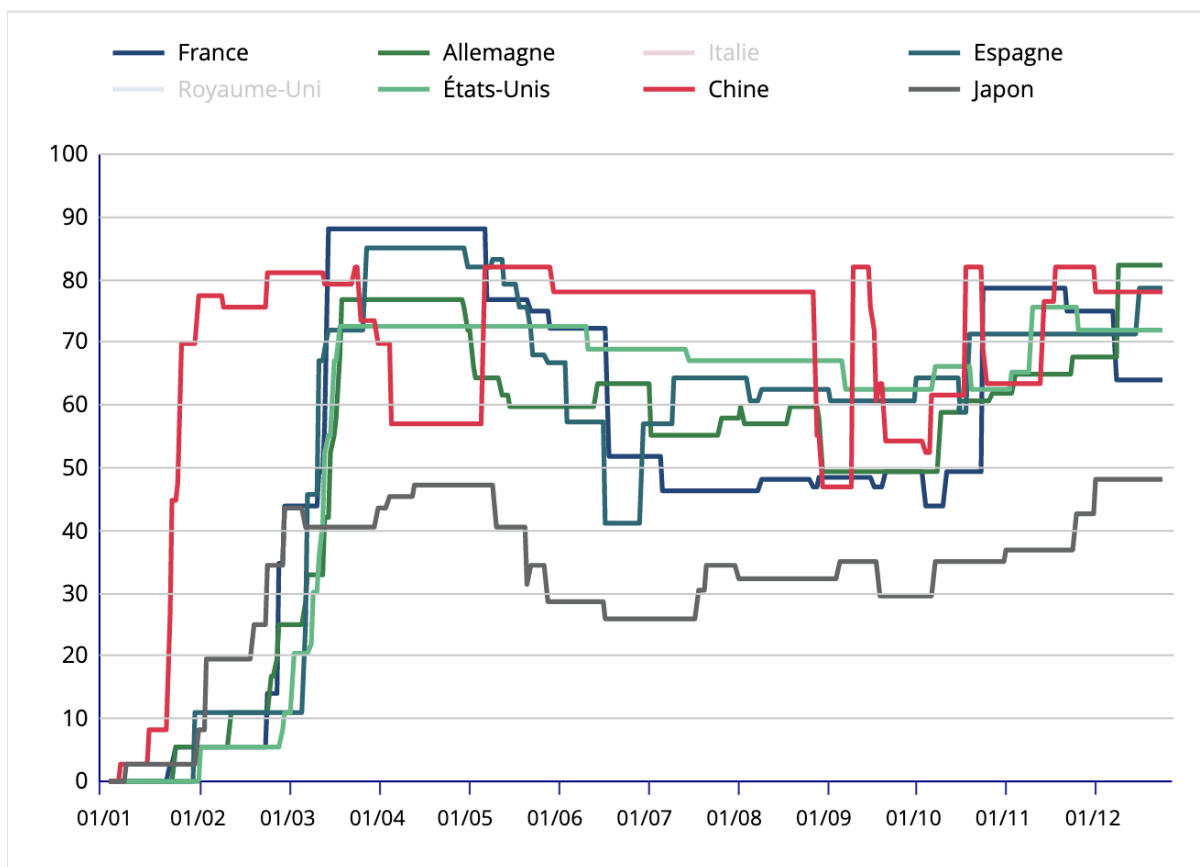
¹⁵ La Dépêche, "Coronavirus : domestic violence up by 30% during lockdown", 04/12/2020, <https://www.ladepeche.fr/2020/04/12/coronavirus-les-violences-conjugales-en-hausse-de-30-pendant-le-confinement,8843584.php>

¹⁶ The economist, "A new low for global democracy", 09/02/2022, <https://www.economist.com/graphic-detail/2022/02/09/a-new-low-for-global-democracy>

political decision-making. Furthermore, the Global State of Democracy Initiative noted a decline in the index for the exercise of civil liberties in 2020. In France, it declined from 0.86/1 to 0.81/1¹⁷.

Finally, the pandemic had an impact on society through the economic consequences it involved. Many studies, both national and international, highlighted this. This decline can be observed at the global and European levels, and even more in France. Indeed, while the GDP of the euro zone fell by 6.6% in 2020, that of France fell by 7.9%, i.e. 1.3 points more. The sectors most affected by this phenomenon were inevitably trade, transport, accommodation and catering. This had an impact on salaried employment, which fell sharply in 2020. Nevertheless, public administrations have endeavored to put in place aids for individuals and companies in order to control the drop in economic activity, which has allowed the loss of income to be absorbed by the State.¹⁸

Figure – Oxford University Restriction Index 2020



Note : the index summarizes all health containment measures, such as restrictions on the movement of people and closures of shops, administrations and schools.

Interpretation : on 31 December 2020, the index of restrictions was 63.9 in France, compared with 71.8 in the United States.

Source : Hale et al (2020).

¹⁷ Democracy tracker, France, <https://www.idea.int/democracytracker/country/france>

¹⁸ The French economy in 2020: a year of upheaval, <https://www.insee.fr/fr/statistiques/5389038>

How has the COVID-19 crisis affected the democratic debate in France ?

From the beginning of the COVID-19 crisis, throughout the Union, including in France, the democratic debate has been affected, to different degrees and in different ways.

In France, the verticality of government decision-making has been widely criticized as anti-democratic and denying the need for debate as a basis for democracy during this crisis.

The democratic debate was relegated to the background since the beginning of the health crisis. At the dawn of the first lockdown, on 16th March 2020, the Head of State, Emmanuel MACRON declared "We are at war". This martial speech was not insignificant. On the contrary, the evocation of war against this invisible virus, about which little was known at the time, suggested the need for a certain unity among the French people, leaving little or no room for democratic debate. This 'war' against COVID-19 and limiting its spread was a priority.

In reality, beyond COVID-19 itself, it is the fear of the virus that affected the democratic debate in France. The management of the risks generated by the pandemic took precedence over the democratic debate, considering the opinions of doctors, epidemiologists and scientific experts as central to the decision-making process. A "government of experts" was set up, with a state that was no longer able to make decisions based on democratic debate and rationality.

Now, a pandemic, because of its unprecedented and unforeseen nature, is an eminently political moment, a moment when democracy and the debate associated with it take on their full meaning. In reality, democracy is the articulation of a permanent debate between political parties and citizens. In this framework, the expert should only have an advisory voice. The opposite happened in France : expert opinions have been the basis for decision-making on the measures to be taken to stop the spread of the COVID-19 epidemic.

Nevertheless, experts themselves have stressed the importance of democratic debate in managing the crisis. The National Consultative Ethics Committee¹⁹ and the Scientific Council²⁰ issued recommendations to take better account of democratic debate in taking action against the virus. This recommendation was justified by the potential inadequacy, or even unproductiveness, of restrictions when they were not adapted to reality.

For example, home lockdown of contaminated people (a measure widely favored in Europe) sometimes have proved useless or even dangerous (psychological consequences, contamination of other members of the family household, etc.). In reality, it is at these moments that democracy takes on its full meaning. When no scientific decision is ideal, it is then a matter of bringing politics into play, at the heart of which lies the democratic debate.

However, the fear emanating from the virus, and the unprecedented situation we faced through the successive lockdowns, led to violent reactions in the democratic debates, between political

¹⁹ French advisory body with the status of an independent administrative authority, whose mission is to "give opinions on ethical problems and societal issues raised by the progress of knowledge in the fields of biology, medicine and health".

²⁰ An independent French advisory organization that is responsible from March 2020 to July 2022 for informing public decision-making to combat the Covid-19 pandemic, also addressing issues of maintaining electrical, digital and law and order infrastructures.

It is replaced by the committee for monitoring and anticipating health risks.

figures, between citizens, and between these same two groups. The decisions that have been taken have largely divided the population, on different subjects: lockdowns, movement restrictions, masks, vaccines, health and then vaccination passes. This did not allow for an effective democratic debate: we witnessed more of a confrontation within the population, aggressive exchanges between the pro-confinement, pro-mask, pro-vax, pro-sanitary pass/vaccine... and the anti-confinement, anti-mask, anti-vax, anti-sanitary pass/vaccine. Often violent reactions took place, giving more argument to politicians wishing to silence democratic debate. "Fear seems to have overwhelmed the democratic debate". The unprecedented nature of the lockdowns and the various measures taken to limit the spread of COVID-19 resulted in antinomian reactions among the population when questioned about government policy and its effects on fundamental rights. Reactions were opposite and violent, as the debate left no room for nuance.

From the beginning of the health crisis, the French human rights defender, Ms Claire HEDON, warned of the consequences of the measures taken on rights and freedoms, and in particular on the democratic debate. On the 24th October 2020, in an article published in the French newspaper "Le Monde"²¹, she underlined the need to set up an in-depth democratic debate on the appropriateness or otherwise of the health measures taken in the context of the fight against the spread of COVID-19. In the same vein, an article²² published in Le Figaro by Muriel FABRE-MAGNAN, a law professor, highlights the crisis of the rule of law caused by the pandemic and the measures taken to curb it.

Finally, an important element to be underlined on this issue is the place of the media. The media play an essential role in a democracy, providing information to citizens so they can debate and decide in an informed manner. During the COVID-19 crisis, the media often did not play their role fully in this respect. In France, the American-style "cancel culture" was very much in evidence and some media tried to make any discourse that did not corroborate that of the public authorities illegitimate. On the subject of masks in particular, the newspaper Le Monde published an article²³ on 25 August 2020 devoted to anti-masks, which equated those citizens against masks in all circumstances with those against masks outdoors. The generalization and polarization of the debate has been reinforced by these kinds of articles. Going even further, and by a process of amalgamation, people against the mask, in the same way as anti-vaccines, are placed in the conspiracy box. This article left no room for nuance, simply recounting the government's discourse.

However, the management of the crisis, for some, had a positive effect on democracy in that it allowed the government to regain its place, by putting it in front of its responsibilities²⁴. Thus, the government has been put back at the center of decision-making. The COVID-19 crisis highlighted

²¹ Claire HEDON, "The existence of a substantive democratic debate on the appropriateness of health measures would promote social cohesion", Le Monde, 26/10/2020, https://www.lemonde.fr/idees/article/2020/10/24/claire-hedon-l-existence-d-un-debat-democratique-de-fond-sur-le-caractere-adapte-des-mesures-sanitaires-favoriserait-la-cohesion-sociale_6057209_3232.html

²² Muriel FABRE-MAGNAN, "Is the rule of law sick with Covid-19?", Le Figaro, 21/12/2021, <https://www.lefigaro.fr/vox/societe/muriel-fabre-magnan-l-etat-de-droit-est-il-malade-du-covid-19-20211221>

²³ "Adherence to various conspiracy theories is a characteristic feature of "anti-maskers", Antoine BRISTIELLE, Le Monde, 25/08/2020, https://www.lemonde.fr/idees/article/2020/08/25/l-adhesion-aux-differentes-theories-du-complot-en-est-un-trait-caracteristique-des-antimasques_6049841_3232.html

²⁴ "French democracy in heavy weather. From the yellow waistcoats to the Covid-19", Pierre-Henri TAVOILLOT, <https://www.cairn.info/revue-constructif-2022-1-page-41.htm>

the characteristics of the French system, both its strengths and weaknesses. Pierre-Henri TAVOILLOT stressed that "We are therefore very far from the predicted collapse". Indeed, we had to deal with a virus of which little was known, the management of hospitals, citizens, schools and the whole of public life that was affected by the virus. Both the population and the public authorities were able to adapt in order to maintain the health system, public services and the activity of the country in general. Problems that existed before the pandemic also surfaced during the health crisis: democratic debate was largely denied in the decision-making process for COVID-19. This is a flaw in French democracy that makes it, according to the Economist study mentioned above, a "failing democracy".

How has the COVID-19 crisis affected the enjoyment of fundamental rights?

The COVID-19 crisis led to exceptional measures taken in France, in Europe and in the world in general. While these measures were essential to preserve the national health system, and to limit the spread of the epidemic and its potential health consequences, they may have seemed liberticide.

In France, the National Consultative Commission on Human Rights²⁵ (CNCDH) has been concerned, since the first quarantine, about the impact of the measures taken on the enjoyment of fundamental rights. The creation of a state of health emergency as a legal basis for the restrictive measures taken was questioned in a statement of the 28th April 2020 entitled "State of health emergency and rule of law"²⁶. If we follow this statement, the taking of these measures was contrary to the pre-existing texts, and therefore without legal basis, the violation of fundamental rights was unjustified. On several occasions, the statements of the CNCDH, the body that guarantees human rights in France, was not followed, particularly with regard to the implementation of the "StopCovid"²⁷ smartphone application.

The CNCDH created, during this crisis, an Observatory on the State of Health Emergency and Containment, in the framework of which various statements and reports were drafted, aiming to inform on fundamental rights in this period of COVID-19, and on the good practices put in place in order to protect fundamental rights while pursuing the objectives of limiting COVID-19 contaminations and the overwork of hospitals. The establishment of such an Observatory is an interesting practice that allowed to keep a constant eye on the measures taken and their impact on the enjoyment of fundamental rights. It has also formulated recommendations in order to better respect human rights.

²⁵ Independent administrative authority with a mission to advise public decision-makers on human rights and international humanitarian law, and to monitor France's international commitments in these areas.

²⁶ Opinion of 28 April 2020, *State of health emergency and rule of law*, <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041842574>

²⁷ Mobile contact tracing application deployed in the context of the Covid-19 pandemic in France and initially intended to warn of possible transmission with an infected person. The initial project was met with opposition to the principle of contact tracing, which raised fears of a lack of medical control, questions about the use of the data collected and criticism of the implementation and the risks it could entail.

1. Right to health

In a report²⁸ on the 6th May 2020, the Observatory focused on the right to health and the urgency of ensuring access to health care for all in the context of the first lockdown. Certain obstacles to the enjoyment of the Right to Health were specific to the COVID-19 crisis : the influx of COVID-19 patients and their need for intensive care for some, imposed the cancellation of so-called “non-urgent” medical interventions in order to requisition equipment and staff to treat people with the virus. The widespread use of teleconsultation and the encouragement to stay at home also led to delays in care and even diagnosis for some patients. For example, the Unicancer centers recorded 6.8% fewer patients being treated between March and July 2020 : in the coming years, this could result in an excess of 1,000 to 6,000 deaths caused by cancer, as a delay in the treatment of this disease could be devastating given its rapid progression.

Beyond the obstacles to the enjoyment of the right to health inherent in the crisis, it also acted as a catalyst for the difficulties already encountered. Indeed, the social inequalities affecting the health of populations have been shown to be a factor in excess mortality in the case of COVID-19 infection. The department of Seine-Saint-Denis, for example, faced an excess mortality of 101.8%²⁹. This department is one of the poorest in France, so its population is generally in precarious health and lacks medical facilities. This also underlines the inequalities in terms of access to care on the national territory: the situation of the Overseas Territories has proved critical due to the lack of hospital structures capable of receiving patients.

In general, the inability of the health care system to accommodate all patients has led to the denial of care to some patients, which constitutes a violation of the right to health protection "which must not suffer from any form of discrimination related to age, state of health, disability, nationality, administrative status or social origin". The situation of migrants and persons incarcerated in prisons is highlighted by the CNCDH.

At the end of this letter, the Observatory formulates a series of 7 short and medium term recommendations to preserve the right to health in the context of the pandemic, and beyond.

2. Right to education

The pandemic has affected all aspects of French citizens' lives, including education. The right to education is an integral part of fundamental rights, allowing all other fundamental rights to be taken into account. Nevertheless, the virus has led to drastically limited social contact, and educational facilities were the first to be closed. Teachers had to strengthen their efforts to ensure educational continuity. It was therefore necessary to adapt in order to set up distance learning. The beginnings of distance learning were difficult for teachers, parents and students. These new models of education have confirmed existing inequalities and even widened them. Children from low-income families were the first to suffer from distance learning: often living in poor housing, without access to a computer, in overcrowded spaces and with parents who sometimes had a poor

²⁸ Letter #5 from the Observatory of the State of Health Emergency - Effectiveness of access to care, <https://www.cncdh.fr/publications/lettre-5-de-lobservatoire-de-letat-durgence-sanitaire-effectivite-de-lacces-aux-soins>

²⁹ What Consequences of the Covid-19 Pandemic and Lockdown Policies on Undocumented Immigrants in France?, December 2020, <https://www.irdes.fr/english/issues-in-health-economics/253-what-consequences-of-the-covid-19-pandemic-and-lockdown-policies-on-undocumented-immigrants-in-france.pdf>

knowledge of the French language, they found themselves in situations that were incompatible with effective home schooling. In contrast, children from wealthy families benefited from parents who were able to act a teaching role and help them with distance learning.

In addition to inequalities relating to family circumstances, there were also inequalities at national level due to the management of different teaching processes in schools. Some schools tried to maintain as much contact with families as possible, while others kept contact to a minimum.

The situation of higher education students in terms of their right to education is also worrying: before the health crisis, 20% of students were already living below the poverty line³⁰, a figure that increased with the confinement due to the suppression of student jobs. These precarious students found themselves in complex situations as they often lacked the necessary equipment to follow distance learning courses: the extended closure of universities and libraries did not help to mitigate this problem.

3. The right to freedom of movement

The right to freedom of movement was certainly the fundamental right that was most affected during the COVID-19 crisis. And for good reason: while the right to education and the right to health could benefit from measures to compensate for the infringement of the right in question, the limitation of the freedom of movement was at the very heart of the measures taken to contain the epidemic. French people could only travel for specific reasons: work, compelling family reasons, essential shopping, health, or physical activity within a maximum radius of 1km from home and for a maximum duration of 1 hour.

It is not possible in this report to detail exactly how each fundamental right was affected in the measures taken in France to combat the COVID-19 pandemic. Indeed, this report is intended to be brief and effective in targeting the main human rights whose enjoyment was restrained during the health crisis, as well as good practices to limit the impact of restrictions on the rights in question. Nevertheless, in France as elsewhere in the world, other rights have been challenged by the pandemic: the right to work, the right to freedom of assembly, the right to privacy, etc.

With the hindsight we have today on the pandemic, its consequences and its impact on the enjoyment of fundamental rights, it seems more than necessary to find solutions that allow for a more effective conciliation of human rights and the possible health constraints linked to an epidemic such as the one we experienced with COVID-19.

How has the COVID-19 crisis affected women's work-life balance?

The Covid-19 crisis and successive lockdowns affected the working lives of the entire population.

An FRA study, "The Coronavirus Pandemic and Human Rights: A Year in Review 2020"³¹, highlighted that the pandemic was particularly difficult for women. The study states that "there is evidence that the pandemic has disproportionately affected women, particularly in the areas of employment, work-life balance, and family responsibilities". In France, women were hardest hit by

³⁰ Poverty by activity status and threshold, INSEE, <https://www.insee.fr/fr/statistiques/3565548>

³¹ The Coronavirus Pandemic and Human Rights: A Year in Review 2020, 10 June 2021, <https://fra.europa.eu/fr/publication/2021/la-pandemie-de-coronavirus-et-les-droits-fondamentaux-retrospective-de-lannee-0>

unemployment caused by the virus. According to a study³² by France's National Institute for Demographic Studies (INED), only two out of three women employed before the pandemic on the 1st March 2020 were still in work two months later. Conversely, 3 out of 4 men were still employed 2 months after the start of the pandemic and the restrictive measures in France.

Women who were able to maintain a professional activity at the height of the crisis faced many difficulties. The introduction of remote working enabled the population whose jobs allowed them to continue to work, but many professions did not. In particular, service-related professions were forced to cease their activity (shops that are not part of the so-called "basic necessities"), with a majority of women working in this sector of activity.

Another factor that disrupted working life was the closure of schools. Parents needed to find childcare while providing education at home. On this occasion, 21% of women stopped working, twice as many as men. Whether they continued to work or not - or remotely or not, a large majority of women were involved in teaching their children at home, as 70% of them said they supervised their children's schoolwork on a daily basis, compared with only 32% of men.

70% of the women surveyed believe that the COVID-19 crisis had an impact on their professional life during the crisis, but also in the long term.

Before the crisis, the search for a work-life balance was already difficult for women. The pandemic has therefore acted as a catalyst for gender inequalities and imbalances in the lives of employed women, especially when they are mothers.

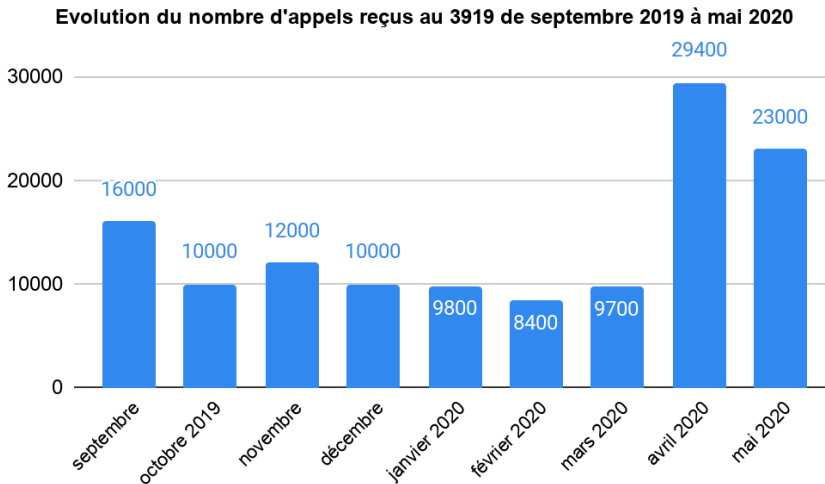
For women in complex family situations, the crisis amplified their difficulties, particularly for those suffering from domestic violence. In France, 1 in 10 women is a victim of domestic violence³³, whether physical, psychological, verbal or sexual. Among the victims, 62% are active. Successive confinements worsened the situation of these women, who were forced to remain locked up with their persecutor, and deprived of the help of associations. At a time when the barrier between personal and professional life has gradually disappeared, this violence inevitably had an impact on the work of women victims of domestic violence. This violence also increased by 30%³⁴ during the health crisis: many women therefore found themselves in a situation where they had to manage their professional life, their children and domestic tasks, while at the same time suffering daily violence.

From the end of March 2020 and particularly from mid-April, the number of calls received rose sharply, proving that the confinement had an effect on disclosures of violence. In fact, the National Women's Solidarity Federation (FNSF) received 44,235 calls and took 15,610 calls during the entire period of the lockdown, between 16 March and 10 May 2020.

³² Work and its adjustments: what the covid-19 pandemic has changed for the French, <https://www.cairn.info/revue-population-et-societes-2020-7-page-1.htm>

³³ The national survey on violence against women in France (Enveff).

³⁴ Les violences conjugales pendant le confinement : Evaluation, Suivi et Proposition, Mission interministérielle pour la protection des femmes contre les violences et la lutte contre la traite des êtres humains MIPROF, July 2020, <https://www.egalite-femmes-hommes.gouv.fr/sites/efh/files/migration/2020/07/Rapport-Les-violences-conjugales-pendant-le-confinement-EMB-23.07.2020.pdf>



Field: number of calls to 3919³⁵ received from September 2019 to May 2020

Source: FNSF - Analysis based on 3919 data sheets - Rounded and provisional data

Methodological clarification: the line was accessible from Monday to Saturday from 9am to 7pm. From Sunday 19 April and in order to meet the growing demand, the line was accessible 7 days a week.

Note for the reader: in September 2019, the FNSF's counselors received approximately 16,000 calls

In addition, the women who continued to work were, for the most part, part of the staff working in the basic shops or in the care structures (Retirement home, hospitals, clinics, etc.) and were therefore more vulnerable to possible contamination. In fact, in France in 2020, there were three times more women working in the health sector than men: 484,000 carers were men against 1,494 million women³⁶.

The pandemic and subsequent measures could have been an opportunity to redefine the roles of women and men in the home and move towards greater equality. Unfortunately, this was not the case: on the contrary, women who were mothers during the successive lockdowns suffered more from the existing inequalities in the burden of domestic tasks and child-rearing (including home schooling). Their situation also gets worse with remote working.

³⁵ 3919 is the national helpline and referral number for women victims of violence.

³⁶ Gender statistics database, "Employment in human health activities by sex and age", https://eige.europa.eu/gender-statistics/dgs/indicator/ta_wrklab_lab_employ_selected_healthcare_lfsa_egand22d_hlth/bar/year:2020/geo:EU28,EU27_2020,EU15,EA19,BE,BG,CZ,DK,DE,EE,IE,EL,ES,FR,HR,IT,CY,LV,LT,LU,HU,MT,NL,AT,PL,PT,RO,SI,SK,FI,SE,IS,NO,CH,UK,ME,MK,RS,TR/nace_r2:Q86/age:Y15-64/unit:THS/sex:M,W

1.6 Greece

The chronicle of the pandemic in Greece starts with the first registered case in the country, the patient 0 that was a woman who had travelled in North Italy and was diagnosed positive in COVID 19 in a Greek Hospital. After her diagnosis in February 2020 and in parallel with the global concerns about the health crisis, a state of fear and uncertainty followed, as it was the first time that a Greek Hospital had to treat a patient positive in COVID 19. The first global announcement of a new virus infection had preceded already from December 2019 starting from a pneumonia epidemic in the city of Wuhan in China.

The official naming of the virus as Covid-19 was announced by the World Health Organisation on 11th of February 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003, although the two viruses have a different activity. The World Health Organisation has made clear that the virus and disease are new and at the moment the scientific community could not be certain about their characteristics and activity in the human body.

The first death in Greece was registered in 12th of March 2020 and it was a 66-year-old man. The main responsible body for managing the pandemic crisis was the General Secretariat of Civil Protection and after the reporting of the first death their attempts became more organized and intense with the massive sent of emergency notifications to mobile phones, informative television and radio spots and their publication in print and online newspapers and websites as part of an overall informative campaign. The responsibilities and areas of action of the General Secretariat of Civil Protection were enhanced by a new Law that was put into action after 2020 in Greece named "National Crisis Management and Risk Management Mechanism", that allowed this body to take more decisions for the protection of the population during this unprecedented situation.

The informative campaign that was put into action to spread awareness in the Greek population about this new virus was broadcasted by all means of communication in the country along with all the other COVID-19 related news and updates in a daily basis. A phenomenon that worsened from the outbreak of the virus and afterwards was the spread of fake news. This was more intense during the 2 lockdown periods in Greece, in March- May 2020 and November 2020- February 2021. People were more restricted with limited social interaction, and it was unavoidable that they would be more engaged to media and social media networks. Some of the restrictions that were applied in Greece are presented below. The following restrictions were mandatory and their violation meant criminal and financial sanctions from the competent authorities:

- Movement, accessing and staying in public places had to be justified and declared by SMS and police and other responsible Authorities could stop and check citizens at any time and place. In periods of lockdown movement was prohibited from 9pm to 6 am.
- Implementation of the mandatory safe distance measures and mandatory marking placement on all types of places (pharmacies, food shops, health and sanitation services, accessing services for persons with disabilities, accessing emergency services, banks and post offices, public parks, public means of transportation and walking areas).
- Prohibited movement outside the municipality of permanent or temporary residence
- Closure of educational facilities and distance education was ordered for the entire area of Greece, for all upper-level elementary school students and high school students, and the majority of tertiary educational institutions.
- Ban on visits to healthcare facilities, even for the close relatives of patients.

- From 2020 and onwards the General Secretariat of Civil Protection using the data collected in cooperation with the Ministry of Health created a system that classified the regions according to the level of infection they had. Based on those the region was labelled, and the citizens had to comply with different rules and restrictions according to the risk existing for the public health.
- Mandatory wearing of protective masks indoors and in cases outdoors, Banning of public and private gatherings of people (over ten people)
- Prohibition of religious ceremonies and events or restriction of participants to 20 people
- Closure of all catering establishments (except for personal pick-up and delivery) and fitness centres in the red regions, and limitation of the operation of hairdressing, cosmetic and other service salons to a maximum of one customer per room
- With minor exceptions (work, economic/agricultural activity, use of tourist vouchers, etc.), it was forbidden to pass between red zones, and it was mandatory to provide official documentation justifying the reasons

Detailed directions and guidelines and recommendations were provided by the Civil protection and the Ministry of Health for the following cases:

- Disinfection of working spaces and places of massive gatherings
- Disinfection of places where there was a confirmed case
- Offering and sale of goods and services. It was recommended to shops and customers to choose delivery without contact.

These measures have been highly criticized in National and EU level as their strictness was not proportional to the severeness of the situation in Greece. This was concluded after the comparison of the data collected per country in each period of the pandemic crisis.

In December 2020 we had the first arrivals of vaccines in Greece and the process started with the health workers being the first group to get vaccinated. On this occasion the Greek government decided to reduce restrictions as the 2 lockdowns had already pressured a lot of people and the economy. When the vaccines became available for the first time in Greece people were so burdened from the long-lasting restrictions that were showing great willingness to get vaccinated. It is very characteristic that the Greek government's vaccination operation was dubbed "Eleftheria"-meaning freedom. The prime minister, Kyriakos Mitsotakis, announced that nursing home staff needed to get vaccinated immediately, while healthcare workers would have to be vaccinated from 1st of September 2021³⁷. Healthcare workers who were not vaccinated until a certain deadline, if they were working to public Hospitals and organized health structures, went on mandatory work suspension by law. Greece was one of the countries that made vaccinations of healthcare workers mandatory, following the example of Italy and France. There has been a strong criticism in domestic and European level regarding this decision. Even scientists that were fully convinced about the efficiency and necessity of the vaccines stated that this compulsion could bring negative behavioral responses. Peter English, former editor of *Vaccines in Practice* and immediate past chair of the BMA's public health committee, told *The BMJ*, "The problem with making things mandatory is that it often creates a backlash, and you can get more people refusing to have the vaccine because they are being forced to. The general view is that mandatory vaccination should be a last resort."³⁸ Indeed, in Greece there was a strong division of public opinion regarding the topic of vaccination. A very

³⁷ Greece orders covid-19 vaccinations as infections rise. *Reuters* 2021 Jul 12.

<https://www.reuters.com/world/europe/greece-rolls-out-covid-19-vaccinations-those-aged-15-17-2021-07-12/>

³⁸ Wise, J. (2021). Covid-19: France and Greece make vaccination mandatory for healthcare workers.

decisive factor was the pressure that citizens felt by the stricter rules applied for the non-vaccinated population in comparison with the people that had a vaccination certificate.

Specifically, there were stricter rules applied not only for the healthcare workers, but also for the general population who did not wish to get vaccinated, even if there were specific reasons behind this decision. Non vaccinated people had to comply with a lot of restrictions. They were not accepted in restaurants, cafes, bars, cinemas, gyms or any other public indoor space. In some periods, non-vaccinated people were accepted in such places if they could demonstrate a negative rapid test that was implemented within the last 48 hours. In working places, employees were obliged to do a rapid every 48 hours in a pharmacy, hospital or designated place for COVID testing. Some periods it was even discussed the scenario to not allow non vaccinated people to visit the aforementioned places even if they would have an outdoor space.

In Churches and places of worship there were restrictions such as mandatory use of masks by worshipers, safety distance measures (one person per 15 square meters) and a maximum number of 100 worshipers in the Church. Authorities have been very tolerant regarding the places of worship as it was not easy for them to monitor and more importantly to apply criminal and financial sanctions in those places. There were some restrictions but they ended up being just recommendations.

Restrictions have been overwhelming for the society and people and the behavioral responses of different groups were very interesting. Women, the younger generations, and university graduates were more likely to accept vaccination, whereas men, those with a basic education level, and the older generation showed a hesitance to the vaccine against COVID-19. About half of the vaccinated participants were influenced in their final decision mainly by being informed from the internet (50.4%), their work (51.7%), and social life (53,1%) while half of the non-vaccinated individuals were mostly influenced by keeping updated from the internet (55.5%) and by government policies (51.3%).

In 2021 we had the first mutations of the virus in Greece (Omicron, Delta ect), which were "escorted" by many fake news and scenarios, broadcasted also by media. The General Secretariat of Civil Protection and the Ministry of Health narrowed the public announcements and there were only periodic lockdowns in cities or areas that were focus of infection. On 2021 and 2022 there was more obvious that the crisis had a strong social and economic impact. Until 2013 there are approximately 35.822 registered deaths and a total of 5.723.715 infections in the Country and behind those numbers there are so many stories of people who suffered loss, uncertainty and fear.

Moving from 2022 to 2023, still Covid 19 is present, with a recent announcement of Emergency precautionary measures for the protection of public health already in the 1st of January. These measures are of course less strict than the ones of 2020 or 2021, and they are not gaining the publicity and raise anymore discussions like in the past. Greece has been successful in handling the pandemic crisis, as numbers and comparison with other countries reveal, and greatly because the healthcare system has been very much improved by this experience and received more funds by the Government and external resources. The social and economic impact this crisis had for the country is still examined and cannot be easily depicted in numbers and graphics.

HOW THE COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE?

An important indicator to evaluate how the COVID 19 crisis has affected the democratic debate is the Democracy Index, a global measurement that is taking place annually in all countries and reveals an insight of the citizens perspective about the level of democracy in their country. The indicators

of this index include the quality and participation in the elections, the functioning of government, the political participation, the democratic political culture and the enjoyment of individual liberties.

During the period 2020-2022 the Democracy Index in Greece is ranking us to the level of Flawed democracies, which is not very positive since Greece is the country where democracy was developed. At the pandemic period we did not have any election procedure in Greece as the last parliamentary elections were held on 7th of July 2019. There have been several legislative procedures stemming from the state of the emergency that the country has entered after the outburst of the pandemic, which were initiated following faster and less participatory procedures. On the occasion of the emergency and taking into account the weak public health system, politicians focused on the enhancement of the role of the Civil Protection Authority, and this was officially validated by the new “National Crisis Management and Risk Management Mechanism” that was initiated by law on 2020.

By this new law all the measurements that were taken on the management of the health crisis, that were mostly restrictive measures for the citizens, were fastly determined and announced using excessively the media of national scale. There were several public discussions about the strictness of the strategy that has been adopted by the Greek government but despite the general dissatisfaction, Greek citizens have complied to a vast majority to this policy. Some of the indicative restrictions that the Greek government adopted periodically were:

- Curfew based on hours
- Ban of gatherings at any space (public or private)
- Monitoring of compliance by Authorities (including police) and imposition of fines to citizens
- Prohibition of interregional movements within the country
- Strict measures for non-vaccinated citizens (negative rapid test within 48 hours to enter restaurants, cafes, bars, cinemas, gyms or any other public indoor space and private outdoor space of the aforementioned places)
- Suspension of work for unvaccinated health workers³⁹

Regarding the governmental strategy of Greece for handling the pandemic, it is eye opening to examine the comparisons made between the different EU countries by a large portion of the scientific community.

In the following figures it is obvious how Greek government imposed severe social distancing measures and lockdown at a much earlier stage of the epidemic than other southern European countries.

³⁹ (<https://eody.gov.gr>)

The Great Greek Anomaly

Registered deaths of Covid-19, per million people

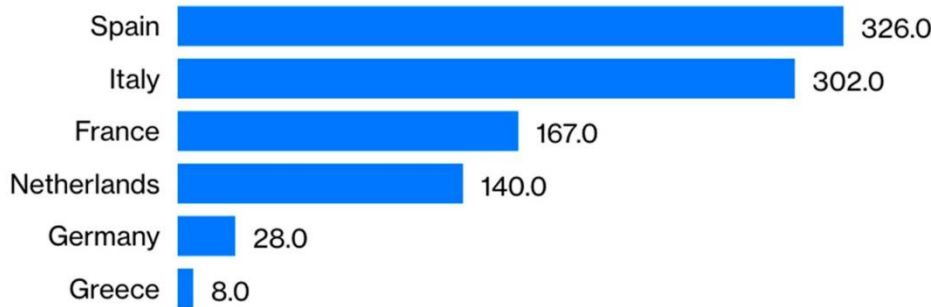


Figure: Comparison between Greece and other European countries regarding the registered number of deaths⁴⁰

Timing of nationwide response measures to Covid-19 in Italy, Spain, and Greece







	All schools closed	Mass events suspended	Nonessential shops closed	Nonessential movement banned
<i>Numbers of days passed between first case confirmed and each measure implementation</i>				
	33	38	40	50
	43	39	43	43
	13	12	19	23
<i>Numbers of days passed between first death confirmed and each measure implementation</i>				
	11	16	18	27
	30	26	30	30
	0	0	4	11

Figure: Comparison between Greece, Italy and Spain on the timing of nationwide response measures⁴¹

This strategy has been criticized by many, imposing that it was an indirect way for the government to restrict citizens by the state of fear and avoid a political crisis. On the other hand, there were positive comments published in international media referring to the responsible handling of the situation despite the economic loss, such as the commentary in Bloomberg by Ferdinando Giugliano, “Greece is the “one noticeable – and perhaps surprising – exception” to a trend of poor leadership exposed by the coronavirus epidemic”, as he stated about the severe social distancing measures. But on the other hand, taking forceful action to deal with a problem or crisis will always

• ⁴⁰ Giugliano, F. Greece Shows How to Handle the Crisis—The Government Imposed Severe Social Distancing Measures Much Earlier Than Others. Available online: <https://www.bloomberg.com/opinion/articles/2020-04-10/greece-handled-coronavirus-crisis-better-than-italy-and-spain> (accessed on 10 April 2020).

• ⁴¹ Pappas, T. The Politics of Pandemic Prevention in Spain and Greece. Available online: <https://pappaspulism.com/coronavirus-spain-and-greece/> (accessed on 5 April 2020).

provoke different reactions and opinions. Greece has been experiencing a severe economic and political crisis since 2012 that had a great social impact generating from the general austerity that was applied. Lockdowns have interrupted the already fragile economy, while the lack of capacity in the health care system revealed the impact of this long-term austerity for the country. In the book “From austerity to the pandemic and back again? Lockdown politics in Greece” there is a different perspective presented about the strategy that was adopted by the Greek government *“Rather than being the result of state preparedness, these lockdowns can be interpreted as an acknowledgment of state failure.”*⁴²

The public opinion in Greece has been very divided during the pandemic and this has been expressed in many ways. The most important things highlighted were not the proactive rationale of the strategy adopted by the government but the way, the means and the wording of the several decisions made.

There was a monitoring system adopted for classifying the regions according to the level of infection they had, and this was a guiding tool for the general management authority to recommend the suitable restrictive measures. But there were cases where the measures have been stricter than usual and others where the Government has shown great tolerance. For example, although as mentioned before churches and worship places were places where people usually broke the rules set for the protection of public health, the Authorities did not intervene as happened in other places. The fact that during this social and economic occasion some people were burdened with administrative and financial fines but the strictness of the Authorities was not equal in all places and for all groups has created a great dissatisfaction to the public opinion. Despite the general disagreement of people about the way the situation was monitored and about the intolerance the Government showed, there was not any change

1. How the COVID-19 crisis had affected the enjoyment of fundamental rights?

Seven fundamental rights were originally provided by the Constitution – the right to equality, right to freedom, right against exploitation, right to freedom of religion, cultural and educational rights, right to property and right to constitutional remedies. During the pandemic the social and economic situation has resulted in implications in the enjoyment of fundamental rights.

Regarding the right to freedom of religion, there were several discussions about the restrictions that were decided to be also applied in religious places and whether those could be controlled by the Authorities as it happened with all the public and private places. In Greece many incidents of massive infections were identified in places of religious worship and were caused by massive events. Although there were restrictions for the religious events, still these places were not treated as any other by the Authorities and this has caused the division of public opinion and a sequence of behavioral responses by the people who tended to believe that in worship places there were not in danger by the virus and the disease. It was very often that media broadcasted churches that were congested by people who demonstrated that there was a safe place to gather often not even wearing protective masks and not keeping safety distance. In many cases, vaccine hesitancy, apart from concern over safety and side effects, was stemming from the influence of many religious leaders, communities and fake news. It seems that the Greek Government and Authorities have been more tolerant on the issue of places of religious worship and this raised a question of equality. It is eye opening that in the main webpage of the National public health agency, in the section about

⁴² Markantonatou, M. (2021). From austerity to the pandemic and back again? Lockdown politics in Greece. *Historical Social Research/Historische Sozialforschung*, 46(4), 143-162.

the frequently asked questions, there is a question about the reason why Places of worship are treated differently than other places by the legislation. The answer is provided below: *“Places of worship, where religious faith is manifested, cannot be equated with a common store, but it lends itself to the necessary structures. Restrictions are applied, however, with the mandatory use of masks by worshippers, with one person per 15 square meters and a maximum number of 100 worshippers.”*⁴³ Therefore, we can assume that several groups perceived the restrictions as a disrespect to their right to express their religion and to take part to its regular events but this cannot be considered as an objective opinion.

The culture and educational rights of Greek citizens have been affected and the pandemic crisis is also characterized as an educational crisis. The unhindered access to the educational system is considered, more than ever, an inalienable social right and the abolition of educational exclusion at all levels of education is the beginning of every educational policy⁴⁴. Policy makers in Greece faced the dilemma of either shutting down educational institutions (schools-both state and private-and universities) or keeping them open, putting at risk the public health and the sustainability of the healthcare system. Considering the decisions made by other countries and due to the weaknesses of the Greek health care system, all educational facilities closed and the Greek government worked intensively on providing alternative solutions for remote teaching and learning. Educators were obliged to hold all classes exclusively online, from pre-school nurseries to university level. Prior to the pandemic, primary and secondary education did not have any official program and infrastructure that horizontally facilitated remote learning and teaching while digitalization has not been applied, meaning that resources and relevant skills and competences were not available at the moment of the crisis. Greece ranked at or near the bottom of the EU class on digitization, whether this was measured by high-speed Internet connections or ownership of laptops and tablets. This implied a great risk for the smooth learning process and the overall development of students⁴⁵.

There has been a significant time loss for the development of the digital platforms that could facilitate the remote learning in primary and secondary education and also teachers and students needed additional time to become familiar with this learning mode. This situation has raised the issue of lack of digital skills of the educators and the imperative need to develop the upskilling of school teachers. Students had to be guided and supported also by parents or caregivers throughout this process and this was not always possible as parents did not necessarily possess relevant skills or did not have the availability to provide support. Apart from the aforementioned an initial problem identified was the lack of equipment and the Greek government provided vouchers to students and teachers to purchase laptops or tablets for that reason. Recent studies on Greek schools and students have identified the main decisive factors for underperformance and premature school leaving of students. Parents' economic and educational status, family structure, their cultural and ecological profile, the relationship and the interaction among its members, their values and beliefs are some of the variables that render family environment as an agent of

⁴³ <https://eody.gov.gr/>

⁴⁴ Tsolou, O., Babalis, T., & Tsoli, K. (2021). The Impact of COVID-19 Pandemic on Education: Social Exclusion and Dropping out of School. *Creative Education, 12*, 529-544. <https://doi.org/10.4236/ce.2021.123036>

⁴⁵ Babalis, Th. (2011a). *The Socialization of the Child in the Classroom. The Role of the Teacher* (2nd ed.). Athens: Diadrassi.

education and influence on a child's academic performance⁴⁶. The main issues identified apart from digital divide are concerning the socioeconomic environment of students. There is a large immigrant and refugee population in Greece, the integration of which has been a hot potato for the politicians for more than a decade. As far as the students' nationality is concerned, significant differences were revealed between students that are of Greek origin and those coming from other countries, with foreign students tending to fail in school more than native ones and their dropping out rates being higher⁴⁷.

Therefore, it is concluded that teachers, who are in direct daily contact with students should detect any issues related to familial, cultural and cognitive differences among them as well as their special educational needs. Having an overview of the students' status enables the provision of customized support to the students in order to ensure their equal access to education and mitigate school dropout. This responsibility of teachers was also important in physical classroom that it was burden during the pandemic, where students' need for support increased⁴⁸. The educational exclusion, highly connected to the digital exclusion has had a strong impact in the Greek society during and after the pandemic crisis.

Regarding the access of Greek citizens to health services and care, there are some important issues that arise during the pandemic crisis. As it is logical during a health crisis, citizens want to feel protected by the state and safe with the available healthcare system and services. On the outburst of the pandemic, Greek citizens were already aware, but this was confirmed by politicians, that the healthcare system did not have the capacity to ensure safety and stability. The economic crisis had an obvious impact on the health of the people. The healthcare system was facing important structural challenges related to the financing, organization and delivery of services long before the financial crisis and was ill prepared to handle the problems caused by it. The principal consequences of the economic recession included decreases in public health budgets with declines in the number of the healthcare workforce and their salaries, decreases in pensions, drop in purchase of medical goods, reforms in the pharmaceutical and social insurance sector, merging of healthcare units, rise of access and corruption problems and inadequate primary healthcare services⁴⁹. Greece had the second highest ranking on unmet needs for healthcare in the European Union. One in ten households reported that they were unable to access healthcare when they needed to⁵⁰. On 2 April 2020, the Deputy Minister of Health reported a total of 902 functioning critical care units in the country, of which 247 will be used only for the COVID-19 cases. He added that if needed the

⁴⁶ Tsolou, O., Babalis, T., & Tsoli, K. (2021). The Impact of COVID-19 Pandemic on Education: Social Exclusion and Dropping out of School. *Creative Education, 12*, 529-544. <https://doi.org/10.4236/ce.2021.123036>

⁴⁷ Tsolou, O. (2020). School Drop-Out: The Role of Individual, Social and School Factors. Outlining the Profile of the Greek Student. Doctoral Dissertation, Athens: National and Kapodistrian University of Athens.

⁴⁸ Babalis, Th., & Tsoli, K. (2017). Classroom Life: Shaping the Learning Environment, Classroom Management, Strategies and Teaching Techniques. New York: Nova Publishers.

- ⁴⁹ Macgregor, M. Greece Ends Month-Long Freeze on Asylum Applications; Infomigrants. Available online: <https://www.infomigrants.net/en/post/23810/greece-ends-month-long-freeze-on-asylum-applications> (accessed on 3 April 2020).

⁵⁰ Giugliano, F. Greece Shows How to Handle the Crisis—The Government Imposed Severe Social Distancing Measures Much Earlier Than Others. Available online: <https://www.bloomberg.com/opinion/articles/2020-04-10/greece-handled-coronavirus-crisis-better-than-italy-and-spain> (accessed on 10 April 2020)

number of critical care beds used for the outbreak cases will be increased to 400 51. There were strong inequalities both in the protection of health and the access to healthcare services after infection. In Greece there is a strong refugee issue as at the moment almost 17,000 refugees live in Greek camps. This number is far more increased than Greek economy can handle and the failure to integrate them successfully to the society, has led to them living in very poor conditions in congested camps. This situation existed and created a great issue after the outbreak of the pandemic as there were no measures for the protection of these people who were living in an inappropriate environment with a high risk of infection. In a different level, Roma population in Greece is usually living in semi-closed communities and in many cases the living conditions are very poor. There was no provision for the protection of these populations and the resolution of existing problems that burdened the risks of the pandemic.

Also, there were behavioural risks of the Greek population that existed prior to the pandemic, haven t been addressed effectively and imposed greater risks for the population during this unprecedented crisis. According to the statistical data, 42% of the total number of deaths in Greece is attributed to behavioural risks, such as smoking, alcohol consumption, nutritional risks, and low physical activity 52. Also, according to a European report published in 2016, 17.3% of the total adult population in Greece is considered obese and obesity has been considered a major risk for serious COVID-19 illness⁵³.

The health status of the Greek population has been affected severely by many factors, social and economic ones, and there is a great mental health vulnerability that has been identified. Moreover, several studies documented that higher percentages of vulnerable populations like older and unemployed people reported poor health status. Furthermore, the economic crisis appears to have influenced infectious diseases as well. Since 2010, Greece has experienced a high burden due to several epidemics: increased mortality from influenza; emergence and spread of West Nile virus; re-appearance of malaria; and increased number of HIV infections 54.

It becomes apparent that the COVID-19 outbreak hit the country when its healthcare system was still vulnerable. Although the Greek government appeared to prioritize public health over economy, education or peoples' general satisfaction, the issue was that Greece was far left behind comparing to other EU countries on social welfare and healthcare provision. The risks imposed for the physical and mental health of the citizens and the great inequalities to health protection and care are setting a issue regarding the protection of fundamental rights.

⁵¹ European Public Health Alliance. Access to Health Is a Luxury for Stranded Refugees in Greece. Available online: https://epha.org/access-to-health-is-a-luxury-for-stranded-refugees-in-greece/?fbclid=IwAR34Jh1ZjUfWb5APT9LmV3-URX_cqhmF9lhFT5NgDeI7-riSMZFO1nXAgSc

- ⁵² Giugliano, F. Greece Shows How to Handle the Crisis—The Government Imposed Severe Social Distancing Measures Much Earlier Than Others. Available online: <https://www.bloomberg.com/opinion/articles/2020-04-10/greece-handled-coronavirus-crisis-better-than-italy-and-spain> (accessed on 10 April 2020).
- ⁵³ European Commission. The Refugee Crisis in Greece in the Aftermath of the 20 March 2016 EU-Turkey Agreement. Available online: <https://ec.europa.eu/social/BlobServlet?docId=16180&langId=en> (accessed on 11 March 2020).
- ⁵⁴ Wilson, A. Crisis Escalates at Turkish Greece borders; Foreign Policy. Available online: <https://foreignpolicy.com/2020/03/03/crisis-escalates-turkey-greece-border-refugees-european-union-erdogan/> (accessed on 3 March 2020).

HOW THE COVID-19 CRISIS HAD AFFECTED THE WORK AND LIFE BALANCE OF WOMEN?

Women are characterized as a vulnerable group when it comes to Covid-19 related issues, along with seniors, as there are multiple research outputs mentioning that women were more severely affected by the overall situation. The most frequently mentioned issues are related to the work life balance of women and in the case where women are mothers we could also refer to “work-family balance”. The increased vulnerability of this group to the circumstances imposed by the pandemic was previewed by many social scientists and researchers and was also highlighted by organisations and Authorities on a global scale. It is characteristic that UN Women had already stated in 2020 that “From health to the economy, security to social protection, the impacts of COVID19 are exacerbated for women and girls simply because of their gender.”, while it has also released the General’s policy brief: The impact of COVID-19 on women. OECD has stated “The COVID-19 pandemic is harming health, social and economic well-being worldwide, with women at the centre” According to this report there are several impacts to women from the pandemic that were more severe than the ones to men, and the categories we can distribute them are as economic, social, health and work-related impacts.

In the EU level, during the outburst of the pandemic nearly 84% of women were employed officially and unofficially to sectors and activities that were severely affected by the pandemic, such as babysitting, caregiving, sales and the hotel industry. It is important to be highlighted that in the EU, but also in Greece, pre-school education, nursing, midwifery, secretarial and domestic work are still largely considered “women's work” (euparl.eu). In Greece there is a similar structure in the labor market and also women are more often working part time or in unregistered work, mainly because of the other commitments they have taking care of the house, children, elderly and/or disabled or sick members of the family. We can better understand that by the Eurofound research report “Living, working and COVID-19”, where women reported more difficulties in combining work and private life than men. Particularly when it came to feeling too tired after work to do household work during the lockdown periods, 24% of women admitted feeling this way compared to 20% of men. With the re-opening of businesses in July, these proportions increased to 31% for women and 26% for men. Furthermore, even though in general there was a decrease in the proportion of respondents reporting that their family prevents them from giving time for the job, it seems that for women this reduction did not happen.

Work life balance has been threatened for both women and men, since a large part of their personal lives was restricted due to measures related to the protection of public health. The new set of things mainly affected their social life as massive gatherings, entertainment and cultural events etc were primarily restricted to the necessary or at all. In the cases of remote working in parallel with general restrictions people stayed in the house for nearly all day. This was more intense during the two lockdown periods in Greece, in March- May 2020 and November 2020- February 2021.

Research that took place in Greece reveals that greater behavioral responses to the pandemic were identified more in women than in men. Particularly, excessive employment of safety/checking behaviors and greater compliance with guidelines, were shown to amplify fear, potentially due to increased contamination awareness. In addition, female gender, older age, and more severe anxiety symptoms were related with higher COVID-19-related fear. Describing and weighing carefully the psychosocial and behavioral impact of the pandemic will enable the implementation of both

supportive and preventive interventions.⁵⁵ There are still inequalities in health related to gender and socioeconomic status in Greece that became more prominent during the pandemic.

The general factors that burden the situation of women in Greece during the pandemic and revealed the existing gender gap are described below:

- Women showed higher rates of anxiety, fear, depression, fear related to the virus and disease compared to men.
- Women indicated greater compliance with pandemic prevention and containment measures, they were vaccinated at a greater rate, which is associated with a greater fear of the virus and disease.
- Women were more vulnerable in the labor market and were more threatened with the loss of work and income.
- During the pandemic, there has been an increase in gender-based violence and domestic violence with women as victims.
- The debate on "Femicide" that started in the European Parliament in 2019 was a burning issue for Greek society with 17 victims in the year 2021 and 24 victims in 2022, while the global average is 50 victims.

⁵⁵Parlapani, E., Holeva, V., Voitsidis, P., Blekas, A., Gliatas, I., Porfyri, G. N., ... & Diakogiannis, I. (2020). Psychological and behavioral responses to the COVID-19 pandemic in Greece. *Frontiers in psychiatry*, 11, 821.

1.7 Italy

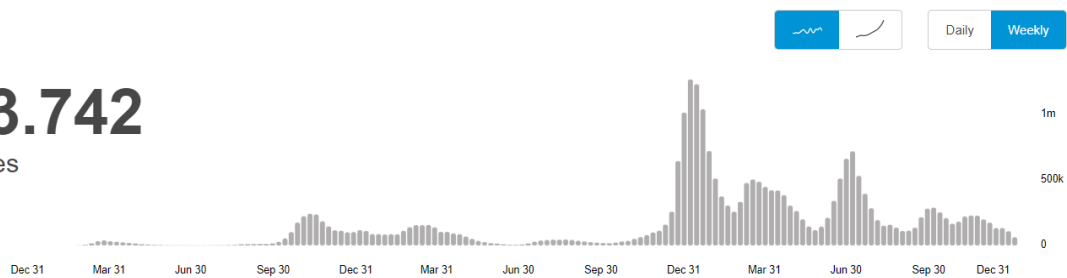
Italy was the first country in Europe to be hit by the COVID-19 pandemic. As of 10 January 2023, in Italy there have been 25,279,682 confirmed cases of COVID-19 with 185,417 deaths. As of 11 December 2022, a total of 149,340,886 vaccine doses have been administered (WHO, 2023). The Italian crisis provoked by COVID-19 is the most serious event in Italian history after World War II. COVID-19 mortality in Italy has been 9%, higher than that in China.

An epidemic can be divided into “epidemic waves” which do not have an unambiguous definition. However, it can be said that a wave implies a pattern of a growing number of sick individuals, a definite peak, and then a decline. The Italian pandemic has counted several waves of whom just the first one has been pretty much unambiguously defined: the first wave was from February to June 2020. The second wave for some occurred from October 2020 to July 2021 - with two peaks - while others consider it to be two different waves - the second and the third.

Italy Situation

25.363.742

confirmed cases



COVID-19 positive cases on a weekly basis in Italy from 31 December 2020 to 31 December 2022

Source: World Health Organisation, 2023

The first two cases of infection in Italy were reported on 31 January 2020 and a state of national emergency was immediately declared. The first autochthonous case was reported on 21 February in Codogno, a small town near Milan in Lombardy region in Northern Italy. In order to slow down the transmission of contagions and reduce the pressure on the healthcare system, the Italian government adopted a series of non-medical measures. On 23 February, the government reacted by introducing the first movement and access/exit restrictions around Covid hotspots, known as ‘red zones’. Additional restrictive measures for the whole of Lombardy, Veneto, Emilia-Romagna, Friuli-Venezia Giulia, Liguria and Piedmont followed on 25 February. Nationwide closure of schools and universities was declared on 4th March, with additional social distancing measures introduced on 9 March. A national partial lockdown was enforced on 11 March, affecting bars, restaurants and recreational facilities, and culminating in the complete lockdown on 22 March. Further restrictions to people’s movements were introduced on 25 March, except for essential reasons (e.g. work, health and getting supplies). Along with the national lockdown, at regional and local level measures of epidemiological surveillance, strengthening and reorganisation of territorial health services and supply of additional sanitary equipment were adopted.

Phase 1 of the Italian response to the emergency ended on 3 May 2020. This was followed by phase 2 (4 May to 2 June 2020) during which most primary and secondary productive sectors, professionals and private health care clinics and most retail shops, businesses and customer services, resumed activities subject to sector-specific COVID-19 safety protocols (DPCM, 2020b). Previous restrictions to the free movement of citizens were lifted, within one’s region of residence only. Further regulations, relaxing the existing lockdown measures, were adopted nationwide and

locally on 17 May (DPCM, 2020a). At this stage, a key role was played by the Italian regions, which asked and obtained the right to set specific regional guidelines. (de Belvis et al., 2020)

As of 3 June, all businesses reopened subject to aforementioned protocols and social distancing rules. Free inter-regional movement of citizens was also reinstated, albeit with restrictions on foreign travel. The wearing of face-masks (for ≥ 6 years) outdoors, on public transport, in shop/businesses became mandatory as well as keeping at least 1 m distance. Schools and universities remained closed, but provided lessons through distance learning platforms - *Didattica A Distanza (DAD)* - and reopened only in September 2020 in a staggered way.

Starting from October 2020, a new surge of positive cases was registered. The regions fall into three weekly-updated "zones" - yellow, orange and red according to the strictness of restriction - to adopt a tailor-made and more flexible approach. Containment measures - such as restrictions on public and private gathering, the mandatory use of facemask, night-time curfews, early shutdowns of business, movement restrictions, schools closures and distance learning etc. - were re-implemented and loosened according to the evolution of the pandemic.

From the very end of the year 2020, policy interventions were combined with a nation-wide vaccination campaign coordinated at the European level. The vaccination campaign prioritised risk groups and then age ranges. The rise of positive cases in summer 2021 urged the government to implement the Green Certificate which proved the vaccination or the recovery from the illness and allowed people with it access places, use services and participate in social activities.

A new dramatic increase in contagions was registered at the end of 2021. More virulent variants of COVID-19 started to rapidly spread all over the world and the Italian government recommended the booster vaccination (i.d. third dose) (Beccia et al., 2022).

The Italian healthcare system is managed at regional level. The decentralisation of the Italian healthcare system was created in 2001 when the central government was entrusted with the responsibility of ensuring universal and free access to healthcare while the regions were charged with the organisation of the delivery of health services and the financing of local health authorities. Therefore the Italian healthcare system consists of a network of 21 regional health systems. Lombardy has a hospital-based healthcare system while Apulia has a community-based healthcare system. As a consequence, the outbreak of the pandemic implied a regionalisation of the delivery of care.

The regionalisation of the pandemic, especially in the first phases, relied not only on differentiation of healthcare systems, but also on the epidemiological north-south gap. Northern Italy - Lombardy, Emilia-Romagna and Veneto in particular - was primarily and strongly affected by the first wave of pandemic while Central and Southern Italy registered very low percentages of contagions in spring 2020. (Bosa et al., 2021)

As people were asked to shelter-in-place, health care systems had to quickly move to other, innovative, forms of providing continued care to the population. This led to a forced acceleration in the adoption of telemedicine, e-prescribing and similar practices. In Italy, especially for community care services, many regions activated a number of alternative provisions of health care, such as teleconsultations, over a very short period of time (Petracca et al., 2020). During the 2022 many local initiatives took place, such as in September the opening of the Telemedicine hall of the Molfetta blood-donors. (Avis Molfetta)

Lombardy is a region located in the North of Italy. With its surface area of about 24,000 square kilometres and almost 10 million inhabitants, it is the 1st most populated region in Italy and 3rd most populated region in Europe. From the beginning of the pandemic and as of 12th January 2023, 4,085,002 positive cases were reported and 45,040 deaths were registered in Lombardy. (Regione Lombardia, 2023)

The Lombardy region was primarily and mostly affected by the pandemic. «Lombardy and, in detail, some of its parts, are characterised by possessing all those elements identified as favouring the contagion, namely: the territorial morphology, the dense presence of industries and their network of commercial exchanges at national and international level, the intense daily school and work commuting, and, finally, the polycentric type of settlement that characterises the Po Valley megalopolis and induces rhizomatic movements». (Consolandi, 2021)

Apulia is a large Southern Italian region with a population of roughly 4 million. The first case of COVID-19 was found in the Province of Taranto on 26 February 2020 and involved a 44-year-old man who had returned from a known epidemic area. During the first wave of the epidemic, between February and May 2020, Apulia was only marginally affected by COVID-19. However, during the second wave, which started roughly in September 2020, the region saw a steady increase in cases, with 5,873 deaths and a total of 234,841 cases, by April 2021.

The prolonged restrictions and lockdown caused what the WHO called “pandemic fatigue” among the Italian population. Pandemic fatigue is a state of «demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions» (WHO, 2020). Pandemic fatigue shows as a progressive intolerance in following rules and restrictions by an increasing number of people. The long-term - seemingly never ending - health crisis generates alienation, complacency and hopelessness. While during the first epidemic waves Italian population strongly suffered from pandemic fatigue, recently this phenomenon was registered less often thanks to the lifting of stricter measures and mass vaccination (Beccia et al., 2022).

Restrictive policies and sanitary effects of the COVID-19 crisis had an inevitable dramatic impact on the Italian economy. According to the World Bank, the global economic growth dramatically dropped from 2.6% in 2019 to -3.4% in 2020. In 2021, global economic growth registered a strong rebound (5.9%) that, however, has been followed by another severe slowdown in 2022 and it is expected to curb even more in 2023 - from 2.9% to 1.7% (WB, 2023). In 2020, the Italian government and parliament deployed unprecedented resources to address the COVID-19 emergency and its economic effects. The “Cure Italy”, Liquidity, Relaunch and August Decrees supported Healthcare, Work, Liquidity, Taxation, Families and Businesses. During the second pandemic wave, the “Ristori” package measures, amounting to over 18 billion euros, aimed to sustain the categories most affected by the restrictions. non-refundable grants, suspension of tax payments and social security contributions, new weeks of the “*cassa integrazione*” wage supplement scheme and a two-month extension for ‘Emergency Income’ support (Ministero dell’Economia e delle Finanze, 2023).

HOW HAS THE COVID-19 CRISIS AFFECTED THE DEMOCRATIC DEBATE?

The COVID-19 pandemic affected the normal functioning of democracies and restricted the fundamental rights of people. Generally, democracies are allowed to do that in emergency situations which pose severe risks to the life of their population and need to be tackled with extraordinary measures. When the World Health Organisation officially confirmed the outbreak of a Coronavirus epidemic in Wuhan on 21 January 2020, the Italian Ministry of Health set up a specific

emergency task force. With the spread of the virus in the country, on 31 January 2020 the Italian government declared a state of emergency. In the Italian jurisdiction, the state of emergency is declared by the Council of Ministers, on the proposal of the President of the Council of Ministers. The Italian Constitution does not explicitly mention a state of emergency but only allows the government to rule by decree in extraordinary cases of emergency and urgency (art. 77). The conditions under which the state of emergency can be declared are regulated by the Code of Civil Protection: «calamitous events of natural origin or resulting from man's activity which, by reason of their intensity or extent, must, with immediacy of intervention, be faced with extraordinary means and powers to be employed for limited and defined periods of time» (law 24 February 1992 n. 225) (Spuntarelli, 2021).

The state of emergency lasted for more than two years. It was firstly decreed on 31 January 2020, following a Decision of the Council of Ministers (published in O.J. - Official Journal, *Gazzetta Ufficiale* - No. 26 of 1 February 2020), and lasted until 31 March 2022, the last extension provided by Decree Law 221/2021. The measure was taken, as stated, with the aim of keeping active the organisational structure (civil protection, extraordinary commissioner, health structures) created to deal with the COVID-19 pandemic. (Openpolis, 2023)

The state of emergency had two important implications for the governance of the crisis. First, to guarantee a quick response, the government was allowed to bypass the Parliament in the definition of legislative interventions. The government did so by approving so-called “Decrees of the President of the Council of Ministers” (DPCM). Ministerial decrees are administrative acts issued by the Prime Minister, and therefore do not involve Parliament. They are an expression of the will of the political majority only. This approach, although legally grounded in Italian law, blurred the boundaries between the executive and the legislative powers, de facto freezing the Constitutional framework. For this reason, critics have questioned the decision by the government to prolong the state of emergency first until 31 October and then until 31 January 2021.

Second, the state of emergency introduced the possibility of derogation of existing procurement rules. Italy has very strict procurement rules and the national anti-corruption agency is dedicated to checking the legitimacy of procurement bids. The Department of Civil Protection issued new procurement regulations to be valid mainly for the acquisition of PPE, tests and ventilators, simplifying and accelerating the existing procedures.

The COVID-19 pandemic represented an unprecedented test of crisis-management for the Italian government and democratic institutions. Even if many recognize governmental mistakes and weakness in the management of the very first phases of the crisis, the government's support was boosted by the pandemic while the political opposition suffered from a progressive irrelevance. In 2021 the Italian coalition government of centre-left led by Giuseppe Conte benefited from a general far-reaching support from the public that positively reacted to the first lockdown and severe measures, seen as necessary and well-suited to the gravity of the situation. The consequence was an increased trust in the government and state institutions as well as a sharp increase in Conte's personal ratings. (Bull, 2021)

The incredible popularity reached by Conte himself was nurtured by, and at the same time spurred, a personalisation of power and a presidentialisation process. Personalisation and presidentialisation consist in the strengthening of more and more leader-centred executives and the progressive sidelining of parliaments, even in parliamentary systems as the Italian one, thus resembling traditional presidential orders. In Italy, the trend dates back to the 1990s, but the extraordinary crisis management that the pandemic entailed exacerbated this process. The

President of the Council became both the centre of the decision making-process in all its phases and the point of reference for Italian people. The extensive use of presidential rulemaking tools in the form of the DPCMs, the direct and emotional communication through press conferences streamed both on national television and official governmental social media and the creation of President-led “task forces” coping with the different dimensions of the crisis epitomises the presidentialisation dynamic accelerated during the pandemic. (Rullo, 2021)

However, the autumn 2020 round of severe restrictions and eventual lockdown during Christmas time fostered a much more intense pandemic fatigue among Italians and partially eroded the support that Conte had gained during the first wave of the pandemic. This presidentialisation dynamic generated a growing discontent among the coalition parties that in February 2021 prompted Conte’s resignation, the fall of his government and the appointment of Mario Draghi as the new President of the Council of Ministers leading a government of national interest supported by all the parties except for *Fratelli d’Italia* - Brothers of Italy, a far-right party guided by Giorgia Meloni.

During the first year of the pandemic, the decision to enact a national lockdown has exacerbated conflict between regions and the central government: regions such as Sardinia and Calabria have been subjected to the same constraints as Lombardy and Emilia-Romagna, despite very different levels of contagion. In this scheme, the appeal to union and collaboration is not just a matter of rhetoric but a precise strategy of leadership consolidation. The government has highlighted the unity of the state beyond the specific competences of regions on health issues management. In communications, the emphasis is put on the appeal for responsibility and the determination to pursue an equitable environment: no matter the discrepancies in the spread of the virus across the different regions, all Italian citizens are called to stay at home in a move of national solidarity. (Francesco Martone, 2020) In addition to governmental restriction, in Apulia region many local acts were taken in order to limit the epidemiological trend. For example, with the “Ordinanza n. 88 del 26 marzo” any transfer or movements to other cities of the region were not allowed and entry in Puglia from other citizens not-resident was forbidden.

Lombardy remained the focus of national and international debate about the initial spread of infection throughout Europe for a long time. Indeed, national and regional government decision to not create a so-called red zone around Lombardy’s communes of Alzano Lombardo and Nembro when positive cases were reported there at the end of February 2020, is seen to be directly responsible for the spread of the contagion to other towns in the province of Bergamo and eventually throughout all Europe. The management of the first phases of the pandemic in Lombardy region is highly criticised by scholars and the public. The first epidemic wave was so particularly deadly for Lombardy’s population that grassroots initiatives asking for justice and accountability of local and regional authorities started to rapidly spread. (Alfieri et al., 2022) At the beginning of 2021 Giulio Gallera, the Regional Minister for Health and Welfare of Lombardy region since 2016, resigned.

For months the legitimacy of the state of emergency and, most of all, the suspension of constitutional-guaranteed rights and freedom during the acute phases of the crisis has been hugely questioned. In “Democracy Index 2020” the Freedom House warned democracies about the danger of normalising extraordinary policy-making processes and withdrawal of liberties that were adopted in order to cope with the pandemic. In “Democracy Index 2021” the Freedom House acknowledged that governments even in 2021 introduced a «panoply of intrusive and coercive

measures». In 2021 the Italian Democracy Index slightly decreased from 7.74 to 7.68. (Economist Intelligence, 2022)

As far as the impacts of COVID-19 on fundamental rights and on the quality of democracy are concerned, two situations can be identified. In states where restrictions and violations were rampant before the COVID-19 emergency is being used to strengthen the grip and increase repression and antidemocratic features. These are states where exception is the rule. In states where democracy still exists, the COVID-19 emergency risks paving the way for dangerous restrictions that might persist also when the “emergency” is supposedly over. These are states, where the rule might become the exception. Social distancing is in fact hindering the possibility of organizing in traditional terms, (assembly, demonstrations, meetings, advocacy and solidarity delegations, international civil society monitors).

The use of the military in policing “social-distancing” measures is a case in point. The deployment of the military for public security purposes is not a novelty in the country. Troops have been deployed to ensure protection of sensitive targets against hypothetical terror attacks, but their rules of engagement never included the enforcement of public order as the case could be now. Some “regional governors” in fact urged the deployment of troops in the streets to ensure compliance with “social-distancing” orders. (Francesco Martone, 2020)

Among the Italian population, the severe restrictions and the introduction of the Green Pass spurred diverse waves of protests across the country. While the initial and most severe lockdown in spring 2020 encountered little resistance among the population, immediate defiance followed the October 2020 new round of containment measures’ approval. Several cities - the most affected ones were Turin, Milan and Naples - were hit by clashes between protesters and the police. The demonstrations began after the national government issued a Decree closing restaurants, bars, gyms and cinemas at 18:00 and even imposing a night-time curfew. The protests involved not an extensive part of the cities’ population, but they were a clear signal of the growing pandemic fatigue that was spreading among the population. In addition, the economic shrinking caused by the first long quarantine started to become a real struggle for many families. Part of the protesters asked for more financial support and help for their economic activities affected by the new rules to curb the contagions. Other groups of protesters were involved in more violent actions such as looting of shops and throwing petrol bombs at policemen. (BBC News, 2020)

A year later, in mid-October 2021, a new wave of protests and strikes occurred soon after the requirement for all workers to show the Green Pass to access their workplace. When six thousand workers went on strike for days to oppose the measure, Trieste and its big port facing the Adriatic became the epicentre of the anti-vaccine riots and debate. According to the dockers and vaccine sceptics which joined the strikes, the Green Pass prevented them from accessing their right to work and their freedom of choice regarding their health. Two weeks later, Trieste became a hot spot of COVID-19 contagions considerably pressuring the local health system. (Horowitz, 2021)

Vaccine hesitancy and mistrust in scientific advice and towards healthcare professionals highly affected Italy and the debate over the management of the pandemic. Italian citizens’ trust in science and in vaccination appeared to decrease between the first phase of the Italian pandemic and the second one when there was a general “reopening” after the lockdown. The presumption to explain vaccine hesitancy as a matter of ignorance and misunderstanding of science by the public seems to be misleading. Vaccine hesitancy is caused by a series of factors which vary from person to person. Usually people who worked as healthcare givers or were involved in the care of positive patients before the vaccines were approved trusted more in the safety and effectiveness of anti-

COVID vaccination. Rational and irrational reasons - from concerns on the long-term effects of the vaccine to conspiracy theories - bolstered vaccine scepticism. (Economist Intelligence, 2022) Regarding age groups, younger and healthier people are more compliant to get vaccinated, while the age group that is, on average, less willing to vaccinate is the middle-age group. (Palamenghi et al., 2020)

HOW HAS THE COVID-19 CRISIS AFFECTED THE ENJOYMENT OF FUNDAMENTAL RIGHTS?

As Del Boca (2022) states, at the beginning of March 2020, the Italian government imposed drastic measures to contain the contagion, including restrictions on public activities and services and a travel ban for people, except for proven work-related reasons, health or other urgent needs. The measures taken to reduce the spread of the virus (restriction of personal contacts, travel restrictions, closure of schools and companies and orders to stay at home) had a significant impact on individual mobility, participation in employment and children's school attendance.

Thus, one can affirm that Italian citizens have seen a detriment during the emergency situation in fundamental rights such as the right to equity and their cultural and educational rights, *which will be deepened below*. Since millions of students had to stay at home because of the crisis, their right to education was affected, and so did equality, as not everyone was able to have the same access to technologies to continue their school or university education at a distance. It is estimated that, in fact, in Italy 60% of the students were lacked behind by the so-called "distance learning" - "*Didattica a distanza*" (*Dad*), in Italian; and according to more than 50% of their teachers, it was the uneasiness in the familiar context, being so the lack of spaces and equipped settings, as well as personal difficult situations, what mostly led to this issue ("Indagine GCE con AstraRicerche", 2020).

The same was true for workers: many were constrained not to go to their workplaces, or had to be laid off, and this impossibility of carrying out their professional tasks led to economic disparities that were not always addressed by the institutions through financial and other support measures.

It must be highlighted, however, that the mobility restrictions affected women and the elderly the most. This is because it is mainly women who take care of their children when schools are closed (Caselli et al., 2021; in Del Boca, 2022). In fact, the right of free movement of women had been severely restricted and damaged, and especially those between the ages of 25 and 44, authors affirm, since they are more likely to have young children.

Furthermore, with the vaccination campaign, an extraordinary restriction was introduced: the obligation to be vaccinated in order to use certain services or even to go to work; which was extremely controversial. Since the possession of the Green Pass was required, either by vaccination (complete cycle) or a negative test result, some legal practitioners and critical citizens argued that this was not only a limitation of their right to exercise a profession, to education or to free movement, but also an infringement of their right to privacy and data protection, (Colombo, 2022), despite protecting health and safety at work.

Until the end of the state of emergency, and based on mainly the D.L. E 7 gennaio 2022, n. 1 "Misure urgenti per fronteggiare l'emergenza COVID-19, in particolare nei luoghi di lavoro, nelle scuole e negli istituti della formazione superiore", which provided for penalties of 100 euro for those who do not vaccinate and fines of 600 to 1,500 euro for workers over 50 who come to work unvaccinated. For them also suspension of salary until they have been vaccinated. The decree also established compulsory vaccination for all university staff without any age limit, starting from the age of 18, as is already the case for health workers and other categories already subject to

compulsory vaccination; and the obligation of Green Passes (even with a negative tampon result) to those accessing personal services and public offices, postal, banking and financial services, commercial activities and penal institutions.

Nowadays, although most of the restrictions in this sense have been lifted, the Italian Constitutional Court confirmed in December the compulsory anti-Covid vaccine for healthcare personnel, a decision supported by the Federations of Medical Professionals ("Covid, la Consulta: resta l'obbligo di vaccino per sanitari e over 50", 2022).

On the other hand, even if in Italy some consider the application of the state of emergency and restrictions based on the notion of "public danger" an unfair and disproportionate limitation – see the protests that happened in big cities like Milan, Bologna, and all over Italy– some authors, like Russo (2020), consider it "pacific" and thus legitimate, since this limitation was already used in the past and adopted by both Article 15 of the European Convention on Human Rights and Article 4 of the Covenant. The Italian government, however, has never referred to other extraordinary derogations to human rights treaties.

During this period, in fact, a series of limiting decrees were approved that merit a specific analysis of those adopted in the different regions. Based on Mandato (2020), and within an analysis of the average number of legislative acts from 22 February to 20 March 2020, the regions of southern Italy (Abruzzo, Basilicata, Calabria, Campania, Molise and Apulia) those with the highest total number of ordinances (63 in total), holding Apulia 6 of them. Paradoxically, the regions that have adopted the smallest number of ordinances are those where the virus has spread the most, Lombardy (4) and Veneto (6).

For Puglia, in concrete, restrictions affected especially the right to education. According to Troisi (2021), various confusing measures were approved, starting with Ordinance No. 407, entitled 'Urgent measures to deal with the COVID-19 epidemiological emergency' («Misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19»), by which, as of 30 October 2020, the obligation of distance learning was imposed for 'educational institutions of every order and grade' (primary and secondary school), except for workshops or pupils with 'special educational needs' and pre-school institutions. This prohibition of in-presence lessons went further than the national one (d.p.c.m. 24 ottobre 2020) a difference that became an antonymy when the new d.p.c.m on the 3rd of November entered into force, which ensured, despite the serious situation of contagious risk, the didactic in presence.

This did not lead to the revocation of the Apulian law by the President of the region, that maintained the distance learning mode until the end of November, as stated. Notwithstanding the Regional Administrative Court for Apulia, esp. Bari, opposed this legislation, and the region continued on this path until almost the end of the health emergency, causing harm to the rights of students, their families and the wider educational community.

Despite the complex balancing act between the right to education and public health (Dell'Atti, 2021), legislation of this kind has a number of limitations related not only to the injury of the psycho-social, cultural and educational development of young people, but also implications for teachers. Moreover, it is a shared responsibility, which can only be realised through close cooperation between school and family (Troisi, 2011), which is not always achievable and monitorable.

Lombardy was the first region, together with Veneto, to be hit by the COVID-19 pandemic. In 2020, the Covid-19 pandemic had strong repercussions on the production system and on the aggregate demand of the Lombard economy. The contagion has spread throughout the region since the end of February, before and with a greater intensity than in the rest of Italy. In this first phase, according to the Bank of Italy, the measures to contain the epidemic, which are uniform at national level, have provided for both restrictions on mobility and the blocking of the production activities considered as not essential for at least one month, which make up more than half the value added of industry and just under 30% of that of Lombardy services. Since the autumn, following the resurgence of infections, measures restricting mobility and suspending activities have been introduced again, graduated on the basis of the health situation on the territory.

The total or partial suspension of employment has caused considerable economic and social hardship in the region. The impossibility to move for work and the obligation to stay at home have had strong pressures on the budgets of families. Specifically, a research at the Department of Social and Political Sciences of the University of Milan, reported that more than 20% of Lombardy employees fear losing their jobs. The continuing instability and the protracted restrictive measures for the containment of COVID-19 have had a strong impact on families and young people given the continuous increase in inequalities.

Major repercussions have been seen in the increasingly aggressive and transgressive tendencies of young Lombards. Consequences of the lockdown on the emotions and behaviours of adolescents and young people in Lombardy. A change in relations with the outside world not generalised, but that only concerned young males, and that was all the more accentuated the longer the period of «imprisonment» because of anti-Covid norms. The element that has instead had the highest growth in the comparison between the before and after lockdown, is that. Among males, the greater time spent in isolation (from 14 weeks) is associated with an increase in the behaviour of breaking the rules», is reported by Santucci on the Corriere della Sera. Social isolation has had a negative impact on the psyche.

National social assistance within schools and through specialised psychological pathways for young people in difficulty, could be a solution to the problem and the beginning of a collaboration between national institutions, regional and school health towards support for young people.

HOW HAS THE COVID-19 CRISIS AFFECTED THE WORK AND LIFE BALANCE OF WOMEN?

We still can count the damages that the Covid has determined and determines. The whole world has had to confront large and complex phenomena that have pushed societies to their structural limits.

It is now a recognized assumption, in any nation, that one of the groups of society that have paid the most Covid (and all its consequences such as lockdown, loss of work-family management in crisis scenarios) are women.

It is women who have had to bear the brunt of an exceptional event by facing all the individual problems: whether they were women and managers, women and mothers, wives or all these variables, women have paid dearly for this pandemic.

When it comes to the workforce, it must be noted that, according to the data of Eurostat (2021; in Del Boca, 2022), in sectors such as catering and commerce, women play a key role. In Italy, 49.5% of restaurants in Italy are owned and managed by women, as are 48.9% of bars and 0.9% of

canteens and catering activities. About 52% of all workers employed in the catering sector are women. Both in Italy and worldwide, over 64% of workers in the retail sector are women. In addition, more than 30% of women work part-time and are mainly employed in the informal economy sector, where workers' rights and health guarantees are lower. Moreover, women are over-represented in sectors considered essential and in occupations that cannot be performed from home (OECD 2021), such as in the health sector. More specifically, women make up two-thirds of Italy's health workers, 90% of home care workers, approximately 70% of nurses, 80% of cashiers in supermarkets and nearly 82% of teachers (Politico, 2020). This horizontal segregation, combined with a lack of personal protection equipment, makes women more vulnerable to Covid-19 contagion, with 70% of women who contracted the virus being infected at work (Poggio, 2020). Simultaneously, since the beginning of the Covid-19 pandemic, Italy has also seen, at the policy-making level, a lack of women's inclusion in national responses to the pandemic; a higher number of women than men whose jobs could not be converted to telematic work; and a problematic and significant increase of domestic violence and aggression against women by cohabiting partners (Cristoferi and Fonte, 2020).

Along with this, the pandemic has decreased the quality of life for women, who reported an increase on an already high level of housework responsibility, also due to the inability to have external help as a consequence of the lockdown. In Italy, 68% of working women with partners have dedicated more time to housework during the lockdown than before; interestingly, only 40% of men did the same (Del Boca *et al.*, 2020). Similar disparities were found in relation to the sharing of home schooling and childcare responsibilities. In the midst of the social, economic and political contradictions that have been heightened during the pandemic, gender, class and racial inequalities became more evident than ever. Del Boca *et al.* (2020, 2022) have analysed this phenomena, and, in this sense, they can affirm that the time dedicated by Italian mothers to tasks inside the household has increased of almost an hour per day in the case of house chores and support to distance learning during the first wave of COVID-19 (from 2,3 to 3 hours per day, and from 1,4 to 2 h/day, respectively) and of around 2 hours more dedicated to family-children care, from 4,2 hours/day in the pre-COVID period to 6, and still almost 5 hours per day in the second wave of COVID.

In the specific case of Apulia region, it is important to note that, according to 2019 data of ISTAT Permanent Census (in ARTI, 2021), only 40% of the women that work (representing around 51% of the workforce, vs. men) hold a professional occupation status; the rest hold non-regular activities, and 50% (of the total of 96% of non-regulated professions) are housewives. Furthermore, one finds a higher presence of women among illiterate or literate people with no or low levels of education. In this fragile situation, it can be foreseen that women will be particularly hard hit by the pandemic.

For example, many women in Apulia are housewives, as stated, so the constant presence of other members at home has probably increased their home tasks, and they have found themselves with much more responsibility and less privacy. This may also have led to an increase in gender-based violence. In fact, according to data made available by the Anti-Violence Centres of Puglia (April 2020), after the drop in requests for help recorded in March compared to February, April marked a significant change of pace with very high increases (+77% of requests for help, + 82% of referrals, + 25% of emergency removals) compared to March but also to February (+ 12% of accesses and + 7% of removals). One can think that the situation stayed the same during the whole pandemic situation, which in Italy included house confinement for months, from March to May-June.

The number of occupational accident reports from Covid-19 in Apulia increased in the period from January 2020 to October 2022, and were 3% in the region, of which more than 6% were fatal. What is interesting is that, of these, 54.5% were women, due to their high presence in the health sector, among others. They were the group most at risk of illness and death in the occupational field. Other health hazards for women concerned those with cancer, whose treatment and even detection and screening were paralysed by the emergency. In Apulia, according to Fiorelli (2021), the reduction in breast cancer screening was higher than the Italian average: 34% less were carried out (-28% being the national average).

In the Lombardy region, according to Assolombardia and IRS (2021), a number of factors are responsible for the smaller reduction in women's employment than men. While women are over-represented in some of the sectors most affected by distance measures, such as accommodation and catering and domestic work, they are also over-represented in most of the key areas: such as education and the health and social sector. However, women workers in these sectors have had to cope with extraordinary workloads, with high health risks, few safeguards and difficulties in reconciling work and family particularly pressing during the lockdown and closure of care services and schools. Another factor that may explain the lower drop in female employment compared to male employment was the possibility of using telework, which is more widespread among clerical professions where women are over-represented. Compared to 2019, the employment rate has fallen mainly for women with care responsibilities and domestic work: those who live in couples without children or with a preschool child. During 2020, the employment difficulties and the distancing measures have led in Lombardy, as in Italy and in European countries, to an increase in inactivity rather than unemployment, especially among women and young people.

Even though women were less affected in the loss of work in the region compared to the other Italian Regions, the same cannot be said in the effect of domestic violence. Indeed, the evidence examined in the studies indicates that the COVID-19 pandemic and the resulting measures to limit the spread of the infection have led to an increase in violence against women; In Italy there were 15,280 calls both by phone and via chat in the first phase of the pandemic, between March and June 2020 at the national toll-free number 1522 made available by the Department for Equal Opportunities of the Presidency of the Council of Ministers. The number more than doubled compared to the same period of the previous year (+119.6%), from 6,956 to 15,280 calls. The increase of requests for help through chat is quintupled from 417 to 2,666 messages. Lombardy appears to be the Italian region with the highest number of calls made to 1522 in the period considered with 13.4% of total calls; Lazio (12.4%) and Campania (9.8%). (PolisLombardia, 2020)

1.8 Portugal

According to the World Health Organization (WHO), in Portugal, from 3rd of January 2020 to 4:53 pm CET, 12 December 2022, there have been 5,536,455 confirmed cases of COVID-19 with 25,345 deaths. The first information for the public from the Directorate-General of Health on the then-novel Coronavirus was issued on 14th January 2020: “preliminary data do not show evidence of person-to-person transmission”. At the same time, the travellers in high-risk regions were advised on hand hygiene, respiratory etiquette and to avoid contact with animals or close contact with people with respiratory symptoms. As the epidemic evolved in China, more updated information to the general public was issued by the Directorate-General of Health, with new data from China and from the European Centre for Disease Control and Prevention (ECDC). No travel restrictions were put in place in the beginning, but people who had recently travelled to affected areas and experienced respiratory symptoms were advised to call the SNS 24 Contact Centre for further information and health advice. Nevertheless, the first suspected case of COVID-19 was identified on the 25th of January, in Portugal. Although the case was not confirmed, on 26th January the Ministry of Foreign Affairs advised against all but essential travel to China. A dedicated website (<http://covid19.min-saude.pt>) was created to inform the general public on COVID-19 with advice on hand hygiene and respiratory etiquette, main symptoms of COVID-19, posters and leaflets for schools, public services and airports, videos, among others.

As the epidemic evolved, solely the confirmed COVID-19 cases with clinical criteria for hospitalisation were being treated in hospital. Cases with mild symptoms were sent home and regularly contacted by health care workers for monitoring. They were subject to mandatory confinement and the police were informed by the health authorities in order to ensure compliance. The definition of suspected cases had changed with the evolution of the pandemic, but it included symptomatic travellers returning from areas with active community transmission. With the evolution of the outbreak across the globe, those areas were also expanded: initially they included China, South Korea, Japan and Singapore; then, Iran and four regions in Northern Italy (Emilia-Romagna, Lombardia, Piemonte and Veneto) were added, finally three States in Germany (Bavaria, Baden-Württemberg and North Rhine-Westphalia), two regions in France (Regions of Grand Est and Île-de-France) and four autonomous communities in Spain (Catalonia, La Rioja, Madrid and Basque Country) were added. Social distancing, hand hygiene and respiratory etiquette were recommended for travellers returning from those areas. They should monitor their symptoms and, in case of symptom onset, self-isolate and call SNS 24. Contacts of confirmed cases were traced by public health authorities and, according to exposure, they could be ordered to self-isolate at home for 14 days during which they were monitored by health authorities.

Mandatory quarantine for public health emergencies has not been foreseen in the Portuguese Constitution, but after the State of Emergency came into force, restrictions on citizens' movements were put in place. As mentioned, mandatory quarantine was only applied to confirmed cases who were recovering at home and all those isolated by determination of the public health authorities. The rest of the population was strongly advised to stay at home and only leave under special circumstances, with more limited circumstances for those aged 70 years and older, immunocompromised patients and people with chronic conditions.

As social distancing and confinement measures were implemented, several psychological support lines were created across the country, aiming to provide support for adults or children who are isolated at home as a result of the outbreak. Since 1st of April, SNS 24 Contact Centre, in cooperation with the Portuguese Psychologists Association, has provided specialised counselling

for the general population, with 60 psychologists answering the phone calls. Between 1st of April and 6th of October, 40,661 phone calls from the Psychological Support Help Line have been answered, including 3,373 from health care workers. Additionally, a website exclusively devoted to mental health has been launched (<https://saudemental.covid19.min-saude.pt>), with general information for the public, Q&As and specific information for health care workers. Additionally, a number of locally organised initiatives to provide support for vulnerable populations (that is, older people living alone, homeless people, people with disabilities, etc.) have been implemented across the country. (*European Observatory on Health Systems and Policies, 2021*)

While Portugal has been less affected by the COVID-19 pandemic than many other European countries during the first wave of the virus, subsequent waves hit the country hard. In January 2021, Portugal had the highest rates of new infections and deaths worldwide. (*OECD Economic Surveys: Portugal 2021*) Some relaxation during the Christmas' period in 2020 combined with the emergence of a more contagious virus variant led to a fast rise in infections. The partial lockdown and geographically targeted containment measures introduced in response up to mid-January 2021 were insufficient to slow the spread of the virus. The number of infections declined with the introduction of a second lockdown on 15th of January. Still, the pandemic has raised multiple challenges for Portugal and exacerbated existing weaknesses. It triggered a major health crisis, reversed the strong recovery from the last downturn and caused the deepest post-war recession. The disproportionate impact of the crisis on sectors with abundant seasonal, temporary and low-paid jobs, such as hospitality and tourism, and on people with pre-existing financial difficulties may have reversed the progress made in reducing poverty and inequality levels of previous years.

HOW THE COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE?

In democracies, the pandemic puts governments in a difficult position. High uncertainty caused by COVID-19 pushes them towards adopting measures that, during normal times, contradict fundamental democratic principles. Decision-makers are confronted with the dilemma of weighing public health goals against democratic norms, rights and freedoms. This trade-off plays out at two levels:

- the need for quick reaction creates strong incentives to concentrate power on the national executive and thus to weaken other institutions
- the policies to counter the outbreak of COVID-19 are extraordinary themselves, as they aim at 'social distancing' and thus restrict fundamental rights such as the freedom of movement or assembly

From a legal perspective, governments are entitled in times of crises to take extraordinary measures to protect public interests, even if those measures restrict fundamental rights, but only if specific conditions are met, and if the measures are proportional, limited in time and non-discriminatory. In reality, however, evaluations of what is proportional can vary over countries, governments and citizens. Almost all European democracies laid the foundations for such measures by responding with a national emergency plan that refers to a legal instrument. Since restrictions of democratic principles are seen as a rational response to buy time and space for the authorities to cope with a crisis, most states have the option to react with emergency provisions:

Declaration of state of emergency	Bulgaria, Czech Republic, Finland, Hungary, Italy, North Macedonia, Moldova, Portugal, Romania, Serbia, Spain
Declaration of state of public health emergency	France, Lithuania, Slovakia
Declaration of state of disaster/catastrophe	Albania, Bosnia and Herzegovina
Other legislation	Austria, Belgium, Croatia, Denmark, Greece, Ireland, Norway, Poland, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom
No national-level emergency response	Germany, Netherlands

Figure 1. Primary legal instrument used to adopt main national-level emergency measures [Source: Edgell et al. (2020a); Pandemic Backsliding (PanDem) project by the V-Dem Institute]

While COVID-19 has dominated much political debate since early 2020, it is only one factor among many that are reshaping democracy worldwide. Democracy stands challenged in significant ways well beyond the pandemic's impact – and democratic institutions must be prepared for other kinds of crisis and emergency likely to emerge in the future. Prominent theorists suggest that democracy has shown itself to be an always-evolving set of practices, rather than a static concept in need of preserving from imminent redundancy. COVID-19 factors and other political dynamics have increasingly intertwined with each other in complex ways.

For around two decades, many party memberships and electoral turnouts have suffered serious declines. At the same time, citizens have participated in higher numbers in other forms of democratic engagement. The pandemic reinforced the need for engagement by highlighting the importance of connections and trust in society: whether people are engaged with one another and with their institutions affects their willingness to wear masks, follow safe distancing practices and get vaccines. Many people sought out engagement with one another in order to retain their connections and help each other with day-to-day needs during the crisis. In parallel, mass protests about COVID-9 issues have often morphed into efforts to build community level self-organisation. Not all such mobilizations are about democracy or even necessarily favourable for democratic reform, but a large number of them have been. More structured forms of deliberative participation, like citizen assemblies, have thus gained support. Even as experts were called upon for their advice during the pandemic, COVID-19 has given a further boost to both protest activity and organised participative experiments. In particular, the pandemic has inspired digital democratic innovations, as COVID-19 disrupted existing patterns of engagement and forced public officials, their staff, and citizens to adapt to a world where face-to-face meetings were impossible. This has spurred newer democratic innovations to serve the pandemic's most pressing needs: generating verified information and reliable data; mobilising resources, skills, and knowledge to address the health emergency; connecting volunteers and service organisations with people who needed help; and implementing and monitoring public policies and actions.

The state of emergency in Portugal lasted from March 19 through May 2, 2021. After that, Portugal transitioned to a state of calamity, which is regulated by a different law that allows the government to impose a state of calamity for limited periods of time without an intervention from the President or the Parliament. This regulation is the same mechanism of response that was used when Portugal struggled with summer wildfires in 2019. Even before the declaration of a state of emergency, the government had used a declaration of a state of calamity to place the small Portuguese city of Ovar, one of the early epicentres of COVID-19, under a cordon sanitaire—a public health measure, recently used in the response to Ebola, that places a designated area under quarantine for a limited period of time. The declaration of a state of calamity ushered in a period of phased reopening in

Portugal. The government issued new guidelines that continued to mandate several procedures for disease monitoring, contact tracing, and isolation of infected populations. While public health authorities continued to urge people to avoid unnecessary social interactions, the government eliminated the distinction between the elderly and populations under 70 years old in connection with the duty of home isolation. Instead, they announced what became understood as a general obligation to minimise social contact. Although Portuguese constitutional law scholars agree that a state of calamity carries less severe restrictions to individual freedoms than a state of emergency, there was heated debate about the precise extent of the measures that the government could adopt during this new phase. For instance, some experts argued that church gatherings could not be limited during the state of calamity, as there is no parliamentary check on the government's intervention, and a legislative intervention is required to limit fundamental rights that the Constitution protects. The Portuguese government, however, ended up maintaining restrictions on church gatherings and other forms of religious celebrations through the end of May.

Portugal is a unitary, highly centralised state; however, it conceded autonomy to two island archipelagos in the mid-Atlantic, namely Madeira and Azores. Throughout October 2020, politicians from the continent descended upon the Azores, particularly on the weekends, to help their local colleagues in the election taking place on 25th of October. The campaign took place under quite restricted sanitary conditions due to the COVID-19 pandemic. Therefore, the election was a significant rehearsal for the forthcoming national presidential elections on 24 January 2021. The autonomous region of the Azores was ruled by the Socialist Party/Partido Socialista (PS) under Vasco Cordeiro's presidency, with an absolute majority for two decades. The opposition's main aim was to break the Socialist's absolute majority and eventually replace it with an alternative government. Although regional issues dominated the election, it also represented the first test for the October 2019 re-elected socialist Antonio Costa government at the national level and its crisis management of the pandemic. Despite the difficulty of the Socialist minority government, Costa managed to get the main opposition party, PSD, to approve the budgetary bills, and there was quite considerable cooperation and agreement in this area.

A pretty controversial agreement was to abolish the fortnightly debates with the Prime Minister (similar to question time). However, PSD leader Rui Rio suggested abolishing this rule and reducing it to once a month. The final draft stipulated that the Prime Minister should be in Parliament for question time, at least once a month. In reality, due to other official appearances of the Prime Minister in Parliament, such as reporting on developments in the European Union (EU), the budget debate and the state of the nation speech, question time was reduced to every two months. Many MPs of the Socialist and Social Democratic group dissented from the official position. PSD leader Rui Rio was criticised for proposing and supporting such a move, and gladly accepted by the government party. In the final vote on 24 July 2020, seven PSD and 28 PS MPs voted against the revised version of the Standing Orders. A further five MPs of the PS abstained (overall one-third of PS MPs dissented). Overall, the final vote was 152 for the revision and 78 against. This bipartisan agreement represented a major blow to democratic accountability of government to Parliament, and an impoverishment of the democratic debate. (*European Consortium for Political Research*)

In January 2021, less than two weeks before Portugal's presidential election was scheduled, a new wave of the coronavirus threatened to overwhelm hospitals and led the Portuguese government to put the country back under lockdown. But unlike other countries, which postponed elections due to similar events, Portugal's election moved forward as scheduled. While Portugal's elections appeared well administered, Portugal made some missteps in the run up to the election that made it more vulnerable to potential interference, contributed to lower than expected turnout, and

increased the risk of making its citizens more distrustful of their democracy. Turnout was approximately 39 percent, the lowest ever recorded for a presidential election in Portugal. Understandably, some voters chose to stay home rather than vote in-person and risk exposure to the coronavirus. Portugal offered both in-person early and election day voting, but it did not offer other ways to vote, such as postal voting, which made it harder for certain groups of voters to successfully cast ballots, including Portuguese emigrants.

Portugal made significant efforts to try to adjust its electoral framework to better accommodate voters during the coronavirus pandemic. For example, it adopted several amendments in November 2020 in response to the pandemic that reduced the maximum number of voters per polling place, increased the number of polling places, allowed for early voting, and expanded home-based voting arrangements to better accommodate those voters who couldn't visit a polling place during the election for a variety of reasons, including the pandemic. Unfortunately, similar access was not afforded to out-of-country (abroad) voters, who often had to travel much farther to cast their ballot.

COVID-19 infections spiked two weeks before the election, with the country going into full lockdown. This was unexpected and extremely severe. Political rights were not curtailed in any way, and were fully respected by all relevant authorities, something that must be highlighted. However, conditions on the ground impacted the campaign, with most activities shifting online. The media played a crucial role and television debates, which gathered large audiences, were seen as fairly organised and an example of good practice. Despite the challenges, some of them very avoidable, the Portuguese electoral system and administration was shown to be resilient, through its multiple entities, and high levels of public trust. Slowing down the street actions at the start of the campaign, the Portuguese glued themselves to the screen to follow the presidential debates: the three most watched head-to-heads in the 2021 elections captivated on average a greater number of viewers than in the 2016 elections. The debates opposing the presidential candidates to André Ventura generated the most audiences. The most watched debate was the one between Marcelo Rebelo de Sousa and André Ventura, candidate for Chega. Broadcast on SIC and SIC Notícias, the debate reached a total of 3 million people, with an average audience of 1.8 million viewers and a share of 32.1%. In 2016, the most watched debate was the one that put Marcelo Rebelo e Sousa and Sampaio da Nóvoa face to face, generating a total audience of 2.1 million viewers, an average audience of 1.2 million, having generated for SIC a share of 25.3%. Thus, in times of pandemic, Portuguese appeared to be more interested in Presidential debates. (*European Council on Foreign Relations*)

1. How the COVID-19 crisis had affected the enjoyment of fundamental rights?

How can the protection of fundamental rights be combined with the strict requirements of controlling the COVID-19 pandemic? It is believed that the answer lies in the delicate balance of ensuring public health without falling into the extreme of a "fascistoid-hysterical hygienic state" (fascistoid-hysterischen Hygienestaat). (*Heinig-Verfassungsblog, 2020*) Above all, nobody should give in to the naivety of envisaging constitutional/administrative exceptions as merely transitory and magically vanishing with the resumption of constitutional normality. In times of emergency, whether constitutional or administrative, it is a cliché to claim that parliaments should be acutely vigilant. Notwithstanding their significance, one cannot downplay the relevance of the courts in scrutinising violations of fundamental rights. The main dangers that could arise from muscular executives and diminished parliaments are well documented in academia. First, the Government might be tempted to extend its emergency powers beyond the emergency itself. Second, and quite

ironically, if de jure constitutional emergency is designed in an extremely strict and foreseeable way, a de facto postponement would be unpredictable and beyond the boundaries of the constitutional framework.

Yet, under the current adverse conditions, courts play a significant role in scrutinising COVID-19 legislation. In Portugal, COVID-19 jurisprudence is still scarce. Still, a recent development is worth mentioning. After the constitutional state of emergency, a Portuguese citizen landed in the Azores archipelago and was compulsorily confined (a measure implemented by the regional government of the Azores) for a period of fourteen days, and at his own expense. The citizen then filed a writ of habeas corpus against arbitrary detention. Remarkably, the Court of Ponta Delgada decided that the decision to compulsorily confine violated freedom of movement and was organically unconstitutional, as the confinement took place after the end of the state of emergency. The court held that such restrictions on fundamental rights could only be legislated by Parliament or the Government (with prior authorization from Parliament). Additionally, the court ruled that imposing confinement on a citizen that was not COVID-19 positive disrespected the principle of proportionality. Although this decision had no direct effect for parties who were not in court, the President of the Government of the Azores immediately announced new measures for containing the spread of COVID-19. As a result and as a good practice, compulsory confinement was replaced by voluntary confinement. As this case was brought to the Portuguese Constitutional Court, on its first COVID-19 decision, it ruled unanimously that regional regulations which imposed mandatory confinement were organically unconstitutional.

The question that follows can be stated thus: Was the declaration of constitutional emergency adequate or was it impulsive and overzealous? Maybe only time will tell the rightness of the constitutional and administrative measures. Still, the declaration of emergency was at that time inevitable and necessary to contain the spread of the virus and to overcome constitutional issues that would derive from implementing a wider range of restrictive measures. More importantly, back then, constitutional law scholars strongly disagreed as to whether the existing emergency legislation allowed the imposition of quarantine and confinement without prior judicial order. Some argued that quarantine could be imposed based on an extensive reading of Article 64 of the Constitution (right to health). Yet, others claimed that part of Article 27 expressly rejected such a possibility, as it restricts the deprivation of freedom to situations in which a judicial authority orders the “committal of a person suffering from a psychic anomaly to an appropriate therapeutic establishment”. Therefore, and according to this last doctrinal stance, a constitutional amendment would be required to allow the imposition of quarantine due to infectious diseases. (*Revista e-Pública*, 7(1), 78–117)

Presidential decrees of emergency provide the normative framework under which the Government may intervene. Still, such decrees were too general in this case and did not sufficiently determine the conditions under which the Government could restrict some rights and freedoms. Moreover, they did not specify which articles of the Constitution were suspended, as required in Article 19. Notwithstanding some critiques, it should be remembered that this was the first time since the transition to democracy that a constitutional emergency has been declared. Under these circumstances, and given that the President could not take inspiration from past drafts of constitutional emergency decrees, he had to actively engage with the constitution “in action” and explore unknown terrain. (*O desassossego dos direitos humanos em tempos de pandemia*)

Despite having legislated mostly within the existing legislative framework, in Decree-Law 10-A/2020, of March 12th, the Government approved restrictive measures before the declaration of a

constitutional emergency, which raised doctrinal critique. As a result, it endorsed measures not contemplated in the emergency legislation previously passed by Parliament. What is more intriguing is that such restrictions were ratified a posteriori by Parliament, in what “resembles an indemnity bill” and in violation of the prohibition of retroactive restrictions granted by Article 18 of the Portuguese Constitution. As the constitutional emergency legislation was adopted in a haste to address the crisis, there are some constitutional issues worth mentioning. In the Portuguese Constitution, the fundamental rights that are not specifically safeguarded in Article 19 can be suspended during constitutional emergencies. Apart from the emergency scenario, fundamental rights can be restricted as long as the six cumulative requirements of Article 18 are fulfilled (one of the requirements, as well as proportionality, is that the restriction is legislated by Parliament or by the Government with prior authorization by Parliament).

What has been witnessed in Portugal—unlike in neighbouring countries like Spain—is a dutiful and well-intentioned parliamentary approval of most of the measures that the Government deems to be appropriate. However, Portugal still struggles to implement policies based on evidence, and this lack of sufficient scientific expertise raises pertinent questions of political accountability. (*Presidential Elections in Portugal*)

Having a more specific look on some of the rights, here are some of the good practices taken as measures for the well-being of the Portuguese:

RIGHT TO HEALTH

- Publication of various guidelines and recommendations by the National Directorate-General for Health (DGS), in different formats (leaflets, posters and presentations), aimed at different sectors, taking into account their specificities and risks: health professionals, schools, civil protection, embassies, hotels, media, social institutions, private social solidarity institutions and tourism industry. It was intended to support the response and the adequacy of preventive measures by adapting the functioning of public services and economic activities
- Definition of procedures for Residential Structures for the Elderly (ERPI), Long-Term Integrated Care Units (UCCI) of the National Network of Long-Term Integrated Care (RNCCI), as well as structures dedicated to the elderly, people with disabilities and institutions for the care of children and young people at risk
- Publication of specific guidelines on COVID-19 for health professionals, regarding prevention, approach and measures to be adopted regarding the exposure to COVID-19 cases (DGS Guideline 13/2020, of 21 March)
- Preparation of the “Family Manual” about isolation in the domestic environment, addressing issues related to family life, emotions, stressful situations, rules, separation, routines, anxiety in young people and online safety. With this manual, it was intended to guarantee assistance in managing the multidimensional impact of COVID-19 in the family context
- Creation of the Trace COVID-19 tool to support doctors in Public Health and Primary Health Care to monitor COVID-19 patients, in surveillance and self-care, as well as for effective contact tracking
- Development of performance indicators related to COVID-19, namely regarding its impact on the performance of the National Health Service (SNS). By reporting weekly on this matter, it was possible to ensure that updated information was made available, thus enabling prompt and more assertive action, as well as guaranteeing access to health care

RIGHT TO INFORMATION

- Permanent and transparent monitoring of the evolution of COVID-19 in Portugal, namely through daily press conferences of the health authorities, since 9th of March, with the dissemination of data, information and updates on the pandemic. It was intended in order to guarantee access to reliable and credible information and data for all citizens
- Creation of the platform Estamos On (<https://covid19estamoson.gov.pt/>). This website was intended to be a practical guide to support citizens, families and businesses in combating the effects of COVID-19. For this purpose, it gathered all information related to good practices and recommendations from health authorities, advice for working from home, access to public services, as well as exceptional measures adopted by the Government and approved legislation
- Development by the National Institute of Statistics of Portugal (INE), as the main national authority producing official statistics, of a specific microsite, where it could be consulted the most relevant statistical results for monitoring the social and economic impact of the COVID19 pandemic. Its main objective was to enable in-depth knowledge of the situation, seeking to contribute to informed decision-making
- Regular dissemination, through the Ministry of Foreign Affairs, of updated information to foreign diplomatic missions accredited to Lisbon on the immediate measures adopted by Portugal in the context of the emergence of the COVID-19 pandemic, as well as the organisation of an information session in coordination with the Government, in the areas of Health and Internal Affairs
- Establishment of a partnership between the DGS and the SIC television channel for the scientific validation of contents presented in the “Polígrafo” program, which addressed news and rumours on social networks, in order to combat disinformation about COVID-19

RIGHT TO EDUCATION

- Organisation of remote learning and related support resources. In pre-school, basic, secondary and vocational education, schools remained open to ensure basic, social and administrative functions and to support remote learning practices. However, all face-to-face classes were suspended from 16th of March
- Implementation of various solutions, through different channels, such as websites, special educational platforms for remote learning, TV / radio, e-mails
- Assessment of needs in all public schools and implementation of a set of partnerships for the appropriate distribution of equipment, considering that remote learning is a learning method to be gradually developed and carried out with the necessary technological means
 - Collaboration with local authorities and civil society, which has already made it possible to distribute IT equipment to thousands of students who did not have it
 - Preparation of a plan to ensure computer equipment and Internet access for all students, for the next school year
- In response to the pandemic crisis, schools define strategies for the non-discrimination of children in disadvantaged situations, migrants, of different ethnicities or from vulnerable communities, motivating them to interact with the community and explore different ways of learning. In this context, school psychologists were also called upon to intervene
- Regarding the inclusion of children from Roma communities, availability of material dedicated to work with Roma students was made available on the website of the Directorate-General for Education
- Additionally, and in order to reinforce the identification of risk situations in the context of distance learning, coordination with the Commission for the Protection of Children and Youth (CPCJ)

RIGHT TO ADEQUATE HOUSING

- To ensure that households could remain in their homes during the pandemic and to assist households struggling to cover rent or mortgage payments due to loss of income, the following measures were taken:
 - Suspension of forfeiture, deadlines and opposition to the renewal of rental contract
 - Suspension of the execution of mortgages on properties that constitute permanent housing
 - Temporary deferments of mortgage payments
 - Temporary deferments of rent payments for tenants who have a proven loss of income
 - Financial support, in the form of interest-free loans, for tenants who have a proven loss of income and in a situation of housing cost overburden and for low-income landlords. It was anticipated that part of the loans granted for the payment of rents will be converted into a non-refundable subsidy.
- The reforms and investments undertaken by the government with the aim of mitigating the economic and social impact of the coronavirus pandemic included the promotion of new affordable housing and new responses to urgent housing needs

RIGHT TO CULTURE

- Safeguarding cultural rights, both in maintaining access, fruition and participation and in supporting artists, creators and technicians, bearing in mind that the arts and culture sector was among the first to stop and see all its activity cancelled as a result of the pandemic
- Launching the Emergency Support Line for the Arts Sector, with a value of one million euros, reinforced by 700,000 euros, to support creative artistic projects in the areas of performing, visual arts and disciplinary crossings, with a total of 311 projects
- Launching the Support Line for Publishers and Bookstores, for agents linked to book production, in order to contribute to the safeguarding of the publishing and book market in Portugal, in return for the delivery of copies of works from the respective catalogues and bibliographical funds
- Financial support to media, through the allocation of 15 million euros for early purchase of spaces for institutional advertising. 25% of this sum was allocated to the regional and local press
- Allowing the cancellation of the implementation of artistic projects and activities included in the contracts under the arts support program, during the pandemic period, maintaining the scheduled payments during the suspension period

Thus, even a cursory glance at the Portuguese legislation revealed the presence of an ordinary emergency law. The Civil Protection Framework Law permitted some restrictions on fundamental rights, such as limiting the circulation of persons and vehicles, and temporary requisition of products and services, the Health Framework Law allocated powers to health authorities to address public health hazards, including requisition of health facilities and professionals, determination of confinement of individuals, and decisions on closing public and private facilities and the Law on Public Vigilance of Health Risks addressed public health emergencies and allowed the suspension of activities. (*National Human Rights Committee, 2020*)

HOW HAD THE COVID-19 CRISIS AFFECTED THE WORK AND LIFE BALANCE OF WOMEN?

Around 76% of the 49 million caregivers in the EU who have been exposed to the virus the most are female. Women are also overrepresented in a variety of crucial fields, including sales and childcare facilities, which remained open during the pandemic. Women make up 82% of all cashiers in the EU, 95% of domestic cleaners and home helpers, 93% of teachers' assistants and child care employees, 86% of personal care workers in health services, and 93% of all child care workers.

Finding a suitable balance between work and daily living is a challenge that all workers face and families are particularly affected by this. The ability to successfully combine work, family commitments and personal life is important for the well-being of all members in a household. Governments can help to address the issue by encouraging supportive and flexible working practices, making it easier for parents to strike a better balance between work and home life.

An important aspect of work-life balance is the amount of time a person spends at work. Evidence suggests that long work hours may impair personal health, jeopardise safety and increase stress. In Portugal, some 6% of employees work very long hours in paid work, less than the OECD average of 10%. The more people work, the less time they have to spend on other activities, such as time with others, leisure activities, eating or sleeping. The amount and quality of leisure time is important for people's overall well-being, and can bring additional physical and mental health benefits. In Portugal, full-time workers devote a similar amount of their day on average, to personal care (eating, sleeping, etc.) and leisure (socialising with friends and family, hobbies, games, computer and television use, etc.) to the OECD average of 15 hours. (*OECD Better Life Index*)

In the context of the COVID-19 crisis, working from home was adopted in Portugal as a general instrument to pursue and combine social distancing, caring for children after the schools' shut down, and the running of the Economy. This development was formally enabled by the legal provisions on telework (as specified in Article 165 of the Portuguese Labour Code), but in practice it has gone beyond what is formally covered by the legal notion of telework as it was made compulsory for all professional activities that could be performed remotely (Article 29 of Decree-Law No. 10-A/2020). And until today many workers are still working from home and remote work is strongly encouraged whenever possible. Under normal circumstances, teleworking has shown benefits for its users, allowing a better balance between work and family, although some studies have also identified some negative impacts on work-life balance. Researchers within the Portuguese context have consistently found that, under normal circumstances, the management of work and family roles is difficult, with Portuguese workers often reporting high levels of work-family conflict. During the COVID 19 pandemic, the boundaries between work and personal life brought additional challenges, potentially generating conflict between professional and personal life. (*Flash Report*)

Workers with children under 12 years old that had to stay home due to the closing of the schools have been allowed to stop working to take care of the children and were granted the right to a special social security allowance to take care of their children. However, this allowance was not paid if the worker or his/her partner could work remotely from home. So, the challenges of work-life balance during this period have indeed been enormous. The Government information regarding the payment of this special assistance allowance, indicated that this allowance has been paid mostly to women (82 %). The lack of proportionality may have arisen from the gender pay gap (as women earn less than men, the financial family loss is lower if the member of the couple that stops working is the woman), but it has also demonstrated that even during this crisis women tend to take the lead in the caring of their children. Studies emphasised that satisfaction with teleworking was different between men and women, confirming that the new model of work organisation may have contributed to an increasingly unequal distribution of tasks within a family, with more tasks being performed by women. As during the COVID-19 lockdown, children and perhaps other dependents (for example, elderly people) were at home, teleworkers had to find a balance between work and personal life in that context. It seems likely that women with more dependents had greater difficulties in balancing work and personal life while teleworking because of the conditions of lockdown. In contrast, women without dependents are likely to have had a different

lifestyle. So, their experience of work-life balance during the lockdown would probably have been different too. (*Work Organisation, Labour & Globalisation*)

Researchers from NOVA University Lisbon and the University of Coimbra analysed the impact of the pandemic on Portuguese women academics and the findings showed that in Portugal, academic women seemed to be more exposed to not only the severity of psychological/emotional effects of the COVID-19 crisis but also to the increased burden of domestic and care duties during confinement, as already mentioned. The general impact of confinement measures in the academic performance of professors and researchers has been a subject of interest, mainly because most of the working professors and researchers are also parents, some with young children in their care. It is a matter of public discussion that COVID-19 was and is having an uneven influence with those with child/adult care responsibilities – particularly women. Female professors and researchers have been facing more difficulties to publish their research due to the confinement caused by COVID-19, according to data that show that women's publishing success dropped after schools closed. A recent study indicates a sharp decrease in original research-papers submissions by female researchers in several international journals, during confinement caused by COVID-19. (*Where are the women?*) As the novel virus revealed an endeavour to researchers in the medical and health sciences disciplines, the proportion of published papers in such fields dramatically increased to promptly allow results dissemination. In this regard, female publication success during this period should have increased, not decreased, since women have been increasing their representativeness in these fields. This fact illustrates the confinement effect on women's publication records and at the preprint and journal submission stages. Moreover, the pandemic appears to have disproportionately affected the housework and care routines of women (especially younger academic mothers), as well as the personal routines of female academics, who reported more often a reduction of leisure time during the lockdown.

The increased household and emotional burdens arising from COVID restrictions also affected the work-family negotiations and conflicts, posing differentiated challenges to reconcile the competing time demands of paid work and family. Substantial differences are observed between men and women's perceptions of how the pandemic has affected their work. Female academics and academics with young children in the household most frequently emphasise the influence of COVID-19 on the amount of time dedicated to professional work. Moreover, when analysing the changes on time allocation to the various domains of the academic activity, it can be observed that the reinforcement of teaching and administrative tasks during the confinement is specially bound to female dedication. In the case of young mothers, the priority given to teaching occurs at the expense of research activities (e.g., manuscript and grant writing, peer review and serving on funding panels) which are critical to career progression.

When considered in combination, gender and parental status displayed a significant influence in the differences observed between the pre-pandemic and pandemic period, placing female scientists with children up to 12 in a particular disadvantage. Moreover, women without children and men with and without children have increased their output submission during the confinement, whereas younger academic mothers faced an inverse trend. This difference may have further aggravated the gap between men and women, as said institutions have an increasingly research-oriented strategy. This may translate into a significant disproportion of the performance management policies regarding tenure, recognition and promotion since most academic careers evolve directly from strong publication records and academic performance. (*The unequal effect of the COVID-19 pandemic on Portuguese women academics*)

Another study conducted shows that the COVID-19 pandemic lockdown in Portugal did not equally affect all facets of women's social lives; in fact, among the considered aspects, the home environment and the financial status were the aspects least negatively affected by the lockdown: more than half of the respondents (56.7%) stated that the lockdown did not negatively affect their financial status and income at all; almost half of the women (48.4%) stated that the stay-at-home measures did not have a negative impact on their home environment. However, it should be noted that the study was not conducted representatively of the employment status, since there may have been an overrepresentation of women with more secure jobs, less vulnerable to economic disruptions. Higher job security and higher paying jobs can more easily be migrated to a remote working mode and increases the chance of having better housing conditions and technological equipment, thus reducing the disruption caused by the lockdowns. In fact, a study on mobility under COVID-19 restrictions in Italy has shown that the lockdown had a greater impact on the poorer segments of the population, thus revealing the uneven socioeconomic consequences of the political measures to contain the pandemic. However, the main finding regarding the social consequences of the lockdown was that the different social life facets were homologous: the cluster analysis showed that the women who were more harshly affected in one facet were similarly affected in all others, while those who experienced a lesser impact likewise avoided severe effects on other aspects of their lives, suggesting that there is an underlying social structure that segments different aspects of social life and behaviour in homologous patterns. (*Soc. Sci. 2022*)

Although the effects of the lockdown and/or the pandemic have been previously studied in some specific contexts, such as in Germany, Italy and China, this work had not yet been carried out in Portugal; for instance, none of the studies on the effect of the pandemic on violence against women funded by the Fundação para a Ciência e a Tecnologia under the Gender Research for COVID-19 grants were representative of the Portuguese population, focusing only on specific regions, types of violence, or on specific victims. Generally, the COVID-19 pandemic caused an increase in the number of gender-based violence incidents reported in 2020. These cases continued to grow in 2021, and by the end of March, the pre-pandemic average for domestic homicides had been achieved, with 33% of women experiencing physical and/or sexual abuse and 55% experiencing sexual harassment. Home is not always a safe place to live; in fact, for adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological and sexual abuse occurs. This is because home can be a place where dynamics of power can be distorted and subverted by those who abuse, often without scrutiny from anyone "outside" the couple, or the family unit. In the COVID-19 crisis, the exhortation to "stay at home" therefore has major implications for those women already living with someone who is abusive or controlling. Stringent restrictions on movement shut off avenues of escape, help-seeking and ways of coping for victims-survivors. Restrictive measures are also likely to play into the hands of people who abuse through tactics of control, surveillance and coercion. This is partly because what goes on within people's homes—and, critically, within their family and intimate relationships—takes place "behind closed doors" and out of the view, in a literal sense, of other people. Unintentionally, lockdown measures may have therefore granted people who abuse greater freedom to act without scrutiny or consequence. (*The pandemic paradox*)

One of the movements that brought light to this scenario and can be seen as a good practice was the launch of a contest by the Foundation for Science and Technology (FCT), named Gender Research 4 COVID-19. This contest aimed to support new studies on the gender impacts of the pandemic, with a total allocation of 500000 euros, which was opened between 15th of May and 2nd of June 2020. This was an initiative of the Government, bringing together the areas of Citizenship and Equality and Science, Technology and Higher Education, with the aim of stimulating new

research on the constraints posed by social gender relations in individual, family, economic and health responses in the context of the pandemic, in order to facilitate informed strategies to combat gender inequality, violence against women and domestic violence. Three lines of investigation were considered: gender and the labour market, everyday life, stereotypes and gender roles and violence against women and domestic violence. (*National Human Rights Committee, 2020*)

SPAIN NEEDS ANALYSIS REPORT

The COVID-19 pandemic has fuelled a crisis for democracy around the world. Since the coronavirus outbreak began, the condition of democracy and human rights has worsened in 80 countries. Governments have responded by committing abuses of power, silencing their critics and weakening or closing important institutions, often undermining the very systems of accountability needed to protect public health. (Freedom House, 2020)

Spain detected the first case of Covid-19 on 31 January 2020 in La Gomera, Canary Islands and on 26 February in Barcelona the first case was detected on the peninsula. Spain was hit hard by the economic and public health challenges of the Covid-19 pandemic.

According to data from the Ministry of Health's National Epidemiological Surveillance Network, from the start of the pandemic until 30 March 2022, 11,532,101 cases of Covid-19 and 102,319 deaths were confirmed.

The national government declared a state of emergency on 14 March 2020 ([Royal Decree 463/2020 of 14 March declaring a state of alarm for the management of the health crisis situation caused by Covid-19](#)), with freedom of movement severely restricted during the nationwide confinement between March and June. Children throughout Spain were not allowed to leave their homes at all for a six-week period between 14 March and 26 April. In response to rising infection rates in late October, the national government declared a two-week state of emergency and sought parliamentary approval to impose a six-month state of emergency, enacting night-time curfews and other measures at the discretion of regional authorities ([Observatorio de derechos humanos, 2020](#)).

A second state of national alarm, imposed on 25 October 2020 with parliamentary approval, ended on 9 May 2021. In July, the Constitutional Court declared the first state of alarm in 2020 partially illegal, ruling that the strict confinement measures imposed during the state of alarm should only have been imposed during a state of emergency; the court issued a similar ruling on the legality of the second national state of alarm in October ([Human Rights Observatory, 2020](#)).

Schools across the country closed for face-to-face learning in mid-March and reopened in September. Child rights advocates expressed concern that distance learning could increase gaps in educational attainment for children from migrant backgrounds and low-income families. ([Human Rights Watch, 2020](#))

The government took steps to ensure social security support as unemployment and poverty increased. Violence against women increased during the national confinement imposed to control the pandemic. Conditions in migrant reception facilities and in informal settlements housing migrant farm workers were unsanitary. Trials of Catalan pro-independence actors continued. Courts limited musicians' freedom of expression by using overly broad criminal charges of glorifying terrorism and insulting the monarchy. In its October rule of law report, the European

Commission noted concerns about the efficiency of the justice system and perceived a lack of independence of the attorney general from the executive. (Human Rights Observatory, 2020).

Spain established different bans and restrictions at the beginning of the Covid-19 crisis (RD 463/2020, Boletín Oficial del Estado) (RDL 21/2020, Boletín Oficial del Estado):

- Restriction of the freedom of movement of persons, with movement only possible for specific activities such as buying food, travelling to health centres or to the workplace.

Face-to-face educational activity was suspended in all centres and stages, moving to online teaching.

- The opening to the public of retail premises and establishments was suspended, with the exception of shops selling food, beverages, products and basic necessities. In these premises, it was also made compulsory to control the capacity and respect the safety distance.

- Mandatory use of face masks by all persons aged 6 years and over in open and enclosed public spaces. In air, sea, bus or rail transport, as well as in complementary public and private passenger transport in vehicles with up to nine seats, including the driver, if the occupants of the passenger vehicles do not live together in the same home, except for those persons with any illness or respiratory difficulty that may be affected by the use of a mask or when practising individual sport outdoors.

- Adoption of adequate ventilation, cleaning and disinfection measures in workplaces, shops, schools, health centres, transport and any public space, making available water, soap and/or hydroalcoholic or disinfectant gels for hand cleaning.

- Adaptation of working conditions so that the 1.5 metre safety distance is ensured, as well as the provision of adequate protective equipment to employees where this is not possible. Measures were also put in place to avoid mass overlapping.

- A reduction of the total supply of operations by at least 50% was introduced for public road, rail, air and maritime passenger transport services not subject to public contracts or public service obligations (PSOs).

Public transport services under the responsibility of the autonomous region maintained their offer, ensuring that citizens could access their jobs and basic services.

- Passenger transport service operators were obliged to carry out daily cleaning of transport vehicles and to ensure the safety distance in accordance with recommendations to be established by the Ministry of Health.

- Hotel and catering activities were suspended and only home delivery services could be provided.

- Limiting attendance at places of worship and civil and religious ceremonies to the adoption of measures aimed at avoiding crowds and respecting the safety distance.

During the second state of alarm decreed on 25 October 2020, the following measures were taken (RD 926/2020, Boletín Oficial del Estado):

- Limitation of the freedom of movement of persons at night between 23:00 and 6:00, with movement possible only in specific circumstances.

- Restrictions on entry and exit in autonomous communities and cities with a Statute of Autonomy, except for journeys duly justified for specific reasons.

- Limitation of the stay of groups of people in public and private spaces to a maximum of 6 people, unless they are cohabitants.

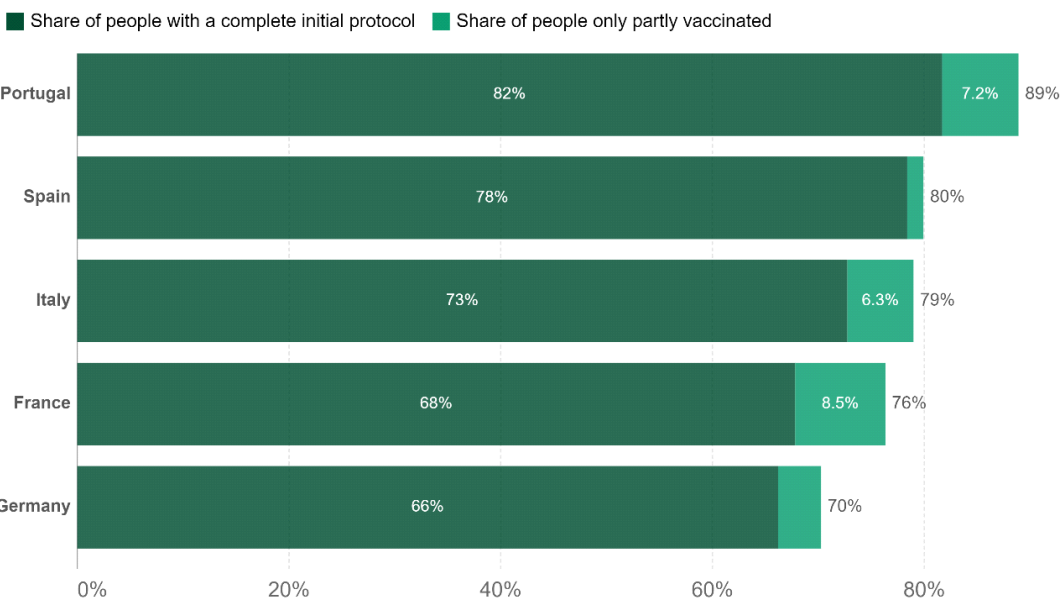
-Limitation, conditioning or prohibition of meetings in places of public transit and demonstrations regulated in Article 21 of the Constitution when the necessary personal distance is not guaranteed, with work and institutional activities being exempted from this restriction.

More than a quarter of people living in Europe report hesitancy about the COVID-19 vaccine, and men are more hesitant (29%) than women (25%). Vaccine hesitancy is also strongly associated with low levels of trust and use of social media, and countries with low levels of trust in government report higher levels of vaccine hesitancy.

Following the authorisation of the vaccine by the European Commission on 21 December, vaccination of the prioritised groups began simultaneously in all Autonomous Communities on 27 December.

In Spain, approximately 20% of the population was unwilling to be vaccinated in January 2021, reducing to less than 10% by February 2022. By 2021, 80% of the population has received at least one dose of vaccine and 78% have the full schedule of the initial protocol.

Share of people vaccinated against COVID-19, Oct 27, 2021



Source: Official data collated by Our World in Data

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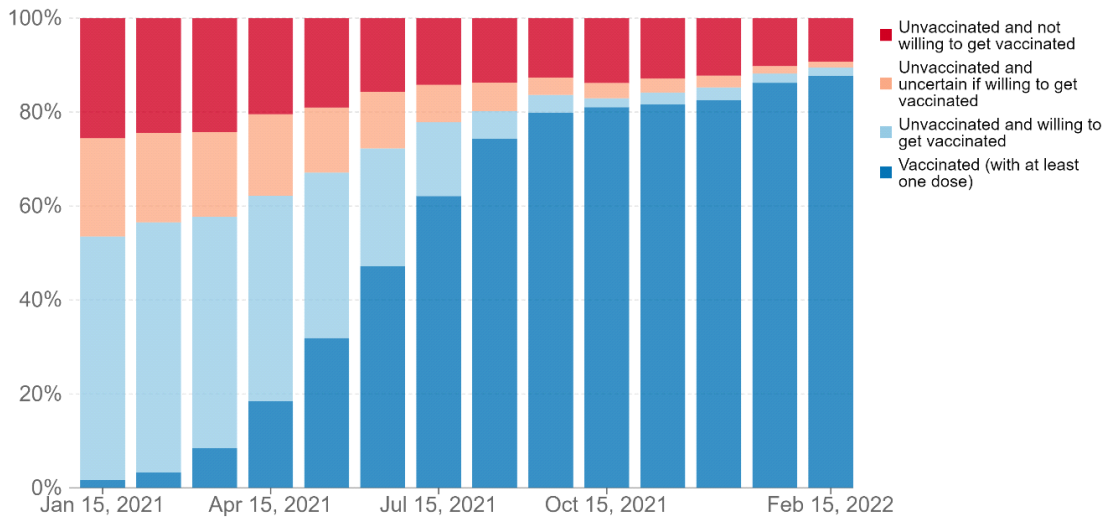
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Source: Our World in Data, 2021.

Willingness to get vaccinated against COVID-19, Spain, Jan 15, 2021 to Feb 15, 2022

Our World in Data

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid 19 Behaviour Tracker Data Hub – Last updated 23 November 2022

Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.

OurWorldInData.org/coronavirus • CC BY

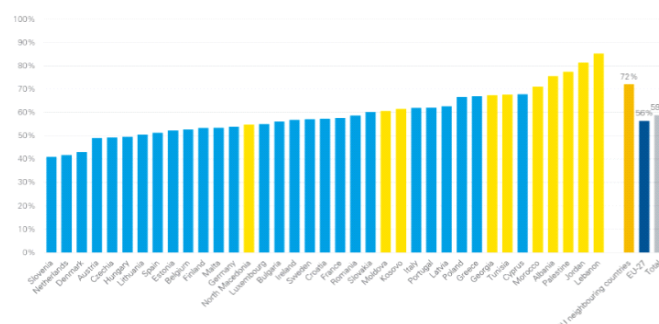
Source: Our World in Data, 2021.

Mental well-being has reached its lowest level in all age groups since the start of the pandemic more than a year ago. This is especially prominent among young people and those who have lost their jobs. Existing inequalities are widening due to the disproportionate impact of the pandemic on vulnerable groups. The results show that difficulties in making ends meet increased significantly among those already in a precarious situation.

Citizens' satisfaction with crisis support measures has fallen sharply: only 12% consider support measures to be fair, compared to 22% in summer 2020. Those who felt that getting support was easy and efficient also fell from 16% in summer 2020 to 10% in spring 2021. Almost one in ten respondents has been refused a request for financial support (Ahrendt, Daphne et. al, 2021).

Mental health and well-being is a major concern in all countries, with many respondents reporting a high risk of depression. The results showing that 75% of people aged 18-44 are at risk of depression in the EU's neighbouring countries are particularly alarming. Concrete policy measures to protect families from homelessness, improve childcare facilities and ensure access to quality health services, including mental health care, will be key to making progress in these areas (Eurofound,2022).

Figure 9: Proportion of people at risk of depression based on the WHO-5 index



Source: Eurofound-ETF, joint e-survey on Living, working and COVID-19, 2022

HOW DID THE COVID-19 CRISIS AFFECT THE DEMOCRATIC DEBATE?

Spain's parliamentary system is characterised by competitive multi-party elections and peaceful transfers of power between rival parties. The rule of law prevails and civil liberties are generally respected. Although political corruption remains a concern, high-ranking politicians and other powerful figures have been successfully prosecuted. Restrictive legislation adopted in recent years poses a threat to robust freedoms of expression and assembly. A persistent separatist movement in Catalonia represents the main challenge to the country's constitutional system and territorial integrity. (Freedom House, 2022)

Spain has a score of 90 out of 100 on the freedom scale, specifically, a score of 37 out of 40 on political rights and 53 out of 60 on civil liberties, yet according to the EIU's 2021 report, Spain moves from being a 'full democracy' to a 'flawed democracy'. Spain's previous score of 8.12 meant that it was classified as a 'full democracy' only by a narrow margin (Freedom House, 2022).

A small deterioration in its score this year, to 7.94, has been enough to downgrade it. The deterioration is mainly due to a lower score for judicial independence, as a consequence of ongoing political divisions over the appointment of new judges to the General Council of the Judiciary, the body that oversees the judiciary and is supposed to guarantee its independence.

The constitution provides for an independent judiciary, and the courts function autonomously in practice. However, the Council of Europe has criticised the fact that, under the current law, the 12 judges who make up the 20-member General Council of the Judiciary - which oversees the courts and is responsible for appointing, transferring and promoting judges - are not directly elected by their peers, but appointed by a three-fifths vote of parliament, as are the other eight non-judge members. This arrangement has exposed the body to political upheaval.

The council's membership was due to be renewed at the end of 2018, but the opposition PP denied the governing parties the necessary qualified majority; the incumbent council continued to operate on an interim basis through 2021, raising concerns about the legitimacy of its judicial appointments and other decisions (Freedom House, 2022).

Table 12.
Western Europe 2021

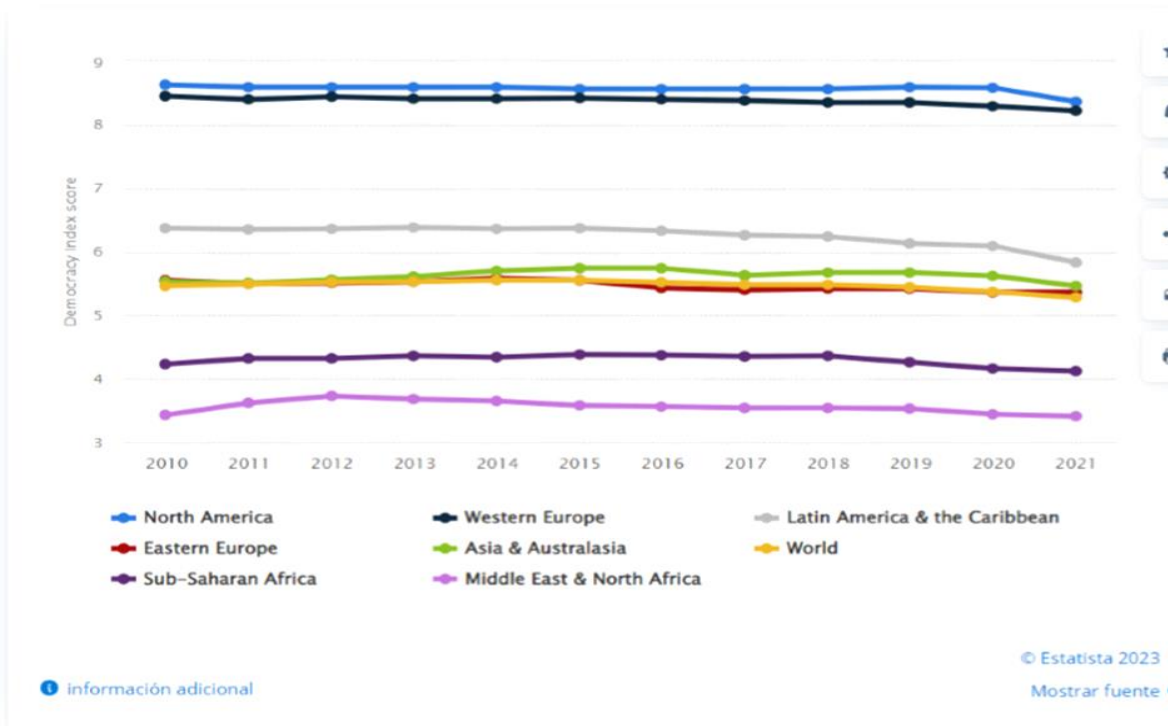
	Overall score	Global Rank	Regional rank	I Electoral process and pluralism	II Functioning of government	III Political participation	IV Political culture	V Civil liberties	Regime type
Norway	9.75	1	1	10.00	9.64	10.00	10.00	9.12	Full democracy
Finland	9.27	3	2	10.00	9.29	8.89	8.75	9.41	Full democracy
Sweden	9.26	4	3	9.58	9.29	8.33	10.00	9.12	Full democracy
Iceland	9.18	5	4	10.00	8.21	8.89	9.38	9.41	Full democracy
Denmark	9.09	6	5	10.00	8.93	8.33	9.38	8.82	Full democracy
Ireland	9.00	7	6	10.00	7.86	8.33	9.38	9.41	Full democracy
Switzerland	8.90	9=	7	9.58	8.93	7.78	9.38	8.82	Full democracy
Netherlands	8.88	11	8	9.58	8.93	8.33	8.75	8.82	Full democracy
Luxembourg	8.68	14	9	10.00	8.57	6.67	8.75	9.41	Full democracy
Germany	8.67	15	10	9.58	8.21	8.33	8.13	9.12	Full democracy
United Kingdom	8.10	18	11	9.58	7.50	8.33	6.25	8.82	Full democracy
Austria	8.07	20=	12	9.58	6.79	8.89	6.88	8.24	Full democracy
France	7.99	22	13	9.58	7.50	7.78	6.88	8.24	Flawed democracy
Spain	7.94	24	14	9.58	7.14	7.22	7.50	8.24	Flawed democracy
Portugal	7.82	28	15	9.58	7.14	6.67	6.88	8.82	Flawed democracy
Italy	7.68	31	16	9.58	6.43	7.22	7.50	7.65	Flawed democracy
Malta	7.57	33	17	9.17	6.79	5.56	8.13	8.24	Flawed democracy
Greece	7.56	34	18	9.58	6.07	6.11	7.50	8.53	Flawed democracy
Belgium	7.51	36	19	9.58	7.86	5.00	6.88	8.24	Flawed democracy
Cyprus	7.43	37	20	9.17	5.36	7.22	6.88	8.53	Flawed democracy
Turkey	4.35	103	21	3.50	5.00	5.56	5.63	2.06	Hybrid regime
Regional score	8.22			9.37	7.69	7.59	8.04	8.43	

Source: EIU.

Spain slips from "full democracy" to "flawed democracy"

The number of "full democracies" fell from 13 in 2020 to 12 in 2021, with Spain slipping into the ranks of

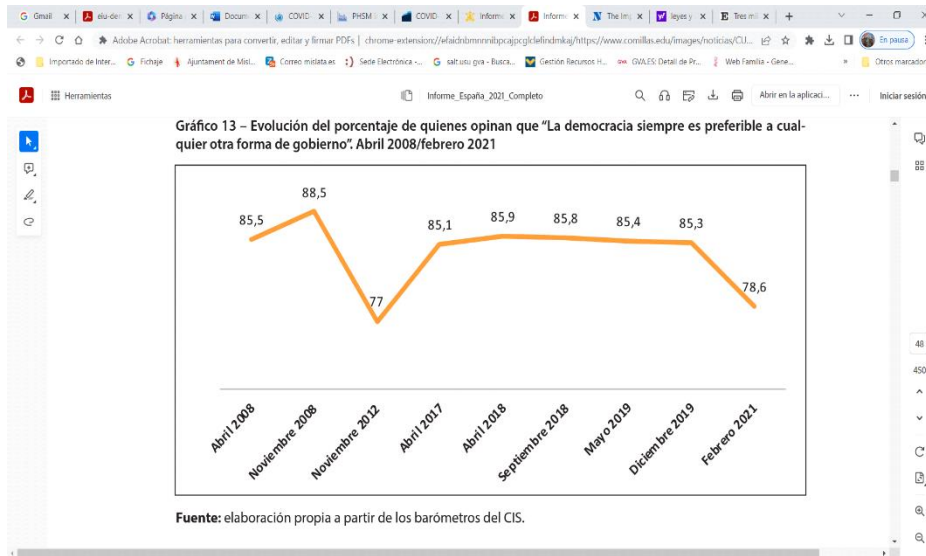
The council is currently operating on an interim basis, as its mandate expired in 2018, and there has been no agreement on the appointment of new judges (who need a three-fifths majority in parliament). The longer the situation drags on, the greater the risk that the Council will be weakened and vulnerable to politicisation. More broadly, Spain's political landscape has become increasingly unstable in recent years, with parliamentary fragmentation, a litany of political corruption scandals and the rise of regional nationalism in Catalonia as challenges to governance (EIU 2021).



Level of democracy in the world according to the Democracy Index from 2010 to 2021, by region. SOURCE: Statista

Trust in institutions has plummeted, especially trust in national governments, which fell from 4.6 in summer 2020 to 3.9 in spring 2021. Trust in national governments in all Member States plunged below the levels recorded at the start of the pandemic. Trust in the EU also fell, but remains higher than trust in national governments (Eurofound, 2021).

According to data from the Centre for Sociological Research (hereafter CIS) support for democracy took a hit after the pandemic, in 2019 85.9% of respondents thought that democracy is always preferable to any other form of government, this score dropped to 78.6% in February 2021.



Source: Blanco, Agustín; Chueca, Antonio; López-Ruiz, José Antonio and Mora, Sebastián, 2021

According to the CIS data on the current assessment of democracy, in comparison with how it used to function and expectations of how it will function in 10 years' time, 24.7% of those interviewed consider that it functions badly or very badly (1-3 on the scale), almost double the 13.5% who have this assessment of how democracy functioned 10 years ago. In the 10-year perspective, this negative assessment falls to 19.8 per cent, still a far cry from the figures for a decade ago. At the other end of the scale, 15.9% think that democracy in Spain works well or very well (8-10 on the scale), well below the 26.9% who gave this assessment of the situation a decade ago, a critical trend that does not fully recover when looking 10 years into the future (18.7%) (Blanco, Agustín; Chueca, Antonio; López-Ruiz, José Antonio and Mora, Sebastián, 2021).

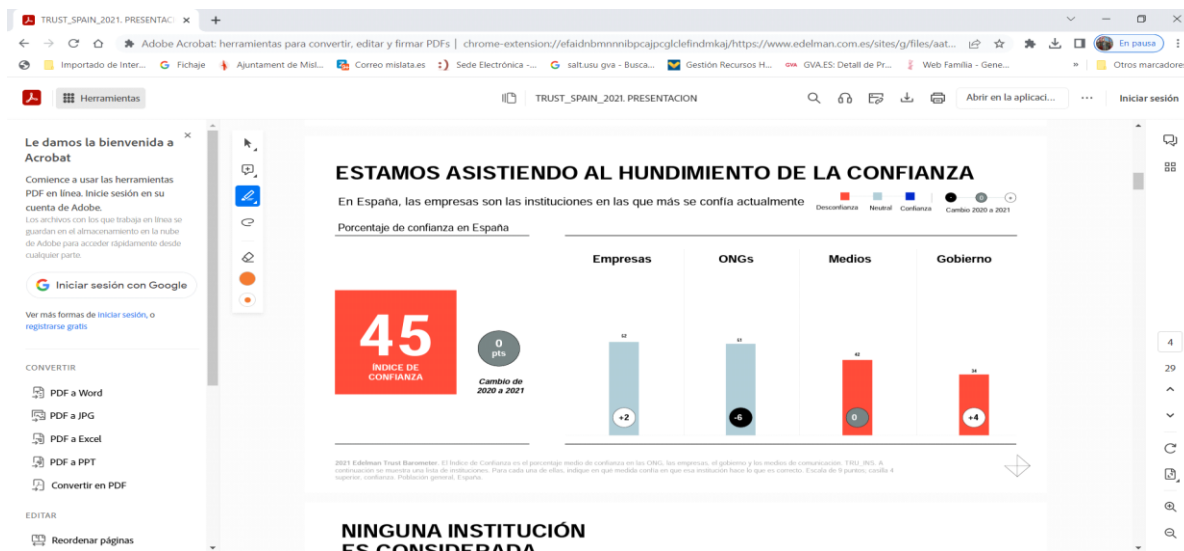
	Hace 10 años	En la actualidad	Dentro de 10 años
1 Muy mal	5,3	12,4	10,8
2	2,6	4,8	3,3
3	5,6	7,5	5,7
4	6,8	9,9	7
5	13,9	20	11,8
6	14,1	13,2	7,7
7	16,5	13,6	9,1
8	16,9	10,8	10,2
9	5,5	2,3	4,2
10 Muy bien	4,5	2,2	4,3
N.S./N.C.	8,3	3,2	25,9

Fuente: CIS, Barómetro de junio de 2021.

The level of **trust in politics as well as public expectations** also declined during the pandemic, reaching levels similar to those of the 2008 crisis.

The Edelman 2021 report on The Index of Trust in Spain in governments, companies and NGOs (barometer ranging from 1-100, where 100 is the highest level of trust) indicated that the index of trust in government was 34 (reflecting generalised distrust (1-49), the highest level of trust was in companies 52, and the index of trust in the media was 42. With respect to the handling of information, less than 4 out of 10 respondents had good information hygiene, 27% had poor information hygiene, with information hygiene being understood as following the news, avoiding news chains, verifying information and not expanding on unverified information.

Trust in news sources has plummeted, 72% do not consider the media to be impartial and 69% think journalists and reporters try to mislead people with false claims or exaggerations. The trust index for government leaders in 2021 was 22, down 2 points from 2020. Spokespersons generally lack credibility, at historic lows, and 65% believe that government leaders deliberately try to mislead with false or exaggerated information. Businesses seen as the institution most capable of solving society's problems (Edelman Trust Barometer, 2021).



HOW HAS THE COVID-19 CRISIS AFFECTED THE ENJOYMENT OF FUNDAMENTAL RIGHTS?

In Spain, the state of alarm is regulated by Organic Law 4/1981, which also regulates states of exception and siege; the Constitution, in Article 116, stipulates how to declare these three states.

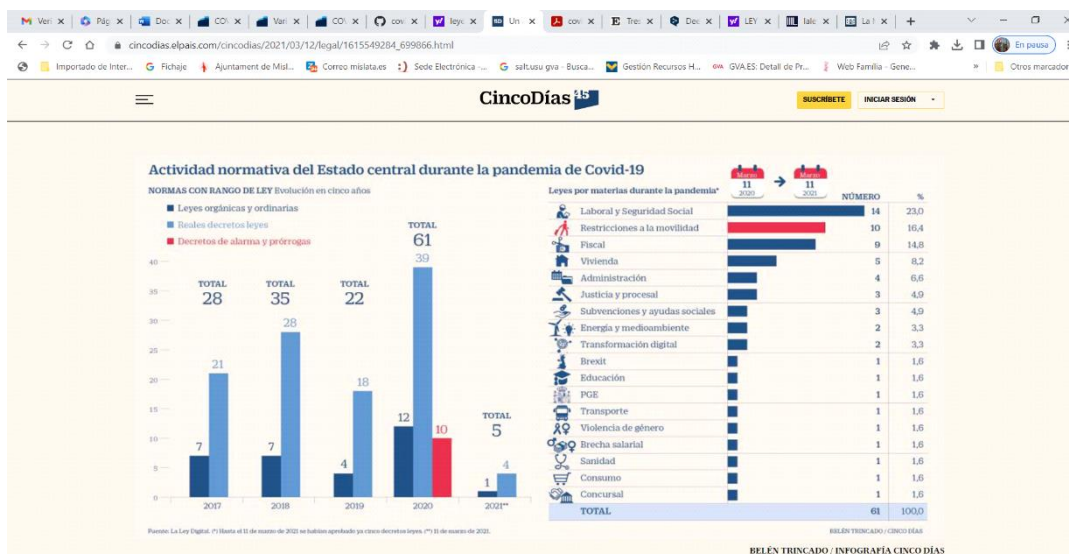
Epidemics are one of the situations which, according to the Law, can give rise to the declaration of a state of alarm, but according to Organic Law 4/1981, which regulates states of alarm, exception and siege, the measures to be adopted must be "those strictly indispensable to ensure the re-establishment of normality" (art. 1). Article 4 of the Law establishes what these measures may be, including "limiting the movement or stay of persons or vehicles at specific times and places, or making them conditional on the fulfilment of certain requirements" (art. 4.a).

A generalised ban on leaving the home, such as that adopted by the Decree on confinement, goes beyond the provisions of the law and impinges on the fundamental right to freedom of movement, according to which citizens cannot be deprived of their liberty except in the cases provided for by law (art. 17 of the Constitution). Added to this is something that can be considered even more worrying, the near disappearance of Parliament and the judiciary, which is the guarantor of citizens' rights and is therefore an essential service at a time when, by decree, the government is giving more power to the police and even mobilising the army. With good judgement, Law 4/1981 has

indicated, in its article 1-4, that "the declaration of states of alarm, exception and siege does not interrupt the normal functioning of the constitutional powers of the State" (Tamarit, José María, "The declaration of states of alarm, exception and siege does not interrupt the normal functioning of the constitutional powers of the State". (Tamarit, José María, 2020).

According to Wolters Kluwer's Digital Law database, from 11 March 2020 (the day the World Health Organisation declared a global pandemic) until today, a total of 61 national laws have been passed, an increase of approximately 200% compared to 2019.

The extensive legal framework derived from Covid-19 is dominated by royal decree laws: a total of 39, a record in democracy. Federico Montalvo, professor of Constitutional Law at Icade, explains that this legal instrument allows the government to adopt decisions immediately and postpone their parliamentary validation for up to 30 days, provided that situations of extreme necessity arise (Romero Diaz, Ivan, 2021).



Source: the digital law.

Royal Decree 463/2020 of 14 March declaring a state of alarm for the management of the health crisis situation caused by Covid-19.

- Extensions: Royal Decree 476/2020, of 27/03/2020, Royal Decree 487/2020, of 14/04/2020, Royal Decree 492/2020, of 24/04/2020, Royal Decree 514/2020, of 9/05/2020, Royal Decree 537/2020, of 23/05/2020 Validity: 07/06/2020. Declaration of the State of Alarm and its extensions. The latest extensions relax circulation measures and educational activities. Art 9: Suspension of all educational activities. Art 10 and Annex I: Suspension of the opening to the public of premises and establishments with the exception of basic necessities shops. D.A.2ª et seq: Suspension of administrative and procedural deadlines in all matters and prescription and expiry periods.

- Royal Decree-Law 10/2020, of 29 March, which regulates recoverable paid leave for employees who do not provide essential services, in order to reduce the mobility of the population in the context of the fight against Covid-19. Art 5: Consideration as a situation assimilated to AT exclusively for economic benefit IT of the SS system for people infected by COVID-19 or in periods of isolation. This protection is extended to workers affected by travel restrictions to carry out their activity, which is considered non-essential. The effective date is that coinciding with the isolation, restriction or contagion.

- Royal Decree-Law 7/2020 of 12 March adopting urgent measures to respond to the economic impact of COVID-19.
- Royal Decree-Law 8/2020 of 17 March on extraordinary urgent measures to address the economic and social impact of COVID19. Extensions: Royal Decree-Law 11/2020 Validity: will be in force until one month after the State of Alarm. Art 5: Preference of telework over cessation or reduction of activity. It is understood that the obligation of risk assessment by the company has been fulfilled. Art 6: Right to adapt the working day up to 100% of the working day for workers with duties of care for dependent family members and in exceptional circumstances related to the necessary actions to prevent the community transmission of COVID-19. Worker and employer must make every effort to reach an agreement. D.A.6th: Obligation to maintain employment for 6 months for workers affected by ERTE's. D.A.14 of RD-L 11/2020 specifies on this issue that the characteristics of the sector will be taken into account and it will not be understood to be breached with temporary contracts. RD-L 18/2020 completes this article with requirements, conditions of compliance and consequences of non-compliance.
- Royal Decree-Law 9/2020, of 27 March, adopting complementary measures, in the labour field, to alleviate the effects derived from COVID-19. Art 2: Prohibition of dismissals due to the coronavirus, whether or not the company carries out ERTEs. Art 3: Obligations of the company in the presentation of ERTE's. It must present individualised information on the workers in the adoption of measures and transmit it within 5 days to the SEPE by means of a collective request via electronic means.
- Royal Decree-Law 10/2020 of 29 March regulating recoverable paid leave for employees not providing essential services in order to reduce population mobility in the context of the fight against COVID19.
- Royal Decree-Law 11/2020, of 31 March, adopting urgent complementary measures in the social and economic sphere to deal with COVID-19. Art 1 et seq: Housing measures: suspension of evictions, moratorium on rental debt, extension of leases, definition of vulnerability and its accreditation, guarantees for tenants, assistance for permanent housing, etc. Art 30: Extraordinary allowance for domestic workers who have stopped providing services due to COVID-19 or whose contract has been terminated.
- Royal Decree-Law 13/2020, of 7 April, adopting certain urgent measures in the field of agricultural employment. Measures to promote the temporary hiring of personnel in the agricultural sector for unemployed persons or persons who have ceased their activity, migrants and young people.
- Royal Decree-Law 14/2020 of 14 April extending the deadline for the submission and payment of certain tax returns and self-assessments.
- Royal Decree - Law 15/2020 of 21 April on urgent complementary measures to support the economy and employment.
- Royal Decree - Law 16/2020 of 28 April on procedural and organisational measures to deal with COVID-19 in the field of the Administration of Justice.
- Royal Decree-Law 17/2020, of 5 May, approving measures to support the cultural sector and tax measures to address the economic and social impact of COVID2019. Art 2: economic benefits for unemployment, in addition to the benefit for birth and care of a child, retirement, permanent

disability and death and survival derived from common contingencies for artists in public performances. The duration of the benefit will range from 120 days to 180 days depending on the number of days paid.

- Royal Decree-Law 18/2020, of 12 May, on social measures in defence of employment. Extension of ERTE's force majeure until 30 June, Exemption from contributions for companies with workers in ERTE's.
- Royal Decree-Law 19/2020 of 26 May adopting complementary agricultural, scientific, economic, employment, social security and tax measures to alleviate the effects of COVID-19.
- Order SND/257/2020, of 19 March, declaring the suspension of the opening to the public of tourist accommodation establishments, in accordance with Article 10.6 of Royal Decree 463/2020, of 14 March, declaring a state of alarm for the management of the health crisis situation caused by Covid-19.
- Order SND/340/2020, of 12 April, suspending certain activities related to intervention works in existing buildings where there is a risk of contagion by Covid-19 for persons not related to this activity.

Initially, the government decided to create a line of guarantees (ICO credits) and to defer the payment of some taxes to give oxygen to the companies most affected by Covid, but it did not consider injecting them with liquidity, as other European countries did.

During 2020, many citizens protested against COVID-19 movement restrictions by demonstrating from their balconies or in the streets, and the police generally did not intervene. However, the Madrid authorities in September banned a meeting planned by pandemic deniers, citing the risk of contagion, and wider protests accompanying the declaration of a second state of alarm in October included clashes with police, resulting in several arrests and injuries.

A number of protests took place across Spain in 2021, including demonstrations by human rights activists, Catalan pro-independence groups, workers' rights organisations and anti-vaccine protesters. A COVID-19-related ban on public gatherings in Madrid prevented marches planned for International Women's Day in March from taking place, prompting criticism from human rights NGOs. The ban was lifted in May, when the state of national alarm ended.

On 31 March, the government announced six months of temporary mortgage and rent relief measures and the suspension of evictions of people it defined as "economically vulnerable". The government also approved temporary measures to provide increased housing support to victims of gender-based violence and homeless people during the state of emergency. Evictions resumed in June, and housing rights activists called for an extension of the eviction ban until 2021. In September, the government ordered an additional four-month extension of rent relief and allowed tenants with documented "economic vulnerability" facing evictions to seek a reprieve until January (Human Rights Watch, 2020).

During the COVID-19 pandemic, civil society groups recorded some instances of discriminatory enforcement of confinement rules that disproportionately affected racial minority groups or migrant workers. The country's Ombudsman's Office launched an investigation into the excessive or arbitrary use of fines to punish alleged violations of movement restrictions (Freedom House, 2021).

Women, racial minorities and LGBT+ persons enjoy legal protections against discrimination and other mistreatment, though a degree of social bias persists. Some minority groups, including Roma, remain economically marginalised and are reportedly subject to police profiling.

Spain is a major entry point to Europe for irregular migrants and refugees, most of whom cross by sea. Some 37,000 people arrived during 2020, a sharp increase on the previous year. Some of the more than 21,000 who disembarked in the Canary Islands were accommodated in hotels, while others were housed in makeshift camps that allegedly violated human rights standards. Separately, thousands of migrants and refugees regularly congregate at the land border between Morocco and the Spanish enclaves of Ceuta and Melilla.

In February 2020, the grand chamber of the European Court of Human Rights upheld the legality of a practice in which Spanish authorities summarily return people who illegally cross the borders of enclaves, for example by scaling fences. A previous court ruling in 2017 had rejected the practice, but Spain appealed to the grand chamber. Civil society organisations criticised the new ruling (FREEDOM HOUSE, 2021).

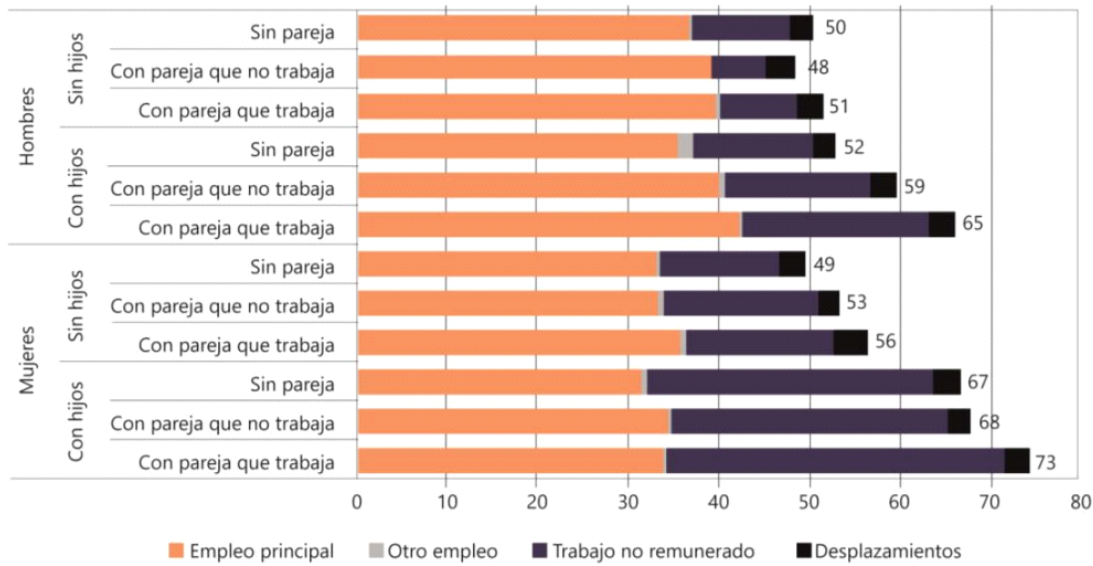
During 2021, several unaccompanied minors arrived in Ceuta from Morocco and were summarily returned; the ombudsman and dozens of human rights NGOs condemned the returns, saying the government had failed to comply with the legal rules governing the practice, violating the rights of the minors. (FREEDOM HOUSE, 2022)

Freedom of movement within Spain was temporarily restricted in both 2020 and 2021 during the country's two COVID-19 related states of alarm. In July 2021, the Constitutional Court ruled that Spain's first state of alarm in 2020 had been partially unlawful and that such restrictions should have been imposed under a state of emergency. The court ruled in October that the second state of alarm, which ended in May 2021, had also been unconstitutional (Freedom House, 2022).

HOW HAS THE COVID-19 CRISIS AFFECTED WOMEN'S WORK-LIFE BALANCE?

The shutdown of activity to reduce the risk of infection during the pandemic, including the closure of schools, forced families to adapt the lives of many households to the teleworking of adults, combined with the presence of children in need of school care. These changes did not affect men and women equally, as participation in work, household and care activities is unequal between genders. Women were under much more pressure because before COVID-19 they already spent 85 minutes more per day on housework and caring for family members than men (Ramos, José; Gómez, Alicia, 2020).

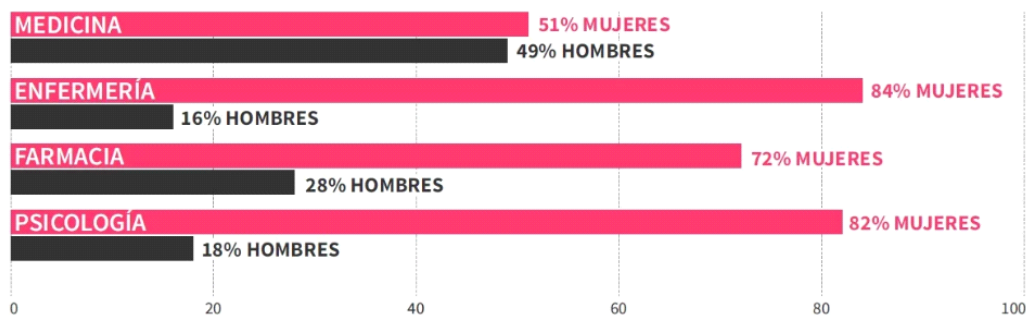
Weekly hours of paid and unpaid work by sex, having children and employment status of the partner



The report Gender Perspective, essential in the response to COVID-19. Ministry of Equality, carried out by the Women's Institute and for Equal Opportunities of the Ministry of Equality, highlights the different impact that the COVID-19 pandemic has on men and women, as well as the economic, social and family consequences of the same, and concludes that it is essential to apply a gender perspective in the response to the crisis. It therefore concludes that it is essential to apply a gender perspective in the response to the crisis. The greater impact on women, who are in the first response to the disease, is mainly due to three aspects:

In Spain, according to the EPA, women account for 66% of health personnel. Specifically, they account for 51% in medicine, 84% in nursing, 72% in pharmacy, 82% in psychology and 84% of staff in homes for the elderly and dependent persons, where the most serious cases and the highest number of deaths have occurred. They are also in the majority in the food trade and in hospital and nursing home cleaning services, which are essential for the maintenance of the population. In addition to these professional groups, there are domestic workers and carers, who assume an important part of the care of dependent persons.

Profesiones sanitarias por sexo



Avilés,

Alicia (2022) Being a woman and a young person in pandemic: equality has slowed down and now "feminists have to flood politics. FAD

. In the private sphere, women do most of the domestic work and 70% of the care tasks. In addition to the usual inequality and difficulty in reconciliation and lack of co-responsibility, the closure of educational centres and teleworking have increased the overload in this area. Many women can no longer work because they have to deal with this complex situation. Single-parent families have been particularly affected, 8 out of 10 of which are headed by women.

This puts them in a worse position to face a new crisis. Some of the most affected sectors, such as commerce, tourism and hospitality, are highly feminised. This perspective is compounded by the aggravating factors of unemployment in Spain, which also affect women to a greater extent, such as the high rate of temporary employment, dependence on tourism and a gap in the female employment rate of 11.7% compared to men.

Main measures in the field of employment, with gender impact, adopted due to the health crisis (Women's Institute, 2022)

Teleworking: preferential nature of remote work, as opposed to temporary cessation or reduction of activity.

Adaptation or reduction of working hours: care of spouse, unmarried partner or family members up to 2nd degree of consanguinity when there are exceptional circumstances related to the actions necessary to prevent the community transmission of COVID-19. Exceptional circumstances are:

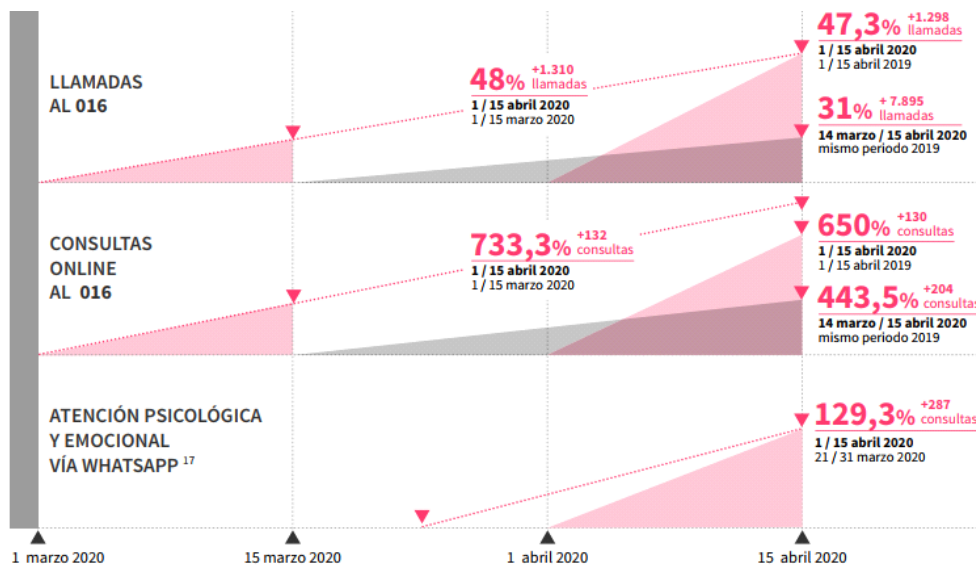
- The presence of the worker is necessary for the care of any of the indicated persons who, for reasons of age, illness or disability, require personal and direct care as a direct consequence of the COVID-19.
- Closure of educational establishments or those providing care or attention to the person in need of them.
- The worker who has been providing this care cannot continue to do so for justified reasons related to COVID-19. Special reduction of the working day in the situations provided for in article 37.6 of the Workers' Statute, when the aforementioned exceptional circumstances occur.
- The company must be notified 24 hours in advance.
- It may reach one hundred percent of the working day if necessary. Royal Decree-Law 8/2020, of 17 March, on extraordinary urgent measures to deal with the economic and social impact of COVID-19. 13 If the work-life balance measures provided for in art. 37 of the Workers' Statute were taken, they may be modified or waived for the time during which the exceptional circumstances related to COVID-19 are present.

Extraordinary allowance for lack of activity for persons integrated in the special system for family household employees.

- Persons registered as domestic workers before the entry into force of the state of emergency, 14 March 2020, shall be entitled.
- Who have ceased to provide services in one or more households, in whole or in part, to reduce the risk of transmission due to the COVID-19 health crisis.
- Who have been dismissed or had their contract terminated during the health crisis. The benefit will be equivalent to 70% of their regulatory base in the event that the loss of activity is total. If the employee reduces her working hours, she will receive the proportional part corresponding to this reduction in working hours. Royal Decree-Law 11/2020, of 31 March, adopting urgent complementary measures in the social and economic sphere to deal with COVID-19.

During the pandemic, violence against women and girls increased worldwide because the COVID-19 pandemic combined economic and social stresses by restricting contact and movement. Overcrowded households, substance abuse, limited access to services and reduced peer support are elements to consider. Before the pandemic, it was estimated that one in three women would experience some form of violence in her lifetime: During the pandemic, many of these women were trapped with their abuser.

Data collected at the state level (UN, 2020, Secretary General's Statement) during the period of confinement by COVID-19 reflect the increase in requests for assistance for gender-based violence.

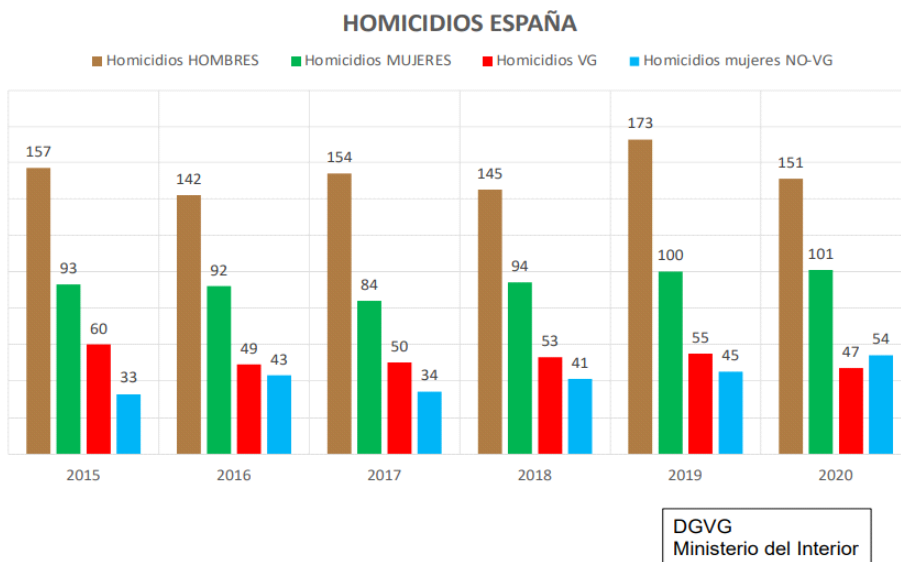
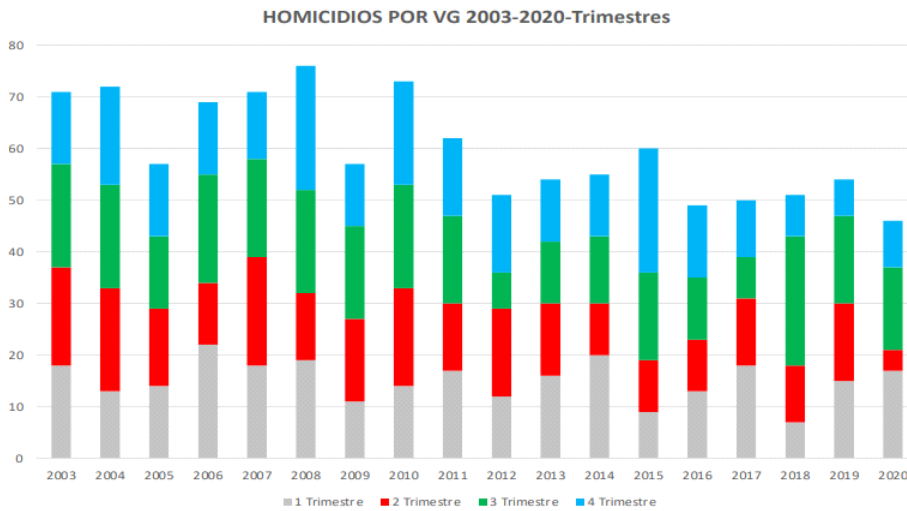


The report carried out by the University of Granada (Lorente, Miguel et al., 2022) yields the following conclusions:

The COVID-19 pandemic has had an impact on GBV through three mechanisms:

- It enhances the factors that aggressors usually use to exercise violence (isolation, justification, control...) in circumstances that make it difficult to identify them.
- It makes it difficult for women to escape from violence due to lack of opportunities.
- It limits women's access to care resources.

The pandemic has created circumstances that have led to a significant decrease in the number of GBV-related homicides, especially in the period of confinement, but homicides of women for causes other than GBV are on the rise.



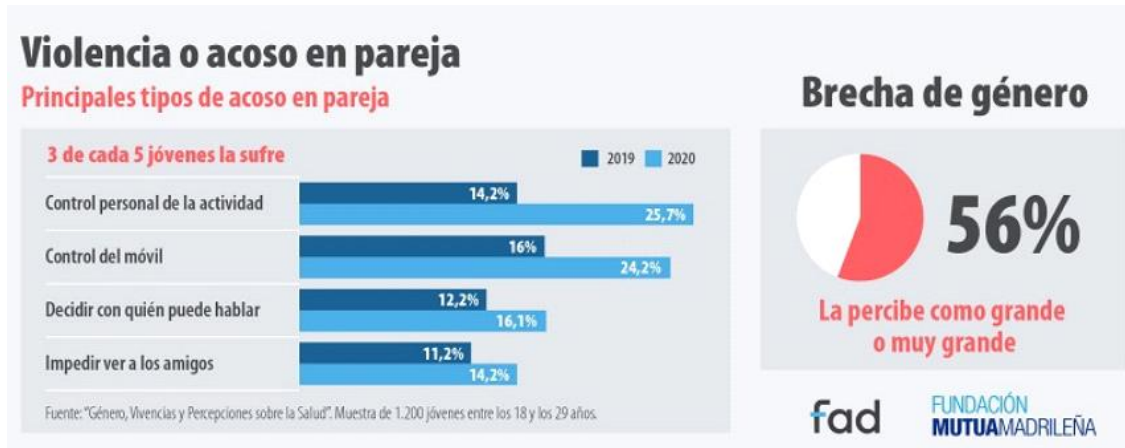
Women's response to GBV has two broad patterns:

The first pattern revolves around the reaction to violence and is manifested in behaviours such as calling 016, filing complaints, breaking off the relationship. Calls increased by 48%, to 733.3% in the case of online consultations. And comparing the period from 14 March to 15 April 2020 with the same period in 2019, the increases were 31 % in the number of calls and 443.5 % in the number of online enquiries.

The second pattern involves remaining in the violent relationship, leading to increased psychological consequences and increased stress with the possibility of needing anxiolytic and hypnotic medication, especially if the causes of the psychological disturbances are not diagnosed and the GBV remains invisible, and deeper disturbances that may lead to suicide.

Research on the experience of the pandemic by young people in Spain (FAD, 2022), has revealed that experiences of harassment and violence within the couple have worsened during the

pandemic, with an increase in behaviours of control of activity (25.7%), control of mobile phones (24.2%) and control of the people with whom the partner relates (16.1%). In fact, the same study points out that 15.6% of the women surveyed (aged between 15 and 29) have felt fear in their relationships and that 14.4% have been forced to have sex without their consent.



During the first wave of the pandemic, faced with the situation of confinement and the possible increase in violence, the central government in Spain implemented the Contingency Plan against gender-based violence in the face of the coronavirus crisis and Royal Decree-Law 12/2020, on urgent measures for the protection and assistance of victims of gender-based violence and another Plan to guarantee the rights of victims of sexual exploitation and in the context of prostitution, with difficulties in accessing the public health system. These measures are insufficient given that, without addressing structural factors of inequality, such as the overload of reproductive tasks, unemployment or job instability, gender-based violence cannot be prevented in a comprehensive manner (Ruiz-Pérez and Pastor Moreno, 2020).

Care measures for victims of gender-based violence:

1.- All comprehensive victim assistance services are maintained with normal operation of the following services:

- 24-hour information mechanisms (telephone 016 and online enquiries via e-mail 016-online@mscbs.es).
- Emergency response and shelter for victims at risk. Emergency centres, shelters, supervised flats and safe accommodation for victims of sexual exploitation and trafficking.
- Psychological, legal and social assistance to victims in a non-face-to-face manner (by telephone or other channels).

Campaigns:

- Campaign "We are with you. We stop gender violence together" campaign. Among the materials developed as part of the campaign are various posters and images to publish and disseminate on social networks with telephone numbers and assistance services in Spanish, in the different co-official languages as well as in English, French, Chinese and Russian, to disseminate in neighbourhood communities, municipalities, public transport, organisations, establishments and pharmacies.

- Action guide for women who are suffering from gender-based violence in a home stay situation by COVID-19.

This guide contains information on the prevention and response actions that the Ministry of Equality continues to implement in order to attend to women who may be suffering from gender violence, especially in emergency situations.

3.- Resources of the government delegation:

The Government Delegation against Gender Violence has updated the resources available to victims of gender violence from the Autonomous Communities and Cities.

Likewise, various entities and associations, as well as women's institutes in different Autonomous Communities, have launched initiatives and actions aimed at victims of gender violence during the state of alarm caused by COVID-19.

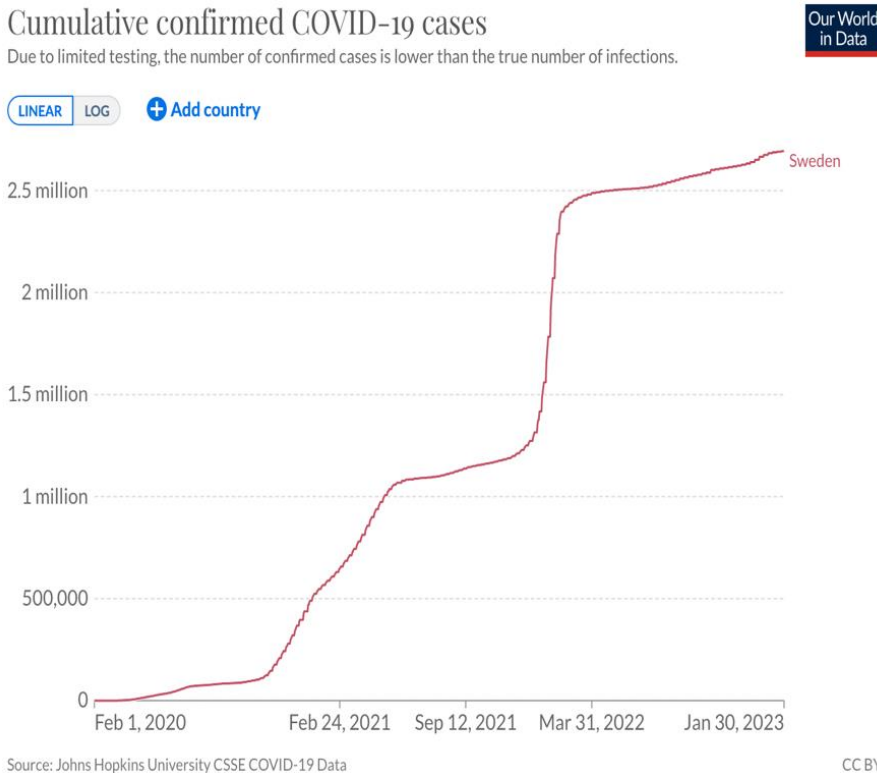
ALERTCOPS / S.O.S. BUTTON The Ministry of the Interior has reinforced the protection of victims of gender violence and health personnel with the SOS Button of the AlertCops application (a service provided through a free application on mobile devices, which provides a direct channel with the State Security Forces and Corps to report an event of which one is a victim or witness).

1.9 Sweden

1. INTRODUCTION

This section of the document highlights the Covid-19 timeline in Sweden and the Covid-19 restrictions and guidelines set by the Swedish Government and health officials between January 2020 to December 2022. This section will enable the readers to better understand the spread of Covid-19 in Sweden and the various measures put in place to counter the spread of the pandemic.

1.1 Covid-19 Timeline in Sweden



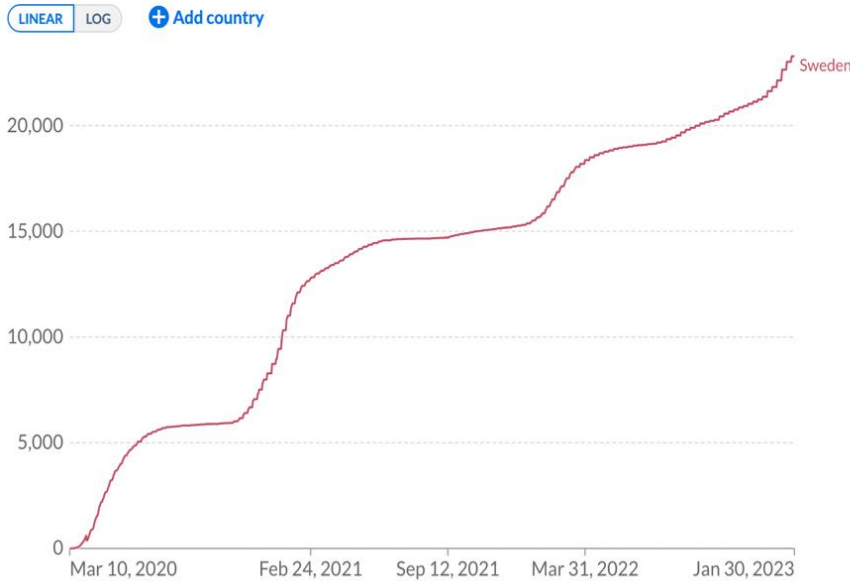
On 31st January 2020, Sweden confirmed the first case of COVID-19. A woman in her 20s, returning from Wuhan on 24th January, tested positive for the SARS-CoV-2 virus and was admitted at Ryhov Region Hospital in Jönköping. Having isolated herself voluntarily at home upon arriving in Sweden she was deemed not to have posed any transmission risk during travel or during her initial days in Sweden. The local university college of Jönköping, stated at the time that it had around 200 Chinese exchange students, responding that the woman may have been a student. The woman was declared asymptomatic, but not fully discharged from healthcare services after over one month of care on 3 March. However, viral fragments continued to be detectable with transmission of live viral particles being deemed unlikely.

By the end February 2020, nine new cases were confirmed across five regions in Sweden. The reported cases were linked to travel-related or travel-related person-to-person spread. By the end of March 2020, there were more than 3,000 Covid-19 cases in Sweden and a total of 385 covid-related deaths. By the end of 2020, the number had skyrocketed to 437,379 reported cases and 8,727 covid-related deaths. The start of the first quarter of 2021 marked the second wave of Covid-19 in Sweden. By March 2021, there were a cumulative total of 804,886 confirmed cases and 13,430 covid-related deaths. The number of confirmed cases hit the 1 million mark before the end of June 2021 and by the end of 2021 there were 1.3 million confirmed cases and more than 15,310 related deaths.

Cumulative confirmed COVID-19 deaths

Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

The beginning of 2022 marked the third and biggest covid-19 wave where 1.17 million new cases were reported before the end of March. Later in the year the number of reported cases significantly declined. This can be attributed to the production and mass distribution of the Covid-19 vaccines, warmer weather, and tighter Covid-19 restrictions. By the end of 2022, the cumulative Covid-19 cases were 2.67 million and the covid-related deaths were 21,827. The charts below highlight the Covid-19 timeline in Sweden.

1.2 Swedish Covid-19 Restrictions and Guidelines

As the outbreak reached Sweden, authorities responded with limited measures, in contrast with lockdowns and legal restrictions introduced in other countries. The Swedish public were expected to follow a series of non-voluntary recommendations from the Public Health Agency of Sweden (Folkhälsomyndigheten). These included working from home where possible, limiting travel within the country, social distancing, and for people above 70 and those with potential COVID-19 symptoms to self-isolate. Businesses and organizations were subject to distancing recommendations, regulations (mainly restaurants) and laws (banning public gatherings and events with more than 50 participants, as well as visits to nursing homes). Upper secondary schools and universities were closed until the end of the summer holidays.

From late 2020 amidst a surge in cases, new legislation was passed enacting international travel restrictions and again limiting participation in public events, banning nursing home visits and closing upper secondary schools. Primary schools remained open throughout the pandemic, and face masks were not generally recommended for the public or in healthcare settings. Vaccinations in Sweden began in December 2020. Spring 2021 saw a surge of the Alpha variant of the virus, and further tightening of restrictions and recommendations. In late 2021, vaccine passports and other measures were introduced. On 9 February 2022 almost all regulations and restrictions were abolished, and from 1 April 2022 Covid-19 was no longer classified as dangerous to the general public or society at large.

Sweden's unique response to the Covid-19 pandemic has been the subject of significant controversy in both domestic and international circles. Unlike most countries, which strongly recommended or introduced widespread sector closures, quarantining, and lockdown measures to curb the spread of the coronavirus disease 2019, the government of Sweden took a more lenient approach to the pandemic, prioritizing the economy and only pursuing social distancing measures such as bans on large gatherings and limited travel restrictions.

On 18 December 2020, Stefan Löfven, the prime minister of Sweden, announced new and tougher restrictions and recommendations including the use of face masks in public transportation and closure of all non-essential public services. In January 2021, a new pandemic law was passed that allows for the use of lockdown measures and legally limited some gatherings. Further measures were introduced in July and December 2021, such as vaccine passports.

Despite the benefits of avoiding lockdown, the Swedish response was not flawless. In late 2020, the Corona Commission, an independent committee appointed by the government to evaluate the Swedish pandemic response, found the government and the Public Health Agency had largely failed in their ambition to protect the elderly. At that time, almost 90% of those who had died with COVID in Sweden were 70 or older. Half of these people were living in a care home, and just under 30% were receiving home help services. Indeed, numerous problems within elderly care in Sweden became evident during the pandemic. Structural shortcomings such as insufficient staffing levels left nursing homes unprepared and ill-equipped to handle the situation.

In its final report on the pandemic response, the Corona Commission concluded that tougher measures should have been taken early in the pandemic, such as quarantine for those returning from high-risk areas and a temporary ban on entry to Sweden. The focus of Sweden's strategy was to reduce the spread of the virus, but also to consider other aspects of public health and protect freedom and fundamental rights. While the Swedish strategy remains controversial, today most countries are taking similar approaches to the continuing pandemic.

1.3 Literature Review

1.3.1 Effects of Covid-19 on the Democratic Debate

Sweden's public response to the coronavirus pandemic in 2020 can certainly be classified as a case—arguably an extreme case—of politicians' delegating public authority to expert bureaucrats. It involved an informal but highly significant transfer of power—a peculiar type of science-policy interface, one in which political authority is explicitly delegated to, and even usurped by, an expert agency. This, we argue, was necessary for the outcome of Sweden's policy deviation from the European norm.

Representative democracy enables citizens to delegate power to elected representatives. They then hold these representatives accountable for their actions. The responsibility of politicians in this system lies in deliberation; in making laws and taking political decisions; and in recruiting and supervising the public servants, or bureaucrats, who implement these decisions. In practice, however, there are often great information asymmetries between highly skilled and specialised bureaucrats, which in turn may lead to policy drift or agency loss. This is exacerbated when the remit delegated to administration is very broad or when contentious political decisions are delegated to administration—for example, to avoid blame. Indeed, blame games—to avoid and allocate blame to others—is common and politically consequential during and after major societal crises, particularly when they appear “uncontrollable” and when the loss of lives is considerable.

The most notable divergence between politicians and experts concerned the use of masks, hence “THE MASK CONTROVERSY”. A significant number of the population was sceptical about facial masks since it was first recommended by the Swedish Public Health Ministry (Folkhälsomyndigheten). Some critics argued that there was little evidence of their efficacy and that they might actually increase the risk of infection, due to the need to apply and adjust them and because they might dissuade people from maintaining social distance. By the summer, the Swedish media began to notice how isolated the agency's view had become internationally. Masks were recommended at the height of the second wave, but only on public transport, only after the new year and only during two daily rush-hour periods.

On occasion, the experts' pronouncements appeared more directly to undermine politicians' decisions. In autumn 2020, regional governments had been authorised to take their own measures against the virus. In late February 2021, Stockholm was one of several that recommended the use of masks on all public transport—partly, it explained, because compliance with national advice had been poor (Region Stockholm, 23 February 2021). Compliance with the regional government's recommendation by users of public transport in the capital remained limited.

The reluctance of politicians to take command left a space and questioned Assertive Bureaucratic Leadership. There were two particular examples of assertive bureaucratic leadership. They indicate how experts did not just advise political decision-makers, or even take delegated decisions. They were also prepared, albeit implicitly, to criticise policy decisions with which they did not agree; and argue actively and publicly for the decisions that they had taken.

Withdrawal of the politicians notably affected the democratic debate in Sweden. The political executive has considerable scope to steer public agencies. Coronavirus arrived with the country's party system in flux and its government commensurately weak. After the election of 2018, government formation had proved extremely difficult. The centre-right party bloc collapsed, which allowed a minority coalition of Social Democrats and Greens to remain in office. In one way, the government's weakness was not directly exposed by the pandemic, because the policy response was—at least initially—hardly politicised.

Perhaps in keeping with a tradition of political ceasefires during national challenges, opposition parties declined to voice anything more than mild criticism of the authorities. For example, even as she was prepared to dispute specific decisions, such as that not to isolate homecoming tourists, one centre-right party leader emphasised that she would “lock arms” with the government in the crisis. In fact, Swedish politics was in flux at another level, too, which may have had more impact on policy. The Social Democrats' electoral fortunes had declined over time.

The Comparativity Controversy issue became increasingly contentious as the pandemic developed. For some Swedish (and many foreign) observers, comparison of Sweden with the other Nordic countries, which shared some common geographical, cultural, socio-economic and demographic characteristics, was natural. To them, the correlation between Sweden's strategy and its relatively high death toll implied an obvious causal relationship.

Sweden had been hit harder because it was in a different phase of the pandemic than its neighbours or because of particular problems in care homes or because of the virus's relatively early arrival in Sweden, which made its circumstances more like those of Britain or France or because Sweden had experienced a relatively light influenza season the previous year, which had left it with many vulnerable old folk or because of Sweden's high proportion of foreign-born residents or simply because, on the outcome variable, Finland and Norway were the European outliers. In other words, after initially emphasising the difference in Sweden's strategy compared to those elsewhere in

Northern Europe, later sights showed that Sweden's higher death toll might have been due to several factors.

The lengths to which Sweden's chief epidemiologist went to assert that the policies promulgated and implemented by the Folkhälsomyndigheten had been correct was unusual that a bureaucratic organisation should take such a prominent role in formulating public policy, it is arguably more unusual that the same organisation should then campaign so energetically to justify that policy and to shape citizens' interpretation of its results. The agency strove to maintain a monopoly of problem definition and policy formulation, even in the face of critique by external experts and, more rarely, politicians.

The Government should have assumed leadership of all aspects of crisis management from the outset. It should have been able to overcome the obstacles to clear national leadership that currently exist: government agencies with a degree of autonomy. The Government had too one-sided a dependence on assessments made by the Public Health Agency of Sweden (Folkhälsomyndigheten). This is not a satisfactory arrangement for decision-making during a serious crisis in society.

Trust in Public Institutions and the Cementation of Strategy. The Swedish tradition of public administration, an unusually passive political leadership and a public agency that was fully prepared to assume control of policy: these conditions combined to establish Folkhälsomyndigheten's initial analysis of coronavirus as the basis of the Swedish strategy. However, no formal transfer of powers ever took place. There was, then, every chance of a misjudged initial policy then being revised—as in Britain. We suggest, however, that Swedes' deep-seated faith in their public institutions.

Trust in public institutions and their experts, to the extent of generating a certain hostility to dissenting voices in relation to pandemic strategy, was sufficient to consolidate that strategy and, during the first half of 2020, to insulate Swedish policy-makers from pressure to change course. Because the policy had strong public support, there was little incentive for the media or the political opposition to attack the government. Only for a brief spell in late spring 2020, and then again with the arrival of the second coronavirus wave in late autumn, did media coverage turn more critical.

1.3.2 How the COVID-19 crisis affected the enjoyment of fundamental rights?

Both domestically and internationally, there has been intense debate over Sweden's unique approach to the COVID-19 pandemic. Sweden's government prioritised the economy and only pursued social distancing measures like bans on large gatherings and restricted travel, in contrast to most nations that strongly advised or implemented widespread sector closures, quarantining, and lockdown measures to stop the coronavirus disease from spreading in 2019.

Upon the outbreak of the COVID-19 pandemic, the Public Health Agency initiated contact tracing and outlined its strategy to protect the country's most vulnerable citizens and prevent the health care system from being overwhelmed. As the outbreak spread, the agency advised those with respiratory symptoms to avoid social contacts, work from home, if possible, minimise travel, and adhere to social distancing.

The government passed a law:

- Banning large gatherings
- Secondary and higher education institutions were advised to switch to distance education.
- Press conferences and public communications campaigns were also launched.

Unlike most other countries, face masks were not recommended in public or healthcare settings. The agency repeatedly denied pursuing a herd immunity strategy. On 18 December 2020, Stefan

Löfven, the prime minister of Sweden, announced new and tougher restrictions and recommendations including the:

- Use of face masks in public transportation and closure of all non-essential public services.
- In January 2021, a new pandemic law was passed that allows for the use of lockdown measures and legally limits some gatherings.
- Further measures were introduced in July and December 2021, such as vaccine passports.

Reception for the government's response has been mixed. An independent commission was launched to evaluate the measures taken by the government, the administrative health authorities, and regional municipalities. The commission criticized the response of the government, citing among other things a failure to protect the elderly population, that the Swedish response was marked by slowness, with initial measures "insufficient to stop or even substantially limit the spread of the virus in the country," and that the Swedish healthcare system would face long-term consequences due to "the price of extreme pressure on staff and of cancelled and postponed care." In their final report, the commission described Sweden not introducing lockdowns as "fundamentally correct" for ***maintaining personal freedoms***, but were critical of the decisions not to introduce "more rigorous and intrusive disease prevention and control measures" in February and March 2020.

On 10 March 2020, responding to indications of community transmission, the Public Health Agency advised everyone with respiratory infections, even mild cases, to refrain from social contacts where there is a risk of spreading the virus, in private as well as working life. They also ask health care staff working with risk groups, including nursing homes, not to work if they have any symptoms of respiratory infection. Relatives of elderly were advised to avoid unnecessary visits at hospitals and in facilities for elderly, and never visit if there are any respiratory symptoms.

Face masks were initially not recommended or were actively discouraged by authorities for the general public and in healthcare settings. On June 25, 2020, masks were recommended in care home and healthcare settings only in cases of treating COVID-19 patients. In December 2020, it was announced that masks would be recommended on Stockholm public transport from January 2021, the first-time authorities had advised the public to wear them. Some healthcare institutions, care homes and schools implemented rules outside of government guidance.

As COVID-19 progressed so did the measures taken. On 10 January 2021 an Act was passed that provided the Government the right to place rules on curbing public and private gatherings, and limit international and domestic travel. The law was a temporary pandemic law and allowed for Sweden to place time limits on when businesses can open and close. On 30 June 2021 a travel ban was introduced on anyone from the United States or EEA. Exceptions were on travellers from Denmark, Finland, Iceland and Norway. The ban was set to be lifted on 31 October 2021.

Regulations were then created to take place on 1 July 2021. Numbers of people who could be in one place such as a restaurant, or store was limited, as well as social gatherings being limited to no more than 8 people. Remote work was recommended if possible, and on 17 March school was made fully online. Furthermore, a recommendation to be tested after staying abroad was added. Starting from 29 September 2021 more pandemic-related restrictions were lifted. Advice was reintroduced on 8 December 2021 to work from home, wear face masks on public transport and free COVID-19 testing was reintroduced in response to the Omicron variant.

Social Distancing and Ban on Gathering [Limiting Freedom of Assembly]

On 16th March 2020, the agency recommended that people over 70 should limit close contact with other people, and avoid crowded areas such as stores, public transport and public spaces. At the end of March, 93% of those older than 70 said that they were following the recommendations from the health service to some extent, with the majority having decreased their contacts with friends and family. In May, the agency looked at easing the recommendations for the 'young elderly' of good health, but ultimately decided against it. They did however encourage those over 70 not to isolate completely in their homes, but to go outside for walks while still following the recommendations. On 16th March 2020, they also recommended that employers should require remote work. One month later, statistics showed that roughly half the Swedish workforce was remote working. The following day, the agency recommended that secondary schools and universities use distance learning, with schools following suit all over the country. The decision to recommend distance education for secondary and tertiary education, but not for elementary schools, was that studies at secondary schools and universities to a higher extent require commuting and travelling, and that students would not depend on parental care while not in schools, and school closings therefore did not risk interrupting society. In May, it was announced that the Health Agency were to lift the recommendations on 15th June, and thereby allowing secondary schools and universities to open up as normal after the summer holidays.

In April, many of the organisations running the public transport systems for the Swedish counties had reported a 50% drop in public transport usage, including Kalmar Länstrafik in Kalmar County, Skånetrafiken in Skåne County, Stockholm Public Transit in Stockholm County, and Västtrafik in Västra Götaland County. In Stockholm, the streets grew increasingly emptier, with a 30% drop in the number of cars, and 70% fewer pedestrians.

In mid-May, and on the request of the Public Health Agency, the Swedish Transport Agency temporarily suspended the regulations that allowed for passenger transport on lorries or trailers pulled by tractors, trucks or engineering vehicles at graduations and carnivals. The new rules were to be in place between 15th May and 31st December 2021. These social distancing recommendations have been effective in part because Swedes tend to have a "disposition to social distancing". Social distancing rules were tightened in December 2021 in response to an increase in cases driven by the SARS-CoV-2 Omicron variant.

The same day as the first Swedish death from Covid-19, the Swedish government passed a new law at the request of the Public Health Agency, limiting freedom of assembly by banning all public gatherings and events with more than 500 participants, with threat of fines or imprisonment for organisers. Public gatherings and events include arts and entertainment events including theatre, cinema and concerts, religious meetings, demonstrations, lectures, competitive sports, amusement parks, fairs and markets. They do not include gatherings in schools, workplaces, public transport, grocery stores or shopping malls, health clubs or other private events. The ban would apply until further notice. According to the Health Agency, the reasoning behind drawing the line at 500 was to limit long-distance travel within the nation's borders, as bigger events are more likely to attract visitors from all over the country. Freedom of assembly is protected by the Swedish constitution in the Fundamental Law on Freedom of Expression, the constitution allows for a government to restrict the freedom, if needed to limit the spread of an epidemic. On 27th March 2020 the government announced that the ban on public gatherings would be lowered to include all public gatherings of more than 50 people, to further decrease the spread of the infection, again at the request of the Public Health Agency. The agency also recommended that plans for events and gatherings of fewer than 50 people should be preceded by a risk assessment and, if necessary, followed by mitigation measures. Additionally, they recommended that digital meetings should be

considered. The ban on large public gatherings had no end-date, and as of late April, the Health Agency was reported as having no plans for when the ban should be lifted.

Starting from 24th November 2020 public events and gatherings were limited to up to eight persons. The participant limits were lifted successively in the summer of 2021, and fully removed on 29th September. With the arrival of the Omicron VOC, indoors public gatherings and events of over 500 people were required to implement vaccine passports from 23rd December 2021, and the limit was later reduced to 50 participants. On 9th February 2022 all bans on gatherings and events (as well as other distancing regulations) were abolished, and from 1st April 2022 Covid-19 was no longer classified as dangerous to the general public or society at large (although reporting requirements stayed in place).

Travel Restrictions [Limiting Freedom of Movement]

On 18th March 2020, the Health Agency recommended that everyone should avoid travelling within the country. This came after signs of ongoing community transmission in parts of the country, due to concern that a rapid spread over the country would make redistribution of healthcare resources more difficult. They also called for the public to reconsider any planned holidays during the upcoming Easter weekend.

The calls to avoid travelling and social interactions during the Easter weekend were repeated several times by agency and government officials, among them Prime Minister Stefan Löfvén and King, Carl XVI Gustaf. Telia, a Swedish multinational mobile network operator, did an analysis of mobile network data during the week of Easter, and found that most Swedes had followed the agency's recommendations to avoid unnecessary travels during the Easter holidays.

Overall, travel from the Stockholm region had decreased by 80–90%, and the number of citizens of Stockholm travelling to popular holiday destinations like Gotland and the ski resorts in Åre had fallen by more than 90%. Travel between other regions in Sweden had fallen as well. Ferry-line operator Destination Gotland, who previously had called on their customers to rethink their planned trips for Easter, reported that 85% of all bookings had been rescheduled.

The restrictions on domestic travel were somewhat softened on 13th May 2020, allowing for travels equalling one to two hours from home by car would be allowed under some circumstances to which Löfvén referred to as 'common sense', such as not risking to burden healthcare in other regions, keeping contact with others low and not travelling to visit new social contacts, the elderly or those at risk of severe disease. On 4th June, the government announced that the restrictions on domestic travel were to be lifted on 13th June, allowing everyone to freely travel in the country if they were without symptoms and rules on social distancing were followed. However, they cautioned that new restrictions could be introduced if the situation were to worsen, and that the County administrative boards of Sweden were tasked to monitor the situation. In a press conference on 25th January 2021, foreign minister Ann Linde extended the advisory of the government against all non-essential international travel until 15th April 2021.

1.3.3 Effects of Covid-19 on the Work and Life of Women

Gender is an essential aspect of individuals' possibility to combine work with private life. In gender theory, it is proposed that men and women do gender and that gender is re-socialized in what men and women do. (This means that men and women are bound to act according to socially shaped ideas about what feminine or masculine is, for example, the notion that women are better at taking care of the housework and that men should provide for their families. A gender theoretical perspective is therefore essential in relation to interference and enrichment. With respect to both

gender theory and boundary management, femininity and masculinity are also reflected in how men and women set boundaries between work and private life.

Pre-pandemic studies on differences by gender in work and private life interference and enrichment are somewhat inconsistent. Some studies show that men report higher levels of interference, while others show that women report more interference. Meanwhile, others conclude that there are no gender differences. The mixed evidence can be due to differences in culture and gender expectations, differences in female labour market participation, socioeconomic status, working hours, and level of education.

The COVID-19 pandemic has impacted women's working life to a more considerable degree than men's working life. Studies from Sweden indicate that working women report slightly more interference than working men, especially when considering working hours. Closed preschool activities and distance teaching strategies in many countries inflicted foremost on mothers' possibilities to even remain working. This is indicated by studies showing that women reduced their work hours substantially during the pandemic. Moreover, women working from home had to do home-schooling and take responsibility for the emotional welfare of children and keep children at home with the lightest symptom of illness.

The Swedish labour market is highly gender-segregated, with female workers more often found in industries, such as healthcare and childcare. That is, women work to a more considerable degree in industries where workers during the pandemic had to remain at work and that was marked by unprecedented demands. Hence, most women struggled with combining work and private life during the pandemic due to an increased domestic workload.

Second, although Sweden is considered a gender-equal country, work tasks, especially housework and childcare, are still gendered, and women tend to do the lion's share of housework. Female workers who remained at their worksite experienced more WLI than women with remote work during the pandemic. There was no difference between men who remained at their worksite or worked from home. Thus, the previous studies from Sweden indicate that COVID-19 has disrupted women's possibilities to set boundaries around work and private life to a greater extent than among men. The fact that women have more difficulty achieving boundary management makes us assume that the boundaries between the two domains are more often blurred among women, which causes additive strain.

During the pandemic, many women experienced positive aspects of working from home, allowing them to create a closer relationship with family which would suggest more enrichment thus developing stronger boundaries around family life. The Swedish recommendation for social distancing that endorsed schools and childcare to keep open seems to have positively affected workers' experience of LWI, at least in the initial phase of the pandemic. This could change when more parents had to stay at home to care for children with colds or symptoms throughout the pandemic (schools were closed to a larger degree).

For instance, The Swedish Social Insurance Agency (2021) reports that in parts of 2020 and 2021, parents have used care of children's allowances more than before. Over time, the continued development throughout the pandemic in the experienced level of interference and potential health effect thereof should be further explored in cross-country and longitudinal studies.

In Sweden, schools and childcare facilities were kept open during the pandemic. This meant that parents, especially mothers, could remain working instead of leaving work to care for or home school children, which has been seen in other countries.

1.3.4 Good Practices

General information

During the Covid-19 pandemic, Sweden’s strategy stuck to its pandemic plan, originally developed to be used in the event of an influenza pandemic. Instead of lockdowns, the goal was to achieve social distancing through public health recommendations. The focus of Sweden’s strategy was to reduce the spread of the virus, but also to consider other aspects of public health and protect freedom and fundamental rights. While the Swedish strategy remains controversial, today most countries are taking similar approaches to the continuing pandemic.

Good practice on ‘The Democratic Debate’	The Swedish parliament and policy-makers delegated political authority to experts to establish and enforce the Covid-19 restrictions and recommendations. The non-elected experts were made responsible for shaping and implementing health policies and the pandemic countermeasures.
Good practice on ‘The Work and Life of Women’:	The decision to keep primary schools open also paid off. Despite the fact that the Covid-19 pandemic had an impact on the work-life balance of women, keeping the primary schools open enabled most of the child carers to continue working with little to no disruptions.
Good practice on ‘The Freedom of Fundamental Rights’	The appointed Swedish Corona commission stated that the no-lockdown strategy was fundamentally reasonable, and that the state should never interfere with the rights and freedoms of its citizens more than absolutely necessary. The commission also supported the decision to keep primary schools open as it enabled parents to work and pursue their careers.

Conclusion

Looking back at the approach that was followed, it seems a bit unjust that the country that followed its pre-pandemic plan was the country accused of conducting an experiment on its population. Perhaps Sweden instead should be considered the control group, while the rest of the world underwent an experiment.

In the preceding analysis, we have established that Sweden's public response to the coronavirus pandemic in 2020 can certainly be classified as a case—arguably an extreme case—of politicians' delegating public authority to expert bureaucrats. It involved an informal but highly significant transfer of power—a peculiar type of science-policy interface, one in which political authority is explicitly delegated to, and even usurped by, an expert agency (cf. [SOU 2022:10, 2022](#)). This, we argue, was necessary for the outcome of Sweden's policy deviation from the European norm.

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ŠTVILKA PROJEKTA
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Poročilo o opravljeni raziskavi o različnih praksah reševanja pandemije covid- 19

Vpliv covid-19 na raznolike
demokratske perspektive skozi
perspektivo spola - ANALIZA STANJA



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Uvod

Pandemija virusa covid-19 je na različne načine vplivala na naša življenja in se pokazala v številnih neželenih oblikah, kot so negativne posledice koronavirusa na življenja posameznikov, povzročila je veliko smrtnih žrtev, negativen vpliv se je pokazal tudi na svetovno gospodarstvo in zaposlovanje ter na kakovost življenja v družbi v smislu omejevanja socialnih pravic, kot so pravica do zaščite pred revščino in socialno izključenostjo, pravica do stanovanja in izobraževanja ter omejitve zdravstvene oskrbe. Potrebno se je osredotočiti na prepoznavanje teh negativnih posledic in jih omejiti tako, da bomo omejili morebitne nadaljnje negativne posledice na kakovost našega življenja. Marija Pejanović Burić, generalna sekretarka Sveta Evrope, je poudarila: "Čeprav virus povzroča tragične izgube življenj, moramo kljub temu preprečiti, da bi uničil naš način življenja - naše razumevanje tega, kdo smo, kaj cenimo, in pravic, do katerih je upravičen vsak Evropejec. Nujno je treba uskladiti odzive držav, izmenjati dobre prakse in si pomagati pri prizadevanju za hitrejše okrevanje" (Council of Europe, 2020). Iskanje ustreznega odziva za premagovanje krize, do katere je prišlo med pandemijo COVID-19, mora biti rezultat sodelovanja različnih socialnih partnerjev, civilne družbe in organov odločanja določene države - ti morajo biti vključeni v fazo načrtovanja, izvajanja in tudi ocenjevanja vseh ukrepov za premagovanje danih razmer, pri čemer je glavni cilj zagotoviti in meriti učinek z vidika spoštovanja pravne države, demokratičnih vrednot in uživanja temeljnih človekovih pravic, s posebnim poudarkom na socialnih pravicah državljanov in prebivalcev določene države. Kot smo videli, je "koronavirus vplival na številne vidike demokracije v državah po vsem svetu - od preložitve volitev do zatiranja, aretacij in mučenja protestnikov državljanov ter uporabe vojaške sile za reševanje dolgotrajnih konfliktov in utrjevanje oblasti" (USGLC, 2021). Pandemija covid-19 je sprožila več družbenih vprašanj, kot je nezaupanje v znanost in medicino, kjer smo bili priča sumničnemu do uradnih znanstvenih raziskav zaradi njihove domnevne povezanosti s farmacevtskimi lobiji. To dano nezaupanje se je odražalo tudi v povečani pozornosti do različnih teorij zarote ali besed nestrokovnjakov na različnih družbenih omrežjih. Ljudje so se začeli polarizirati v različne podskupine - na primer na cepljene in necepljene, na tiste, ki verjamejo v obstoj covid-19, in tiste, ki vanj ne verjamejo. Vendar so se osredotočili predvsem na skupno agendo političnega protesta, ki se je kazala tudi v različnih omejitvah za tiste, ki so se fizično podali na politični protest v posameznih državah:" Po podatkih Global Protest Tracker organizacije Carnegie Endowment je več kot 100 držav doživelo velike proteste, med njimi 78 % avtoritarnih ali avtoritarno usmerjenih držav. Medtem ko so ljudski protesti v Čilu in Sudanu privedli do demokratičnih izboljšav, je organizacija Freedom House identificirala 158 držav, v katerih so bile uvedene nove omejitve protestov" (USGLC, 2021). Ker je, kot je dejal Michael J. Abramowitz, predsednik organizacije Freedom House, "kar se je začelo kot svetovna zdravstvena kriza, postalo del svetovne krize demokracije" (USGLC, 2021), svet je v globalni krizi demokracije, kar še posebej vpliva na demokratično razpravo in uživanje temeljnih pravic, ki bosta v ospredju naše raziskave.

Po drugi strani pa, če si podrobneje ogledamo javno sfero, lahko ugotovimo, da je bila izmenjava mnenj na konferencah in javnih razpravah znotraj države ali celo med različnimi državami zelo omejena. Ker je koronavirus povečal razlike med spoloma v EU (Evropski parlament, 2021), smo pogrešali tudi usmerjeno razpravo o vprašanju žensk v koronavirusnih razmerah, ki so jih razmere bolj prizadele, saj so bile preveč zastopane v glavnih sektorjih, začeni z zaposlenimi v zdravstvu, poleg poklicnih izzivov pa so morale skrbeti tudi za gospodinjstvo in družino. Videli smo, da je pandemija negativno vplivala na ženske na področju dela, denarja, znanja, časa, moči, zdravja in povečanja nasilja v družini.

Ukrepi za zajezitev pandemije covid-19 so omejili demokratične svoboščine po vsem svetu. V skladu s poročilom o indeksu demokracije so bile osebne pravice omejene v skoraj 70 državah. Slovenija je bila prepoznana kot država s pomanjkljivo demokracijo (Indeks demokracije 2020). Zaradi pandemije so se močno zmanjšale državljanske svoboščine in spodbudil sedanji trend nestrpnosti in cenzure mnenj (Democracy Index 2020). Omejevanje državljskih svoboščin, napadi na svobodo izražanja in zmanjšanje demokratične odgovornosti zaradi pandemije so zaskrbljujoči (Indeks demokracije 2020). Če pogledamo indeks demokracije 2020 v državah partnericah tega projekta, lahko ugotovimo naslednje stanje:

Partnerska država	Indeks demokracije 2020	Pomanjkljiva demokracija
Slovenija	7.54	da
Italija	7.74	da
Grčija	7.39	da
Bolgarija	6.71	da
Malta	7.68	da
Francija	7.99	da
Švedska	9.26	ne (polna demokracija)
Portugalska	7.90	da

Glede na zgornje razmere so vse partnerske države opisane kot pomanjkljive demokracije, razen Švedske, ki je bila v naš projekt vključena namenoma, da bi predstavljala drugačne izkušnje pri spopadanju s pandemijo covid-19 kot druge partnerske države. Kot kaže naslednja kratka analiza partnerskih držav, se vse države soočajo s težavami neenakosti spolov in pomanjkanjem demokratične razprave v razmerah covid-19 zaradi "vertikalnosti" procesa odločanja pri reševanju zdravstvene krize. Vsi ukrepi, ki so jih vlade sprejele med pandemijo, so resnično ogrozili stabilnost demokracije v vsaki državi, zaradi česar je bilo treba zaščititi demokracije in pravice ter hkrati ohraniti javno zdravje. Partnerske države so ugotovile, da njihove države niso uspele obvladati pandemije, kar je še povečalo socialno negotovost in gospodarsko negotovost ter služilo kot alibi za režim omejene demokracije, ki temelji na ustrahovanju ljudi in politiki strahu.

Glede na navedeno so partnerske države v letu 2022 pripravile CERV projekt HEARD, ki ga financira EU. Da bi pridobili podroben vpogled v raziskovano temo, so projektni partnerji pripravili analizo stanja na temo vpliva krize COVID-19 na različne demokratične perspektive z vidika spola s treh različnih vidikov:

1. Kako je pandemija covid-19 vplivala na demokratično razpravo?
2. Kako je pandemija covid-19 vplivala na uživanje temeljnih pravic?
3. Kako je pandemija covid-19 vplivala na delo in življenje žensk?

V nadaljevanju lahko bralec najde podroben vpogled v omenjene teme za vsako od preučevanih držav (Slovenija, Portugalska, Bolgarija, Ciper, Francija, Grčija, Italija, Portugalska in Švedska). Podrobnejše ugotovitve z dodanimi ugotovitvami raziskav, ugotovitvami iz konferenc, političnimi predlogi itd. bodo vključene v nadaljnje rezultate projektnih partnerjev, z razvojem tega CERV projekta.

1 Teoretični pregled

1.1 Slovenija

Prvi primer okužbe, vnesene iz druge države, je bil v Sloveniji potrjen 4. marca 2020. Na predlog Nacionalnega inštituta za javno zdravje je Ministrstvo za zdravje Republike Slovenije dne 12. marca 2020 razglasilo epidemijo in aktiviran je bil načrt za pandemijo. Za omejitev širjenja okužbe so bili uvedeni različni ukrepi, kot so omejitev zbiranja, gibanja, zaprtje vzgojno-varstvenih ustanov, ukinitve javnega prevoza, spodbujanje dela od doma, omejitev gibanja znotraj občin, začasna prepoved o zagotavljanju vseh nenujnih storitev, vključno z zdravstvenim varstvom, in drugo. V zdravstvu so bile začasno prekinjene vse nenujne storitve razen onkoloških storitev in v zvezi z nosečnostjo, zdravstveno osebje je bilo zaradi covid-19 prerazporejeno na delovna mesta, uvedeni so bili ukrepi omejitve vstopa v zdravstvene ustanove (prvi stik z zdravnikom po telefonu, obvezno naročanje, vstop v ustanovo samo preko triažne točke, obvezni vprašalniki pred vstopom ipd.) ter ukrepi za zaščito zaposlenih in pacientov/stanovalcev pred okužbo (uporaba osebne varovalne opreme). Uvedeni ukrepi so se spreminjali glede na trenutno epidemiološko situacijo. Epidemija prvega vala je dosegla vrhunec konec marca 2020, ko je začelo upadati število novih primerov okužbe. V drugi polovici aprila 2020 je država začela sproščati ukrepe, 9. maja 2020 so bile preklicane omejitve zdravstvenih storitev, z 31. majem je bila preklicana epidemija, vendar so nekateri razumni ukrepi še vedno ostali v uporabi. (Slora.si, Covid-19)

Konec avgusta in v septembru 2020 je številko okuženih ponovno začelo naraščati in zaradi hitrega širjenja med prebivalstvom je bila 19. oktobra 2020 ponovno razglašena epidemija. Različni ukrepi omejevanja gibanja, ponovno uvedeno zbiranje in opravljanje storitev. V zdravstvu so znova začasno ukiniteli vse ne nujne storitve, z izjemo onkologije. V primerjavi s prvo razglašeno pandemijo so bili kot izjema omenjeni tudi presejalni programi za raka, ki so tako s prilagoditvami delovali nemoteno, a le z manjšimi odstopanji v obsegu (predvsem v povezavi s pomanjkanjem kadra zaradi bolezni ali prerazporeditvijo na druga delovna mesta). Število novih primerov okužb je bilo v jesenskem valu epidemije precej večje kot v spomladanskem valu (7-dnevno povprečje v jesenskem valu do 2000 novih primerov; spomladanski val do 50 novih primerov), virus se je še posebej hitro razširil v domovih za starejše, saj so se pojavljale nove različice virusa, ki so se širile hitreje. (Slora.si, Covid-19)

Zaradi velikega števila okužb in omejenih laboratorijskih zmogljivosti se je v času epidemije spremenil tudi režim testiranja in sledenje kontaktom. Globalni razvoj znanosti in storitev je konec leta 2020 omogočil uporabo hitrih antigenskih testov, ki so omogočili veliko hitrejšo (a nekoliko manj zanesljivo) rezultate o potencialni okužbi. 27. decembra 2020 so bili prvi prebivalci Slovenije cepljeni s cepivom proti covidu-19. V naslednjih mesecih je bilo cepljenje prebivalstva spodbujano v skladu s Strategijo cepljenja, ki je opredelila prednostne skupine za cepljenje, tudi glede na razpoložljivost cepiva. Vlada RS je ves čas epidemije nenehno prilagajala svoje ukrepe. 15. junija 2021 je bil zadnji dan razglašene epidemije. (Slora.si, Covid-19)

Slovenija se je v času covid-19 soočila z različnimi prepovedmi in zapovedmi:

- obvezno razkuževanje večstanovanjskih stavb
- gibanje, dostop in zadrževanje na javnih mestih, ob upoštevanju varne razdalje do drugih oseb, so bili dovoljeni le posameznikom v določenih situacijah (npr. odhod na delo, oskrba in pomoč osebam, ki potrebujejo podporo, dostop do lekarn, trgovin z živili, zdravstvenih in sanitarne storitve, dostop do storitev za invalide, dostop do storitev v sili, dostop do bank in pošt, dostop do javnih parkov in drugih območij za sprehajanje) (FRA, 2020, 5)

- prekinjen javni potniški avtobusni in železniški promet, vključno s prevozi z žičnicami in vzpenjačami
- izvajanje obveznih ukrepov varne razdalje
- omejitev nakupov za le ranljive skupine (npr. upokojenci, invalidi, nosečnice) lahko nakupujejo med 8.00 in 10.00 uro
- prepovedano gibanje izven občine stalnega ali začasnega prebivališča
- odrejeno je bilo zaprtje izobraževalnih objektov in izobraževanje na daljavo za celotno območje Slovenije, za vse osnovnošolce in dijake, na ta način dela pa je prešla tudi večina terciarnih izobraževalnih ustanov. Izjeme so bili »vzgojni zavodi za delo z otroki s čustvenimi in vedenjskimi težavami ter dijaški domovi za dijake, tudi tujce, ki se zaradi trenutnih varnostnih razmer ne morejo vrniti v kraj stalnega prebivališča, otroci brez spremstva z mednarodno zaščito ali prosilci za azil, študenti s stalnim prebivališčem v študentskih domovih, študentske družine ter tuji študenti in gostujoči profesorji, ki se zaradi obstoječe varnostne situacije ne morejo vrniti v kraje svojega stalnega prebivališča« (FRA, 2020, 5)
- obvezna uporaba zaščitne maske ali drugih oblik zaščite ust in nosu ter rokavic v zaprtih javnih prostorih
- popolna prepoved obiskov v domovih za upokojence
- obiski v zaporih in popravnih domovih so bili prepovedani
- prepovedana je bila tudi ponudba in prodaja blaga in storitev neposredno potrošnikom, iz prepovedi pa so bile izvzete trgovine z živili, lekarne, medicinske prodajalne, bencinski servisi, pošte, banke in ponudniki dostavnih storitev (FRA, 2020, 9).
- 14. oktobra 2020 je vlada sprejela sveženj zaostrenih ukrepov, s katerimi je Slovenijo glede na okuženost razdelila po statističnih regijah. Z rdečo so bile označene regije, ki so v zadnjih štirinajstih dneh zabeležile več kot 140 okužb na 100.000 prebivalcev, z oranžno pa manj okužene regije, medtem ko takrat v Sloveniji ni bilo zelenega območja. V rdečih regijah so od petka, 16. oktobra 2020, odredili obvezno nošenje zaščitnih mask tudi na prostem, prepovedali uporabo športnih objektov, zasebna druženja starejših od deset let ter vse prireditve in verske obrede.
- zaprtje vseh gostinskih lokalov (razen osebnega prevzema in dostave) in fitnessov v rdečih regijah ter omejitev delovanja frizerskih, kozmetičnih in drugih storitvenih salonov na največ eno stranko na sobo.
- z manjšimi izjemami (delo, gospodarska/kmetijska dejavnost, koriščenje turističnih bonov ipd.) je bilo prepovedano prehajanje med rdečimi conami, medtem ko so prebivalci oranžnih con lahko prehajali prosto, ...

Vlada je predvidela, da se »zaposleni starši, ki si ne morejo urediti varstva za svoje otroke, v takšni situaciji lahko sklicujejo na določbo o višji sili iz zakona o delovnih razmerjih, kar ni nujno preprost predlog. Predsednik večjega nacionalnega sindikata je na primer opozoril, da se je treba o takšni ureditvi najprej pogajati z delodajalci, in sicer je treba odgovoriti na vprašanje, kaj se zgodi, če delavec prosi za odsotnost in mu prošnjo zavrnejo. Sindikalist je še opozoril, da so bili delavci v takšnih situacijah upravičeni le do polovice plače, precejšen padec dohodka, ki še posebej prizadene gospodinjstva z otroki, saj imajo ta več potreb kot gospodinjstva brez otrok« (FRA, 2020, 6-7).

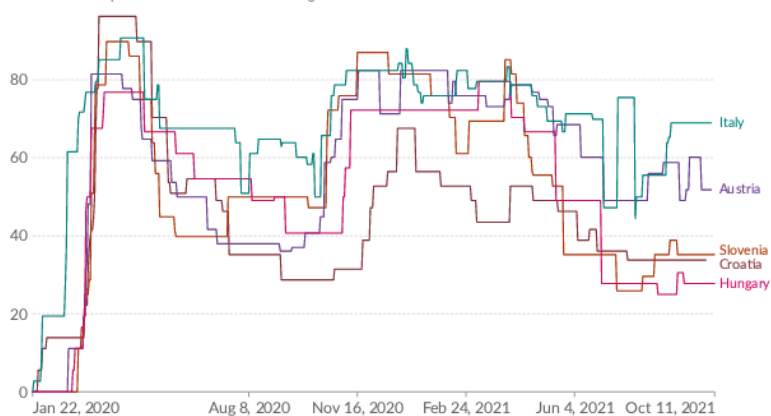
Iz spodnjega grafa je razvidno, da so v sosednjih državah strožje ukrepe kot v Sloveniji uvedli Italija in Avstrija, nekoliko manj strožje ukrepe pa sta v raziskovanem obdobju uvedli Hrvaška in Madžarska. Zobavnik idr. (2021, 6) tudi navaja, da ima izmed članic EU, ki niso sosednje države, le Danska manj stroge ukrepe kot Slovenija, medtem ko so strožji ukrepi kot v Sloveniji veljali na Poljskem, Portugalskem, v Nemčiji in Avstriji. Navedli so tudi, da imata glede na podatke za države nečlanice EU nekoliko strožje ukrepe Švica in Velika Britanija, medtem ko ima Norveška manj, Švica pa ima strožje ukrepe kot Slovenija (Zobavnik et al., 2021, 6).

Slika 1: Indeks strogosti ukrepov - primerjava med Slovenijo in sosednjimi državami (Italija, Avstrija, Hrvaška, Madžarska)

COVID-19: Stringency Index

This is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.

Our World In Data



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford - Last updated 12 October 2021, 20:50 (London time)
OurWorldInData.org/coronavirus • CC BY

Vir: Zobavnik et al., 2021, 5.

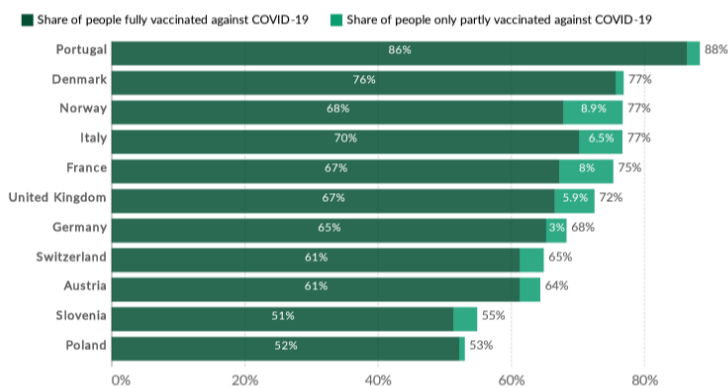
V državah EU je bila najvišja precepljenost na Portugalskem in Danskem, najnižja pa na Poljskem in v Sloveniji.

Slika 2: Delež prebivalstva, cepljenega proti COVID-19 v obravnavanih državah

Share of people vaccinated against COVID-19, Oct 18, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Our World In Data



Source: Official data collated by Our World In Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.
CC BY

Vir: Zobavnik et al., 2021, 110.

Posvetovalna skupina strokovnjakov za gospodarske ukrepe je 24. marca 2020 vladi predlagala sprejem drugačnega nujnega koronskega paketa ukrepov (poimenovanega PKP) za omilitev posledic epidemije za državljane in podjetja, ki se je na splošno izkazala kot dobra praksa za pomoč ljudem, turizmu, kulturi, agronomiji in gospodarstvu pri premagovanju resnih posledic, ki jih je imel covid-19 na življenja ljudi in druge segmente njihovega življenja. PKP so zakonski paketi, ki jih je sprejela Vlada Republike Slovenije z namenom pomoči državljanom in gospodarstvu v Sloveniji pri soočanju z izzivi in posledicami epidemije v državi. Predvideval je vrsto ukrepov na področju gospodarstva, javnih financ, kmetijstva, gozdarstva in prehrane, socialnega varstva,

subvencioniranja študentske prehrane, visokega šolstva, infrastrukture in javnih naročil itd. Tako je pomagal študentom, prejemnikom denarne socialne pomoči, družinam, zaposlenim s plačilom prispevkov za pokojninsko in invalidsko zavarovanje, predvidel je subvencioniranje skrajšanega delovnega časa, neobdavčen krizni dodatek za tiste zaposlene, katerih zadnja plača ni presegla trikratnika slovenske minimalne plače, država je v celoti krila nadomestilo za čakanje na delo za delavce (80% plače delavca), kot tudi nadomestilo plače za delavce, ki zaradi višje sile ne morejo delati, samozaposlene, kmete in verske uslužbence, država pod določenimi pogoji izplačuje mesečni temeljni dohodek, poskrbela je za lažji položaj podjetij pri najemanju bančnih posojil, država je zvišala tudi povprečnine, ki jih prejmejo občine, nadomestila za čakanje na delo tistim podjetjem v turizmu in gostinstvu pod določenimi pogoji ... Eden uspešnejših in vidnejših ukrepov pomoči so bili turistični boni oziroma vavčerji, pri čemer je vlada vsem polnoletnim državljanom namenila bon v vrednosti 200 €, mladoletnim pa bon v vrednosti 50 €, ki ga je mogoče koristiti pri vseh slovenskih ponudnikih nočitev z zajtrkom, kar je prizadetemu turističnemu gospodarstvu omogočilo preživetje v zahtevnih časih omejitev gibanja zaradi covid-19.

Vsi starši, ki morajo biti zaradi okuženega otroka odsotni z dela, so upravičeni do 80 % nadomestila plače. 100-odstotno nadomestilo plače je bilo na voljo tudi zaposlenim, ki jim je bila zaradi stika z okuženo osebo na delovnem mestu odrejena karantena. Če je samozaposlenim odrejena karantena, jim pripada 250 evrov nadomestila. Vsi, ki so bili vključeni v obvezno zdravstveno zavarovanje, so bili upravičeni tudi do cepiva proti sezonski gripi. Na področju vzgoje in izobraževanja so zagotovili sredstva za zaščitno opremo in sredstva za razkuževanje prostorov v vzgojno-izobraževalnih zavodih ter oprostitev plačila vrtca, če je otroku odrejena karantena. Zaposleni v kritični infrastrukturi so prejeli dodatek za delo.

Vsem učencem, ki so upravičeni do šolske prehrane, je lokalna skupnost zagotovila brezplačen topel obrok ob šolskih dnevih, ki je bil krit iz državnega proračuna. Iz državnega proračuna in sredstev Evropske unije je bil pokrit tudi nakup zaščitne opreme za tiste dijake in študente, ki jo potrebujejo pri opravljanju izobraževalnih ali študijskih obveznosti po študijskih programih javnih in visokošolskih zavodov s koncesijo. Študenti so bili oproščeni plačila študentskih storitev. Omogočeni so bili virtualni sestanki in sestanki organov nadzora. Država je pomagala tudi samozaposlenim v kulturi in omogočila dostop do državnih sredstev za filmske projekte, ki zaradi epidemije niso bili plačani. Enkratno denarno pomoč so prejeli tudi vojni veterani ter invalidi in brezposelni, ki so ostali brez zaposlitve po 12. marcu 2020 in so bili ob izplačilu še brezposelni.

Ugotovljena je bila možnost tridnevne bolniške odsotnosti brez zdravniškega potrdila, vendar le enkrat v koledarskem letu. Prevoznikom, izvajalcem prevozov potnikov v železniškem prometu, avtobusnih prevozov potnikov in imetnikom licenc za prevoze v cestnem prometu, ki opravljajo občasne prevoze s kombiniranimi vozili, je država nadomestila izpad dohodka iz šolskih prevozov, država pa je prevzela tudi stroške testiranja slovenskih športnikov .

Kot navaja Sodja (2020, 1-2), je v Sloveniji prevalenca duševnih težav v zadnjih letih v porastu in je višja od povprečja EU. Porast težav v duševnem zdravju je značilen za vse razvite države, kar je posledica hitrega načina življenja, visokih pričakovanj do posameznika, nezdravega načina življenja, vse večjih neenakosti, pomanjkanja in osamljenosti starejših. Slovenija še posebej izstopa po visokem deležu žensk s težavami v duševnem zdravju in hkrati z zelo visokimi neenakostmi v duševnem zdravju glede na dohodek. Delež oseb, ki so v času omejitvenih ukrepov občutile napetost, osamljenost in depresijo, je bil v Sloveniji nižji od povprečja EU. Na to so v veliki meri vplivale blažje oblike omejitev gibanja kot na primer v nekaterih drugih državah EU (Italija, Španija, Francija) ter bistveno manjše število potrjenih okužb in smrti. Po podatkih raziskave Eurofound10

je aprila 10,8 % Slovencev (EU: 18,4 %) ocenilo, da večino časa čutijo napetost, da so osamljeni, 9 % (EU: 16,3 %) jih je dejalo, da so večino časa sami so se počutili žalostne in depresivne, kar je poročalo 6,5 % anketirancev (EU: 12,8 %). Za razliko od prejšnjih let so se zvišale vrednosti vseh treh kazalnikov. (Sodja, 2020, 1-2).

V naslednjih točkah se bomo osredotočili na to, kako je kriza COVID-19 vplivala na demokratično razpravo, uživanje temeljnih pravic ter usklajevanje poklicnega in zasebnega življenja žensk.

KAKO JE EPIDEMIJA COVIDA-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

Pandemija covid-19 je močno posegla v vsa področja človekovega življenja tako v Sloveniji kot po svetu. »V Sloveniji in v EU je bilo v času epidemije počutje ljudi nekoliko slabše, več je bilo dela doma, nizko je bilo zaupanje v Evropsko unijo in vlado, povečalo se je število prijav nasilja v družini, optimizem ljudi tudi o njihovi prihodnosti.« (Sodja, 2020, 1). Sociologinja kulture Ksenija Vidmar Horvat pa je poudarila, da je "pandemija covid-19 poleg zdravstvenih odprla številne družbene rane. Poglobilo se je nezaupanje v znanost in medicino, okrepila se je vera v moč besede na družbenih omrežjih, javni prostor je razpadel na številne podskupine, ki jih – pogosto ideološko in interesno raznoliko – povezujejo nove skupne agende političnega protesta. Vse naštetu predstavlja velik izziv in odpira ključno vprašanje: kako razmišljati o demokraciji in demokratičnem razvoju?« (Vidmar Horvat v Volk, 2021)

Novo poročilo Freedom House z naslovom: »Demokracija med zaprtjem – Vpliv covid-19 na globalno svobodo« je navedlo, da so se od začetka izbruha koronavirusa razmere demokracije in človekovih pravic poslabšale v 80 državah, pri čemer so se še posebej močno v demokracijah v težavah in zelo represivnih državah. » (Freedom House, 2020). Lahko bi rekli, da se politične pravice in državljanske svoboščine v Sloveniji na splošno spoštujejo, vendar je desna vlada, ki je vladala med krizo covid-19, »nadaljevala poskuse spodkopavanja pravne države in demokratičnih institucij, vključno z mediji in sodstvom; to je spodbudilo odpor civilne družbe. Korupcija ostaja problem, čeprav jo mediji proaktivno razkrivajo. Sodstvo je vzpostavilo evidenco neodvisnih sodb.« (Freedom House, 2022). Predsednik Državnega zbora RS v letu 2021, Igor Zorčič, je izpostavil dobro prakso Slovenije na Svetovni konferenci predsednikov parlamentov, kjer je predstavil prilagoditve dela Državnega zbora pandemskim razmeram, ki so okrepile možnosti demokratičnega odločanja, saj »epidemija ne more biti izgovor za slabitev demokracije, nasprotno, epidemija je razlog za krepitev demokracije«. (ORF, 2021)

Kot lahko vidimo tudi na spodnji sliki, lahko opazimo upad demokracije v Sloveniji v času epidemije covid-19, lahko pa tudi ugotovimo, da je upad demokracije v Sloveniji opazen od leta 2011 naprej.

Slika 3: Zgodovina ocene demokracije za Slovenijo

NATIONS IN TRANSIT 2021: DEMOCRACY SCORE HISTORY BY REGION

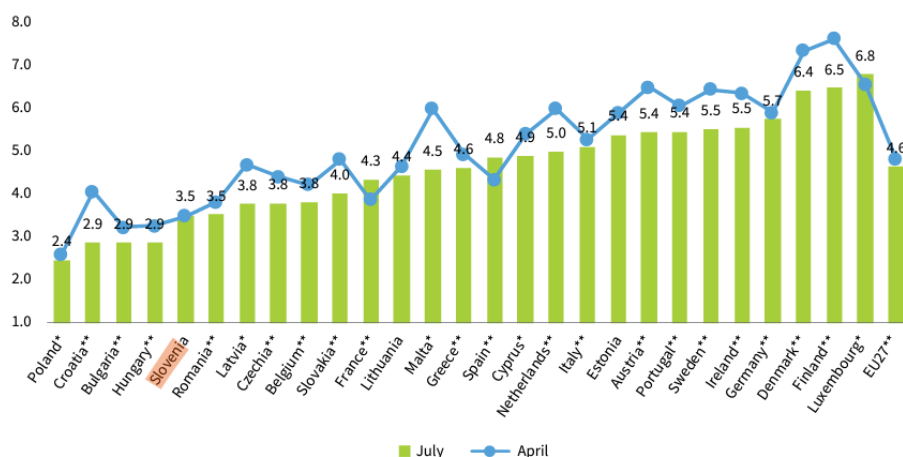
Country	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
Central Europe												
Bulgaria	4.93	4.86	4.82	4.75	4.71	4.75	4.64	4.61	4.61	4.54	4.50	▼
Czech Republic	5.82	5.82	5.86	5.75	5.79	5.79	5.75	5.71	5.71	5.64	5.57	▼
Estonia	6.07	6.07	6.04	6.04	6.04	6.07	6.07	6.18	6.11	6.07	6.04	▼
Hungary	5.39	5.14	5.11	5.04	4.82	4.71	4.46	4.29	4.07	3.96	3.71	▼
Latvia	5.86	5.89	5.93	5.93	5.93	5.93	5.96	5.93	5.86	5.79	5.82	▲
Lithuania	5.75	5.71	5.68	5.64	5.64	5.68	5.68	5.64	5.61	5.64	5.68	▲
Poland	5.79	5.86	5.82	5.82	5.79	5.68	5.43	5.11	5.04	4.93	4.57	▼
Romania	4.57	4.57	4.50	4.54	4.54	4.54	4.61	4.54	4.43	4.43	4.39	▼
Slovakia	5.46	5.50	5.43	5.39	5.36	5.39	5.39	5.39	5.36	5.29	5.32	▲
Slovenia	6.07	6.11	6.11	6.07	6.07	6.00	5.96	5.93	5.93	5.93	5.86	▼
Average	5.57	5.55	5.53	5.50	5.47	5.45	5.40	5.33	5.27	5.22	5.15	
Median	5.77	5.77	5.75	5.70	5.71	5.68	5.55	5.52	5.48	5.46	5.45	

Vir: Freedom House, 2021b, 27.

Ne glede na omenjeni upad pa nismo mogli jasno opredeliti slovenskega stališča do avtoritarnosti, saj je Freedom House izjavil: »Bili so tudi primeri odpora avtoritarnemu dosegu in vplivu Kitajske komunistične partije (KPK) v EU. /---/ vlade v Romuniji, Litvi, na Hrvaškem in v Sloveniji so zaradi pomislekov glede transparentnosti in nacionalne varnosti prepovedale delovanje kitajskih podjetij ali začasno ustavile javne razpise. In leta 2021, ob vrhuncu skrbi glede »razdelitve Evrope«, so tri baltske države, Romunija, Bolgarija in Slovenija vidno zmanjšale svojo prisotnost na zadnjem vrhu platforme 17+1 o sodelovanju med Kitajsko ter vlad Srednje in Vzhodne Evrope, ki zavračajo nenehne poskuse KPK, da razširi svojo globalno prisotnost prek večstranskih institucij.« (Freedom House, 2021b, 17)

Eden ključnih problemov, s katerimi se Slovenija sooča v povezavi z demokracijo, pa je nezaupanje v institucije: »Tudi v času epidemije je bilo zaupanje v institucije v Sloveniji nižje od povprečja EU. Rezultati raziskave Eurofound kažejo, da je bilo aprila v Sloveniji in v povprečju v EU zaupanje v zdravstvo in policijo višje od zaupanja v vlado in Evropsko unijo. V Sloveniji smo zaupanje v zdravstvo in policijo ocenili s povprečno oceno 6,1, kar je pod evropskim povprečjem. V času krize je še posebej nestabilno zaupanje v vlado, ki je odgovorna za ukrepe, uvedene v času epidemije. V Sloveniji je bila povprečna ocena zaupanja vladi 3,5, kar je nižje od povprečja EU (4,8). Tudi zaupanje v EU je bilo nizko in pod evropskim povprečjem. V Sloveniji je bila ocenjena s povprečno oceno 4,3 (EU: 4,6 %), kar kaže, da Slovenci še vedno bolj zaupamo EU kot vladi. Podatki iz večine evropskih držav pa so pokazali, da je zaupanje v EU nižje od zaupanja v nacionalno vlado, kar je odstopanje od preteklih javnomnenjskih raziskav in morda odsev zaznanega pomanjkanja usklajene evropske strategije za boj proti COVID-19« (Sodja, 2020), 6). Iz spodnje slike je razvidno, da ima Slovenija enega najnižjih povprečnih rezultatov v kategoriji zaupanje v državno vlado.

Slika 4: Zaupanje v nacionalno vlado (povprečni rezultati po državah)



Notes: The survey question was: 'Please answer on a scale of 1-10 how much you personally trust each of the following institutions.' 1 – Do not trust at all; 10 – Trust completely. * Low reliability in July in Cyprus, Latvia, Luxembourg, Malta and Poland. **Statistically significant change ($p=0.05$).

Vir: Eurofund , 2020, 54.

V začetku leta 2020 so se v več slovenskih mestih začeli odvijati predvsem mirni protesti proti novi vladi pod vodstvom Slovenske demokratske stranke (SDS) in Janeza Janše. Protestniki so vladi očitali kršitev predvolilnih obljub koalicijskih strank, sporna dosedanja dejanja stranke SDS in vlad ter več novih spornih potez vlade. "V Sloveniji se je na tisoče tedenskih demonstracij udeležilo kolesarjenja, da bi se izognili prepovedim zbiranja, potem ko so se pojavile obtožbe o političnem vmešavanju v javna naročila medicinskega materiala." (Freedom House, 2021b, 11). V času epidemije koronavirusa v Sloveniji so izvedbo protestov oteževali odloki, namenjeni omejevanju širjenja epidemije. "Oktobra 2021 je policija z vodnimi topovi in solzivcem razgnala na tisoče protivladnih protestnikov v Ljubljani. Notranji minister Aleš Hojs je kritiziral policijo, ker je razgnala sočasne demonstracije skrajne desnice, s katerimi naj bi prekinila protivladni protest; vpleteni policisti so prejeli disciplinske ukrepe." (Freedom House, 2022).

"Odnosi med vlado in opozicijo so bili zelo napeti. Opozicija vladi očita slabo upravljanje krize covid-19, avtoritarnost in "orbanizacijo" države s slabitvijo demokracije in neodvisnosti institucij, ogrožanje medijev in novinarjev, sramotenje Slovenije na evropski in mednarodni ravni, ker se je postavila na stran Trumpa in Orbana, ter kritično stališče do uredbe o pogojenosti pravne države." (Evropski parlament, 2021a)". V zvezi s tem je filozof Mladen Dolar izjavil: »Pred nekaj tedni je bila tukaj skupina evropskih poslancev, ki smo ocenili stanje demokracije v Sloveniji. In predsednica te skupine je ob odhodu izjavila, da tako grobe komunikacije – takšne stopnje sovraštva, hujskanja, obračunavanja v javnem prostoru še ni videla.« (Volk, 2021).

V času krize covid-19 so bile uveljavljene različne pravne podlage, kot so Državni načrt varstva in pomoči ob epidemiji ali pandemiji nalezljivih bolezni pri ljudeh, Zakon o interventnih ukrepih za pomoč gospodarstvu in turizmu, Interventni ukrepi na področju plač in Zakon o socialnih prispevkih, Zakon o določitvi interventnih ukrepov za zajezitev epidemije covid-19 in omilitev njenih posledic za državljane in gospodarstvo, Odlok o prepovedi opravljanja letalskih prevozov v Republiki Sloveniji, spremenjeni Zakon o nalezljivih boleznih, Uredba o razglasitev epidemije nalezljive bolezni SARS-Cov-2 (COVID-19) na območju Republike Slovenije, Odlok o začasni prekinitvi delovanja mejnih prehodov za obmejni promet na meji z Republiko Hrvaško, Odlok o določitvi pogojev vstopa v Republiko Slovenijo iz Italijanske republike zaradi zajezitve in obvladovanja širjenja nalezljive bolezni, Odlok o določitvi pogojev vstopa v Republiko Slovenijo iz Republike

Avstrije zaradi zaježitve in obvladovanja širjenja nalezljive bolezni, Odlok o določitvi pogojev vstopa v Republiko Slovenijo iz Republike Avstrije zaradi zaježitve in obvladovanja širjenja nalezljive bolezni o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih mestih in površinah v Republiki Sloveniji, Odlok o začasni prepovedi in omejitvah javnega prevoza potnikov v Republiki Sloveniji, Odlok o začasni prepovedi opravljanja in prodajo blaga in storitev potrošnikom v Republiki Sloveniji, Odlok o začnih ukrepih pri izvajanju obveznega zdravstvenega zavarovanja za zaježitev in obvladovanje širjenja epidemije covida-19, Odlok o začnih ukrepih na področju zdravstvenega varstva za zaježitev in obvladovanje epidemije covida-19 ipd. Toda kljub temu je ustavno sodišče junija 2021 odločilo, da so ključne določbe zakona o nalezljivih boleznih, ki prepovedujejo javna zbiranja in omejujejo število protestnikov, neustavne in pomenijo nesorazmeren poseg v človekove pravice (Amnesty International, 2022, 329). "Vlada je julija spremenila zakon, da bi z odlokom sprejela druge omejitve javnega zdravja, povezane s koronavirusom, brez javnega posvetovanja" (Freedom House, 2022). Ustavno sodišče je tudi odločilo, da je 104. člen zakona o začnih ukrepih za omilitev in odpravo posledic covida-19, ko se nanaša na osnovne šole ter šole in vzgojne zavode za otroke s posebnimi potrebami, v neskladju z ustavo. Navedli so: »Zakonodajalec ni predvidel, da bo sam odločal o tem, kdaj se bo izobraževanje na daljavo izvajalo, temveč je pooblastilo za sprejetje predpisa o vzpostavitvi takega ukrepa podelil ministru za izobraževanje. Z izpodbijano zakonsko določbo je zakonodajalec ministru za šolstvo ne prepusti podrobne ureditve že sprejetih omejitev človekovih pravic, /.../, temveč mu prepusti le odločitev, ali bo v te pravice sploh poseglo.« (Kuralt, 2021) "

»Ustavno sodišče je tudi opozorilo, da zakonodajalec ni upošteval, da obstajajo drugi ukrepi, ki ne posegajo v človekove pravice oziroma pomenijo manj intenziven poseg vanje, kot je izobraževanje v živo v manjših skupinah ali izmensko izobraževanje, in je vse prepustilo Ministrstvu za izobraževanje. /.../ Iz zakona naj bi bilo razvidno, da lahko minister za izobraževanje odredi ukrep izobraževanja na daljavo le, če so bili hkrati uvedeni tudi drugi ukrepi, ki preprečujejo množične stike med ljudmi in posegajo v človekove pravice in temeljne svoboščine v primerljivo ali celo manj intenzivno kot izpodbijani ukrepi. Vendar pa zakonodajalec v izpodbijano zakonsko ureditev take omejitve ni vključil, temveč je tudi odločanje o tem v celoti prepustil ministru za šolstvo /.../ Ta ukrep se lahko odredi za celotno državo ali samo za območja z slabšo epidemiološko sliko ali celo le za posamezno šolo ali oddelek znotraj te šole. Zakonodajalec je ministru za izobraževanje dal neomejeno diskrecijsko pravico glede takšne prostorske omejitve izobraževanja na daljavo, čeprav omejitev na določenem območju glede na epidemiološko sliko niti ni potrebna.« Enakega mnenja so bili ustavni sodniki glede časovne omejitve." (Kuralt, 2021)

Freedom House (2022) je v zvezi z vladavino prava komentiral: »Premier Janša je vse leto 2021 nadaljeval s kritiziranjem in omalovaževanjem pravosodja. Večkrat je brez dokazov trdil, da je ustavno sodišče odgovorno za smrti zaradi pandemije covida-19, potem ko je sodišče julija rabsodilo proti zakonu o nalezljivih boleznih. Vlada tudi ni upoštevala več sodnih odločb, vključno s tisto, ki jih je prisilila k financiranju STA, in zakonskih obveznosti skozi vse leto.« (Freedom House, 2022).

V času epidemije covida-19 je bila v Sloveniji opažena dobra praksa obveščanja javnosti, o preprečevanju okužbe in o ukrepih za zaježitev širjenja covida-19: vlada je vzpostavila namensko uradno spletno stran (l. slovenski jezik, skupaj z madžarskim in italijanskim jezikom narodnih manjšin) z aktualnimi informacijami o dogajanju, dogodkih, vladnih ukrepih, priporočilih državljanom, pogostimi vprašanji, povezavo na Pravno-informacijski sistem Republike Slovenije - spletno bazo z nacionalno zakonodajo, ki ji je namenjena spletna stran, vključno z vsemi sprejetimi predpisi za boj proti krizi covida-19. Tudi Varuh človekovih pravic v Sloveniji je postavil spletno stran, posvečeno izbruhu virusa, na kateri poudarja, da se je treba z epidemijo spopasti na način, ki

spoštuje človekove pravice in svoboščine. Potekale so tudi dnevne tiskovne konference, ki so jih v živo prenašali preko interneta na Portalu GOV.SI, portalu MMC RTV Slovenija in na 3. programu TV Slovenija. Vlada je odprla klicni center, ki je deloval od 8. do 20. ure, kjer so lahko prebivalci Slovenije dobili vse potrebne informacije. Dodaten večji vir informacij v slovenskem jeziku je bila spletna stran Nacionalnega inštituta za javno zdravje (NIJZ). Vključuje bistvene informacije o covidu-19 ter vrsto smernic in navodil, namenjenih splošni javnosti in različnim akterjem (FRA, 2020, 9).

Ključni zaskrbljujoči vidik krize covid-19, ki jo je slovenska vlada obravnavala v povezavi z vidikom demokracije, je bila odsotnost demokratske razprave in s tem v povezavi tudi odsotnost možnosti, da bi ljudje oziroma predstavniki različnih interesnih skupin, vključeni v demokratično razpravo o tem, kako ravnati s krizo covid-19.

KAKO JE KRIZA COVID-19 VPLIVALA NA UŽIVANJE TEMELJNIH PRAVIC?

Z namenom varovanja človekovih pravic do življenja v času krize covid-19 so bili sprejeti različni izredni ukrepi, ki so posegli z namenom varovanja zdravja in življenja ljudi do drugih človekovih pravic. A kot je razvidno iz sodbe ustavnega sodišča, so bili nekateri ukrepi dopustni in sorazmerni, drugi pa ne. Prav tako moramo opozoriti, da so Ustavno sodišče RS, Informacijski pooblaščenec in številni pravni strokovnjaki slovensko vlado opozarjali, da mora vsak poseg v človekove pravice urejati zakon, samo uredba ni dovolj in da urejanje z odloki naj bo dovoljeno samo v vojnem stanju. Vlada je menda sprejela okoli 2700 odlokov, povezanih s covidom-19.

Najintenzivnejši ukrepi za preprečevanje širjenja nalezljive bolezni covid-19 so bili prepoved oziroma omejitev gibanja in zbiranja ljudi na javnih mestih. Vlada je te ukrepe uvedla z odloki, izdanimi na podlagi druge in tretje točke prvega odstavka 39. člena Zakona o nalezljivih boleznih, kjer je določeno, da »Kadar drugi ukrepi, določeni s tem zakonom, ne zadoščajo ali ne bodo zadostovali. Za zagotovitev zadostnega varstva pred širjenjem oziroma za preprečevanje širjenja in obvladovanje nalezljive bolezni ter za varovanje zdravja in življenja ljudi lahko Vlada Republike Slovenije na predlog pristojnega ministra predpiše ukrepe tudi z uredbo, določenih v tem členu, če so takšni ukrepi potrebni, primerni in sorazmerni za preprečevanje širjenja in obvladovanje nalezljivih boleznih ter varovanje zdravja in življenja ljudi.« (Zakon o nalezljivih boleznih, 39. člen)

«Kljub temu, da ni podlage, da bi bili ukrepi prepovedi ali omejitve gibanja in zbiranja v skladu z ustavo, so nekateri ukrepi pred Ustavnim sodiščem RS po vsebini prestali preizkus sorazmernosti. Vsebinsko so bili ukrepi sprejeti z namenom varovanja zdravja in življenja ljudi, njihova primernost in nujnost ter tesnejša sorazmernost presojeni z argumenti stroke. Prepoved javnega zbiranja je bila po vsebini nesorazmerna več kot deset oseb, saj bi bilo mogoče varnost ljudi zagotoviti z drugimi zaščitnimi ukrepi, ter prepoved zbiranja ljudi v vzgojno-izobraževalnih zavodih za otroke s posebnimi potrebami, kar ima škodljive posledice za otroke in ne odtehtajo koristi ukrepa» (Pohlen, 2021, 90).

Če se osredotočimo na združene in organizacijske pravice, je Freedom House (2022) opozoril: »Leta 2021 je vlada uporabila Zakon o nalezljivih boleznih, sprejet leta 2020, za omejitev in občasno popolno prepoved množičnih zbiranj, navajajoč pandemijo covid-19. Čeprav je ustavno sodišče dele zakona o preprečevanju zborovanja razglasilo za neustavne, je vlada s parlamentarnimi odloki zaostрила omejitve. Policija je izdala stroge globe za dejavnosti, ki so bile po novem vladne politike obravnavane kot prekrški. Visoki vladni predstavniki so protestnike večkrat obtožili širjenja covid-19 brez dokazov. Marca so bili mladoletni učenci preganjeni zaradi kršitve prepovedi zbiranja, ko so protestirali proti zaprtju šol.» Tudi »/.../ Janševa vlada je v letu 2021 ustvarila vse bolj sovražno

okolje za civilno družbo. Visoki uradniki, vključno z Janšo samim, so vse leto podajali lažne in neutemeljene trditve o delovanju in financiranju organizacij. Ministrstvo za kulturo je neuspešno poskušalo iz stare poslovne stavbe izseliti več nevladnih organizacij. Podobno je vlada poskušala spremeniti pravila javnega razpisa za nevladne organizacije, ki so zaprosile za nepovratna sredstva držav donatork v Evropskem gospodarskem prostoru (EGP), vključno z Norveško, Islandijo in Lihtenštajnom, vendar ji ni uspelo. (Freedom House, 2022). Omenjeno je potrdila tudi Amnesty International (2022, 329): »Vladni uradniki so se prav tako pogosto ukvarjali s kampanjami blatenja nevladnih organizacij in drugih kritičnih glasov. Komisar Sveta Evrope za človekove pravice je opozoril, da ima strupeno in sovražno okolje za medije in organizacije civilne družbe srhljiv učinek na svobodo izražanja in delo na področju človekovih pravic.

Če podrobneje pogledamo svobodo izražanja in prepričanja v kontekstu svobodnih in neodvisnih medijev, lahko opazimo kršitve: »Vlada je Slovenski tiskovni agenciji (STA) večji del leta zadrževala javna sredstva kljub dvema ločenima zakonoma, ki zagotavljata njegovo finančno podporo. Urad vlade RS za komuniciranje (Ukom) je sprožil pogodbeni spor, s katerim želi agencijo prisiliti k večjemu vladnemu nadzoru. Kritiki so špekulirali, da je Ukom namerno zavlačeval spor, da bi izčrpal sredstva STA in tako oslabil njihov pogajalski položaj.« (Freedom House, 2022). "V Sloveniji je predsednik vlade Janez Janša, ki je imel koristi od madžarskih naložb v slovensko medijsko industrijo, dvignil verbalne napade na novinarje na novo raven." (Freedom House, 2021b, 2). »Zelo napeti so tudi odnosi med vlado in mediji, pri čemer premier neposredno napada medije in posamezne novinarje, predvsem preko Twitterja. Te napade so kritizirala mednarodna, evropska in nacionalna združenja novinarjev in urednikov. (Evropski parlament, 2021a, 5). »Mednarodne skupine zagovornikov medijev so opazile vse bolj sovražno okolje do medijev in zaskrbljujoč porast nasilja nad novinarji. Junija 2021 se je začelo ponovljeno sojenje v kazenski zadevi zoper predsednika vlade Janšo, ki sta ga dve novinarki obtožili obrekovanja. Ena od novinark je junija in septembra prejela grozilni pismi z neznano vsebino. Snov se je v obeh primerih izkazala za nestrupeno. Aprila je minister za nacionalno varnost, Žan Mahnič, na twitterju objavil grozilna sporočila Petru Žerjaviču, bruseljskemu dopisniku Delovega dnevnika, kar je obsodilo osrednje slovensko medijsko podjetje, Društvo novinarjev Dela (DNS).« (Freedom House, 2022). »Svoboda medijev se je še naprej slabšala, pri čemer so bili novinarji – zlasti novinarke – tarča pogostega spletnega nadlegovanja in groženj, tudi s strani predsednika vlade Janeza Janše in drugih visokih politikov. Vladni uradniki so sprejeli ukrepe za oslabitev javnih medijskih servisov tako, da so jih označili za »protivladne« ali v primeru Slovenske tiskovne agencije z zadrževanjem njihovega financiranja do novembra. Uvrstitev Slovenije na svetovnem indeksu svobode tiska je z 32. leta 2020 padla na 36. mesto." (Amnesty International, 2022, 329)

Če pogledamo svobodo veroizpovedi, lahko ugotovimo, da: »Junija 2021 je vlada razpustila Urad za verske skupnosti. Več verskih voditeljev je trdilo, da je zaradi tega vlada izgubila podporo, zlasti glede verske prakse med pandemijo koronavirusa. Vlada je ustanovila poseben svet, ki je zadolžen za reševanje odprtih vprašanj, značilnih za Rimskokatoliško cerkev, ne pa za nobeno drugo versko skupnost.« (Freedom House, 2022).

V zvezi s političnimi pravicami lahko opazimo tudi nedoslednosti: »Podporniki referendumov o zakonu o vodah julija 2021 so vlado obtožili, da s taktiko zatiranja volivcev vpliva na izid volitev. Obrazci za glasovanje po pošti so bili domovom za starejše poslani le 12 ur pred rokom za prijavo; Komisija ni zadostno zaposlila volišč (ki so bila slabo označena in so imela dolge vrste); in prišlo je do nenavadnih sprememb na voliščih volivcev." (Freedom House, 2022).

V zvezi s svobodo dela smo bili priča naslednjim izzivom: »Veliko ljudi na začetku kariere ali tik pred upokojitvijo je zaposlenih v negotovih razmerah. Po mnenju sindikatov in zagovorniških skupin se razmere vsako leto slabšajo, poslabšala pa jih je pandemija covid-19. Sindikati kot pereča vprašanja navajajo podaljšan delovni čas in kakovost delovnega mesta, medtem ko strokovnjaki pravijo, da je glavni problem pomanjkanje nadzora.« (Freedom House, 2021a). »Po raziskavi sindikata Mladi Plus se je povprečna dolžina brezposelnosti mladih v letu 2021 povečala, tistim, ki so ostali zaposleni, pa so se znižale plače. Veliko ljudi na začetku kariere ali pred upokojitvijo je zaposlenih v negotovih razmerah.« (Freedom House, 2022). Po podatkih Eurofounda je v Sloveniji 36,8 % anketirancev zaradi covid-19 začasno izgubilo zaposlitev (EU: 23,2 %), medtem ko je 5,5 % anketirancev ostalo brez dela (EU: 5,3 %). V povprečju v EU je 37 % vprašanih začelo delati doma (več kot 30 % v večini držav EU). Negotovost glede izgube zaposlitve je bila v Sloveniji manjša kot v povprečju EU. Delež vseh delavcev, ki so med epidemijo delali v prostem času, da bi opravljali delovne obveznosti je bila v Sloveniji višja od povprečja EU. Rezultati raziskave Eurofound kažejo, da je bila aprila v Sloveniji 21,4 % (EU: 17,5 %) (Sodja, 2020, 4).

Indeks duševnega blagostanja WHO-5, ki meri razpoloženje ljudi, je pokazal, da se je Slovenija po pozitivnih počutjih med covidom-19 uvrstila na drugo mesto, na lestvici Optimizem o svoji prihodnosti pa med 27 državami EU. (Eurofund , 2020, 25) Delež tistih, ki so se zaradi družinskih obveznosti težko osredotočili na delo, je v Sloveniji nekoliko višji od povprečja EU. Pod evropskim povprečjem pa je delež tistih, ki skrbijo za delo tudi, ko ne delajo (SLO: 23,5 %, EU: 30 %), in tistih, ki poročajo, da zaradi službe ne morejo posvetiti časa družini, ki si to želijo (SLO: 17,8 %, EU: 18,8 %). Ljudje z majhnimi otroki in ženske so imeli večje izzive pri usklajevanju dela in družinskega časa ter osredotočanju na delo, kar kaže na to, da so ženske tudi med epidemijo opravljale več neplačanega dela kot moški. (Sodja, 2020, 4-5)

Zapori in azili so bili prenatrpani. Znatno povečanje števila pridržanih imigrantov je skupaj s pomanjkanjem osebja za obravnavo pripornikov ter jezikovnega in kulturnega usposabljanja še poslabšalo problem prezasedenosti. (Zvezno ministrstvo ZDA, Poročilo o človekovih pravicah za leto 2021 za Slovenijo)

KAKO JE KRIZA COVID-19 VPLIVALA NA RAVNOVESJE DELA IN ŽIVLJENJA ŽENSK?

Skladno s spodnjim prikazom lahko vidimo, da je Slovenija dosegla enega najnižjih kazalnikov na zbirnem kazalniku usklajevanja poklicnega in zasebnega življenja med državami EU.

Slika 5: Zbirni kazalnik ravnotežja med poklicnim in zasebnim življenjem

Country	April	July	Difference July to April	Country	April	July	Difference July to April
Austria	7.4	7.1	-0.2	Italy	6.2	6.2	0.0
Belgium	6.3	6.3	0.0	Latvia*	6.5	6.2	-0.3
Bulgaria	6.6	6.3	-0.3	Lithuania	6.7	6.3	-0.4
Croatia**	6.5	5.9	-0.6	Luxembourg*	6.5	6.1	-0.4
Cyprus*	6.2	5.5	-0.7	Malta*	6.3	5.8	-0.5
Czechia	7.0	7.0	0.0	Netherlands	7.1	7.1	0.1
Denmark	6.9	7.0	0.1	Poland*	6.5	6.2	-0.2
Estonia	6.4	6.6	0.2	Portugal	6.0	5.8	-0.2
Finland**	6.8	6.4	-0.4	Romania**	6.7	6.4	-0.3
France	6.4	6.5	0.1	Slovakia	6.9	6.8	-0.2
Germany**	7.1	7.2	0.1	Slovenia	6.9	6.8	-0.1
Greece	6.1	6.0	-0.1	Spain**	6.3	5.9	-0.3
Hungary	6.9	7.1	0.2	Sweden	6.8	6.9	0.1
Ireland	6.5	6.6	0.0	EU27**	6.6	6.6	-0.1

Notes: *Low reliability in July. **Statistically significant increase ($p=0.05$). Figures in green denote a statistically significant improvement; figures in red denote a statistically significant deterioration ($p=0.05$).

Vir: Eurofund , 2020, 66

»Epidemija covid-19 močno obremenjuje svetovno gospodarstvo in javne zdravstvene sisteme. Resno ogroža zaposlovanje in preživetje žensk, zlasti v panogah, kot so osebne storitve, trgovina na drobno in gostinstvo. Prav tako poudarja in zastruje neenakost ter številne in prekrivajoče se oblike diskriminacije, s katerimi se srečujejo ženske. Epidemija je tako rekoč ohromila ves svet, saj so države začele sprejemati ukrepe, kot so omejitve nenujnih dejavnosti, zapiranje šol in vrtcev ter šolanje otrok od doma. Epidemija je povzročila oziroma povzroča gospodarsko krizo, ki se med drugim kaže v tem, da so se med posledicami začele pojavljati še večje razlike med moškimi in ženskami, tako na začetku epidemije kot v času epidemije in kasnejšem okrevanju po krizi. Danes živimo v času, ki je vedno večji in so potrebne hitrejše spremembe. Večja je tako globalizacija kot digitalizacija, večanje neenakosti in poglobljanje prepada med bogatimi in revnimi ter številne druge spremembe, med katere lahko uvrstimo tudi epidemijo« (Domenih, 2022).

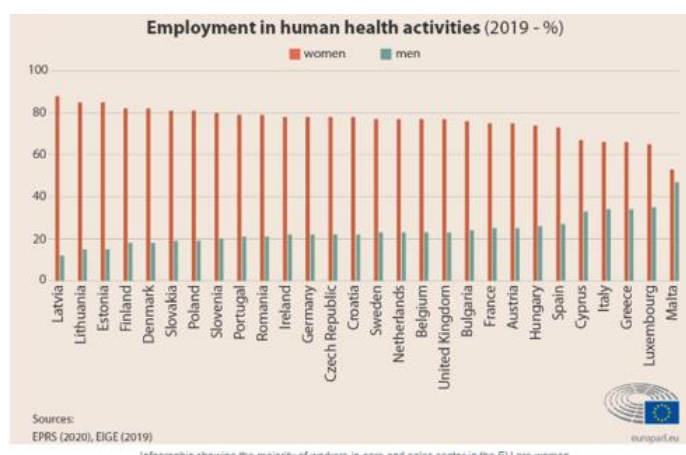
Sodja (2020, 4) je izpostavila, da ženske v Sloveniji opravljajo bistveno več neplačanega dela kot moški, zaradi česar težko usklajujejo poklicno in družinsko življenje. »Po Evropi so bile velike razlike od ene države do druge: v Belgiji, Nemčiji, Sloveniji in Španiji je bila razlika med spoloma pri skrbi za otroke ali vnuke le 1 ali 2 uri, medtem ko je na Nizozemskem (49 ur za ženske v primerjavi z 23 ur za moške), je bila razlika najbolj izrazita.« (Eurofund , 2020, 23) Prav tako moramo navesti, da so največji upad zaposlenosti zabeležili v Estoniji, kjer se je zmanjšala za 3,3, Sloveniji (-2,2) in Španiji (-2,1), najmanj pa na Hrvaškem (-0,3), Latvija in Poljska (obe -0,4) (EC Evropa, 2020).

»Zakon ženskam prepoveduje delo v določenih panogah. Na splošno je bila plača žensk 68 odstotkov plače moških, na primerljivih položajih pa je bila plača žensk 97 odstotkov plače moških.« (United States Department of State, Poročilo o človekovih pravicah za leto 2021 za Slovenijo, 22) »Diskriminacija na delovnem mestu na podlagi spola je še vedno prisotna. Kljub predpisom o enakem plačilu so neenakosti še vedno obstajale.« (United States Department of State, Poročilo o človekovih pravicah za leto 2021 za Slovenijo) »Razlog, da so ukrepi COVID-19 nesorazmerno prizadeli trg dela žensk, so neravnovesja med spoloma na različnih delovnih mestih v gospodarstvu. Obenem se konflikt med poklicnim in zasebnim življenjem še stopnjuje z delom od doma, saj velikokrat glavno breme nosijo mamice z majhnimi otroki.« (EuropeDirect Slovenija, Covid-19 bolj prizadel ženske kot moške). »Neenaka delitev dela v zasebni sferi je ovira za enake možnosti na trgu dela. Čeprav so moški vedno bolj vključeni v varstvo otrok in druge družinske obveznosti (npr.

gospodinjska dela), je še vedno velika razlika med spoloma v številu ur plačanega in neplačanega dela. V povprečju ženske v Sloveniji dnevno opravijo 234 minut plačanega dela in 286 minut neplačanega dela, moški pa 300 minut plačanega dela in le 166 minut v primerjavi z ženskami /.../ spodbujanje zaposlovanja žensk s sofinanciranjem plač., davčne olajšave pri zaposlovanju mladih žensk v primeru porodniškega dopusta ter uveljavitev pozitivne diskriminacije, ki bi ženskam zagotavljala enake možnosti zaposlovanja na delovnih mestih, kjer so manj zastopane. Tudi podjetja bi morala moškim in ženskam zagotoviti enake možnosti za zaposlovanje in napredovanje.« (Domenih, 2022, 51-52)

Od 49 milijonov negovalnih delavcev v EU, ki so bili najbolj izpostavljeni virusu, je približno 76 % žensk. Poleg tega so ženske preveč zastopane v bistvenih storitvah, od prodaje do vrtcev, ki so med pandemijo ostali odprti. V EU ženske predstavljajo 82 % vseh blagajnikov in predstavljajo 95 % zaposlenih na področjih čiščenja in pomoči na domu.

Slika 6: Zaposlovanje žensk v sektorju nege in prodaje v EU



Vir: Evropski parlament, 2021b.

»V Sloveniji je nasilje nad ženskami v partnerskih odnosih pod povprečjem EU, kažejo podatki vseevropske raziskave o nasilju nad ženskami. Tudi ta raziskava je pokazala, da je stopnja prijavljanja nasilja policiji in drugim institucijam nizka, kot glavni razlog za neprijavljanje nasilja pa so anketiranci navedli, da se z nasiljem in njegovimi posledicami soočajo sami ali s pomočjo prijateljev in družine. (nasilje je zasebna stvar) /.../ Med epidemijo se je v Sloveniji nekoliko povečalo število prijav nasilja v družini. Zaprtost v domače okolje in pomanjkanje socialnih stikov z drugimi sta v mnogih družinah pripeljala do porasta nesoglasij, preprirov in ponižujočih dejanj, ponekod celo do fizičnega, psihičnega in ekonomskega nasilja. Verjetno je nasilja v družini še več, vendar ga žrtve (najpogosteje ženske in otroci) ne prijavijo, saj je v času povečanega sobivanja nadzor povzročiteljev intenzivnejši in je zato težje poiskati pomoč, hkrati pa imajo žrtve povečan občutek brezupnosti, saj domnevajo, da pomoč v tem trenutku ni na voljo. (Sodja, 2020, 6-7)

V EU je bilo 33 % žensk žrtev fizičnega in/ali spolnega nasilja, medtem ko jih je bilo 55 % spolno nadlegovanih, ženske v EU v povprečju zaslužijo 16 % manj kot moški in se še vedno soočajo z ovirami pri dostopu in obstanku na trgu dela ter ženske ostajajo premalo zastopane na vodilnih položajih, vključno z največjimi podjetji v EU, kjer je samo 8 % izvršnih direktorjev žensk (Strategija enakosti spolov: Prizadevanje za Unijo enakosti, 2020). Po podatkih Nacionalnega inštituta za javno zdravje (NIJZ) se je število prijavljenih primerov nasilja na podlagi spola v letu 2020 v času pandemije COVID-19 povečalo.» (Freedom House, 2021a), medtem ko je število primerov nasilja na

podlagi spola v letu 2021 še naprej naraščalo; število domačih umorov je do konca marca doseglo povprečje pred pandemijo.« (Freedom House, 2022).

na podlagi enakosti spolov še marsikaj spremeniti, saj glede na predstavljene pravne vire, ki urejajo področje enakosti spolov, lahko sklepamo, da zakonodaja na nacionalni in mednarodni ravni, ki zavezuje tudi Republika Slovenija zadovoljivo opredeljuje enakost spolov, le da v praksi teorija še ni tako uveljavljena. Ženskam v primerjavi z moškimi še vedno ni zagotovljen enak dostop do delovnih pogojev in zaposlitve, kljub izboljšavam na področju gospodarske rasti in zaposlovanja v EU. Nekateri podatki kažejo, da je epidemija prejšnja neravnovesja le še poslabšala. Na podlagi raziskav je bilo ugotovljeno, da so ženske bolj fizično in psihično obremenjene zaradi epidemije kot moški, kar pomeni, da lahko epidemija povzroči kratkoročne in dolgoročne prekinitve kariere.» (Domenih, 2022, 54)

»Aprila 2020 je Eurofund izvedel raziskavo po vsej EU o tem, kako Evropejci doživljajo pandemijo. Ugotovitve kažejo, da za starše majhnih otrok (do 11 let) konflikt med poklicnim in zasebnim življenjem bolj bremeni ženske kot moške. Skoraj tretjina žensk (29 %) se je težko osredotočila na delo zaradi družine, slaba šestina moških (16 %) je menila enako. Družinske obveznosti so tudi preprečile, da bi več časa posvetile delu ženske (24 %) kot moški (13 %). Tudi v nasprotni smeri so bile ženske bolj prizadete – 32 % žensk je menilo, da jim delo preprečuje, da bi posvetile čas družinskim obveznostim, v primerjavi s 25 % moških. Po prvih ugotovitvah pritisk, ki ga povzročajo ti konflikti, bolj vpliva na psihično počutje žensk kot moških, še posebej, če so prisotni majhni otroci. Aprila 2020 so bile ženske pod stresom pogosteje kot moški (23 % v primerjavi z 19 %), osamljene (14 % v primerjavi s 6 %) in depresivne (14 % v primerjavi z 9 %). Finančni vpliv krize je bil podoben za oba spola, pri čemer je 38 % obeh navedlo, da se je njihov finančni položaj poslabšal, in pričakuje, da se bo poslabšal. Ker pa ženske pogosteje niso v plačanem delu ali so v slabo plačanih in začasnih zaposlitvah, so finančno bolj ranljive kot moški. Več žensk (24 %) kot moških (22 %) po vsej Evropi je poročalo o težavah pri preživetju meseca. To je bilo še posebej očitno pri ženskah z otroki (32 %) v primerjavi z moškimi z otroki (29 %). Moški imajo tudi večjo verjetnost, da bodo ohranili svoj življenjski standard kot ženske: 23 % moških je brez prihrankov v primerjavi z 31 % žensk, medtem ko ima 16 % moških v primerjavi z 12 % žensk dovolj prihrankov, da preživijo več kot 12 mesecev. Visoka stopnja finančne negotovosti je delni razlog za padec optimizma med Evropejci. Med moškimi je 48 % optimističnih glede svoje prihodnosti, med ženskami pa 43 %. Leta 2016 je bil ta optimizem veliko višji, razlike med spoloma so se zmanjšale, saj je 65 % moških v primerjavi z 62 % žensk izrazilo optimizem glede svoje prihodnosti. Medtem ko so lahko nekateri trenutni učinki krize na spolčasni in bi jih bilo mogoče odpraviti, ko se blokada popolnoma izogne, imajo lahko drugi dolgotrajne posledice. Zato je bistveno, da je gospodarska in socialna vključenost žensk v središču ukrepov za oživitve gospodarstva.« (EuropeDirect Slovenija, Covid-19 bolj prizadel ženske kot moške).

»Slovenija je sprejela obsežen sveženj ukrepov s ciljem pomagati tako prebivalcem kot gospodarstvu. V Sloveniji je bil eden od ukrepov prehod na delo od doma, ki se je zgodil čez noč, čeprav ni bil obvezen. Pandemija je poglobila tudi razpoke, ki so bile v Sloveniji že prisotne, tako na področju enakosti spolov kot ravnovesja med poklicnim in zasebnim življenjem, kar pomeni, da bo treba na področju enakopravnosti žensk narediti še nekaj dela.« (Domenih, 2022, 55)

»Slovenski parlament je junija sprejel novelo kazenskega zakonika, ki je spolnost brez privolitve prepoznala kot posilstvo, s čimer zakonodaja usklajuje z mednarodnim pravom in standardi. Po novem zakonu prisila ali uporaba ali grožnja s silo ne bosta več potrebna kot pogoj, da se kaznivo dejanje šteje za posilstvo« (Amnesty International, 2022, 329).

1.2 Portugalska

Po podatkih Svetovne zdravstvene organizacije (WHO) je bilo na Portugalskem od 3. januarja 2020 do 16.53 po srednjeevropskem času, 12. decembra 2022, 5.536.455 potrjenih primerov COVID-19 s 25.345 smrtnimi primeri. Prve informacije za javnost generalnega direktorata za zdravje o takrat novem koronavirusu so bile izdane 14. januarja 2020: "preliminarni podatki ne kažejo dokazov o prenosu s osebe na osebo". Obenem so potnikom v rizičnih regijah svetovali higieno rok, bonton dihal ter izogibanje stiku z živalmi ali tesnim stikom z ljudmi z respiratornimi simptomi. Ko se je epidemija na Kitajskem razvijala, je generalni direktorat za zdravje izdal posodobljene informacije za širšo javnost z novimi podatki iz Kitajske in Evropskega centra za nadzor in preprečevanje bolezni (ECDC). Na začetku niso bile uvedene nobene omejitve potovanj, vendar so ljudem, ki so pred kratkim potovali na prizadeta območja in so imeli respiratorne simptome, svetovali, naj pokličejo kontaktni center SNS 24 za dodatne informacije in zdravstvene nasvete. Kljub temu je bil prvi domnevni primer covid-19 ugotovljen 25. januarja na Portugalskem. Čeprav primer ni bil potrjen, je ministrstvo za zunanje zadeve 26. januarja odsvetovalo potovanja na Kitajsko, razen nujnih. Ustvarjeno je bilo namensko spletno mesto (<http://covid19.min-saude.pt>) za obveščanje širše javnosti o covidu-19 z nasveti o higieni rok in dihalnem bontonu, glavnimi simptomi covid-19, plakati in letaki za šole, javnost storitve in letališča, videoposnetki, med drugim.

Z razvojem epidemije so bili v bolnišnici zdravljeni samo potrjeni primeri covid-19 s kliničnimi kriteriji za hospitalizacijo. Primere z blagimi simptomi so poslali domov in jih zdravstveni delavci redno kontaktirali za spremljanje. Zanje je veljalo obvezno pridržanje, zdravstveni organi pa so obvestili policijo, da bi zagotovili skladnost. Opredelitev domnevnih primerov se je z razvojem pandemije spremenila, vendar je vključevala potnike s simptomi, ki so se vračali z območij z aktivnim prenosom v skupnosti. Z razvojem izbruha po vsem svetu so se ta območja tudi razširila: sprva so vključevala Kitajsko, Južno Korejo, Japonsko in Singapur; nato so bili dodani Iran in štiri regije v severni Italiji (Emilia-Romagna, Lombardija, Piemonte in Veneto), nazadnje tri države v Nemčiji (Bavarska, Baden-Württemberg in Severno Porenje-Vestfalija), dve regiji v Franciji (regije Grand Est in Île-de-France) ter štiri avtonomne skupnosti v Španiji (Katalonija, La Rioja, Madrid in Baskija). Popotnikom, ki se vračajo s teh območij, so priporočali socialno distanciranje, higieno rok in dihalni bonton. Spremljajo naj svoje simptome in se v primeru pojava simptomov samoizolirajo in pokličejo kontaktni center SNS 24. Kontakte potrjenih primerov so izsledili organi za javno zdravje in glede na izpostavljenost jim lahko odredijo 14-dnevno samoizolacijo doma med katerim so jih nadzorovale zdravstvene oblasti.

Obvezna karantena za nujne primere na področju javnega zdravja v portugalski ustavi ni bila predvidena, vendar so bile po začetku veljavnosti izrednih razmer uvedene omejitve gibanja državljanov. Kot rečeno, je obvezna karantena veljala le za potrjene primere, ki so okrevali doma, in vse tiste, ki so bili izolirani po odločitvi javnozdravstvenih organov. Ostalemu prebivalstvu so močno svetovali, naj ostanejo doma in odidejo le v posebnih okoliščinah, z bolj omejenimi okoliščinami za starejše od 70 let, bolnike z oslabeлим imunskim sistemom in ljudi s kroničnimi boleznimi.

Ko so bili uvedeni ukrepi socialne distanciranja in zaprtja, je bilo po vsej državi vzpostavljenih več linij za psihološko podporo, katerih cilj je zagotoviti podporo odraslim ali otrokom, ki so zaradi izbruha izolirani doma. Kontaktni center SNS 24 v sodelovanju s portugalskim združenjem psihologov od 1. aprila izvaja specializirano svetovanje za splošno populacijo, na telefonske klice pa odgovarja 60 psihologov. Med 1. aprilom in 6. oktobrom je bilo s Telefona za psihološko pomoč odgovorjeno 40.661 klicev, od tega 3373 zdravstvenih delavcev. Poleg tega je bilo uvedeno spletno mesto, namenjeno izključno duševnemu zdravju (<https://saudemental.covid19.min-saude.pt>), s

splošnimi informacijami za javnost, vprašanji in odgovori ter posebnimi informacijami za zdravstvene delavce. Poleg tega so bile po vsej državi izvedene številne lokalno organizirane pobude za zagotavljanje podpore ranljivim skupinam prebivalstva (to so starejši, ki živijo sami, brezdomci, invalidi itd.). (*Evropski observatorij za zdravstvene sisteme in politike, 2021*)

Medtem ko je Portugalsko med prvim valom virusa prizadela manj zaradi pandemije covid-19 kot številne druge evropske države, so naslednji valovi državo močno prizadeli. Januarja 2021 je imela Portugalska najvišjo stopnjo novih okužb in smrti po vsem svetu. (*Ekonomске raziskave OECD: Portugalska 2021*) Nekaj sprostitve med božičnim obdobjem leta 2020 v kombinaciji s pojavom bolj nalezljive različice virusa je povzročilo hiter porast okužb. Delna blokada in geografsko usmerjeni zadrževalni ukrepi, uvedeni kot odgovor do sredine januarja 2021, niso zadostovali za upočasnitev širjenja virusa. Število okužb je upadlo z uvedbo drugega lockdowna, 15. januarja. Kljub temu je pandemija za Portugalsko postavila številne izzive in zaostрила obstoječe slabosti. Sprožila je veliko zdravstveno krizo, obrnila močno okrevanje po zadnji recesiji in povzročila najglobljo povojno recesijo. Nesorazmeren vpliv krize na sektorje s številnimi sezonskimi, začasnimi in slabo plačanimi delovnimi mesti, kot sta gostinstvo in turizem, ter na ljudi s prejšnjimi finančnimi težavami je morda obrnil napredek, dosežen pri zmanjševanju ravni revščine in neenakosti v prejšnjih letih.

KAKO JE KRIZA COVID-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

V demokracijah pandemija postavlja vlade v težak položaj. Velika negotovost, ki jo povzroča COVID-19, jih potiska k sprejemanju ukrepov, ki so v običajnih časih v nasprotju s temeljnimi demokratičnimi načeli. Odločevalci se soočajo z dilemo tehtanja ciljev javnega zdravja glede na demokratične norme, pravice in svoboščine. Ta kompromis se izvaja na dveh ravneh:

- potreba po hitrem odzivu ustvarja močne spodbude za koncentracijo moči na državni izvršilni oblasti in tako oslabi druge institucije
- Politike za boj proti izbruhu covid-19 so same po sebi izjemne, saj ciljajo na „socialno distanciranje“ in tako omejujejo temeljne pravice, kot je svoboda gibanja ali zbiranja.

S pravnega vidika so vlade v času krize upravičene sprejeti izredne ukrepe za zaščito javnih interesov, tudi če ti ukrepi omejujejo temeljne pravice, vendar le, če so izpolnjeni posebni pogoji in če so ukrepi sorazmerni, časovno omejeni in neškodljivi in ne diskriminatorni. V resnici pa se ocene sorazmernosti lahko razlikujejo glede na državo, vlado in državljane. Skoraj vse evropske demokracije so postavile temelje za takšne ukrepe z odzivom z nacionalnim načrtom za izredne razmere, ki se nanaša na pravni instrument. Ker se omejitve demokratičnih načel razumejo kot racionalen odgovor za pridobitev časa in prostora za oblasti, da se spopadejo s krizo, ima večina držav možnost, da se odzovejo z določbami za izredne razmere:

Declaration of state of emergency	Bulgaria, Czech Republic, Finland, Hungary, Italy, North Macedonia, Moldova, Portugal, Romania, Serbia, Spain
Declaration of state of public health emergency	France, Lithuania, Slovakia
Declaration of state of disaster/catastrophe	Albania, Bosnia and Herzegovina
Other legislation	Austria, Belgium, Croatia, Denmark, Greece, Ireland, Norway, Poland, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom
No national-level emergency response	Germany, Netherlands

Slika 1. Primarni pravni instrument, ki se uporablja za sprejetje glavnih nujnih ukrepov na nacionalni ravni [Vir: Edgell et al. (2020a); Pandemic Backsliding (PanDem) projekt Inštituta V-Dem]

Čeprav je covid-19 prevladoval v številnih političnih razpravah od začetka leta 2020, je le eden izmed mnogih dejavnikov, ki preoblikujejo demokracijo po vsem svetu. Demokracija je ogrožena na pomembne načine, ki presega vpliv pandemije – in demokratične institucije morajo biti pripravljene na druge vrste kriz in izrednih razmer, ki se bodo verjetno pojavile v prihodnosti. Pomembni teoretiki menijo, da se je demokracija izkazala za vedno razvijajoč se niz praks, ne pa kot statični koncept, ki ga je treba zaščititi pred neizbežno odvečnostjo. Dejavniki covid-19 in druge politične dinamike se vse bolj prepletajo na zapletene načine.

Približno dve desetletji sta članstvo v številnih strankah in volilna udeležba utrpela resen upad. Hkrati so se državljani v večjem številu vključili v druge oblike demokratičnega udejstvovanja. Pandemija je okrepila potrebo po sodelovanju s poudarjanjem pomena povezav in zaupanja v družbi: to, ali so ljudje povezani drug z drugim in s svojimi institucijami, vpliva na njihovo pripravljenost, da nosijo maske, upoštevajo prakse varne razdalje in dobijo cepiva. Mnogi ljudje so iskali medsebojno sodelovanje, da bi obdržali svoje povezave in si med krizo pomagali pri vsakodnevnih potrebah. Vzporedno so se množični protesti zaradi vprašanj covid-19 pogosto spremenili v prizadevanja za izgradnjo samoorganizacije na ravni skupnosti. Niso vse takšne mobilizacije povezane z demokracijo ali celo nujno ugodne za demokratične reforme, vendar jih je bilo veliko. Bolj strukturirane oblike posvetovalnega sodelovanja, kot so zbori državljanov, so tako pridobile podporo. Čeprav so bili strokovnjaki med pandemijo poklicani za nasvet, je covid-19 dodatno spodbudil tako protestne dejavnosti kot organizirane participativne eksperimente. Zlasti je pandemija navdihnila digitalne demokratične inovacije, saj je covid-19 prekinil obstoječe vzorce sodelovanja in prisilil javne uradnike, njihovo osebje in državljane, da se prilagodijo svetu, kjer osebna srečanja niso bila mogoča. To je spodbudilo novejša demokratična inovacije, ki so služile najbolj perečim potrebam pandemije: ustvarjanje preverjenih informacij in zanesljivih podatkov; mobilizacija virov, spretnosti in znanja za reševanje nujnih zdravstvenih težav; povezovanje prostovoljcev in storitvenih organizacij z ljudmi, ki so potrebovali pomoč; ter izvajanje in spremljanje javnih politik in ukrepov.

Izredne razmere na Portugalskem so trajale od 19. marca do 2. maja 2021. Po tem je Portugalska prešla v stanje nesreče, ki ga ureja drugačen zakon, ki vladi dovoljuje, da uvede stanje nesreče za omejena časovna obdobja brez posredovanje predsednika ali parlamenta. Ta uredba je enak mehanizem odzivanja, kot je bil uporabljen, ko se je Portugalska borila s poletnimi požari leta 2019. Še pred razglasitvijo izrednih razmer je vlada uporabila razglasitev izrednih razmer, da bi majhno portugalsko mesto Ovar uvrstila v eden od zgodnjih epicentrov covid-19, pod cordon sanitaire – javnozdravstveni ukrep, ki je bil pred kratkim uporabljen v odzivu na ebolo, ki za omejeno obdobje postavi določeno območje v karanteno. Razglasitev izrednega stanja je na Portugalskem začela obdobje ponovnega postopnega odpiranja. Vlada je izdala nove smernice, ki še naprej določajo več postopkov za spremljanje bolezni, sledenje stikom in izolacijo okuženih prebivalcev. Medtem ko so oblasti javnega zdravja še naprej pozivale ljudi, naj se izogibajo nepotrebnim družbenim interakcijam, je vlada odpravila razlikovanje med starejšimi in populacijo, mlajšo od 70 let, v zvezi z obveznostjo izolacije na domu. Namesto tega so objavili, kar se je razumelo kot splošno obveznost zmanjšanja socialnih stikov. Čeprav se portugalski strokovnjaki za ustavno pravo strinjajo, da katastrofalno stanje pomeni manj stroge omejitve posameznikovih svoboščin kot izredno stanje, je prišlo do burne razprave o natančnem obsegu ukrepov, ki bi jih vlada lahko sprejela v tej novi fazi. Nekateri strokovnjaki so na primer trdili, da v času katastrofe ni mogoče omejiti cerkvenih zbiranj, saj ni parlamentarnega nadzora nad posredovanjem vlade, za omejitve temeljnih pravic, ki jih varuje ustava, pa je potreben zakonodajni poseg. Portugalska vlada pa je na koncu ohranila omejitve cerkvenih srečanj in drugih oblik verskih praznovanj do konca maja.

Portugalska je enotna, visoko centralizirana država; priznala pa je avtonomijo dvema otoškima arhipelagoma v srednjem Atlantiku, in sicer Madeiri in Azorom. Skozi oktober 2020 so se politiki s celine spustili na Azore, zlasti ob koncih tedna, da bi pomagali svojim lokalnim kolegom na volitvah, ki bodo potekale 25. oktobra. Akcija je potekala v precej omejenih sanitarnih pogojih zaradi pandemije covid-19. Zato so bile volitve pomembna vaja za prihajajoče nacionalne predsedniške volitve 24. januarja 2021. Avtonomni regiji Azorov je dve desetletji z absolutno večino vladala Socialistična stranka/Partido Socialista (PS) pod predsedstvom Vasca Cordeira. Glavni cilj opozicije je bil zlomiti absolutno večino socialistov in jo sčasoma nadomestiti z alternativno vlado. Čeprav so na volitvah prevladovala regionalna vprašanja, so predstavljale tudi prvi preizkus za ponovno izvoljeno socialistično vlado Antonia Coste oktobra 2019 na nacionalni ravni in njeno krizno upravljanje pandemije. Kljub težavam socialistične manjšinske vlade je Costa uspel doseči, da je glavna opozicijska stranka PSD potrdila proračunske predloge, in na tem področju je prišlo do precejšnjega sodelovanja in dogovora.

Precej sporen je bil dogovor o ukinitvi štirinajstdnevni razprav s predsednikom vlade (podobno času za vprašanja). Vendar je vodja PSD Rui Rio predlagal odpravo tega pravila in zmanjšanje na enkrat na mesec. Končni osnutek je določal, da mora biti predsednik vlade vsaj enkrat mesečno v parlamentu za vprašanja. V resnici se je zaradi drugih uradnih nastopov predsednika vlade v parlamentu, kot je poročanje o dogajanju v Evropski uniji (EU), razprava o proračunu in govor o stanju naroda, čas za vprašanja skrajšal na vsaka dva meseca. Številni poslanci skupine socialistov in socialdemokratov so se odpovedali uradnemu stališču. Vodja PSD Rui Rio je bil kritiziran, ker je predlagal in podprl takšno potezo, vladna stranka pa jo je z veseljem sprejela. Na končnem glasovanju 24. julija 2020 je sedem poslancev PSD in 28 poslancev PS glasovalo proti prenovljeni različici Poslovnika. Nadaljnjih pet poslancev PS se je vzdržalo (skupaj tretjina poslancev PS je nasprotovala). Na splošno je bilo končno glasovanje 152 za revizijo in 78 proti. Ta dvostrankarski sporazum je pomenil velik udarec demokratični odgovornosti vlade parlamentu in osiromašenje demokratične razprave. *(Evropski konzorcij za politične raziskave)*

Januarja 2021, manj kot dva tedna pred načrtovanimi predsedniškimi volitvami na Portugalskem, je nov val koronavirusa grozil, da bo preplaval bolnišnice, zaradi česar je portugalska vlada ponovno zaprla državo. A v nasprotju z drugimi državami, ki so volitve zaradi podobnih dogodkov preložile, so se volitve na Portugalskem premaknile po načrtu. Medtem ko se je zdelo, da so bile volitve na Portugalskem dobro vodene, je Portugalska med pripravami na volitve naredila nekaj napačnih korakov, zaradi česar je bila bolj občutljiva na morebitno vmešavanje, prispevala k nižji udeležbi od pričakovane in povečala tveganje, da bodo njeni državljani postali bolj nezaupljivi do svoje demokracije. Volilna udeležba je bila približno 39-odstotna, kar je najnižja doslej na predsedniških volitvah na Portugalskem. Razumljivo je, da so se nekateri volivci raje odločili ostati doma, kot da bi glasovali osebno in tvegali izpostavljenost koronavirusu. Portugalska je ponudila tako osebno predčasno glasovanje kot glasovanje na dan volitev, ni pa ponudila drugih načinov glasovanja, kot je glasovanje po pošti, kar je nekaterim skupinam volivcev, vključno s portugalskimi izseljenci, otežilo uspešno oddajo glasovnic.

Portugalska si je med pandemijo koronavirusa močno prizadevala prilagoditi svoj volilni okvir, da bi se bolje prilagodil volivcem. Novembra 2020 je na primer sprejel več sprememb kot odgovor na pandemijo, ki so zmanjšale največje število volivcev na volišče, povečale število volišč, omogočile predčasno glasovanje in razširile ureditev glasovanja na domu, da bi se tem volivcem bolje prilagodilo. ki med volitvami zaradi različnih razlogov, tudi zaradi pandemije, niso mogli obiskati volišča. Na žalost podoben dostop ni bil omogočen volivcem izven države (v tujini), ki so morali pogosto potovati veliko dlje, da so oddali svoj glas.

Okužbe s covidom-19 so se povečale dva tedna pred volitvami, država pa je šla v popolno karanteno. To je bilo nepričakovano in izjemno hudo. Politične pravice niso bile v ničemer okrnjene in so jih vsi pristojni organi v celoti spoštovali, kar je treba poudariti. Vendar pa so razmere na terenu vplivale na kampanjo, saj se je večina dejavnosti preselila na splet. Mediji so imeli ključno vlogo in televizijske debate, ki so zbrale veliko občinstvo, so bile ocenjene kot dokaj organizirane in primer dobre prakse. Kljub izzivom, nekaterim od njih se je bilo zelo mogoče izogniti, sta se portugalski volilni sistem in uprava izkazala za odporna zaradi številnih subjektov in visoke ravni javnega zaupanja. Ob upočasnitvi uličnih akcij na začetku kampanje so se Portugalci prilepili na zaslon, da bi spremljali predsedniške razprave: trije najbolj gledani medsebojni dvoboji na volitvah leta 2021 so v povprečju pritegnili več gledalcev kot leta 2016 volitve. Največ občinstva so zbrale debate, ki nasprotujejo predsedniškemu kandidatom Andréju Venturi. Najbolj gledana je bila razprava med Marcelom Rebelom de Sousa in Andréjem Venturo, kandidatom za Chego. Razprava, ki je bila predvajana na SIC in SIC Notícias, je dosegla skupno 3 milijone ljudi, s povprečno publiko 1,8 milijona gledalcev in deležem 32,1 %. V letu 2016 je bila najbolj gledana razprava tista, v kateri sta se soočila Marcelo Rebelo e Sousa in Sampaio da Nóvoa, ki je ustvarila skupno občinstvo 2,1 milijona gledalcev, povprečno občinstvo 1,2 milijona, kar je za SIC ustvarilo 25,3-odstotni delež. Tako se je v času pandemije izkazalo, da Portugalce bolj zanimajo predsedniške razprave. (*Evropski svet za zunanje odnose*)

1. Kako je kriza COVID-19 vplivala na uživanje temeljnih pravic?

Kako je mogoče varstvo temeljnih pravic združiti s strogimi zahtevami obvladovanja pandemije covid-19? Menijo, da je odgovor v občutljivem ravnovesju zagotavljanja javnega zdravja, ne da bi padli v skrajnost »fašistoidno-histeričnega higienskega stanja« (faschistoid-hysterischen Hygienestaat). (*Heinig-Verfassungsblog, 2020*) Predvsem pa se nihče ne bi smel vdati naivnosti in predvidevati, da so ustavne/upravne izjeme zgolj prehodne in čarobno izginjajo z ponovno vzpostavitvijo ustavne normalnosti. V izrednih razmerah, ustavnih ali upravnih, je kliše trditi, da morajo biti parlamenti izjemno pozorni. Ne glede na njihov pomen ni mogoče omalovaževati pomena sodišč pri nadzoru kršitev temeljnih pravic. Glavne nevarnosti, ki bi lahko izhajale iz mišičastih direktorjev in zmanjšanih parlamentov, so dobro dokumentirane v akademskih krogih. Prvič, vlado bi lahko zamikalo, da bi svoja pooblastila v izrednih razmerah razširila onkraj samih izrednih razmer. Drugič, kar je precej ironično, če so de jure ustavne izredne razmere zasnovane na izjemno strog in predvidljiv način, bi bila de facto odložitve nepredvidljiva in bi presegala meje ustavnega okvira.

Kljub temu imajo v trenutnih neugodnih razmerah sodišča pomembno vlogo pri pregledu zakonodaje o covidu-19. Na Portugalskem je sodna praksa glede covid-19 še vedno redka. Kljub temu velja omeniti nedavni razvoj. Po ustavnem izrednem stanju je portugalski državljani pristal na azorskem arhipelagu in bil prisilno zaprt (ukrep, ki ga izvaja regionalna vlada Azorov) za obdobje štirinajstih dni in na lastne stroške. Državljan je nato vložil nalog habeas corpus zoper samovoljno pridržanje. Zanimivo je, da je sodišče v Ponta Delgadi odločilo, da je odločitev o prisilnem zaprtju kršila svobodo gibanja in je bila organsko protiustavna, saj je zaprtje potekalo po koncu izrednih razmer. Sodišče je presodilo, da lahko take omejitve temeljnih pravic uzakonita le parlament ali vlada (s predhodnim dovoljenjem parlamenta). Poleg tega je sodišče odločilo, da uvedba pripora državljanu, ki ni bil pozitiven na covid-19, ni spoštovala načela sorazmernosti. Čeprav ta odločitev ni imela neposrednega učinka za stranke, ki niso bile na sodišču, je predsednik vlade Azorov takoj napovedal nove ukrepe za zajezitev širjenja covid-19. Posledično in kot dobra praksa je bil obvezni pripor nadomeščen s prostovoljnim odpustom. Ko je bil ta primer predložen portugalskemu

ustavnemu sodišču, je na svoji prvi odločitvi glede covid-19 soglasno razsodilo, da so bili regionalni predpisi, ki so uvedli obvezno pridržanje, organsko protiustavni.

Vprašanje, ki sledi, lahko postavimo takole: Ali je bila razglasitev izrednih ustavnih razmer ustrezna ali je bila impulzivna in pretirana? Morda bo šele čas pokazal pravilnost ustavnih in upravnih ukrepov. Kljub temu je bila razglasitev izrednih razmer takrat neizogibna in nujna za zajezitev širjenja virusa in premagovanje ustavnih težav, ki bi izhajale iz izvajanja širšega nabora omejevalnih ukrepov. Še pomembneje pa je, da so se tedaj učenjaki ustavnega prava močno razhajali glede tega, ali obstoječa zakonodaja o izrednih razmerah dovoljuje uvedbo karantene in pridržanja brez predhodnega sodnega naloga. Nekateri so trdili, da bi lahko karanteno uvedli na podlagi obsežnega branja 64. člena ustave (pravica do zdravja). Drugi pa so trdili, da del 27. člena takšno možnost izrecno zavrača, saj omejuje odvzem prostosti na situacije, v katerih pravosodni organ odredi "predajo osebe, ki trpi za psihično anomalijo, v ustrezno terapevtsko ustanovo". Zato in v skladu s tem zadnjim doktrinarnim stališčem bi bila potrebna ustavna sprememba, ki bi omogočila uvedbo karantene zaradi nalezljivih bolezni. (*Revista e-Pública, 7(1), 78–117*)

Predsedniški odloki o izrednih razmerah zagotavljajo normativni okvir, v skladu s katerim lahko vlada posreduje. Vendar pa so bili takšni odloki v tem primeru presplošni in niso dovolj določali pogojev, pod katerimi bi lahko vlada omejila nekatere pravice in svoboščine. Poleg tega niso navedli, kateri členi ustave so bili zadržani, kot zahteva 19. člen. Ne glede na nekatere kritike velja spomniti, da je bilo to prvič po prehodu v demokracijo, da so bile razglašene izredne ustavne razmere. V teh okoliščinah in glede na to, da se predsednik ni mogel zgledovati po preteklih osnutkih izrednih ustavnih odlokov, se je moral aktivno ukvarjati z ustavo »v akciji« in raziskovati neznan teren. (*O desassossego dos direitos humanos em tempos de pandemia*)

Kljub temu, da je vlada večinoma sprejemala zakone znotraj obstoječega zakonodajnega okvira, je vlada z zakonsko uredbo 10-A/2020 z dne 12. marca odobrila omejevalne ukrepe pred razglasitvijo izrednih ustavnih razmer, kar je sprožilo doktrinarne kritike. Posledično je podprl ukrepe, ki niso bili predvideni v nujni zakonodaji, ki jo je predhodno sprejel parlament. Bolj zanimivo je, da je takšne omejitve naknadno ratificiral parlament, kar je "podobno predlogu zakona o odškodnini" in v nasprotju s prepovedjo retroaktivnih omejitev, ki jo dodeljuje 18. člen portugalske ustave. Ker je bila izredna ustavna zakonodaja sprejeta v naglici zaradi reševanja krize, je treba omeniti nekaj ustavnih vprašanj. V portugalski ustavi se lahko temeljne pravice, ki niso posebej zaščitene v 19. členu, med izrednimi ustavnimi razmerami prekinejo. Poleg izrednega scenarija se lahko temeljne pravice omejijo, če je izpolnjenih šest kumulativnih zahtev iz člena 18 (ena od zahtev, pa tudi sorazmernost, je, da omejitev uzakoni parlament ali vlada s predhodnim dovoljenjem parlament).

Kar je bilo priča na Portugalskem – za razliko od sosednjih držav, kot je Španija – je vestna in dobronamerna parlamentarna odobritev večine ukrepov, za katere vlada meni, da so primerni. Vendar se Portugalska še vedno trudi izvajati politike, ki temeljijo na dokazih, in to pomanjkanje zadostnega znanstvenega strokovnega znanja odpira ustrezna vprašanja politične odgovornosti. (*Predsedniške volitve na Portugalskem*)

Če pogledamo natančneje nekatere pravice, je tukaj nekaj dobrih praks, sprejetih kot ukrepi za dobro počutje Portugalcev:

PRAVICA DO ZDRAVJA

- Objava različnih smernic in priporočil Nacionalnega generalnega direktorata za zdravje (DGS) v različnih formatih (letaki, plakati in predstavitve), namenjenih različnim sektorjem, ob upoš-

tevanju njihovih posebnosti in tveganj: zdravstveni delavci, šole, civilna zaščita, veleposlaništva, hoteli, mediji, socialne ustanove, zasebne družbene solidarnostne ustanove in turistična industrija. Namenjena je bila podpora odzivnosti in ustreznosti preventivnih ukrepov s prilagajanjem delovanja javnih služb in gospodarskih dejavnosti.

- Opredelitev postopkov za stanovanjske strukture za starejše (ERPI), enote za dolgotrajno integrirano oskrbo (UCCI) Nacionalne mreže dolgotrajne integrirane oskrbe (RNCCI), kot tudi strukture, namenjene starejšim, invalidom in ustanovam za varstvo ogroženih otrok in mladostnikov
- Objava posebnih smernic o covidu-19 za zdravstvene delavce v zvezi s preprečevanjem, pristopom in ukrepi, ki jih je treba sprejeti v zvezi z izpostavljenostjo primerom covid-19 (Smernica DGS 13/2020 z dne 21. marca)
- Priprava »Družinskega priročnika« o izolaciji v domačem okolju, obravnavi vprašanj povezanih z družinskim življenjem, čustvi, stresnimi situacijami, pravili, ločitvijo, rutino, anksioznostjo pri mladih in varnostjo na spletu. Namen tega priročnika je bil zagotoviti pomoč pri obvladovanju več-dimenzionalnega vpliva covid-19 v družinskem kontekstu.
- Izdelava orodja Trace covid-19 za podporo zdravnikom v javnem zdravstvu in primarnem zdravstvenem varstvu pri spremljanju bolnikov s covidom-19, pri nadzoru in samooskrbi ter za učinkovito sledenje kontaktom
- Razvoj kazalnikov uspešnosti v zvezi s covidom-19, in sicer glede njegovega vpliva na uspešnost Nacionalne zdravstvene službe (SNS). S tedenskim poročanjem o tej zadevi je bilo mogoče zagotoviti, da so bile na voljo posodobljene informacije, kar je omogočilo hitrejša in odločnejša ukrepanja ter zagotovilo dostop do zdravstvene oskrbe.

PRAVICA DO INFORMACIJ

- Stalno in pregledno spremljanje razvoja covid-19 na Portugalskem, in sicer prek dnevnih tiskovnih konferenc zdravstvenih organov od 9. marca, z razširjanjem podatkov, informacij in posodobitev o pandemiji. Namenjen je bil zagotavljanju dostopa do zanesljivih in verodostojnih informacij in podatkov vsem državljanom
- Izdelava platforme Estamos On (<https://covid19estamoson.gov.pt/>). To spletno mesto naj bi bilo praktični vodnik za podporo državljanom, družinam in podjetjem v boju proti posledicam covid-19. V ta namen je zbrala vse informacije v zvezi z dobrimi praksami in priporočili zdravstvenih organov, nasvete za delo od doma, dostop do javnih storitev ter izjemne ukrepe, ki jih je sprejela vlada, in sprejeto zakonodajo.
- Nacionalni inštitut za statistiko Portugalske (INE), kot glavni nacionalni organ, ki proizvaja uradne statistike, je razvil posebno mikrostran, kjer je mogoče pregledati najpomembnejše statistične rezultate za spremljanje družbenega in gospodarskega vpliva pandemije covid-19. Njegov glavni cilj je bil omogočiti poglobljeno poznavanje situacije in s tem prispevati k informiranemu odločanju.
- Redno posredovanje preko Ministrstva za zunanje zadeve posodobljenih informacij tujim diplomatskim predstavništvom, akreditiranim v Lizboni, o takojšnjih ukrepih, ki jih je Portugalska sprejela v okviru pojava pandemije covid-19, ter organizacija informativne seje v usklajevanje z vlado, na področju zdravstva in notranjih zadev
- Vzpostavitev partnerstva med DGS in televizijskim kanalom SIC za znanstveno validacijo vsebin, predstavljenih v programu "Polígrafo", ki je obravnaval novice in govorce na družbenih omrežjih, z namenom boja proti dezinformacijam o covidu-19

PRAVICA DO IZOBRAŽEVANJA

- Organizacija učenja na daljavo in s tem povezanih podpornih virov. V predšolskem, osnovnem, srednjem in poklicnem izobraževanju so šole ostale odprte za zagotavljanje osnovnih, socialnih in administrativnih funkcij ter za podporo praksi učenja na daljavo. Vendar pa je bil ves neposredni pouk od 16. marca prekinjen
- Implementacija različnih rešitev, preko različnih kanalov, kot so spletne strani, posebne izobraževalne platforme za učenje na daljavo, TV/radio, elektronska pošta
- Ocena potreb v vseh javnih šolah in izvedba nabora partnerstev za ustrezno distribucijo opreme, ob upoštevanju, da je učenje na daljavo učna metoda, ki jo je treba postopoma razvijati in izvajati s potrebnimi tehnološkimi sredstvi.
 - Sodelovanje z lokalnimi oblastmi in civilno družbo, ki je že omogočilo razdelitev IT opreme na tisoče študentom, ki je niso imeli
 - Priprava načrta zagotavljanja računalniške opreme in dostopa do interneta za vse učence za naslednje šolsko leto
- Kot odziv na pandemično krizo šole opredeljujejo strategije za nediskriminacijo otrok v prikrajšanih razmerah, migrantov, otrok različnih etničnih pripadnosti ali iz ranljivih skupnosti, ki jih motivirajo k interakciji s skupnostjo in raziskovanju različnih načinov učenja. V tem kontekstu so bili k posredovanju pozvani tudi šolski psihologi
- Glede vključevanja otrok iz romskih skupnosti je bila dostopnost gradiva, namenjenega delu z romskimi učenci, dostopna na spletni strani Generalnega direktorata za izobraževanje.
- Poleg tega in z namenom okrepitve prepoznavanja rizičnih situacij v okviru učenja na daljavo, usklajevanje s Komisijo za varstvo otrok in mladine (CPCJ)

PRAVICA DO USTREZNEGA STANOVANJA

- Da bi zagotovili, da bi gospodinjstva med pandemijo lahko ostala na svojih domovih, in da bi pomagali gospodinjstvom, ki zaradi izgube dohodka težko krijejo najemnino ali hipoteko, so bili sprejeti naslednji ukrepi:
 - Zadržanje odvzema, roki in nasprotovanje podaljšanju najemne pogodbe
 - Zadržanje izvršbe hipotek na nepremičninah, ki predstavljajo trajno stanovanje
 - Začasni odlogi plačila hipoteke
 - Začasni odlogi plačila najemnine za najemnike, ki imajo dokazan izpad dohodka
 - Finančna podpora v obliki brezobrestnih posojil za najemnike z dokazanim izpadom dohodka in v situaciji preobremenjenosti s stanovanjskimi stroški ter za najemodajalce z nizkimi dohodki. Predvideno je bilo, da se del posojil, danih za plačilo najemnin, pretvori v nepovratno subvencijo.
- Reforme in naložbe, ki jih je sprejela vlada z namenom ublažitve gospodarskih in socialnih posledic pandemije koronavirusa, so vključevale spodbujanje novih cenovno dostopnih stanovanj in novih odgovorov na nujne stanovanjske potrebe.

PRAVICA DO KULTURE

- Varovanje kulturnih pravic, tako pri ohranjanju dostopa, uresničevanju in udeležbi kot pri podpori umetnikom, ustvarjalcem in tehnikom, ob upoštevanju, da je bil sektor umetnosti in kulture med prvimi, ki se je zaradi pandemije ustavil in videl odpoved vseh svojih dejavnosti.
- Uvedba nujne podporne linije za sektor umetnosti v vrednosti enega milijona evrov, okrepjene s 700.000 evri, za podporo kreativnim umetniškimi projektom na področju uprizoritvenih, vizualnih umetnosti in disciplinskih križišč, s skupno 311 projekti
- Uvedba podporne linije za založnike in knjigarne za posrednike, povezane s knjižno produkcijo, da bi prispevali k zaščiti založništva in knjižnega trga na Portugalskem, v zameno za dostavo izvodov del iz ustreznih katalogov in bibliografskih skladov

- Finančna podpora medijem z dodelitvijo 15 milijonov evrov za predčasni odkup prostorov za institucionalno oglaševanje. 25 % tega zneska smo namenili regionalnemu in lokalnemu tisku
- Dovolitev odpovedi izvajanja umetniških projektov in dejavnosti, vključenih v pogodbe iz programa podpore umetnosti, v času pandemije, ohranitev načrtovanih izplačil v času mirovanja.

Tako je že bežen pogled na portugalsko zakonodajo razkril prisotnost običajnega zakona o izrednih razmerah. Okvirni zakon o civilni zaščiti je dovoljeval nekatere omejitve temeljnih pravic, kot je omejitev pretoka oseb in vozil ter začasen odvzem izdelkov in storitev, okvirni zakon o zdravstvu je zdravstvenim organom dodelil pooblastila za obravnavo nevarnosti za javno zdravje, vključno z odvzemom zdravstvenih ustanov in strokovnjakov, določitev zadrževanja posameznikov ter odločbe o zaprtju javnih in zasebnih objektov ter Zakon o varovanju zdravja so obravnavali nujne primere v javnem zdravju in omogočili prekinitev dejavnosti. (*Nacionalni odbor za človekove pravice, 2020*)

KAKO JE KRIZA COVID-19 VPLIVALA NA RAVNOVESJE DELA IN ŽIVLJENJA ŽENSK?

Približno 76 % od 49 milijonov negovalcev v EU, ki so bili najbolj izpostavljeni virusu, je žensk. Ženske so tudi preveč zastopane na različnih ključnih področjih, vključno s prodajo in otroškimi ustanovami, ki so med pandemijo ostale odprte. Ženske predstavljajo 82 % vseh blagajničark v EU, 95 % gospodinjskih čistilk in pomočnic, 93 % pomočnikov vzgojiteljev in zaposlenih v varstvu otrok, 86 % osebnih negovalk v zdravstvenih službah in 93 % vseh negovalk. Iskanje primerne ravnotežja med delom in vsakdanjim življenjem je izziv, s katerim se srečujejo vsi delavci, družine pa so zaradi tega še posebej prizadete. Sposobnost uspešnega usklajevanja dela, družinskih obveznosti in osebnega življenja je pomembna za dobro počutje vseh članov gospodinjstva. Vlade lahko pomagajo pri reševanju tega vprašanja s spodbujanjem podpornih in prožnih delovnih praks, ki staršem olajšajo iskanje boljšega ravnotežja med delom in domačim življenjem.

Pomemben vidik ravnotežja med poklicnim in zasebnim življenjem je čas, ki ga oseba preživi na delovnem mestu. Dokazi kažejo, da lahko dolg delovni čas poslabša osebno zdravje, ogrozi varnost in poveča stres. Na Portugalskem približno 6 % zaposlenih dela zelo dolgo plačano delo, kar je manj od povprečja OECD, ki znaša 10 %. Več kot ljudje delajo, manj časa morajo porabiti za druge dejavnosti, kot so čas z drugimi, prostočasne dejavnosti, prehranjevanje ali spanje. Količina in kakovost prostega časa sta pomembni za splošno dobro počutje ljudi in lahko prineseta dodatne koristi za telesno in duševno zdravje. Na Portugalskem delavci s polnim delovnim časom v povprečju posvetijo podobno količino svojega dneva osebni negi (prehranjevanje, spanje itd.) in prostemu času (druženje s prijatelji in družino, hobiji, igre, uporaba računalnika in televizije itd.). Povprečje OECD 15 ur. (*Indeks boljšega življenja OECD*)

V kontekstu krize covid-19 je bilo delo od doma na Portugalskem sprejeto kot splošni instrument za doseganje in združevanje socialne distanciranja, skrbi za otroke po zaprtju šol in vodenja gospodarstva. Ta razvoj so formalno omogočile zakonske določbe o delu na daljavo (kot je določeno v členu 165 portugalskega delovnega zakonika), vendar je v praksi presegel tisto, kar formalno zajema pravni pojem dela na daljavo, saj je postalo obvezno za vse poklicne dejavnosti ki bi se lahko izvajala na daljavo (29. člen zakonske uredbe št. 10-A/2020). In do danes veliko delavcev še vedno dela od doma in delo na daljavo se močno spodbuja, kadar koli je to mogoče. V normalnih okoliščinah je delo na daljavo pokazalo koristi za svoje uporabnike, saj omogoča boljše ravnovesje med delom in družino, čeprav so nekatere študije odkrile tudi nekatere negativne vplive na ravnotežje med poklicnim in zasebnim življenjem. Raziskovalci v portugalskem kontekstu dosledno ugotavljajo, da je v normalnih okoliščinah upravljanje delovnih in družinskih vlog težko, pri čemer portugalski delavci pogosto poročajo o visoki stopnji konflikta med delom in družino. Med

pandemijo COVID-19 so meje med poklicnim in zasebnim življenjem prinesle dodatne izzive, kar je lahko povzročilo konflikt med poklicnim in zasebnim življenjem. *(Bliskovno poročilo)*

Delavci z otroki, mlajšimi od 12 let, ki so morali zaradi zaprtja šol ostati doma, so zaradi varstva otrok prenehali delati in dobili pravico do posebnega socialnega dodatka za varstvo otrok. Ta dodatek pa ni bil izplačan, če je delavec ali njegov partner lahko delal na daljavo od doma. Torej so bili izzivi ravnotežja med poklicnim in zasebnim življenjem v tem obdobju res ogromni. Iz informacij vlade o izplačilu tega dodatka za pomoč je razvidno, da je bil ta dodatek izplačan predvsem ženskam (82 %). Pomanjkanje sorazmernosti je morda nastalo zaradi razlike v plačilu med spoloma (ker ženske zaslužijo manj kot moški, je finančna družinska izguba manjša, če je član para, ki preneha delati, ženska), vendar se je tudi pokazalo, da tudi med to krizo ženske ponavadi prevzamejo vodilno vlogo pri skrbi za svoje otroke. Študije so poudarile, da je zadovoljstvo z delom na daljavo med moškimi in ženskami različno, kar potrjuje, da je novi model organizacije dela morda prispeval k vse bolj neenakomerni porazdelitvi nalog v družini, saj več nalog opravljajo ženske. Ker so bili med zaprtjem zaradi covid-19 otroci in morda drugi vzdrževani člani (na primer starejši) doma, so morali delavci na daljavo v tem kontekstu najti ravnovesje med delom in zasebnim življenjem. Zdi se verjetno, da so imele ženske z več vzdrževanimi družinskimi člani večje težave pri usklajevanju poklicnega in osebnega življenja med delom na daljavo zaradi pogojev karantene. Nasprotno pa so ženske brez vzdrževanih družinskih članov verjetno imele drugačen življenjski slog. Torej bi bila verjetno drugačna tudi njihova izkušnja ravnotežja med poklicnim in zasebnim življenjem med zaprtjem. *(Organizacija dela, delo in globalizacija)*

Raziskovalci z Univerze NOVA v Lizboni in Univerze v Coimbri so analizirali vpliv pandemije na portugalske akademičke in ugotovitve so pokazale, da se zdi, da so na Portugalskem akademske ženske bolj izpostavljene ne le resnosti psiholoških/čustvenih učinkov covid-19, ampak tudi krize, ampak tudi na povečano breme gospodinjskih in negovalnih obveznosti med porodom, kot je bilo že omenjeno. Splošni vpliv pripornih ukrepov na akademsko uspešnost profesorjev in raziskovalcev je bil predmet zanimanja, predvsem zato, ker je večina zaposlenih profesorjev in raziskovalcev tudi staršev, nekateri z majhnimi otroki v njihovem varstvu. V javnosti se razpravlja o tem, da je covid-19 imel in ima neenakomeren vpliv na tiste, ki so odgovorni za nego otrok/odraslih – zlasti na ženske. Profesorice in raziskovalke se soočajo z več težavami pri objavi svojih raziskav zaradi zaprtja, ki ga je povzročil covid-19, glede na podatke, ki kažejo, da je uspeh žensk v objavljanju po zaprtju šol padel. Nedavna študija kaže močno zmanjšanje izvirnih raziskovalnih prispevkov raziskovalk v več mednarodnih revijah med zaprtjem, ki ga je povzročil covid-19. *(Kje so ženske?)* Ko je novi virus razkril prizadevanje raziskovalcem v disciplinah medicinskih in zdravstvenih ved, se je delež objavljenih prispevkov na teh področjih dramatično povečal, da se takoj omogoči širjenje rezultatov. Pri tem naj bi se uspeh ženskih publikacij v tem obdobju povečal, ne zmanjšal, saj ženske na teh področjih povečujejo svojo reprezentativnost. To dejstvo ponazarja učinek omejitve na zapise ženskih publikacij ter na stopnjah predtiska in oddaje v reviji. Poleg tega se zdi, da je pandemija nesorazmerno prizadela gospodinjska opravila in rutino nege žensk (zlasti mlajših akademskih mater), pa tudi osebne rutine akademskih žensk, ki so pogosteje poročale o zmanjšanju prostega časa med karanteno.

Povečane gospodinjske in čustvene obremenitve, ki izhajajo iz omejitev zaradi covid-19, so vplivale tudi na pogajanja in konflikte med delom in družino, kar predstavlja različne izzive za usklajevanje konkurenčnih časovnih zahtev plačanega dela in družine. Opažajo se precejšnje razlike med dojetjem moških in žensk o tem, kako je pandemija vplivala na njihovo delo. Akademice in akademiki z majhnimi otroki v gospodinjstvu najpogosteje poudarjajo vpliv covid-19 na količino časa, posvečenega strokovnemu delu. Poleg tega je pri analizi sprememb v razporeditvi časa na

različnih področjih akademske dejavnosti mogoče opaziti, da je okrepitev pedagoških in administrativnih nalog med porodom posebej vezana na žensko predanost. Pri mladih materah je prednost, dana poučevanju, na račun raziskovalnih dejavnosti (npr. pisanje rokopisov in štipendij, medsebojni pregled in sodelovanje v komisijah za financiranje), ki so ključnega pomena za napredovanje v karieri.

Če se obravnavata skupaj, sta spol in starševski status pokazala pomemben vpliv na razlike, ugotovljene med obdobjem pred pandemijo in pandemijo, zaradi česar so znanstvenice z otroki do 12 let v posebej slabšem položaju. Poleg tega so ženske brez otrok in moški z in brez otrok med porodom povečali svojo predanost rezultatov, medtem ko so se mlajše akademske matere soočile z obratnim trendom. Ta razlika je morda še povečala vrzel med moškimi in ženskami, saj imajo omenjene institucije vse bolj raziskovalno usmerjeno strategijo. To se lahko prevede v znatno nesorazmerje politik upravljanja uspešnosti v zvezi z mandatom, priznavanjem in napredovanjem, saj se večina akademskih karier razvije neposredno iz močnih objav in akademske uspešnosti. *(Neenakomeren učinek pandemije covid-19 na portugalske akademičke)*

Druga izvedena študija kaže, da zapora zaradi pandemije covid-19 na Portugalskem ni enako vplivala na vse vidike družbenega življenja žensk; pravzaprav sta bila med obravnavanimi vidiki domače okolje in finančno stanje vidika, na katera je zaprtje najmanj negativno vplivalo: več kot polovica vprašanih (56,7 %) je navedlo, da zaprtje sploh ni negativno vplivalo na njihov finančni status in dohodek; skoraj polovica žensk (48,4 %) je izjavila, da ukrepi ostajanja doma niso negativno vplivali na njihovo domače okolje. Vendar je treba opozoriti, da študija ni bila izvedena reprezentativno za zaposlitveni status, saj je morda prišlo do prevelike zastopanosti žensk z bolj varnimi službami, ki so manj občutljive na gospodarske motnje. Večjo varnost zaposlitve in bolj plačana delovna mesta je mogoče lažje preseliti v način dela na daljavo in povečati možnost boljših stanovanjskih pogojev in tehnološke opreme ter tako zmanjšati motnje, ki jih povzročajo zapore. Pravzaprav je študija o mobilnosti pod omejitvami zaradi covid-19 v Italiji pokazala, da je imelo zaprtje večji vpliv na revnejše segmente prebivalstva, kar je razkrilo neenakomerne socialno-ekonomske posledice političnih ukrepov za zajezitev pandemije. Vendar pa je bila glavna ugotovitev glede družbenih posledic zaprtja ta, da so bili različni vidiki družbenega življenja homologni: analiza je pokazala, da so bile ženske, ki so bile bolj prizadete na enem vidiku, podobno prizadete na vseh drugih, medtem ko so se tiste, ki so doživele manjši vpliv, prav tako izognile hudim učinkom na druge vidike njihovega življenja, kar kaže na to, da obstaja osnovna družbena struktura, ki segmentira različne vidike družbenega življenja in vedenja v homolognih vzorcih. *(Soc. Sci. 2022)*

Čeprav so bili učinki karantene in/ali pandemije predhodno proučeni v nekaterih posebnih kontekstih, na primer v Nemčiji, Italiji in na Kitajskem, to delo na Portugalskem še ni bilo opravljeno; na primer, nobena od študij o vplivu pandemije na nasilje nad ženskami, ki jih je financiral Fundação para a Ciência e Tecnologia v okviru nepovratnih sredstev za raziskovanje spola za covid-19, ni bila reprezentativna za portugalsko prebivalstvo, saj se je osredotočala le na določene regije, vrste nasilje ali na določene žrtve. Na splošno je pandemija covid-19 povzročila povečanje števila primerov nasilja na podlagi spola, prijavljenih v letu 2020. Ti primeri so v letu 2021 še naprej naraščali in do konca marca je bilo doseženo povprečje pred pandemijo umorov v družini, pri čemer je 33 % žensk doživelo fizično in/ali spolno zlorabo in 55 % žensk spolno nadlegovanje. Dom ni vedno varen kraj za življenje; pravzaprav je za odrasle in otroke, ki živijo v razmerah nasilja v družini, dom pogosto prostor, kjer se pojavlja fizična, psihična in spolna zloraba. To je zato, ker je dom lahko kraj, kjer lahko tisti, ki zlorabljajo, izkrivljajo in spodkopavajo dinamiko moči, pogosto brez nadzora kogar koli »zunaj« para ali družinske enote. V krizi covid-19 ima opomin, naj »ostanemo doma«, velike posledice za tiste ženske, ki že živijo z nekom, ki je nasilen ali nadzira. Stroge omejitve gibanja

žrtvam-preživelim onemogočajo možnosti za pobeg, iskanje pomoči in načine obvladovanja. Omejevalni ukrepi bodo verjetno šli na roko tudi ljudem, ki zlorablajo s taktikami nadzora, nadzora in prisile. To je delno zato, ker se to, kar se dogaja v domovih ljudi – in, kar je kritično, v njihovi družini in intimnih odnosih – dogaja »za zaprtimi vrati« in izven pogleda, v dobesednem smislu, drugih ljudi. Nenamerno so lahko ukrepi zaklepanja ljudem, ki zlorablajo, omogočili večjo svobodo delovanja brez nadzora ali posledic. (*Paradoks pandemije*)

Eno od gibanj, ki je osvetlilo ta scenarij in ga je mogoče razumeti kot dobro prakso, je bila uvedba natečaja Fundacije za znanost in tehnologijo (FCT), imenovanega Gender Research 4 covid-19. Namen tega natečaja je bil podpreti nove študije o vplivih pandemije na spol, s skupno dodelitvijo 500.000 evrov, ki je bil odprt med 15. majem in 2. junijem 2020. To je bila pobuda vlade, ki združuje področja državljanstva, enakost ter znanost, tehnologija in visoko šolstvo, da bi spodbudili nove raziskave o omejitvah, ki jih predstavljajo družbeni odnosi med spoloma pri individualnih, družinskih, ekonomskih in zdravstvenih odzivih v kontekstu pandemije, da bi olajšali informirane strategije za boj proti spolu neenakost, nasilje nad ženskami in nasilje v družini. Upoštevane so bile tri smeri raziskovanja: spol in trg dela, vsakdanje življenje, stereotipi in spolne vloge ter nasilje nad ženskami in nasilje v družini. (*Nacionalni odbor za človekove pravice, 2020*)

1.3 Bolgarija

Nedvomno obstajajo konstruktivne in optimistične perspektive, da lahko o pandemiji Covid-19 govorimo nekoliko v preteklem času. Po nasprotujočih si utemeljitvah, ki temeljijo na podatkih in ocenah na eni strani ter povsem subjektivnih občutkih posameznikov in družbenih skupin, tavanje v precej kaotičnem javnem pogovoru med nujnostjo spopadanja s tesnobo in okužbo ter pozitivnim učinkom dviga pomembnih javnih temah, ki bi jih že lahko obravnavali na podlagi strokovnih opazovanj in analiz, z delom na možnih modelih za dokumentiranje prihodnjih kriz.

Po podatkih Svetovne zdravstvene organizacije so bili prvi primeri okužbe s covidom-19 v Bolgariji potrjeni 8. maja 2020. V času pisanja tega poročila, 19. januarja 2023, Enotni nacionalni portal o informacijah o koronavirusu v Bolgariji navaja, da je skupno število obolelih 1.294.604; Ozdravelo je 1.253.005 oseb, umrlo pa 38.154 oseb. Za ta dan (19. januar 2023) je novih registriranih primerov 129. Trenutno je aktivnih 3.453 primerov. Za primerjavo, v sosednjih državah Bolgarije so trenutno aktivni: Turčija – 181.298 primerov, Grčija – 3.148 primerov, Republika Severna Makedonija – 4.289 primerov, Srbija – 12.426 primerov in Romunija – 22.415 primerov. Ti podatki so objavljeni na enotnem informacijskem portalu Coronavirus.bg, ustvarjenem v prvih tednih razglašene izredne razmere v državi. Po podatkih Worldometra je Bolgarija na dan 19. januar 2023 na 58. mestu na svetu po skupni razširjenosti koronavirusa (skupno število okuženih za celotno obdobje razglašene pandemije), na 28. mestu po številu umrlih oseb z ugotovljeno okužbo s Covid-19 in 2. mestom na svetu po številu umrlih na 1 milijon prebivalcev. Hkrati se Bolgarija uvršča na 78. mesto po uporabljenih testih na milijon prebivalcev, kar napeljuje na hipotezo, da je lahko dejansko število omenjenih primerov precej višje (Worldometers.info).

V Bolgariji so bile izredne razmere razglašene 14. marca 2020. Po preteku dvomesečnega obdobja so bile s sklepom Sveta ministrov z dne 14. maja 2020 razglašene izredne epidemične razmere. To stanje je praktično enakovredno izredne razmere, je bil večkrat podaljšan, zadnje obdobje pa se je končalo 31. marca 2022. Nato so bili dokončno odpravljeni začasni protiepidemični ukrepi, ki so bili sprejeti in preklicani z različnim obsegom in resnostjo za vsa pretekla obdobja med marcem 2020 in marcem 2022: nošenje zaščitne maske v zaprtih javnih prostorih, upoštevanje fizične razdalje, omejitev izvajanja neposrednega izobraževanja v višjih šolah, prepoved obiskov v bolnišnicah in socialnih službah, zahteva po 50-odstotnem delu zaposlenih od doma, če je taka možnost. Zelena potrdila o odkritju protiteles ali opravljenem tečaju cepljenja, ki so bila prej potrebna za obisk notranjih prostorov v državi, so bila opuščena v treh kratkih fazah, povezanih tako z odstotkom odkritih primerov kot z blažjimi simptomi različice omikron, ki padajo od konca leta 2021 in začetka 2022: od 24. februarja 2022 so certifikati ostali v lasti lastnika trgovine ali lokala. S 3. 5. 2022 so bili ukinjeni v vseh obratih, trgovinah in zaprtih javnih prostorih, s 3. 10. 2022 pa v celoti. Zgodovino zelenih certifikatov v Bolgariji je spremljalo nejasno nezadovoljstvo med nekaterimi državljani in podjetji. Aktivno mobilizacijo za proteste v središču prestolnice je vodila nacionalistična in prorуска politična stranka Vazrazhdane ter druge manjše civilne formacije s podobnimi usmeritvami (Stotine protestirajo proti bolgarski COVID zdravstveni karti, oktober 2021). Podoben primer je bil na primer v sosednji Romuniji (Romunija: protestniki skrajne desnice nasprotujejo prepustnicam za delo zaradi COVID-a, december 2021). S 1. 5. 2022 so bila trajno ukinjena tudi potrdila o naravnem imunskem odzivu, negativnem testu ali cepljenju, ki so bila do takrat potrebna za vstop v državo (Ministrstvo za zdravje, 2022).

Na začetku pandemije je bila ena prvih odločitev za omejevanje širjenja covid-19 prekinitvev množičnih kulturnih dogodkov po vsej državi. To je nakazovalo, da bi bili številni delavci v kulturnem sektorju, umetniki in praktiki v nevladnih organizacijah, povezanih s kulturo in umetnostjo, med

prvimi skupinami, ki jih je pandemija prizadela. tudi na vhodih in izhodih iz številnih mest so bile postavljene kontrolne točke. Veljala je prepoved obiskovanja javnih parkov in vrtov. Obrati, nekatere trgovine in prireditvene dvorane so bili v dveh intenzivnih letih pandemije zaprti za različna obdobja in pod različnimi pogoji. V bistvu so podobni ukrepom, ki so bili sprejeti po vsej EU, vendar moramo opozoriti, da je bila njihova skladnost temeljita v prvem in deloma v drugem valu v pomladni oziroma jesensko-zimski sezoni 2020–2021. Pogosto so pregledi potekali kampanjsko in v večjih mestih, v manjših naseljih pa je bila odgovornost bolj prepuščena vesti in volji občanov.

Ena prvih pomembnejših odločitev v smeri zagotavljanja sredstev za podporo različnim družbenim skupinam je bil dogovor z dne 14. aprila 2020 o prerazporeditvi prispevkov iz evropskih strukturnih in investicijskih skladov s prenosom sredstev za zagotavljanje finančne podpore ukrepom za zmanjševanje posledic pandemije. Druga odločitev, ki jo lahko izpostavimo kot pomembno, je dovoljenje s 5. 5. 2020, da se za različne državne nepremičnine zniža ali popolnoma ukine najemnina za uporabo ob predložitvi ustreznih listin za omejitve ali prekinitve dejavnosti fizičnih ali pravnih oseb, ki jih uporabljajo - po neodvisnih odločitvah ministrov, regionalnih guvernerjev itd.

V času trajanja izrednih razmer in izrednih epidemičnih razmer je bilo sprejetih več gospodarskih in socialnih ukrepov za zmanjšanje posledic pandemije covid-19. Spodaj so navedeni pomembnejši med njimi.

- Mikro, mala in srednje velika podjetja
 - Program 60/40: to je verjetno najbolj priljubljen ukrep, ki bi ga delodajalci lahko izkoristili. Gre za ukrep za ohranjanje zaposlovanja zaposlenih in je odprt za delodajalce iz skoraj vseh delovnih panog. Pogoji ukrepa so bili, da je bilo delo ustavljeno v času razglašene izrednih razmer in izrednih epidemičnih razmer; delali so s krajšim delovnim časom; obdržali zaposlitev po vložitvi obvestila o množičnem odpuščanju. Ukrep vključuje 50 % zavarovalnega dohodka, če delodajalec prijavi zmanjšanje dohodka za najmanj 30 %; 60 % zavarovalnega dohodka v primeru zmanjšanja dohodka za najmanj 40 %, ki ga prijavi delodajalec.

- "Zaposlitev za vas": ukrep zaposlovanja brezposelnih oseb po programu, ki se financira iz Operativnega programa » Razvoj človeških virov »

- Zagotavljanje obratnih sredstev za podjetja, ki so prenehala poslovati med 22. 3. 2021 in 30. 4. 2021

- Ukrepi preferenčnega kreditiranja

- Ukrepi za velika podjetja in občine ter javno-zasebna podjetja, podobni tistim za mala in srednje velika podjetja - "Reši me+", Zaposlitev zate, 60/40
- Financiranje razvoja mest
- Mikrokrediti in brezobrestni krediti za samostojne podjetnike na neplačanem dopustu, mikrokrediti za mala novoustanovljena podjetja
- Državna pomoč za organizatorje potovanj (Coronavirus.bg)

Sprejetje Nacionalnega načrta cepljenja prebivalstva proti covidu-19 v začetku decembra 2020 pomeni začetek procesa cepljenja, ki se v naslednjih mesecih in letih počasi odvija ter naleti na veliko mero nezaupanja in zarotniškega odpora. od prebivalstva, kar je v največji meri posledica medijskega okolja in zelo nizke stopnje zaupanja v institucije med Bolgari. K občutku negotovosti glede odločitev oblasti je pripomogla tudi kaotična organizacija postopka cepljenja – s sprva opredeljenimi prednostnimi družbenimi skupinami, z uvedbo »zelenih koridorjev« za državljane, starejše od 65 let, ob določenih urah in dnevih ter sčasoma uvedbo štirih 'faz' cepljenja. Hkrati je bilo vzporedno možno izvajati "cepljenje po mili volji", kar je tako rekoč izničilo poskuse uvajanja

reda. To je v nekaterih obdobjih povzročilo čakalne vrste pred cepilnimi točkami, v drugih pa odlaganje neporabljenih odmerkov cepiva zaradi pomanjkanja prejemnikov. Kar zadeva stopnjo cepljenja, je od januarja 2023 skupno število ljudi, cepljenih s polnim tečajem v Bolgariji, 4.606.717 oseb ali skoraj 67 % prebivalstva. S poživitvenim odmerkom je bilo cepljenih 941.792 oseb, z dvema poživitvenima odmerkoma pa 69.223 oseb. Podatki so za obdobje od 27. decembra 2020 do 19. januarja 2023.

V uvodu "Nacionalnega načrta za spopadanje s pandemijo SARS-CoV-2" je rečeno, da se v državi "trdi prepričanje, da je v Bolgariji resen problem s krizo, ki jo je povzročil covid-19. Po umrljivosti je Bolgarija na tretjem mestu za Madžarsko in Češko, čeprav je povprečna incidenca covid-19 na 100.000 prebivalcev nižja v primerjavi s približno 2/3 drugih držav EU.« Ta ugotovitev je bila narejena na podlagi podatkov Državnega inštituta za statistiko do junija 2021. Ugotovitev je, da ta izjemno negativen rezultat glede umrljivosti zaradi covid-19 temelji na več glavnih razlogih, med katerimi hipotetično izstopajo: starostna struktura prebivalstva in razširjenost hudih kroničnih bolezni med njim; stanje zdravstvenega sistema; in slabo krizno upravljanje (Nacionalni načrt za odziv na pandemijo SARS-CoV-2, 2021).

Namen tega besedila je pregled nekaterih raziskav, ki so jih v Bolgariji v zadnjih skoraj treh letih izvedle različne ekipe. Posredno osvetljujejo tri vidike, prepoznane kot ključne za namene trenutnega projekta. To bo doseženo z 1/ pregledom sekundarnih podatkov, pridobljenih iz podatkovnih baz Eurostata, da se ustvari splošna slika obravnavanih vprašanj; 2/ pregled vmesnih ali končnih rezultatov raziskav, opravljenih v Bolgariji, ki se ukvarjajo s specifičnimi problematičnimi vidiki krize in se posebej osredotočajo na določene družbene skupine ali pojave. Tako bo nastala nekakšna baza z že doseženimi in reflektiranimi rezultati, ki bodo upoštevanji v naslednjih fazah Heard projekta.

Kako je kriza covid-19 vplivala na demokratično razpravo?

Pred razglasitvijo izrednih razmer v Bolgariji je odločitev z dne 26 februarja 2020 ustanovil Nacionalni operativni štab »v zvezi z izrednimi razmerami na področju javnega zdravja mednarodnega pomena, ki jih je razglasila Svetovna zdravstvena organizacija v zvezi z boleznijo COVID-19 (nalezljiva bolezen, ki jo povzroča koronavirus 2019 – nCoV)«, ki ga vodi generalmajor , vodja Vojaškomedicinske akademije več mesecev. V prvih tednih je bila ta slika relativno dobro sprejeta; z nadaljevanjem in poglobljanjem krize pa je ta podoba postala precej problematična za javno mnenje. Lahko rečemo, da se je z napredovanjem pandemije javno mnenje glede nacionalnega štaba razdelilo na dvoje – na eni strani so bili ljudje, ki jih sama okužba ni resneje prizadela ali pa so zaradi različnih dejavnikov dogajanje razlagali z manj kot racionalni argumenti (versko prepričanje o predestinaciji, Veliko začetno obdobje je začetek delovanja nacionalnega kriznega štaba spremljala panika, tako kot v večini družb, malo informacij in, lahko bi rekli, šok. Hkrati so se številni družbeni akterji politična prednost, ki je s podpiranjem izrazov, kot je "nova normalnost" in z obtožbami različnih medijev in javnih osebnosti, tako v nacionalnem štabu kot v drugih javnih sferah, za ustvarjanje panike ali psihoze, prispevala k obravnavanim pojavom toliko kot pretirana izpostavljenost fatalističnih napovedih za razvoj pandemije.

V Bolgariji se je covid-19 kriza prepletala in, lahko rečemo, postopoma prelevila v politično. V zapletene družbenopolitične procese so posegli tudi ekstremni in za velik del družbe zaskrbljujoči zunanje-politični, geopolitični in drugi dogodki leta 2022, ki so odigrali pomembno vlogo pri ogromnih težavah, s katerimi se je soočala javna demokratična razprava. Kriza pandemije covid-19 je razkrila prave posledice dejstva, da je Bolgarija na 91. mestu v smislu svobode govora v svetu.

vladavine tedaj najmočnejše zastopane stranke v DZ poleti 2020 družbene mobilizacije in skupine nezadovoljstva proti nekaterim politikam in prakse moči so se oblikovale. Sledilo je več volitev in, ne da bi se spuščali v podrobnosti, jih je bilo predvsem pet osi javnega pogovora ali pogosteje spopada v bolgarski družbi, ki so naslednji:

Pandemija, ukrepi za podporo družbenim skupinam in podjetjem ter njihova učinkovitost.

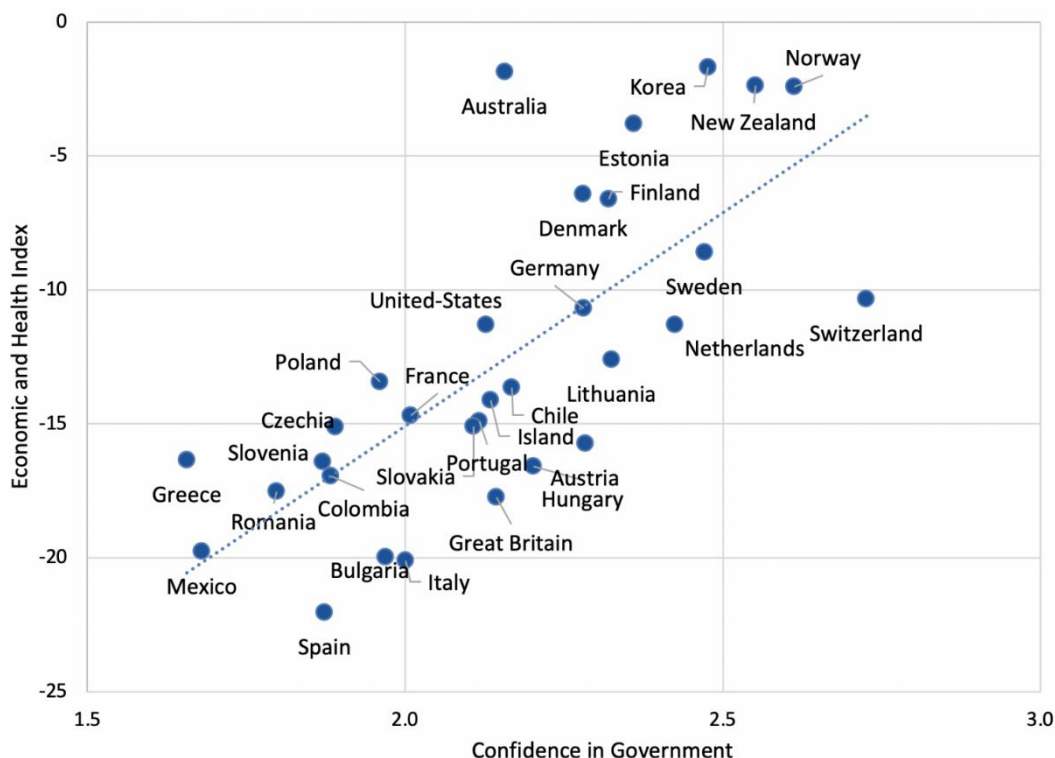
Politična usmeritev države – zelo kompleksna razprava, ki jo je izzvala vojna v Ukrajini; Bolgarija ima preteklost tesnih vezi s Sovjetsko zvezo pred letom 1989, družba pa še vedno čuti nostalgijo in s tem podporo ruski agresiji, pa tudi politične in nepolitične organizacije ter sorodni mediji, ki imajo koristi od nasprotovanja političnim usmeritvam. V praksi večina družbenopolitičnih razprav, ki se trenutno odvijajo v državi, izhaja iz te osnovne, temeljne razprave.

Inflacija in splošne finančne težave družbe in predvsem njenih ranljivih skupin ter ukrepi zanje

Manjše politične razprave okoli posameznih političnih subjektov in njihovih dejanj v zadnjih dveh letih pravzaprav preusmerjajo osrednjo temo, ki bi morala skrbeti politične sile in akterje v javnem prostoru. Po poročilih Freedom House za leti 2020 in 2022 "Nations in transit. Dropping the democratic façade" Bolgarija ostaja v skupini "polkonsolidiranih demokracij".

Posebna študija te vrste, izvedena v prvem četrtletju leta 2021 v različnih bolgarskih mestih, je tista, ki jo je sprožila in izvedla Bolgarska skupnost za liberalno demokracijo. Sestavlja ga skupno 10 fokusnih skupin z državljani iz različnih ranljivih družbenih skupin ali skupnosti. To so osebe z duševnimi (razvojnimi) težavami; osebe romskega porekla v ločeni soseski v regionalnem mestu; osebe, ki jim je odvzeta prostost; osebe z okvarjenim vidom; gibalno ovirane osebe; zaposleni v zaprtih ustanovah; mladina iz šole za socialno šibke. "Glavni problem, ki ga bo ta projekt obravnaval, je pomanjkanje pravočasnih, točnih in zanesljivih informacij, ki prihajajo iz svobodnih in neodvisnih medijev, povezanih s pandemijo in njenimi posledicami." (Boldbg.net, 2020) Udeleženci so izbrani tako, da v veliki meri dosegajo uravnoteženo zastopanost spolov, vključujejo pa tudi predstavnike različnih starostnih skupin in z različnimi stopnjami izobrazbe. Vprašanja zajemajo pomembna problematična področja okoli percepcije pandemije Covid-19 in neuravnoteženih razmerij med realnostjo, pokritostjo in percepcijo kriznih dogodkov in procesov. Raziskava ovrže splošno prepričanje, da se javno mnenje oblikuje predvsem prek televizije – anketiranci izkazujejo veliko večjo stopnjo zaupanja v družbena omrežja in medosebno komunikacijo kot sredstvo obveščanja. To seveda vodi do težav, saj je preverljivost virov skoraj neobstoječa – ljudje bolj verjamejo tistemu, kar je »deljeno«, kot pa tistemu, kar je »preverjeno«.

Po poročilu Centra za raziskovanje ekonomske politike je izjemno pomemben dejavnik pri premagovanju pandemije, ko govorimo o javnem pogovoru oziroma debati, zaupanje. Kot pišejo avtorji, pandemija dokazuje, kako bo soočanje s krizami vedno bolj zahtevalo sodelovanje med vsemi akterji v javni in zasebni sferi. Avtorji se sklicujejo na delo Barrios et al., kjer je prikazano, da državljanski kapital vodi do višjih stopenj socialnega distanciranja, kar posledično vodi k lažjemu sprejemanju protiepidemičnih ukrepov s strani državljanov. Grafika v poročilu prikazuje, kako »če upoštevamo zaupanje vlad v naši skupini držav kot bolj splošno merilo kakovosti političnega okolja – vzajemno zaupanje med vlada in državljani – ta korelacija potrjuje osrednjo vlogo zaupanja v izidu pandemije (Cohen et al., 2022) Spodnji graf prikazuje položaj Bolgarije v primerjavi z drugimi evropskimi državami pri primerjavi ekonomskega in zdravstvenega indeksa ter zaupanja v oblasti. Kot je navedeno zgoraj, politična situacija v Bolgariji in odnos javnosti, vključno z prihajajoče predčasne volitve, ne pomenijo gradnje posebnega zaupanja med državljani in institucijami.



Slika 1. Ekonomski in zdravstveni indeks v korelaciji z zaupanjem v vlado.

Vir: CERP

Zadnje volitve, izvedene v začetku oktobra 2022 so sprožile več frustracij in odtujenosti volivcev kot jasne perspektive in rešitve. Potem ko je nestabilna koalicija partnerjev pogosto nasprotovala pomembnim vprašanjem, je pripeljala do novega obdobjačasne vlade, ti 3 meseci in pol do sredine januarja pa niso pripeljali do nove koalicije in redne vlade. Od 19. januarja 2023 je sicer že jasno, da bodo naslednje volitve zgodaj spomladi, vendar se v javnem prostoru krepi občutek umika volivcev zaradi produkcije konfliktov, razprtij in škandalov, ne pa dejanske demokratičnosti. razprava je očitna. Tako se je pandemična kriza v Bolgariji, že v svojem najaktivnejšem obdobju močno politično obarvana, prelevila v povsem politično. Vetrovi populizma se preusmerjajo tudi v vsakršen politični proces ali javno razpravo in postopoma, v zadnjih 2 letih, prevzamejo glasove nezadovoljstva in tako v družbo potiskajo tako proruski kot anti-EU diskurz. (Idea.int, 2022)

Kako je kriza covid-19 vplivala na uživanje temeljnih pravic?

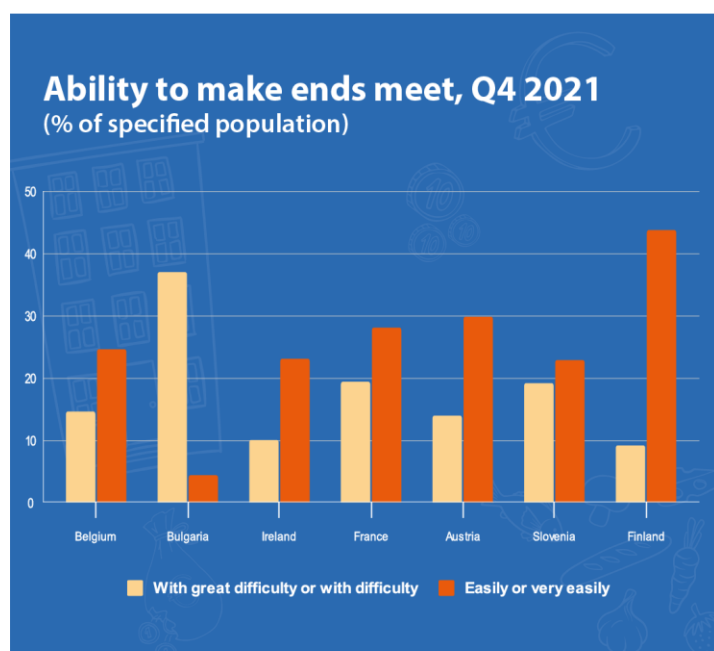
Možnost uveljavljanja pravic nujno vključuje zmanjševanje diskriminatornih praks, premagovanje primanjkljajev socialne vključenosti, naslavljanje neenakosti ter dostop do storitev, trgov in javnih prostorov. Kot že omenjeno, pandemija koronavirusa »razgalja« in dodatno krepi neenakosti, diskriminatorne diskurze, lažne novice in govornice, ki tako ali tako krožijo v zelo problematičnem medijskem prostoru, ki pogosto duši razumen družbeni dialog ter zamegljuje in degradira percepcije in stališča različnih družbenih skupine drug proti drugemu. V obsežnem poročilu o t. z. drugimi nevladnimi organizacijami različne vidike krepitve odnosa do Romov in predpogojev za kršenje njihovih pravic v času razvoja Covid krize. (Medijske in spletne pripovedi, trendi lažnih novic in dezinformacij, ki prizadenejo Rome v Bolgariji, 2020) Pojavile so se naslednje manipulativne pripovedi: Romi širijo okužbo, ne spoštujejo pandemičnih ukrepov, zapuščajo svoje domove, ko jim v okviru nujnih ukrepov ni dovoljeno, ne morejo slediti navodila ipd. To je povzročilo »omejitev dostopa in izstopa iz romskih sosesk v nekaterih mestih« (Prav tam: 39). Težava pa se je pojavila tudi med samimi romskimi skupnostmi – po analizah fokusnih skupin za omenjeno študijo so se med njimi širile lažne novice in teorije zarote, da je bil »virus izmišljen, da bi upravičil dejanja državnih organov, da Romi ostanejo zaklenjeni. stran od ostalega prebivalstva (Ibid: 40).V romskih soseskah

veljajo strožje omejitve kot za ostalo prebivalstvo, kar včasih vodi v izgubo delovnih mest, kar posredno vodi v večjo revščino in nadaljnjo izolacijo od demokratičnih in informacijskih tokov. Obstajajo situacije, ko morajo zdravstveni mediatorji, ki delajo z lokalnimi romskimi skupnostmi, prevzeti del nalog zdravstvenega osebja, ki zavrača oskrbo primerov v romskih soseskah v mestu v severni Bolgariji. To prispeva k odtujenosti in še bolj odločnemu širjenju teorije zarote in nezaupanje v podatke, ki jih posreduje oblast, številni mediji pa utrjujejo svoje narative o pripisovanju krivde romski populaciji in s tem še bolj poglobljajo sovražnost do nje. Med etničnimi skupnostmi, oblastmi, mediji in etnično večino v prebivalstvu se ustvarja ozračje »deljene nevere«, ki na koncu krepi vpliv »alternativnih dejstev«, zablod in stališč, kar še poslabšuje javno razpravo.

"Ali ne bi bilo treba podaljšati Splošne deklaracije človekovih pravic?" se sprašuje aktivistka za človekove pravice Dimitrina Petrova v članku za akademsko revijo "Piron" in nadaljuje z več razmišljanji, ki praktično povzemajo pomisleke, artikulirane v javni sferi daleč onkraj Bolgarije - dotikajo se pravne, civilne, pa tudi filozofske ravni, kaj so državljanstvo, pravice, demokracija v 21. stoletju, še bolj pa v razmerah krize brez primere. Za raziskovalca gre za zaskrbljujoč pojav »...elektronskega nadzora ljudi, pri katerem je porušeno težko ravnotežje pri uporabi sodobnih tehnologij za množično zbiranje in obdelavo osebnih podatkov v interesu družbe, na eni strani in potrebo po varovanju zasebnega življenja pred drugimi." Nadalje avtor nadaljuje s trendom centralizacije oblasti in ogrožanja delitve oblasti. Obstaja tudi tveganje, da bodo oblasti zbrane podatke uporabile proti pravici do zbiranja (na primer ulični protesti). Glavna kritična točka Petrove je prihodnost človekovih pravic po trenutni krizi. V kontekstu napadov na liberalno demokracijo v zadnjih 10 letih in nevarnosti pospeševanja procesov, značilnih za avtoritarna in konservativna populistična gibanja, bo prihodnost poslovnih modelov, ki temeljijo na univerzalnem nadzoru in ne na zaščiti osebne svobode in lastništva, kot v tradicionalnem kapitalizmu.

Med obsežnimi in večstopenjskimi študijami na temo učinkov pandemije covid-19 so tiste, ki jih izvaja skupina raziskovalcev Inštituta za raziskave populacije in človeka BAS. Gre za tri faze študije z naslovom "Stres in soočanje v okolju širjenja okužbe s koronavirusom". Postavke, ki so pomembne za to poročilo iz spletnega vprašalnika, ki je bil širši javnosti ponujen prek družbenih omrežij v treh ločenih obdobjih pandemije, se nanašajo na percepcijo ogroženosti državljanov in njihovo optimistično naravnost glede na ekonomski položaj anketirancev. Od tam lahko te podatke povežemo s splošnim občutkom v družbi o učinkovitosti ukrepov pri ohranjanju pravic do dela, na primer, ali dostopa do ekonomskih in socialnih ukrepov. Prav tako ti podatki govorijo o pravici državljanov do gibanja, ki je bila v nekaterih obdobjih pandemije okrnjena. Marca 2020 se tesnoba zaradi negativnih posledic v odnosih z ljudmi praktično sploh ni odražala, maja in novembra 2020 pa se je povečala na 6 % in 9 %. Za Covid-19 kot nevarnost imamo različno zaskrbljenost med 37 % v marcu, 31 % v maju in naraste na 42 % v novembru 2020. Anketiranci bistveno močneje ocenjujejo gospodarske posledice krize na začetku pandemije z Marca 63 %, prav tako maja, medtem ko se novembra ta odstotek zniža na 49 %. Razlaga za te spremembe bi lahko bila, da se okužba krepi v drugem valu od novembra 2020 dalje, medtem ko gospodarski ukrepi začnejo obrodit sadove in dajejo vsaj malo miru državljanom. Paradoksalno je, da je bil optimizem anketirancev skoraj nespremenjen v vseh treh obdobjih študije - s stalnim povprečjem približno 3,7 na lestvici od 1 do 5.

Z uveljavljanjem osnovnih pravic, kot sta zaposlitev in svoboda gibanja, sta povezani neenakosti in revščina. Po podatkih Eurostata je bilo leta 2021 v Bolgariji ljudje najtežje finančno zadovoljiti svoje osnovne potrebe (slika 2).

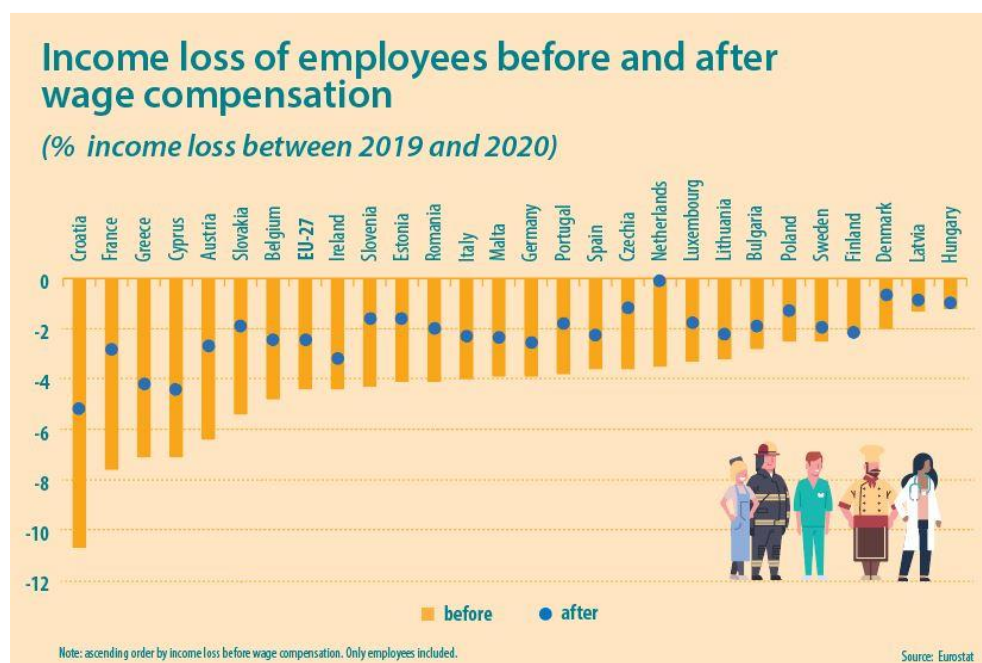


Slika 2. Spособnost preživljanja, 4. četrtletje 2021 (% določene populacije).

Vir: Eurostat

ec.europa.eu/eurostat

Hkrati pa drugi podatki kažejo, da je Bolgarija na relativno dobrem mestu glede povprečne izgube dohodka, upoštevajoč nadomestila, dodeljena v okviru programov za zmanjšanje škode zaradi pandemije Covid-19 (slika 3). Odškodnine niso pripomogle k temu, da bi se izgube prepolovile kot v drugih državah, a tudi v primerjavi z večino drugih držav izgube niso bile ključne.



Slika 3. Izpad dohodka zaposlenih pred in po nadomestilu plače (% izgube dohodka med letoma 2019 in 2020).

Vir: Eurostat

ec.europa.eu/eurostat

Kako je kriza covid-19 vplivala na ravnotežje med delom in življenjem žensk?

Tri leta po izbruhu pandemije covid-19 je znano, da je kriza ženske in dekleta prizadela na različne načine; nekateri raziskovalci delijo rezultate raziskav, ki kažejo, da so ženske bolj prizadete kot moški, ne glede na njihov položaj v družbi. Po poročilu ZN za ženske "Od vpogleda k dejanjem" o enakosti spolov v kontekstu pandemije covid-19 je zdravstveno osebje trikrat bolj ogroženo zaradi virusa - na svetovni ravni predstavljajo 70 % zdravstvenih delavcev. Tudi po podatkih za Evropo in Srednjo Azijo so samozaposlene ženske bolj prizadete zaradi krize – 25 % proti 21 % moških. »Feminizirane« sektorje je pandemija močno prizadela in v skladu z dejstvom, da je velik delež zaposlenih v njih migrantk ali žensk iz marginaliziranih etničnih skupin. Na podlagi podatkov iz 22 držav v Evropi in Aziji navaja, da se čas, porabljen za gospodinjске dejavnosti, veliko bolj poveča pri ženskah kot pri moških – zlasti pri dejavnostih, kot je čiščenje (povečanje časa za 49 % za ženske in 33 % za moške); varstvo otrok (37 % za ženske in 26 % za moške); priprava hrane (37 % za ženske in 16 % za moške). Eden najresnejših problemov je porast različnih vrst nasilja v družini/nasilja s strani partnerja ali družinskega člana. V nekaterih državah se je število prijavljenih primerov povečalo, v drugih pa zmanjšalo, kar je prav tako zaskrbljujoč trend, saj govori o možnih ovirah, s katerimi se soočajo ženske, ko iščejo pomoč.

V ozadju tega konteksta v Bolgariji ni bilo opravljenih dovolj raziskav o vplivu covid-19 na ženske in dekleta, kar razkriva resen primanjkljaj podatkov, pa tudi zanimivosti, ki bi privedle do priprave več poročil, priporočila in morebitne spremembe v pripravi načelnih politik in kritičnih situacij za naprej. Še vedno lahko najdemo podatke o nekaterih ekonomskih kazalnikih Eurostata, pa tudi spolni vidik kriznih pojavov izluščimo iz drugih, večjih študij, ko podatke analiziramo skozi njihove demografske kazalnike, čeprav niso posebej osredotočene na vprašanja ženske. Uradnih statističnih podatkov o primerih nasilja v družini v Bolgariji ni, vendar nevladni sektor poroča, da so se klici na dežurne telefonske številke za žrtve nasilja v družini med pandemijo povečali za 30 do 50 %. Zavetišča in centri za zaščito takšnih žrtev so nadvse neustrezni in žrtve pogosto nimajo dostopa do njih. Žal je bila povečana pozornost temu velikemu problemu le začasna in resnih ukrepov do danes ni bilo.

Pomembno in morda edino raziskavo te vrste izvaja Fundacija Ekaterine Karavelove. Objavljeno poročilo je rezultat javnega dogodka, ki so ga organizirali konec marca 2022 »Zdravje: od žensk do žensk«, in poleg sistematizacije simptomov, učinkov in zapletov, o katerih poročajo udeleženci v »postcovidnem« oz. dolg covid", upošteva tudi vpliv na vsakdanje življenje žensk s podobnimi simptomi.

"Drugo vprašanje, ki je še posebej pomembno, je, ali so trajajoči simptomi negativno vplivali na različna področja življenja anketirancev. Od 120 anketirancev na to vprašanje jih je 35,8% izjavilo, da trajajoči simptomi niso imeli negativnega vpliva na njihova življenja. Od tistih, ki so bili negativno vplivalo, največji odstotek (44,2 %) poroča o negativnem vplivu na svoje poklicno življenje, sledi 43,3 % tistih, ki so spremenili način preživljanja prostega časa. (Ženski dolgi Covid-19 v Bolgariji, 2023).

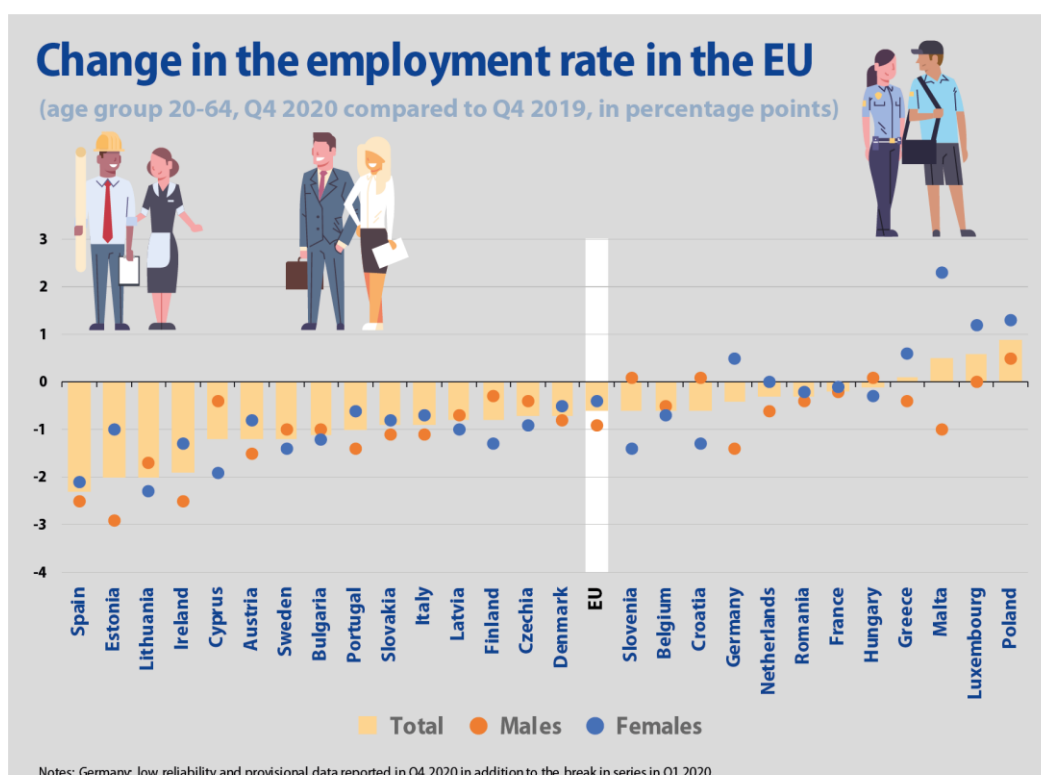
V okviru projekta za obvladovanje stresa v času pandemije covid-19, ki smo ga omenili zgoraj, najdemo publikacijo, ki obravnava intimne odnose, družbeno in poklicno življenje. Tukaj najdemo empirične dokaze splošne ideje, ki se je uveljavila v družbi - ljudje v tesnih intimnih odnosih so imeli sprva možnost poglobiti in izboljšati svojo komunikacijo, spodbuditi svojo inovativnost z iskanjem alternativnih načinov preživljanja časa s partnerjem in /ali otroci; a dolgotrajna »zapiranja«, socialna izolacija in inkapsulacija v razmerju so mnoge partnerje pripeljali do negativnih učinkov.

»Preveč časa s partnerjem v kontekstu zmanjšanih socialnih aktivnosti in izolacije lahko vodi v monotono sobivanje, več stresa in konfliktov ter občutek pomanjkanja osebnega prostora in možnosti za zasebnost. Če partnerja ne živita skupaj, je prisilna socialna izolacija omejitve pa lahko povzročijo ne samo fizično oddaljenost, ampak tudi čustveno in psihično odtujenost« (Dragova-Koleva idr., 2022: 99).

Kar zadeva primerjavo med ženskami in moškimi, so raziskovalci poročali o enako jasni povezavi med ljubeznijo, intimnostjo, romantiko in dobrim počutjem tako pri poročenih kot neporočenih pari. Vendar je pri ženskah to razmerje močnejše. (Prav tam: 98). Pomembne so ugotovitve pri proučevanju povezave med stresom, ki ga povzroča Covid-19, in tremi glavnimi življenjskimi sferami, ki jih označujejo znanstveniki - ljubezen, družabno in poklicno življenje. Medtem ko moški izražajo večji strah pred vplivom Covid-19 na njihovo ljubezensko življenje, ženske pričakujejo negativen vpliv na vse tri omenjene sfere, s poudarkom na družbenem življenju. Na koncu znanstveniki izražajo zaskrbljenost, da bi lahko stres trajal in bi bili učinki na ravnovesje med osebnim, družbenim in poklicnim življenjem lahko dolgoročnejši, kot smo pričakovali.

Zanimivi podatki so v raziskavi, objavljeni na portalu Eurostat, o spremembah ravni zaposlenosti za EU v primerjalni perspektivi med letoma 2019 in 2020. Izkazalo se je, da na splošno moški pogosteje izgubijo službo kot ženske. V Bolgariji ni tako, a je padec žensk in moških, ki so izgubili delo zaradi krize covid-19, skoraj enak - približno 1 odstotek.

Slika 4. Sprememba stopnje zaposlenosti v EU (starostna skupina 20–64 let, Q4 2020 v primerjavi s Q4 2019, v odstotnih točkah).



ec.europa.eu/eurostat 

Vir: Eurostat

1.4 Ciper

Po podatkih Svetovne zdravstvene organizacije (WHO) je bilo na Cipru od 3. januarja 2020 do 17.33 po srednjeevropskem času, 23. januarja 2023, 640.729 potrjenih primerov covid-19 s 1.280 smrtnimi primeri ¹ Prvo uradno sporočilo za javnost Ministrstva za zdravje je bil » *Akcijski načrt zdravstvenih služb Ministrstva za zdravje za obravnavo kakršnih koli izbruhov koronavirusa, ki se lahko pojavijo na Cipru* », izdano 25. januarja 2020. Sporočilo za javnost je bilo obveščeno državljanom ki potujejo na Kitajsko ali v druge države, »da spremljajo lokalne medije za razvoj dogodkov v zvezi z virusom, upoštevajo navodila organov oblasti na teh območjih in uporabljajo osebne zaščitne ukrepe« ².

Poleg tega je dva dni kasneje Ministrstvo za zdravje v prvem uradnem sporočilu za javnost v zvezi s COVID-19 omenilo »Sledimo smernicam Svetovne zdravstvene organizacije, kot so bile objavljene do sedaj. Tudi včeraj smo imeli posodobitev. V bistvu so za tovrstne primere vzpostavljeni protokoli, vsi zdravstveni delavci so od včeraj obveščeni, kako ravnati v primeru suma ali potrjenega primera, kako bodo ravnale bolnišnice, reševalna služba in vsa druga zdravstva. strokovnjaki" ³ Hkrati niso imeli nobenih omejitev za ljudi, ki potujejo s Kitajske skozi druge države, pri čemer je ministrstvo za zdravje omenilo, da bodo vsi državljani, ki prihajajo s Kitajske, upoštevali posebne protokole in izpolnjevali nekatere ankete.

Ministrstvo za zdravje je 31. januarja z novim sporočilom za javnost medije pozvalo, naj bodo seznanjeni z morebitnimi napačnimi informacijami o sumu covid-19, ki jih posredujejo v javnosti. Ministrstvo je ob tem z javnostjo posredovalo informacije v zvezi s COVID-19, kot je simptomatologija, ki je okužba dihal, z možnimi simptomi, kot so povišana telesna temperatura, kašelj in oteženo dihanje. Glejte tudi potrjeni prenos s človeka na človeka, individualne varnostne ukrepe (umivanje rok, izogibanje fizičnemu stiku), preventivne ukrepe in nasvete za potnike na območjih Kitajske (izogibajte se nakupovanju ali stiku z živalmi, izogibajte se stiku z bolniki. Še posebej, če imajo po vrnitvi s potovanja na Kitajsko in še posebej iz mesta Wuhan simptome, kot so povišana telesna temperatura, kašelj ali zasoplost, občanom svetujemo, da spremljajo svoje zdravje naslednjih 14 dni)

Prva dva primera covid-19 na Cipru sta bila ugotovljena 9. Primer ni bil potrjen ob istem času in na otoku se je začela histerija o drugih primerih, ki bi lahko bili potrjeni. Poleg tega je bila ustvarjena spletna stran za obveščanje državljanov zaradi covid-19 (<https://www.pio.gov.cy/coronavirus/eng>). Prva primera sta bila dva Ciprčana, ki sta se vrnila iz Milana in Anglije. Eden od primerov ni poročal o svojih simptomih. Ministrstvo ni zasledilo novih pozitivnih primerov, povezanih z zgoraj omenjenimi ljudmi, medtem ko je splošna bolnišnica v Nikoziji zaprta za 48 ur.

11. marca 2020 je minister za zdravje izdal svojo prvo uredbo, s katero je do 31. marca prepovedal zbiranje več kot 75 ljudi v gledališčih, kinematografih, restavracijah, kavarnah, barih, sladoledarnicah in prireditvenih dvoranah. naslednje dni je bilo izsledenih več primerov in ciprski predsednik je objavil prve ukrepe. Prvi ukrepi so bili prepoved vstopa vsem državljanom – ne glede na državljanstvo – ki ne spadajo v spodnje kategorije: ciprski državljani, zakoniti prebivalci Republike Ciper, evropski državljani ali državljani tretjih držav, ki delajo v Republiki Ciper, državljani držav, ki so na imenovanem diplomatskem predstavništvu ali misiji v skladu z dvostranskimi ali mednarodnimi konvencijami, posamezni primeri evropskih državljanov ali državljanov tretjih držav

¹ <https://covid19.who.int/region/euro/country/cy>

² <https://www.pio.gov.cy/coronavirus/press/25012020-21.pdf>

³ <https://www.pio.gov.cy/coronavirus/press/27012020-27.pdf>

zaradi neizogibnih poklicnih obveznosti, če je bilo pridobljeno dovoljenje ustreznega pristojnega ministrstva evropske ali tretje države. državljani, ki obiskujejo šolo ali univerzitetno izobraževalno ustanovo v Republiki Ciper.

Poleg tega je bil drugi ukrep „kar zadeva mejne prehode med svobodnimi in zasedenimi ozemlji, so dovoljena samo osebam, ki spadajo v naslednje kategorije: ciprski državljani, ciprski Grki in ciprski Turki, zakoniti prebivalci na svobodnih območjih in državljani države v določeni diplomatski službi ali misiji, v skladu z dvostranskimi ali mednarodnimi konvencijami, zadnja pa je bila prekinitev obiskovanja javnih in zasebnih šol, podaljšana v državi do ¹⁰ aprila 2020 ⁴Ukrepe so povečali vsakih nekaj dni, z odpovedmi letov in štirinajstdnevno karanteno potnikov ter izogibanjem obisku cerkve.

Splošni lockdown je bil razglašen 23. marca, nekaj dni po prvi smrti bolnika. Novi ukrepi, ki jih je napovedal predsednik Republike Ciper, vključujejo prepoved nepotrebne gibanja od 18. ure 24. marca 2020 do 13. aprila 2020, z izjemami, ter prepoved vstopa v parke, igrišča, zunanje športne površine itd. Maja 2020 so bile omejitve sproščene, na otoku pa so poročali o manj pozitivnih primerih.

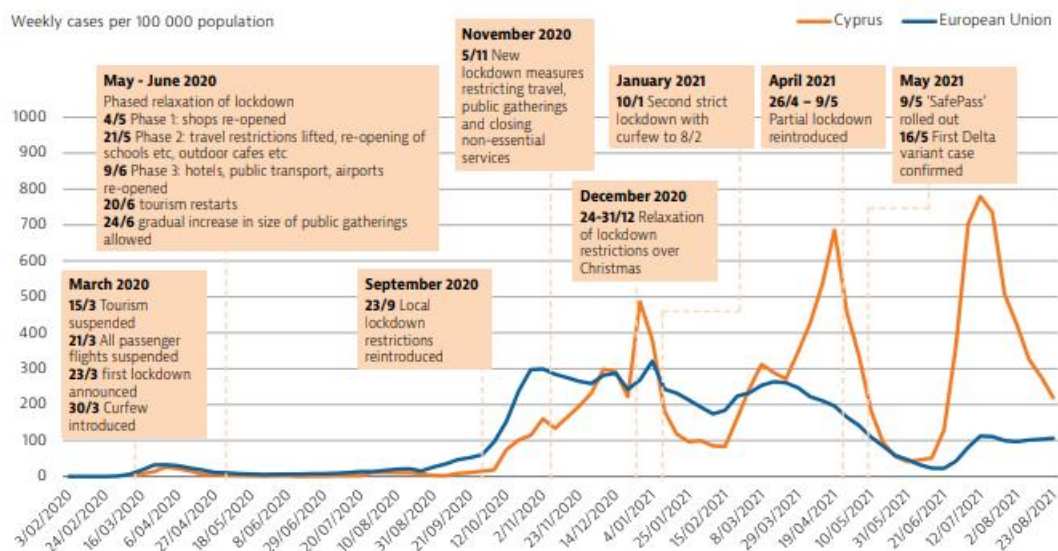
Bistveno je omeniti tudi edinstven primer Cipra zaradi razdelitve otoka na dve območji. Zgornja informacija se je nanašala na priznano Republiko Ciper. Po drugi strani pa so v nepriznani »Turški republiki Severni Ciper« (»TRNC«) prvi primer covid-19 poročali 12. marca, vendar, ker »TRNC« ni priznana, slednje številke niso poročala Svetovni zdravstveni organizaciji (WHO). Čeprav je bilo veliko organizacij civilne družbe izpostavljeno vprašanju skupnega usklajevanja na otoku, je vsaka stran rešila situacijo brez skupnega usklajevanja, "razen Dvoskupnega tehničnega odbora za zdravje, katerega delo na splošno ni objavljeno". (*Vpliv krize COVID-19 na razdeljeni Ciper, 2020*)

Poleg tega je še en bistven vidik Cipra univerzalno zdravstveno zavarovanje, ki je bilo kljub pandemiji uvedeno junija 2019 in je nadomestilo nepravilčen in problematičen sistem. V novem zdravstvenem sistemu so nekatere pristojnosti ministrstva za zdravje prenesene na organizacijo za zdravstveno zavarovanje ali na "novo državno organizacijo za zdravstvene storitve, ki je odgovorna za razvoj, upravljanje, nadzor in kontrolo bolnišnic in zdravstvenih centrov v javnem sektorju. Zaradi usklajenih reformnih prizadevanj je novi zdravstveni sistem kljub pandemiji v celoti začel delovati 1. junija 2020". (Zdravstveno stanje v EU - Ciper - zdravstveni profil države 2021) (*Zdravstveno stanje v EU · Ciper · Državni zdravstveni profil 2021*)

⁴ https://www.pio.gov.cy/coronavirus/press/13032020_17.pdf

Junija 2022 je imel Ciper najvišje stopnje novih okužb in smrti po vsem svetu. V spodnjem grafu so predstavljeni ukrepi Cipra med pandemijo in stopnja okužb med temi omejitvami.

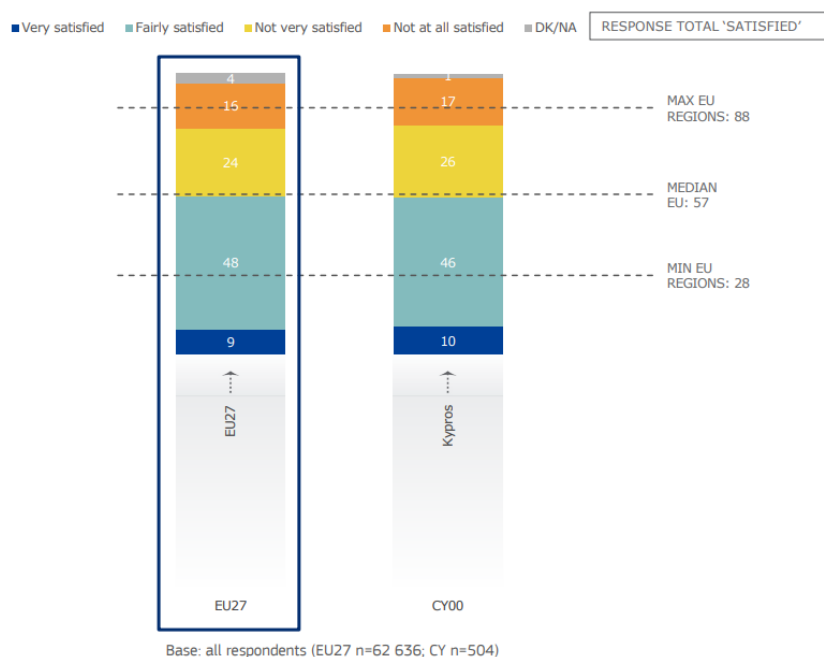
Figure 15. Cyprus managed to contain the COVID-19 infection rate initially



Note: The EU average is unweighted (the number of countries used for the average varies depending on the week).
 Sources: ECDC for COVID-19 cases and authors for containment measures.

Slika 7: Zdravstveno stanje v EU · Ciper · Zdravstveni profil države 2021

Poleg tega glede na Flash Eurobarometer 500 javno mnenje v regijah EU. Nacionalno poročilo: Ciper (2021), na vprašanje "Kako ste na splošno zadovoljni z ukrepi, ki jih je sprejela Evropska unija za boj proti pandemiji koronavirusa?" (%), 46 % jih je odgovorilo precej zadovoljnih in 17 % sploh nezadovoljnih.



Slika 8: Kako ste na splošno zadovoljni z ukrepi Evropske unije za boj proti pandemiji koronavirusa?

KAKO JE KRIZA COVIDA-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

Pomemben vidik ustave Republike Ciper je poglavje 260 ciprskih zakonov. Posebno poglavje je zakon o karanteni in je "kratek kolonialni zakon, ki je bil prvotno ustvarjen v britanskem času na Otoku leta 1932, pa je bil občasno spremenjen v letih 2003 in 2020". V skladu z ustavo Cipra katera koli » prej obstoječa kolonialna zakonodaja še naprej velja, dokler je zakonodajalec ne spremeni in/ali nadomesti«⁵. Pomembnost zgoraj navedenega je močna povezava med Republiko Ciper in britanskim kolonialnim časom ter dejstvo, da so bili izrazi, kot je guverner, šele leta 2003 spremenjeni v ministra za zdravje.

»Zakon daje ministrskemu svetu široko diskrecijsko pravico za razglasitev nevarne nalezljive bolezni v smislu zakona. Takšni ukrepi vključujejo ureditev pretoka blaga in oseb z odloki, da se zagotovi ustrezna oprema, objekti in določijo takšni drugi ukrepi za preprečevanje širjenja kakršne koli bolezni.«⁵

Sicer pa »zakon predvideva tudi Mrežo za epidemiološko spremljanje in obvladovanje nalezljivih bolezni, ki se izvaja na začetku pandemije COVID-19. Vsi dekreti, obvestila in predpisi, izdani v skladu z zakonom, ostanejo v veljavi, dokler niso preklicani, zamenjani ali spremenjeni, s čimer bi lahko pozvali izvršno oblast k ohranitvi ukrepov po razumnem roku.«, kar je bilo po zakonu in ustavi zaradi pandemije COVID-19 zakonito. Poleg tega se »pomanjkanje smiselne družbene pogodbe v Republiko Ciper, deloma zaradi njene kolonialne zgodovine, običajno prevede v odsotnost širokega in vključujočega javnega posvetovanja«⁵.

»Poseben kontekst zakona o karanteni lahko samo zaostri razpravo o ohranitvi pravne države v času COVID-19. Anahroničnost Cap. 260, ki ponuja širok nabor pooblastil izvršilni oblasti, pomeni tudi, da je treba brati zakon v povezavi z drugimi zakoni o izrednih razmerah, da bi pridobili celovito razumevanje ukrepov, sprejetih v Republiko Ciper, in nenehno potrebo po za nadzor podeljenih pooblastil. Kljub temu, kljub kolonialnim koreninam Cap. 260 in kakršno koli neprijetno povezavo z drugimi ukrepi, bi lahko iz začetnih preiskav izhajalo, da so se pooblastila, podeljena izvršni oblasti, izvajala z zadostno previdnostjo, skrbnostjo in usklajevanjem, da bi postala razmeroma učinkovit del zakonodaje za boj proti pandemiji covid-19. Ker se ukrepi postopoma odpravljajo, je njihova zakonitost stalna skrb»⁵.

Korupcijski škandali:

Poleg tega so številni dogodki, ki so se zgodili na otoku, pomembni za demokratične razprave. Eden od njih je bil korupcijski vidik. Po podatkih Eurobarometra (2022) je bila splošna zaznava korupcije precej visoka v primerjavi z letom 2019. Pri vprašanju »Ali bi rekli, da se je stopnja korupcije na Cipru v zadnjih treh letih popolnoma povečala«, se je 66 udeležencev strinjalo, da to izjavo in 27 izberite »Ostala ista«.

Med covidom-19 na Cipru je dokumentarni film Al-Jazeera leta 2020 razkril korupcijske škandale politikov, predsednika parlamenta in predsednika države. Dokumentarni film je govoril o ciprskem naložbenem programu in o tem, kako bodo tujci kupili luksuzno hišo za pridobitev ciprskega potnega lista. V dokumentarcu so bili zgornji posamezniki razkriti zaradi korupcije v zvezi z dejanji gotovine za potne liste. (<https://www.aljazeera.com/news/2022/7/16/four-charged-over-cyprus-cash-for-passports-scheme>)

⁵ <https://lawblog.uclancyprus.ac.cy/the-islands-of-cyprus-and-great-britain-in-times-of-covid-19-pandemic-variations-on-the-rule-of-law-v-in-izven-eu/>

Škandal je postal javen, predsednika parlamenta pa aretirali. Februarja 2021 so različne skupine na otoku oblikovale politično koordinacijsko skupino, imenovano "Os Dame", angleški prevod je "Enough". Cilj je bil organizirati miren pohod proti avtoritarizmu, korupciji in vladnemu obvladovanju pandemije covid-19. Gibanje je prvi protest organiziralo 13. februarja 2021 v parku Kolokasi v Nikoziji s številnimi skupinami in kolektivi. Med protestom je policija pohod zatrla z ekstremnim, intenzivnim nasiljem brez primere.

Mirne demonstracije so se spremenile v vojno območje, protestniki pa tečejo po parku in se poskušajo zaščititi. Poleg tega je bilo med demonstracijami aretiranih 11 ljudi, številni pa so bili ranjeni, ena 25-letna ženska je prestala nujno operacijo oči, potem ko jo je policijski vodni top zadel v obraz. Demonstracije so bile zelo odmevne zaradi policijskega nasilja in 20. februarja 2021 je bil na istem mestu organiziran še en pohod. Drugi pohod je bil eden največjih v novejši zgodovini Cipra, saj se ga je udeležilo okoli 10.000 ljudi, ki so protestirali proti policijskemu nasilju. Poleg tega je bil cilj protestov po besedah organizatorjev:

- *Naložbe v javno zdravje in izobraževanje, ne v policijo in programe orožja,*
- *Prenehati obvladovanje pandemije v smislu represije, hkrati pa zagotoviti zaščito ranljivih skupin,*
- *Takojšnji ukrepi za podporo delavcem in brezposelnim, domačinom, migrantom in prosilcem za azil, ki jih je prizadela pandemija,*
- *Konec vojne proti kulturi in amaterskemu športu,*
- *Odpraviti prepoved demonstracij,*
- *Konec policijskega nasilja in takojšnji umik smrtonosnega vodnega pršila z domiselnim imenom Ajax z naših ulic.*
- *Takojšen umik obtožb proti 11 aretiranim 13. februarja.*

11 ljudi, aretiranih med prvimi demonstracijami, je še vedno na sodiščih, številnim od njih grozi do tri leta zapora zaradi obtožb izgredev in kršenja ukrepov glede covid-19. V zvezi z aretacijo 11 ljudi je gibanje "Os Dame" dejalo: "Verjamemo, da je odločitev generalnega državnega tožilca, da sodno preganja enajst oseb, ki so sodelovale na prvih demonstracijah Os Dame 13.2.21, dejanje političnega maščevanja proti velikemu delu ciprske družbe, ki si je upal protestirati proti korupciji in avtoritarizmu, proti migrantskim koncentracijskim taboriščem in proti politiki delitve, ki ji vlada sledi. Takoj po demonstracijah in njihovem nasilnem zatiranju je ciprski družbi postalo jasno, da so policija in njeni politični nadrejeni odgovorni za grozljive prizore, ki so jim bili priča tisti dan [...] Kljub obupnim poskusom v imenu vlada in številni mediji, ki protestnike krivijo za nasilje, je 10.000 ljudi, ki so 20. februarja 2021 mirno korakali po ulicah Nikozije, dalo najboljši odgovor tistim na oblasti."

⁶

Poleg tega je pomembno omeniti, da sta dva policista obtožena uporabe prekomernega nasilja med protestom, o kazenski odgovornosti policije pa je bilo odločeno po tem, ko je Pravna pisarna Republike ocenila poročilo Neodvisnega preiskovalnega organa. Obtožbe in pritožbe zoper policijo (IAIACAP).⁷

Med pandemijo so potekale tudi druge demonstracije, kot so protirasistične demonstracije v Nikoziji 31. maja 2020 in v Limassolu 13. junija 2020. Demonstracije so bile proti tekočemu

⁶ <https://in-cyprus.philenews.com/news/local/os-dame-protesters-to-stand-trial-on-monday/>

⁷ <https://in-cyprus.philenews.com/news/local/os-dame-protesters-to-stand-trial-on-monday/>

pridrzanju migrantov v koncentracijskem taborišču Pournara. Med temi demonstracijami je bilo aretiranih 6 ljudi. Druge demonstracije so potekale 28. novembra 2020 za zdravje in svobodo.

Mediji:

Medijska retorika na Cipru je strukturirana okoli političnih ideologij lastnikov kanala. Po izbruhu škandala so se novinarji srečali s ciprskim predsednikom za sporočilo za javnost. Predsednik je novinarjem avtoritarno vsiljeval, naj ga ne sprašujejo ničesar o škandalu Al Jazeera, mediji pa so molčali in predsednika niso spraševali o škandalu. Poleg tega je bil medijski napad na proteste precejšen in nenehne informacije o izbruhih koronavirusa bi lahko prevedli na možen način, da bi javnost preusmerili stran od škandala na otoku.

Drugi pomemben dogodek na otoku so demonstracije pred televizijsko postajo v Nikoziji. Protest so organizirali predstavniki javnosti, ne kot del katere koli organizacije ali gibanja. Ta demonstracija je bila proti ukrepu Safepass, ki ga morajo državljani imeti za vstop na različne kraje, in proti ukrepom cepljenja. 18. julija 2021 je na tisoče ljudi demonstriralo pred predsedniško palačo proti novemu vladnemu ukrepu (Safepass). Ko je bilo konec, jih je polovica odšla v stavbo Sigma TV in zažgala avtomobile, vandalizirala stavbo, medtem ko so ljudje delali v njej. » Sigma velja za ostro držo proti aktivistom proti cepljenju in je bila tarča prejšnjih protestov proti protikoronavirusnim ukrepom«⁸.

Volitve:

Na Cipru ni bilo volitev, ki bi morale biti leta 2020. Predsedniške volitve so potekale leta 2018, naslednje volitve pa so bile parlamentarne volitve maja 2021. Volitve so bile izvedene in vsi so lahko glasovali brez omejitev. Nekatera pravila so bila tudi nošenje maske na voliščih. Na državnozborskih volitvah je bil absentizem 34,28-odstoten.

Dobra praksa, ki je potekala 27. ^{P. ...}, je bil dogodek »Vaccines and COVID-19: Myths and realities«, ki sta ga organizirala CARDET in Yale Center for Analytical Sciences na Yale School of Public Health. odprta razprava o cepivih proti koronavirusu. Glede na opise dogodkov: »V času, ko vprašanje javnega cepljenja monopolizira svetovno pozornost in se šteje za ključni korak pri omejevanju širjenja pandemije in vrnitvi v normalno stanje, bodo strokovnjaki s tega področja preučili dejstva, razvoj in miti o cepivih. Z razpravo želimo organizatorji omejiti dezinformacije o temi in podati poglobljene odgovore za boljšo obveščenost javnosti.« (<https://www.facebook.com/events/1577936985723615/>)

V debati je sodeloval dr. Tassos K. Kyriakidis - raziskovalec/profesor epidemiolog, profesor Yale School of Public Health, razpravo pa je moderiral novinar Andri Daniil.

Razen tega uporabna platforma, ki je obstajala že pred covidom-19, vendar je bila izjemno uporabna zlasti med pandemijo. Elektronski zakonodajni observatorij Nomoplatform je politično neodvisna pobuda, katere cilj je povečati transparentnost in državljanom ponuditi možnost neposrednega in natančnega spremljanja procesov, ki potekajo v parlamentu. Na Nomoplatformi lahko vsak državljan poleg dostopa do postopkov vlaganja, pregleda in glasovanja o osnutkih zakonov prejema novice o procesih, ki potekajo v parlamentu, in si lahko ogleda biografske podatke vsakega poslanca. (<https://www.nomoplatform.cy/>)

⁸ <https://www.keeptalkinggreece.com/2021/07/19/sigma-tv-cyprus-protesters-attack-covid-measures-vaccines/>

Kako je kriza covid-19 vplivala na uživanje temeljnih pravic?

Za mnoge posameznike bi lahko pandemijo razložili kot panoptikum, ki je "disciplinarni koncept, ki je oživel v obliki osrednjega opazovalnega stolpa, postavljenega znotraj kroga zaporniških celic"⁹, zapornike opazujejo, vendar ne morejo gledati stolp in ne vedo, kdaj so opazovani, in po Foucaultu je »končni cilj v zapornikih vzbuditi stanje zavestne vidnosti. To zagotavlja samodejno delovanje moči. Poleg tega panoptikum primerja s »srednjeveško vasjo v karanteni. Da bi zatrel kugo, morajo uradniki strogo ločiti vse in patroljirati po ulicah, da zagotovijo, da vaščani ne zapustijo svojih domov in zbolijo. Če vaščane ujamejo zunaj, je kazen smrtna«⁹.

Zaprtje kontrolnih točk:

Ena od omejitev med pandemijo je bilo zaprtje štirih kontrolnih točk vzdolž črte prekinitve ognja, ki ločuje jug (Republiko Ciper) od severa (Turška republika Severni Ciper, ki jo je okupirala Turčija). Kontrolne točke so bile odprte leta 2003 "kot ukrep za pomoč pri sodelovanju med grško in turško skupnostjo in so ostale odprte sedemnajst let do 28. februarja 2020." Številne strani so nasprotovale incidentom zaradi odsotnosti primerov koronavirusa na severu in zaradi zunanjih meja države, ki so bile takrat še odprte; naslednji dan je bila na kontrolni točki demonstracija. Policija je aretirala in ovadila nekatere udeležence demonstracij. Naslednji teden je potekala še ena demonstracija, čeprav je policija napovedala, da bo obtožila ljudi, ki sodelujejo pri nezakonitem zbiranju (*izbruh koronavirusa COVID-19 v posledicah EU za temeljne pravice, 2020*).

Mejni ukrepi:

Od 21. marca 2020 so bili razglašeni ukrepi mejne kontrole, potniki morajo predložiti zdravniško potrdilo, da niso pozitivni na koronavirus. Konkretni ukrep je bil sporen zaradi težav pri pridobivanju konkretnega dokumenta v mnogih državah. Poleg tega je prepoved Ciprcanom vstopa na Ciper "sprožila javne razprave o njihovi zakonitosti in spoštovanju temeljnih pravic. Predvsem prepovedi potovanja so razdelile pravnike in zaskrbljene državljane glede zakonitosti, sorazmernosti in ustavnosti ukrepov. Medijska poročila kažejo, da so se ciprski študenti, ki študirajo v tujini, pritožili pri Evropski komisiji« (*Izbruh koronavirusa COVID-19 v posledicah EU za temeljne pravice, 2020, str. 5*).

Nato so se ciprski državljani lahko vrnil na Ciper z leti, ki jih je plačala Republika Ciper, in bivali v hotelu v času karantene. Poleg tega nasprotuje ukrep, da se vstop v državo omogoči le tistim, ki imajo zdravniško potrdilo o koronavirusu. 14. člen ustave prepoveduje »prepoved uporabe deportacije/izgnanstva ali vstopa v republiko, da bi bilo jasno, da obravnavanje, rezervirano za državljane republike, ni dovoljeno, v dobrem ali slabem, do tujcev v skladu z zakon vsake države« (*The Cyprus Review Vol. 33(1), str. 86-88*), razen te razsežnosti, omejitve za vstop na Ciper ne temeljijo na ustavi, temveč na sodišču.

Eno od vprašanj, ki se je pojavilo med izvajanjem izrednih ukrepov na Cipru, je bila potreba po pridobitvi zdravstvenega spričevala pred vstopom v republiko. To je enako veljalo za Ciprčane in Neciprčane, vendar je bolj kot druge prizadelo posebne skupine posameznikov ciprskega porekla in/ali stalnih prebivalcev Cipra, ki začasno študirajo ali prebivajo v tujini. Na splošno je pravica državljanstva do vstopa v svojo državo človekova pravica, ki je lahko predmet sorazmernih omejitev le zaradi prevladujočih interesov, kot so javna varnost, javni red, ogroženost življenja, telesna nedotakljivost itd. 14. člen Ustava (noben državljan ne sme biti pod nobenim pogojem izgnan ali izključen iz republike) nobeni vladi ne daje pravice, da uvede kakršne koli omejitve in/ali samovoljne

⁹ [Panoptikum](#)

pogoje glede vstopa svojih državljanov. Vendar uveljavljanje te pravice v kontekstu pandemije covid-19 morda ne pomeni nezakonite prepovedi posameznikovih pravic.

Vendar je izvajanje ukrepa naletelo na nekatere praktične razloge, zaradi katerih je vlada načrtovala postopno repatriacijo državljanov in drugih prebivalcev iz pravnih razlogov. Obveznost pridobitve zdravstvenega spričevala ne more pomeniti absolutne prepovedi, nezakonite omejitve in/ali neposredne diskriminacije pri vstopu v nasprotju s 14. členom ter načeli in vrednotami EU. Še vedno pa ostaja dejstvo, da lahko takšni ukrepi naložijo večje breme nekaterim kategorijam ciprskih državljanov ali rezidentov, ki so trenutno v tujini, ki so lahko v ranljivem položaju in lahko povzročijo obratno diskriminacijo. Opozoriti je treba, da je od pristopa Republike Ciper k EU leta 2004 in danes ozemlje Republike Ciper izven obsega schengenskega območja. Ali so državni ukrepi sorazmerni ali ne, je na koncu stvar pravnega nadzora. V širšem kontekstu migracij v Sredozemlju in Evropi narašča zaskrbljenost in nujnost glede migrantske populacije, ki se sooča s pandemijo covid-19 v sredozemskih državah, ki jih je migrantska kriza minimalno prizadela, vključno s Ciprom.

20. marca 2020 je obalna straža republike odvrnila plovilo s približno 175 nezakonitimi migranti, ki se je želelo približati otoku. Republika je na svojem ozemlju uvedla ukrepe v sprejemnih centrih, vključno s socialno distanco/karanteno, kar je lahko vplivalo na nadaljnji dostop do pravne pomoči in socialnih storitev. Sprejemni centri ostajajo prenatrpani, medtem ko so o zdravstvenih težavah zaradi prezasedenosti poročali že pred pandemijo. Takšni državni odzivi na pandemijo so še bolj kot prej prizadeli migrante in ogrozili njihov mednarodno zaščiten status in/ali pravice. (Zgodba o dveh: Pandemija covid-19 in pravna država na Cipru, 2020)

Izobraževalne ovire:

Šole so se zaprle 10. marca 2020 in učitelji so se morali učiti prek spleta ter stopiti v stik z družinami učencev glede povezljivosti in razpoložljivosti opreme. Učitelji niso mogli priti do nekaterih staršev, zlasti do družin priseljencev in beguncev, ki niso govorili grško. Poleg tega nekateri starši niso bili digitalno pismeni in otrokom niso mogli pomagati. Po navedbah nevladnih organizacij, ki pomagajo migrantskim skupnostim, otroci migrantov/beguncev niso imeli koristi od uporabe spletne platforme. Vlada je objavila sporočilo za javnost o podpori družinam in o tem, da bodo televizijski kanali predvajali več otroških programov; vendar sporočilo za javnost ni navedlo pomoči otrokom, ki se soočajo s povezljivostjo ali vrzelmi v opremi.

Prepovedana so srečanja nad 75 oseb:

Druga omejitev je bila zaprtje številnih podjetij in prepoved zbiranja več kot 75 oseb. Omejitve so veljale le za koncentracijo in bivanje v istem posameznem notranjem, zasebnem ali javnem prostoru, ne pa v pisarnah, podjetjih, nakupovalnih središčih, supermarketih in drugih krajih, kjer se bodo obiskovalci gibali in se ne bodo zadrževali dlje časa zgoščeni v območje. Poleg tega so to vključevale množične prireditve, shode, parade, koncerte na javnih mestih, nogometne tekme in druge tekme brez prisotnosti gledalcev. Kar zadeva veroizpoved, so pravoslavne cerkve ostale odprte in še naprej imajo maše, ki dajejo sveto obhajilo.

Vpliv na turško skupnost na Cipru:

Ciprski Turki in ciprski Grki, ki jih je prizadelo zaprtje kontrolnih točk. Ljudje, ki so ostali na okupirani strani otoka, niso mogli mimo kontrolnih točk in posledično niso imeli dostopa do šol, univerz, služb, bolnišnic ali vladnih služb.

Vpliv na prosilce za azil in begunce:

Prosilcem za azil in beguncem v sprejemnem centru Kofinou je bilo naročeno naj ostanejo v svojih namestitvah. Čeprav ta bivališča niso imela lastnega stranišča ali kuhinje. Prebivalci taborišča so smeli zapuščati in se vračati v taborišče, če je bilo to nujno, vendar nihče ni mogel vstopiti razen stražarjev. Hrano so v tabor dostavljali, vendar so se ljudje bali širjenja koronavirusa prek plastičnih posod s hrano in otroci za pouk niso mogli uporabljati nobene spletne platforme. Poleg tega je taborišče Kokkinotrimithia zaprlo svoja vrata in »bolj spominjalo na center za pridržanje kot na sprejemni objekt«. Sicer pa je poseljenost v kampih prevelika, saj v enem šotoru spi šest do osem ljudi.

Poleg tega je marca 2020 grško-ciprska pomorska patrolja potisnila nazaj čoln s 175 Sirci, ki so prispeli na okupirano stran, potem ko jih vlada na Cipru ni sprejela. Poleg tega posebno vladno politiko kritizirajo "strokovnjaki za človekove pravice in novinarji, ki so izrazili zaskrbljenost zaradi tveganja spodkopavanja mednarodne zaščite med izvajanjem nujnih ukrepov zaradi covid-19."

Osebe z drugimi boleznimi:

Zdravljenje drugih bolezni je bilo med covidom-19 prekinjeno. Na primer, veliko ljudi s talasemijo je bilo preloženih na pregled za infuzijo krvi.

Vpliv na zasebnost in širjenje dezinformacij:

Zasebnost med pandemijo je bila bistveno vprašanje, ki ga vlada ali lokalne oblasti niso mogle zaščititi. Javnosti so na primer razkrili identiteto prvega primera koronavirusa na otoku. Posledica tega je bilo nadlegovanje tega posameznika. Poleg tega je v prvih tednih uvedbe hitrih testov medicinsko osebje v različnih centrih dajalo rezultate bolnikom tako, da je pred vsako zdravstveno ustanovo vzklikalo njihova imena, pri čemer se je veliko ljudi odzvalo na ta protokol. Na Cipru je bila na splošno stigmatizacija pozitivnih primerov visoka in veliko ljudi ni obvestilo oblasti, če so bili pozitivni, da bi se izognili celotni stigmati družbe in niso bili deležni zdravstvene oskrbe.

Pravica do varnih in zdravih delovnih pogojev:

Ministrstvo za delo, blaginjo in socialno zavarovanje (MLWSI) je tesno sodelovalo z ministrstvom za zdravje, da bi zaposlenim in delodajalcem na otoku zagotovilo vse pomembne informacije za zaščito pred covidom-19 na delovnem mestu. Dokument je bil preveden v 5 jezikov. Poleg tega so bili zdravstveni delavci v različnih ustanovah (bodisi javnih ali zasebnih) usposobljeni o osnovnih higienskih pravilih, povezanih z rokavicami, maskami itd.

Zdravje je človekova pravica:

Na Cipru je bila leta 1990 ena bolniška postelja na 170 oseb. 27 let kasneje se je spremenila v eno posteljo na 290 oseb. Gregoris Ioannou (2020) pravi: »S povprečjem EU 541 bolnišničnih postelj na 100 000 prebivalcev ima Ciper 339. Dolgoročni izdatki za zdravstveno varstvo v številnih državah EU presegajo 20 % njihovih skupnih izdatkov za zdravstvo, medtem ko na Cipru enakovredno številka je 3 %. Pri povprečju skupnih izdatkov za zdravstvo v EU 10 % BDP, na Cipru to znaša le 6,8 %." (<https://www.opendemocracy.net/en/can-europe-make-it/authoritarianism-masking-incompetence-case-republic-cyprus/>).

Zaradi pandemije je bil zdravstveni sistem na Cipru nepripravljen zaradi pomanjkanja enot za intenzivno zdravljenje, pomanjkanja opreme itd. Poleg tega so tri glavne javne bolnišnice zaprle nekatere oddelke, prvi teden pandemije zaradi okužbe zdravstvenih delavcev s COVID-19, in tudi mesec dni

po zaprtju ni bilo nobenega novega zdravstvenega osebja. V bolnišnicah so delali študentje medicine in zdravstvene nege; vendar pa vlada ni imela novih sredstev za javno zdravstvo. Poleg tega se ni veliko ljudi moglo testirati na virus zaradi pomanjkanja testov na začetku pandemije.

Drugi bistveni vidik so stroški razkužil, mask in čez nekaj časa denar, ki bi ga ljudje morali plačati za hitri ali PCR test. Visoke cene naštetega so povzročile delitev v visoki stopnji javnosti in dostopnosti vseh ljudi do osnovne opreme za njihovo zaščito.

Svoboda gibanja:

Med pandemijo so bili nekateri ukrepi za zmanjšanje gibanja ljudi policijska ura od 21.00 do 6.00 zjutraj. Drug ukrep je bil SMS, ki je bil ukrep za gibanje, razen za odhod v službo. SMS je bil brezplačen. Vsaka oseba je imela določeno število sporočil (v enem obdobju eno, v drugih pa tri), ki jih je morala poslati, da se je lahko premestila izven svojega doma. Vsak državljan je moral poslati X (številka, ki ustreza razlogu gibanja) [presledek] Identifikacijska številka [presledek] Domača poštna številka. X je pomenilo številko med 1 in 8, ki ustreza razlogu za odhod od hiše.

Ti so bili: 1: Lekarna ali krvodajalstvo ali obisk zdravnika ali Covid test ali cepljenje, 2: Nakupovanje zalog/storitev, vključno s prevzemom, 3: Banka, če spletna transakcija ni mogoča, 4: Absolutno nujen obisk vladnih oddelkov ali oddelkov širšega javnega sektorja ali lokalne uprave, 5: Pomoč osebam, ki ne morejo skrbeti zase ali se ne morejo zaščititi ali so v izolaciji doma ali v določenih karantenskih prostorih, 6: Telesna vadba ali individualna vadba, če je dostop dovoljen na prizorišču, 7: Za udeležbo na pogrebu, poroki, krstu sorodnikov v prvem in drugem kolenu, ki ne presegajo 10 ali za individualno molitev, 8: Kakršen koli drug razlog, ki je upravičen na podlagi omejitev.

Subjekti so prejeli štiri različne odgovore, odobritev, zavrnitev zaradi strukture sporočila, zavrnitev zaradi prekoračitve največjega dovoljenega števila gibov in zavrnitev zaradi neupoštevanja policijske ure. Prav tako je veljala odobritev selitve izven doma v določenem časovnem obdobju.

Ena od dobrih praks, ki so jo med pandemijo uvedli na Cipru, je bil *CRESTART – CReative PROŽNA UČENJE Projekt skupnosti*, ki se soočajo z izzivi COVID. Gradivo, ustvarjeno v projektu, je bilo namenjeno pomoči lokalnim skupnostim, da se pripravijo na morebitne krize, na podlagi izkušenj s pandemijo COVID-19. Vsebuje teoretično in praktično znanje o aktivnem državljanstvu in sodelovanju v skupnosti ter predstavlja izkušnje, pridobljene iz pandemije. Poleg tega zagotavlja temeljito znanje o krizi, njenih učinkih in ukrepih, ki jih voditelji lahko/morajo narediti za zmanjšanje učinkov na svojo skupnost, metodologiji vključevanja javnosti in soustvarjanja ter deli dobre prakse (<https://crestart.org/>).

Kako je kriza covid-19 vplivala na ravnotežje med delom in življenjem žensk?

Glede na Eurobarometer (2022) o ženskah v času covid-19 so ženske na Cipru v vprašanju »Glede na vlogo Evropskega parlamenta, katero od naslednjih vprašanj, povezanih s spolom, bi želeli poslanci parlamenta obravnavati prednostno? Izberete lahko največ tri zadeve (%)«, odgovorile:

- 57 % žensk izbere "Trgovina z ženskami in otroki in spolno izkoriščanje",
- 54 % izbere "Psihično in fizično nasilje nad ženskami",
- 50 % žensk izbere "Razlika v plačilu med ženskami in moškimi in njen vpliv na razvoj kariere",
- 36 % „Zaščita žensk in deklet, ki pripadajo ranljivim skupinam“,
- 29 % jih izbere "Večje težave žensk pri usklajevanju zasebnega in poklicnega življenja (ravnotežje med poklicnim in zasebnim življenjem)",

- 13 % izbere "Vztrajnost seksističnih stereotipov" in "Pomanjkanje zastopanosti žensk na odgovornih položajih v politiki",
- 10 % izbere "Pomanjkanje zastopanosti žensk na odgovornih položajih v podjetjih",
- 9 % jih izbere "Ublažitev finančnega vpliva COVID-19 na ženske".

Poleg tega so morale ženske na Cipru pri vprašanjih, povezanih s pandemijo in delom, odgovoriti, ali se strinjajo ali ne strinjajo z različnimi izjavami. V izjavi »Pandemija je negativno vplivala na moje ravnesje med poklicnim in zasebnim življenjem« je 30 in 38 žensk izbralo Popolnoma se strinjam oziroma Delno se strinjam. Prav tako jih je 6 odgovorilo, da se z zgornjo trditvijo nekoliko ne strinjajo, 8 pa da se popolnoma ne strinjajo. V izjavi » Pandemija je negativno vplivala na moj dohodek« jih je 32 oziroma 25 odgovorilo, da se popolnoma strinjajo oziroma nekoliko strinjajo.

Če povzamemo zgornje trditve in podatke, štiri od desetih žensk pravijo, da je pandemija negativno vplivala na njihov dohodek ter ravnotežje med poklicnim in zasebnim življenjem, medtem ko vsaka peta pravi, da je kriza negativno vplivala na čas, ki ga lahko posvetijo na plačano delo. Ciper je na prvem mestu v Evropi z 68 % vprašanih (povprečje EU je 44 %), ki pravijo, da je imela pandemija negativen vpliv na njihovo ravnotežje med poklicnim in zasebnim življenjem.

Kot druge države je tudi ciprsko gospodarstvo prizadela pandemija in se je v drugem četrtletju leta 2020 zmanjšalo za 4,7 %, v tretjem četrtletju pa za 1,4 %. Vlada je sprejela ukrepe za zmanjšanje vpliva pandemije na delovna mesta z različnimi shemami dohodkovne podpore za zaposlene in podjetja. Med prvimi zaporami so potekale različne raziskave, na primer »Kako Ciprčani doživljajo pandemijo COVID-19 (april 2020) in pandemijo COVID-19 na Cipru v drugi fazi sproščanja zaježitvenih ukrepov (maj 2020)«. Glede na raziskavo je 89 % anketirancev poročalo, da je prejšnji teden uporabljalo IKT tehnologije: 24 % za delo na daljavo, 19 % za izobraževanje na daljavo, 86 % za komuniciranje s prijatelji in sorodniki. (Industrijski odnosi in socialni dialog Ciper: Delovno življenje v pandemiji COVID-19, 2020, str. 2). Poleg tega jih je 19 % poročalo o popolni prekinitvi dela, 15 % o delni prekinitvi in 3 % o odpovedi.

Javne storitve:

Ministrstvo za finance je 17. marca objavilo ukrepe v zvezi z javno službo in širšim javnim sektorjem. Ukrepi so vključevali »fleksibilen delovni čas pod pogoji, delo od doma, kjer je to mogoče, poseben delno plačan dopust le enem od obeh staršev, ki imata otroke, mlajše od 15 let, zaenkrat do štiri tedne, dopust za osebe, ranljivim kategorijam, kot so osebe, starejše od 60 let, osebe s posebnimi kroničnimi boleznimi, nosečnice ne glede na starost.«¹⁰

Vpliv ukrepov na žrtve nasilja v družini :

V času pandemije se je število posameznikov, ki so doživeli nasilje v družini, povečalo za 30 %. Konkretno številko je podala nevladna organizacija SPAVO, ki podpira žrtve nasilja v družini, številka pa se nanaša na telefonske klice na njihovi liniji za pomoč po izbruhu. Natančneje, 30-odstotno povečanje telefonskih klicev se je zgodilo od 9. marca 2020 (prvi primer koronavirusa) do 17. P marca. Nevladna organizacija navaja, »da je omejitev zaprtja žensk z njihovim nasilnikom na domu v kriznih razmerah, kot je npr. njihova izolacija od družbenega in delovnega življenja ter njihova izključenost iz socialne podpore ponujajo plodna tla za storilca, da utrdi nadzor nad žrtvijo.« (*Posledice izbruha koronavirusa COVID-19 v EU na temeljne pravice, 2020, str. 11*). Do konca marca 2020 je SPAVO prejel

¹⁰ *Izbruh koronavirusa COVID-19 v posledicah EU za temeljne pravice, 2020, str. 8*

2075 klicev, od tega 921 odgovorjenih klicev, 1154 pa je ostalo neodgovorjenih zaradi zasedenosti linij.

Poleg tega je bila ekonomska negotovost bistven dejavnik, da posamezniki doživljajo nasilje v družini, zaradi negotovosti prihodnosti na delovnem mestu, zaradi znižanja plač ali odpuščanja. Posledično mnogi posamezniki doživljajo, da se nasilje v družini vrne nasilnikom. Odrasli in mladoletniki, ki so morali med pandemijo ostati doma zaradi zaprtja šol in dela na daljavo, so bili pogosteje izpostavljeni situacijam nasilja v družini.

Ena od pobud, ki so se zgodile med pandemijo, je bil iz medijev in družbenih medijev plakat po vsej državi s sporočilom »Nasilje nad ženskami ubija ... Postavite temu. Konec. Vložite pritožbo«, na kateri je navedena linija za pomoč SPAVO. Ustvarjena sta bila tudi dva videa o nasilju nad ženskami, s telefonsko številko SPAVO, evropsko številko za klic v sili, telefonsko številko za pošiljanje sporočil, Facebook stran SPAVO in 7T www.domviolence.org.cy 7T s komunikacijo prek e-pošte. Tudi ob tej pobudi je telefonska linija SPAVO imela težave z odgovarjanjem na vse morebitne klice.

Poleg tega je bil v letnem poročilu urada odbora za enakost spolov (2020) omenjen nov Nacionalni akcijski načrt za enakost spolov (NAP). V poročilu je omenjena obremenjenost žensk na Cipru z več obveznostmi, povezanimi s skrbjo za gospodinjstvo, starejšimi, invalidi in osebami s posebnimi potrebami. invalidne osebe in/ali drugi vzdrževani družinski člani. Cilj NAP je strmoglavljenje patriarhalnih in moških družb, gospodarskih in političnih struktur ter mehanizmov.

Dobra praksa, ki je bila izvedena med pandemijo covid-19, je bil projekt Virtual Teams, katerega cilj je pomagati vodilnim v malih in srednje velikih podjetjih (MSP), da priznajo pomen digitalnih veščin in praks dobrega počutja pri ohranjanju zdravih in produktivnih virtualnih ekip. Njegovi cilji vključujejo razvoj ustreznih kompetenc pri vodij ekip za boljše upravljanje virtualnega počutja in produktivnosti ekipe ter hkrati obogatitev njihove sposobnosti za uporabo ustreznih tehnoloških orodij. Namen Virtual Teams je tudi opremiti kadrovske strokovnjake z orodji in veščinami, da bodo lahko spodbujali pozitivno organizacijsko kulturo s prilagajanjem svojih politik, praks in postopkov ter podpirali svoje osebe. (<https://virtual-teams.eu/about/>)

1.5 Francija

Splošni pregled

V Francijo je bolezen prispela v začetku leta 2020, prvi primer pa so odkrili 24. januarja 2020. Od takrat se je po vsej državi pojavilo več izbruhov okužbe. Prvi omejevalni ukrepi so bili sprejeti konec februarja 2020 s prepovedjo prireditev, ki vključujejo več kot 5000 ljudi v zaprtih prostorih. 19. decembra 2022 je bilo v Franciji registriranih 37,8 milijona primerov covid-19 s skupno 157.000 smrtnimi primeri. Veliko ljudi se je torej okužilo s tem virusom, kljub nacionalnim ukrepom za zajezitev širjenja epidemije.

Svetovna zdravstvena organizacija (WHO) je 11. marca 2020 covid-19 razglasila za pandemijo. Posledično so bili v Evropski uniji, vključno s Francijo, sprejeti strožji ukrepi. V četrtek, 12. marca 2020, je trenutni predsednik Francoske republike Emmanuel Macron napovedal zaprtje vseh vrtcev, šol, visokih šol in univerz od ponedeljka, 16. marca, in močno spodbudil uvedbo dela na daljavo za poklice, ki bi ga lahko uporabljali. Ti ukrepi naj bi sprva trajali 2 tedna. Vendar so bili dokončani 4 dni pozneje, 16. marca 2020, z zaporo prebivalstva in omejitvijo kroženja na tisto, kar je bilo nujno potrebno. Edini dovoljeni razlogi za odhod od doma so bili odhod na delo, zaradi zdravstvenih razlogov, zaradi nujnih družinskih razlogov ali enourni sprehod z živalmi v radiju največ 1 km od doma. Prvi lockdown, ki naj bi se začel 17. marca opoldne in naj bi trajal petnajst dni, je bil dvakrat podaljšan, do 11. maja 2020. Prvi lockdown je skupaj trajal 55 dni.

Druga blokada je potekala od 30. oktobra do 15. decembra 2020 (46 dni) in od 3. aprila do 3. maja 2021 (30 dni). Sprejeti so bili vmesni ukrepi, kot so policijska ura, prepoved zbiranja več kot določenega števila ljudi ali na določenih mestih, dostop do določenih mest ob predložitvi potrčila o negativnem testu (antigenskem ali PCR) na covid-19. kot del postopnega izstopa iz karantene ali kot odziv na situacije ponovnega izbruha epidemije na lokalni ali nacionalni ravni.

Vsi ukrepi, sprejeti med epidemijo, so bili namenjeni omejevanju stikov med prebivalstvom, s ciljem omejiti širjenje epidemije in s tem smrti, povezane s covidom-19, ter preprečiti, da bi bolnišnice bile prenapolnjene z bolniki in tako omejile dostop do oskrbe drugih bolnikov. Namen je bil sprejeti ukrepe, ki so bili primerni in sorazmerni s situacijo, s katero se je soočala država. Pandemija brez primere in izjemna narava je zahtevala nujne ukrepe, čeprav v natančno določenem zakonskem okviru. Ukrepi o omejitvi prometa, ki so bili sprejeti 16. marca 2020, so bili v obliki odloka »o urejanju prometa v okviru boja proti širjenju virusa covid-19«¹¹. 17. marca 2020 je bil združen z drugim odlokom "o uvedbi globe za kaznovanje kršitve ukrepov za preprečevanje in omejevanje posledic resnih nevarnosti za zdravje prebivalstva"¹² Vse te ukrepe je dovoljeval člen L. 3131-1 Zakonika o javnem zdravju (CSP)¹³. Tako imenovano "izredno zdravstveno stanje" je bilo vzpostavljeno z

¹¹Odlok št. 2020-260 z dne 16. marca 2020, ki ureja potovanja kot del boja proti širjenju virusa COVID-19, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000041728476/2020-03-21/>

¹²Odlok št. 2020-264 z dne 17. marca 2020 o uvedbi kršitve za kaznovanje kršitve ukrepov za preprečevanje in omejevanje posledic resnih nevarnosti za zdravje prebivalstva, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000041731767>

¹³Člen L3131-1 – Kodeks javnega zdravja, https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000046118996

zakonom z dne 23. marca, ki je bil podlaga za nov pravni okvir za vse ukrepe za boj proti širjenju epidemije covid-19 ¹⁴

Dva elementa sta utemeljevala vladno ukrepanje in uvedbo omejevalnih ukrepov

- Vključitev omejitev v natančno opredeljen pravni okvir je omogočila legitimacijo teh ukrepov;
- Nujnost glede na potencialno nevarnost tega neznanega virusa.

Eksponentno širjenje bolezni, podobe zaprtja na Kitajskem in resnost bolezni (tudi smrt za najbolj ranljive) so omogočili soglasje med prebivalstvom v splošnem interesu. V tem smislu je Jean-François DELFRAISSY, predsednik znanstvenega sveta za koronavirus, izjavil, da je "cilj karantene omejiti število resnih oblik bolezni in omogočiti, da naš zdravstveni sistem ostane učinkovit".

Kljub začetnemu sprejemanju splošnih karantnih ukrepov se je postopoma čutila utrujenost francoskega prebivalstva. To je mogoče pojasniti z zaporednimi škandali, ki so se dogajali na našem ozemlju glede opreme zdravstvenih delavcev, razdeljevanja mask in kasneje cepiv. Dodamo lahko obstoj številnih polemik, o katerih se razpravlja tako na politični ravni kot med prebivalstvom.

Takšni ukrepi so neizogibno imeli ekonomske, strokovne, socialne in zdravstvene posledice. Življenja Francozov so zaradi pandemije in različnih zapor popolnoma obrnila na glavo: ti različni ukrepi so močno prizadeli duševno zdravje Francozov. Poleg tega se je precej povečalo nasilje v družini, tako nad otroki kot nad ženskami ¹⁵.

Politično življenje Francije, ki jo pogosto obravnavajo kot »deželo človekovih pravic«, je močno prizadela pandemija. Glede na študijo Economist ¹⁶ je Francija leta 2020 prešla iz "polne demokracije" v "propadajočo demokracijo". Ta študija temelji na indeksu demokracije, kazalniku, ki ga je opredelila obveščevalna skupina Economist in ocenjuje 60 meril razdeljen v 5 kategorij (volilni proces in pluralizem, državljanske svoboščine, delovanje vlade, politična udeležba in politična kultura). Ta indeks demokracije je padel s 5,37 leta 2020 na 5,28 leta 2021 v Franciji. Ta padec, največji od leta 2010, je mogoče pojasniti s pandemijo in ukrepi, sprejetimi za njeno zaježitev: ti so vplivali tako na uživanje temeljnih pravic kot na obstoj demokratične razprave kot podlage za politično odločanje. Poleg tega je pobuda Global State of Democracy Initiative opazila padec indeksa za uveljavljanje državljskih svoboščin v letu 2020. V Franciji je padel z 0,86/1 na 0,81/1 ¹⁷.

Končno je pandemija vplivala na družbo z gospodarskimi posledicami, ki jih je imela. To so poudarile številne študije, tako nacionalne kot mednarodne. Ta upad lahko opazimo na svetovni in evropski ravni, še bolj pa v Franciji. Medtem ko je BDP območja evra leta 2020 upadel za 6,6 %, je BDP Francije upadel za 7,9 %, torej za 1,3 točke več. Sektorji, ki jih je ta pojav najbolj prizadel, so neizogibno

¹⁴Zakon št. 2020-290 z dne 23. marca 2020 o nujnem odzivu na epidemijo COVID-19, <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041746313/>

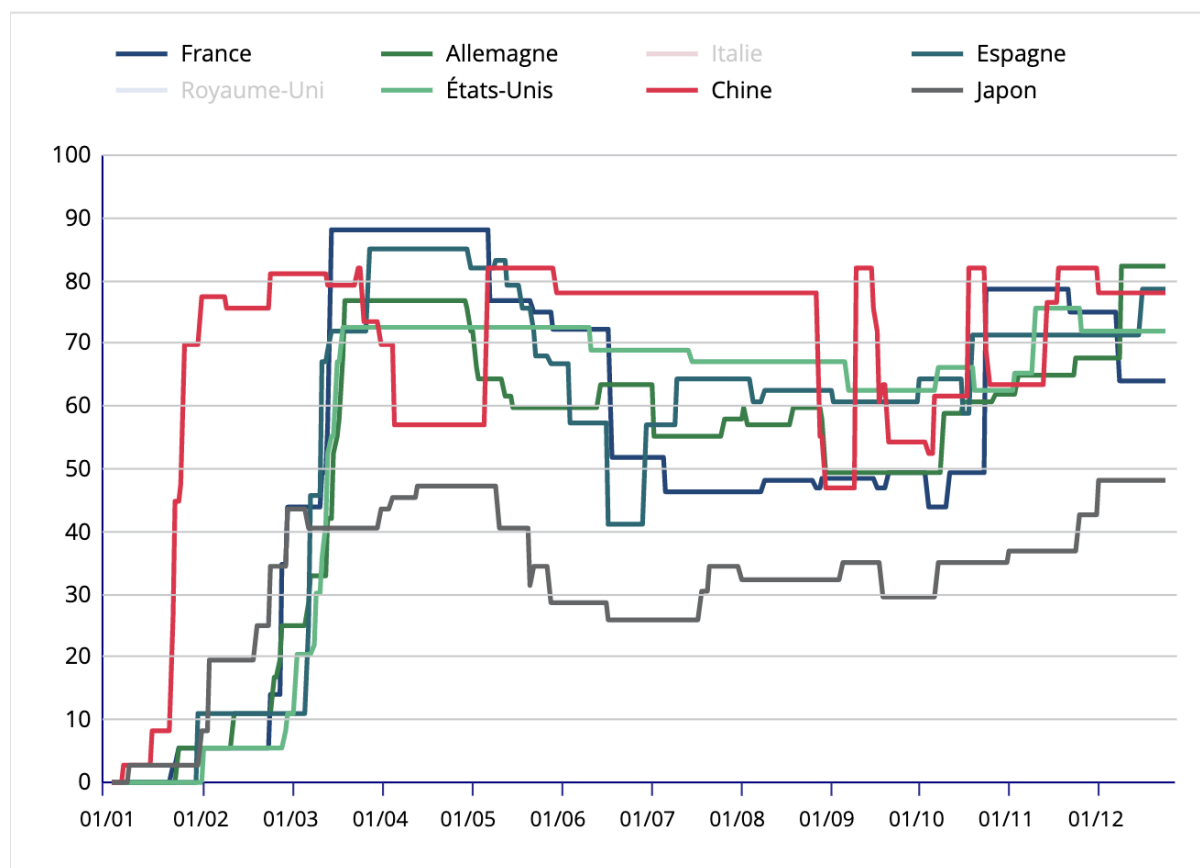
¹⁵La Dépêche, »Koronavirus: nasilje v družini med karanteno naraslo za 30 %«, 4/12/2020, <https://www.ladepeche.fr/2020/04/12/coronavirus-les-violences-conjugales-en-hausse-de-30-pendant-le-confinement,8843584.php>

¹⁶Economist, »Nova najnižja vrednost za globalno demokracijo«, 09/02/2022, <https://www.economist.com/graphic-detail/2022/02/09/a-new-low-for-global-democracy>

¹⁷Democracy tracker, Francija, <https://www.idea.int/democracytracker/country/france>

trgovina, promet, nastanitev in gostinstvo. To je vplivalo na zaposlenost, ki se je leta 2020 močno zmanjšala. Kljub temu so si javne uprave prizadevale uvesti pomoč posameznikom in podjetjem, da bi obvladale padec gospodarske aktivnosti, kar je omogočilo, da so izpad dohodka absorbirali Država.¹⁸

Slika – Indeks omejitev univerze Oxford 2020



Opomba: indeks povzema vse ukrepe za omejevanje zdravja, kot so omejitve gibanja ljudi in zaprtja trgovin, uprav in šol.

Tolmačenje: 31. decembra 2020 je bil indeks omejitev v Franciji 63,9 v primerjavi z 71,8 v ZDA.

Vir: Hale et al (2020).

Kako je kriza covid-19 vplivala na demokratično razpravo v Franciji?

Od začetka krize covid-19 je bila demokratična razprava prizadeta v različnih stopnjah in na različne načine po vsej Uniji, vključno s Francijo.

V Franciji je bila navpičnost vladnega odločanja na široko kritizirana kot protidemokratična in zanika potrebo po razpravi kot podlagi za demokracijo med to krizo.

Demokratična razprava je bila od začetka zdravstvene krize potisnjena v ozadje. Ob zori prvega zaprtja, 16. marca 2020, je vodja države Emmanuel MACRON izjavil: "Smo v vojni". Ta bojni govor ni bil nepomemben. Nasprotno, spominjanje na vojno proti temu nevidnemu virusu, o katerem je bilo

¹⁸Francosko gospodarstvo v letu 2020: leto preobratov, <https://www.insee.fr/fr/statistiques/5389038>

takrat malo znanega, je nakazovalo potrebo po določeni enotnosti med Francozi, pri čemer je bilo malo ali nič prostora za demokratično razpravo. Ta 'vojna' proti covidu-19 in omejevanje njegovega širjenja je bila prednostna naloga.

V resnici je poleg samega covid-19 na demokratično razpravo v Franciji vplival strah pred virusom. Obvladovanje tveganj, ki jih je povzročila pandemija, je imelo prednost pred demokratično razpravo, pri čemer so bila mnenja zdravnikov, epidemiologov in znanstvenih strokovnjakov osrednja v procesu odločanja. Vzpostavljena je bila »strokovna vlada« z državo, ki ni bila več sposobna sprejemati odločitev na podlagi demokratične razprave in racionalnosti.

Zdaj je pandemija zaradi svoje narave brez primere in nepredvidenosti izrazito političen trenutek, trenutek, ko demokracija in z njo povezana razprava dobita svoj polni pomen. V resnici je demokracija artikulacija stalne razprave med političnimi strankami in državljani. V tem okviru bi moral imeti strokovnjak le svetovalni glas. V Franciji se je zgodilo nasprotno: strokovna mnenja so bila podlaga za odločanje o ukrepih, ki jih je treba sprejeti za zaustavitev širjenja epidemije covid-19.

Kljub temu strokovnjaki sami poudarjajo pomen demokratične razprave pri obvladovanju krize. Nacionalni posvetovalni odbor za etiko¹⁹ in znanstveni svet²⁰ sta izdala priporočila za boljše upoštevanje demokratične razprave pri ukrepanju proti virusu. To priporočilo je bilo utemeljeno z morebitno neustreznostjo ali celo neproduktivnostjo omejitev, kadar niso prilagojene realnosti.

Na primer, zaprtje domov za okužene ljudi (ukrep, ki je v Evropi široko priljubljen) se je včasih izkazalo za neuporabno ali celo nevarno (psihološke posledice, okužba drugih članov družinskega gospodinjstva itd.). Pravzaprav v teh trenutkih demokracija dobi svoj polni pomen. Kadar nobena znanstvena odločitev ni idealna, je treba v igro vključiti politiko, v središču katere je demokratična razprava.

Vendar sta strah, ki izvira iz virusa, in situacija brez primere, s katero smo se soočili med zaporednimi zaporami, povzročila burne reakcije v demokratičnih razpravah, med političnimi osebnostmi, med državljani in med tema dvema skupinama. Odločitve, ki so bile sprejete, so v veliki meri razdelile prebivalstvo glede različnih tem: zapore, omejitve gibanja, maske, cepiva, zdravje in nato prepustnice za cepljenje. To ni omogočilo učinkovite demokratične razprave: priča smo bili več soočenju znotraj prebivalstva, agresivnim izmenjavam med zagovorniki zaprtja, za masko, za vax, za higiensko karto/cepivo ... in proti zaprtju, anti-masko, anti-vax, anti-sanitarna prepustnica/cepivo. Pogosto je prišlo do silovitih odzivov, ki so dali več argumentov politikom, ki so želeli utišati demokratično razpravo. »Zdi se, da je strah prevladal nad demokratično razpravo«. Narava zaprtja brez primere in različni ukrepi, sprejeti za omejitev širjenja covid-19, so povzročili antinomične reakcije med prebivalstvom, ko so ga vprašali o vladni politiki in njenih učinkih na temeljne pravice. bili nasprotni in siloviti, saj razprava ni puščala prostora za nianse.

¹⁹Francoski svetovalni organ s statusom neodvisnega upravnega organa, katerega naloga je "dajati mnenja o etičnih problemih in družbenih vprašanjih, ki jih sproža napredek znanja na področjih biologije, medicine in zdravja".

²⁰Neodvisna francoska svetovalna organizacija, ki je od marca 2020 do julija 2022 odgovorna za obveščanje javnosti o odločanju za boj proti pandemiji Covid-19, obravnava pa tudi vprašanja vzdrževanja električne, digitalne infrastrukture ter infrastrukture javnega reda in miru.

Nadomesti jo komisija za spremljanje in predvidevanje zdravstvenih tveganj.

Francoska zagovornica človekovih pravic Claire HEDON je že od začetka zdravstvene krize opozarjala na posledice sprejetih ukrepov na pravice in svoboščine, zlasti na demokratično razpravo. 24. oktobra 2020 je v članku, objavljenem v francoskem časopisu "Le Monde" ²¹, poudarila potrebo po vzpostavitvi poglobljene demokratične razprave o primernosti ali neustreznosti zdravstvenih ukrepov, sprejetih v kontekstu boja proti širjenju COVID-19. V istem duhu članek ²², ki ga je v Le Figaro objavila Muriel FABRE-MAGNAN, profesorica prava, poudarja krizo pravne države, ki jo je povzročila pandemija, in ukrepe, sprejete za njeno zajezitev.

Nazadnje, pomemben element, ki ga je treba poudariti pri tem vprašanju, je mesto medijev. Mediji imajo bistveno vlogo v demokraciji, saj državljanom zagotavljajo informacije, da lahko razpravljajo in odločajo na informiran način. Med krizo covid-19 mediji v zvezi s tem pogosto niso v celoti odigrali svoje vloge. V Franciji je bila ameriška "kultura odpovedi" zelo razširjena in nekateri mediji so poskušali narediti nelegitimen vsak diskurz, ki ni potrjeval diskurza javnih oblasti. Predvsem na temo mask je časopis Le Monde 25. avgusta 2020 objavil članek ²³, posvečen anti-maskam, ki je izenačil tiste državljane proti maskam v vseh okoliščinah in tiste proti maskam na prostem. Tovrstni članki so okrepili posploševanje in polarizacijo razprave. Če gremo še dlje, in s postopkom združevanja so ljudje proti maski, na enak način kot proti cepivom, postavljeni v skrinjico zarote. Ta članek ni pustil prostora za nianse, preprosto je opisal vladni diskurz.

Vendar pa je obvladovanje krize za nekatere pozitivno vplivalo na demokracijo, saj je vladi omogočilo, da ponovno zavzame svoje mesto, tako da jo je postavilo pred njene odgovornosti ²⁴. Tako je vlada ponovno postavljena v središče odločanja. Kriza covid-19 je izpostavila značilnosti francoskega sistema, tako njegove prednosti kot slabosti. Pierre-Henri TAVOILLOT je poudaril, da "smo torej zelo daleč od napovedanega propada". Dejansko smo imeli opravka z virusom, o katerem se je malo vedelo, vodstva bolnišnic, državljani, šole in celotno javno življenje, ki ga je prizadel virus. Tako prebivalstvo kot javne oblasti so se lahko prilagodile, da bi ohranile zdravstveni sistem, javne storitve in dejavnost države na splošno. Težave, ki so obstajale pred pandemijo, so se pojavile tudi med zdravstveno krizo: demokratična razprava je bila v procesu odločanja o covidu-19 večinoma zavrnjena. To je napaka francoske demokracije, zaradi katere je po zgoraj omenjeni študiji Economist "propadajoča demokracija".

Kako je kriza covid-19 vplivala na uživanje temeljnih pravic?

Kriza covid-19 je povzročila izjemne ukrepe v Franciji, Evropi in na splošno v svetu. Čeprav so bili ti ukrepi bistveni za ohranitev nacionalnega zdravstvenega sistema ter za omejitev širjenja epidemije in njenih morebitnih posledic za zdravje, so se morda zdeli liberticid.

²¹Claire HEDON, "Obstoj vsebinske demokratične razprave o primernosti zdravstvenih ukrepov bi spodbujal socialno kohezijo", Le Monde, 26. 10. 2020, https://www.lemonde.fr/idees/article/2020/10/24/claire-hedon-l-existence-d-un-debat-democratique-de-fond-sur-le-caractere-adapte-des-mesures-sanitaires-favoriserait-la-cohesion-sociale_6057209_3232.html

²²Muriel FABRE-MAGNAN, "Ali je pravna država bolna zaradi Covid-19?", Le Figaro, 21. 12. 2021, <https://www.lefigaro.fr/vox/societe/muriel-fabre-magnan-l-etat-de-droit-est-il-malade-du-covid-19-20211221>

²³»Privrženost različnim teorijam zarote je značilna lastnost »antimaskerjev«, Antoine BRISTIELLE, Le Monde, 25. 8. 2020, https://www.lemonde.fr/idees/article/2020/08/25/l-adhesion-aux-differentes-theories-du-complot-en-est-un-trait-caracteristique-des-antimasques_6049841_3232.html

²⁴"Francoska demokracija v hudem vremenu. Od rumenih telovnikov do Covid-19", Pierre-Henri TAVOILLOT, <https://www.cairn.info/revue-constructif-2022-1-page-41.htm>

V Franciji je Nacionalna posvetovalna komisija za človekove pravice²⁵ (CNCDH) že od prve karantene zaskrbljena zaradi vpliva sprejetih ukrepov na uživanje temeljnih pravic. Uvedba izrednega zdravstvenega stanja kot pravne podlage za sprejete omejevalne ukrepe je bila postavljena pod vprašaj v izjavi z dne 28. aprila 2020 z naslovom "Izredno zdravstveno stanje in pravna država"²⁶. Če sledimo tej izjavi, je bilo sprejetje teh ukrepov v nasprotju s predhodno obstoječimi besedili in torej brez pravne podlage, kršitev temeljnih pravic je bila neupravičena. Večkrat niso bile upoštevane izjave CNCDH, organa, ki zagotavlja človekove pravice v Franciji, zlasti glede izvajanja aplikacije za pametne telefone "StopCovid"²⁷

CNCDH je med to krizo ustanovil Observatorij o izrednem zdravstvenem stanju in zadrževanju, v okviru katerega so bile pripravljene različne izjave in poročila, katerih namen je bil obveščati o temeljnih pravicah v tem obdobju covid-19 in o dobrih praksah, ki so bile vzpostavljene za zaščito temeljnih pravic ob zasledovanju ciljev omejevanja okužb s covidom-19 in preobremenjenostjo bolnišnic. Vzpostavitev takšnega Observatorija je zanimiva praksa, ki je omogočila stalno spremljanje sprejetih ukrepov in njihov vpliv na uživanje temeljnih pravic. Oblikovala je tudi priporočila za boljše spoštovanje človekovih pravic.

1. Pravica do zdravja

V poročilu²⁸ z dne 6. maja 2020 se je Observatorij osredotočil na pravico do zdravja in nujnost zagotavljanja dostopa do zdravstvene oskrbe za vse v okviru prvega zaprtja. Nekatere ovire pri uveljavljanju pravice do zdravja so bile specifične za krizo covid-19: naval bolnikov s covidom-19 in njihova potreba po intenzivni negi pri nekaterih je naložila odpoved tako imenovanih »nenujnih« zdravstvenih posegov v ukaz, da zahteva opremo in osebje za zdravljenje ljudi z virusom. Razširjena uporaba posvetovanja na daljavo in spodbujanje, da ostanejo doma, je povzročilo tudi zamude pri oskrbi in celo diagnozi pri nekaterih bolnikih. Na primer, centri Unicancer so med marcem in julijem 2020 zabeležili 6,8 % manj zdravljenih bolnikov: v prihodnjih letih bi to lahko povzročilo presežek od 1000 do 6000 smrti zaradi raka, saj bi lahko bila zamuda pri zdravljenju te bolezni uničujoče glede na hitro napredovanje.

Poleg ovir za uživanje pravice do zdravja, ki so del krize, je delovala tudi kot katalizator za težave, ki so se že pojavile. Dejansko se je izkazalo, da so družbene neenakosti, ki vplivajo na zdravje prebivalstva, dejavnik čezmerne umrljivosti v primeru okužbe s covidom-19. Departma Seine-Saint-

²⁵Neodvisen upravni organ z nalogo svetovati javnim odločevalcem o človekovih pravicah in mednarodnem humanitarnem pravu ter spremljati mednarodne zaveze Francije na teh področjih.

²⁶Mnenje z dne 28. aprila 2020, *Izredno zdravstveno stanje in pravna država*, <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000041842574>

²⁷Mobilna aplikacija za sledenje stikom, ki je bila uvedena v okviru pandemije Covid-19 v Franciji in je bila prvotno namenjena opozarjanju na možen prenos z okuženo osebo. Začetni projekt je naletel na nasprotovanje načelu sledenja stikom, kar je sprožilo strahove zaradi pomanjkanja zdravniškega nadzora, vprašanja o uporabi zbranih podatkov ter kritike izvedbe in tveganj, ki bi jih lahko povzročila.

²⁸Pismo št. 5 Observatorija za izredno zdravstveno stanje - Učinkovitost dostopa do oskrbe, <https://www.cncdh.fr/publications/lettre-5-de-lobservatoire-de-letat-durgence-sanitaire-effectivite-de-lacces-aux-soins>

Denis se je na primer soočil s presežno smrtnostjo 101,8 %²⁹. Ta departma je eden najrevnejših v Franciji, zato je njegovo prebivalstvo na splošno v negotovem zdravstvenem stanju in nima zdravstvenih ustanov. To tudi poudarja neenakosti glede dostopa do oskrbe na nacionalnem ozemlju: razmere na čezmorskih ozemljih so se izkazale za kritične zaradi pomanjkanja bolnišničnih struktur, ki bi lahko sprejele bolnike.

Nasploh je nezmožnost zdravstvenega sistema, da sprejme vse paciente, povzročila odrekanje oskrbe nekaterim pacientom, kar pomeni kršitev pravice do varovanja zdravja, »ki ne sme trpeti v nobeni obliki diskriminacije glede na starost, državo zdravstvenega stanja, invalidnosti, narodnosti, upravnega statusa ali socialnega izvora«. Položaj migrantov in oseb, zaprtih v zaporih, izpostavlja CNCDH.

Na koncu tega pisma Observatorij oblikuje vrsto 7 kratkoročnih in srednjeročnih priporočil za ohranitev pravice do zdravja v okviru pandemije in po njej.

2.Pravica do izobraževanja

Pandemija je prizadela vse vidike življenja francoskih državljanov, vključno z izobraževanjem. Pravica do izobraževanja je sestavni del temeljnih pravic, ki omogoča upoštevanje vseh drugih temeljnih pravic. Kljub temu je virus povzročil drastično omejene socialne stike in prve so bile zaprte izobraževalne ustanove. Učitelji so morali okrepiti prizadevanja za zagotavljanje kontinuitete izobraževanja. Za vzpostavitev pouka na daljavo se je bilo zato treba prilagoditi. Začetki pouka na daljavo so bili težki za učitelje, starše in učence. Ti novi modeli izobraževanja so potrdili obstoječe neenakosti in jih celo razširili. Otroci iz družin z nizkimi dohodki so bili prvi prizadeti zaradi učenja na daljavo: pogosto v slabih stanovanjih, brez dostopa do računalnika, v prenatrpanih prostorih in s starši, ki so včasih slabo znali francoski jezik, so se znašli v položaju, niso bili združljivi z učinkovitim šolanjem na domu. Nasprotno pa so imeli otroci iz premožnih družin koristi od staršev, ki so lahko igrali vlogo učitelja in jim pomagali pri učenju na daljavo.

Poleg neenakosti, povezanih z družinskimi okoliščinami, je prišlo tudi do neenakosti na nacionalni ravni zaradi vodenja različnih pedagoških procesov v šolah. Nekatere šole so poskušale ohraniti čim več stikov z družinami, druge pa so stike omejile na minimum.

Skrb vzbujajoč je tudi položaj visokošolskih študentov z vidika njihove pravice do izobraževanja: pred zdravstveno krizo je že 20 % študentov živelo pod pragom revščine³⁰, ta številka pa se je z zaprtjem povečala zaradi zatiranja študentskega dela. Ti negotovi študenti so se znašli v zapletenih situacijah, saj pogosto niso imeli potrebne opreme za spremljanje tečajev učenja na daljavo: dolgotrajno zaprtje univerz in knjižnic ni pomagalo ublažiti te težave.

3.Pravica do svobode gibanja

Pravica do svobode gibanja je bila zagotovo temeljna pravica, ki je bila med krizo covid-19 najbolj prizadeta. In to z dobrim razlogom: medtem ko bi pravici do izobraževanja in pravici do zdravja lahko koristili ukrepi za odškodnino zaradi kršitve zadevne pravice, je bila omejitev svobode gibanja v

²⁹Kakšne so posledice pandemije Covid-19 in politik zaklepanja nedokumentiranih priseljencev v Franciji?, december 2020, <https://www.irdes.fr/english/issues-in-health-economics/253-what-consequences-of-the-covid-19-pandemic-and-lockdown-policies-on-undocumented-immigrants-in-france.pdf>

³⁰Revščina po statusu aktivnosti in pragu, INSEE, <https://www.insee.fr/fr/statistiques/3565548>

samem središču ukrepov, sprejetih za zajezitev epidemije. Francozi so lahko potovali le iz posebnih razlogov: služba, nujni družinski razlogi, nujno nakupovanje, zdravje ali telesna dejavnost v največjem radiju 1 km od doma in za največ 1 uro.

V tem poročilu ni mogoče natančno opisati, kako so na vsako temeljno pravico vplivali ukrepi, sprejeti v Franciji za boj proti pandemiji covid-19. Dejansko naj bi bilo to poročilo kratko in učinkovito pri obravnavanju glavnih človekovih pravic, katerih uživanje je bilo med zdravstveno krizo omejeno, ter dobrih praks za omejevanje vpliva omejitev na zadevne pravice. Kljub temu so bile v Franciji kot drugod po svetu zaradi pandemije ogrožene druge pravice: pravica do dela, pravica do svobode zbiranja, pravica do zasebnosti itd.

Z današnjim pogledom za nazaj na pandemijo, njene posledice in vpliv na uživanje temeljnih pravic se zdi več kot nujno najti rešitve, ki omogočajo učinkovitejšo usklajevanje človekovih pravic in morebitnih zdravstvenih omejitev, povezanih z epidemijo, kot je npr. kot tisto, ki smo jo doživeli s covidom-19.

Kako je kriza covid-19 vplivala na ravnotežje med poklicnim in zasebnim življenjem žensk?

Kriza covid-19 in zaporedni lockdowni so vplivale na delovno življenje celotnega prebivalstva.

Študija FRA "Pandemija koronavirusa in človekove pravice: pregled leta 2020"³¹ je poudarila, da je bila pandemija še posebej težka za ženske. Študija navaja, da "obstajajo dokazi, da je pandemija nesorazmerno prizadela ženske, zlasti na področju zaposlovanja, usklajevanja poklicnega in zasebnega življenja ter družinskih obveznosti". V Franciji je brezposelnost, ki jo je povzročil virus, najbolj prizadela ženske. Glede na študijo³² francoskega Nacionalnega inštituta za demografske študije (INED) sta bili le dve od treh žensk, zaposlenih pred pandemijo 1. marca 2020, še vedno zaposleni dva meseca pozneje. Nasprotno pa so bili 3 od 4 moških še vedno zaposleni 2 meseca po začetku pandemije in omejevalnih ukrepov v Franciji.

Ženske, ki so na vrhuncu krize lahko ohranile poklicno dejavnost, so se soočale s številnimi težavami. Uvedba dela na daljavo je omogočila nadaljnje delo prebivalcem, ki so jim zaposlitve omogočale, številnim poklicem pa ne. Predvsem storitveni poklici so bili prisiljeni opustiti svojo dejavnost (trgovine, ki ne sodijo med t. i. »osnovne potrebščine«), v katerih je bila v tem sektorju dejavnosti zaposlena večina žensk.

Drugi dejavnik, ki je motil delovno življenje, je bilo zaprtje šol. Starši so morali poiskati otroško varstvo, hkrati pa zagotavljati izobraževanje doma. Ob tej priložnosti je prenehalo delati 21 % žensk, dvakrat več kot moških. Ne glede na to, ali so še naprej delale ali ne – ali na daljavo ali ne, je bila velika večina žensk vključena v poučevanje svojih otrok doma, saj jih je 70 % reklo, da vsakodnevno nadzorujejo šolsko delo svojih otrok, v primerjavi s samo 32 % moških. .

70 % anketiranih žensk meni, da je kriza covid-19 vplivala na njihovo poklicno življenje med krizo, pa tudi dolgoročno.

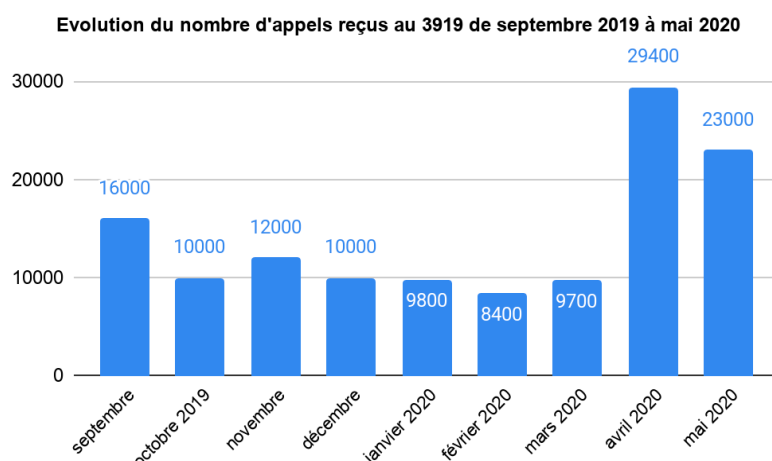
³¹Pandemija koronavirusa in človekove pravice: pregled leta 2020, 10. junij 2021, <https://fra.europa.eu/fr/publication/2021/la-pandemie-de-coronavirus-et-les-droits-fondamentaux-retrospective-de-lanee-0>

³²Delo in njegove prilagoditve: kaj je pandemija covid-19 spremenila za Francoze, <https://www.cairn.info/revue-population-et-societes-2020-7-page-1.htm>

Že pred krizo je bilo iskanje ravnotežja med poklicnim in zasebnim življenjem za ženske težko. Pandemija je torej delovala kot katalizator za neenakosti med spoloma in neravnovesja v življenju zaposlenih žensk, zlasti ko so matere.

Za ženske v zapletenih družinskih razmerah je kriza še povečala njihove težave, zlasti za tiste, ki trpijo zaradi nasilja v družini. V Franciji je 1 od 10 žensk žrtev nasilja v družini³³, fizičnega, psihološkega, verbalnega ali spolnega. Med žrtvami je 62 % aktivnih. Zaporedna zaprtja so poslabšala položaj teh žensk, ki so bile prisiljene ostati zaklenjene s svojim preganjalcem in prikrajšane za pomoč društev. V času, ko je pregrada med osebnim in poklicnim življenjem postopoma izginila, je to nasilje neizogibno vplivalo na delo žensk žrtev nasilja v družini. Tudi to nasilje se je med zdravstveno krizo povečalo za 30 %³⁴: mnoge ženske so se zato znašle v položaju, ko so morale obvladovati svoje poklicno življenje, svoje otroke in gospodinjska opravila, hkrati pa so trpele vsakodnevno nasilje.

Od konca marca 2020 in predvsem od sredine aprila je število prejetih klicev močno naraslo, kar dokazuje, da je zaprtje vplivalo na razkritja nasilja. Pravzaprav je Nacionalna federacija za solidarnost žensk (FNSF) prejela 44.235 klicev in sprejela 15.610 klicev v celotnem obdobju zaklepanja, med 16. marcem in 10. majem 2020.



Polje: število prejetih klicev na 3919³⁵ od septembra 2019 do maja 2020.

Vir: FNSF - Analiza na podlagi 3919 podatkovnih listov - Zaokroženi in začasni podatki

Metodološko pojasnilo: linija je bila dostopna od ponedeljka do sobote od 9. do 19. ure. Od nedelje, 19. aprila, in da bi zadovoljili naraščajoče povpraševanje, je bila linija dostopna 7 dni v tednu.

Opomba za bralca: septembra 2019 so svetovalci FNSF prejeli približno 16.000 klicev

Poleg tega so bile ženske, ki so še naprej delale, večinoma del osebja, ki je delalo v osnovnih trgovinah ali v strukturah oskrbe (domovi za upokojence, bolnišnice, klinike itd.) in so bile zato bolj ranljive za morebitno okužbo. Dejansko je bilo v Franciji leta 2020 v zdravstvenem sektorju

³³Nacionalna raziskava o nasilju nad ženskami v Franciji (Enveff).

³⁴Les violences conjugales pendant le confinement : Evaluation, Suivi et Proposition, Mission interministérielle pour la protection des femmes contre les violences et la lutte contre la traite des êtres humains MIPROF, julij 2020, <https://www.egalite-femmes-hommes.gouv.fr/sites/efh/files/migration/2020/07/Rapport-Les-violences-conjugales-pendant-le-confinement-EMB-23.07.2020.pdf>

³⁵3919 je nacionalna telefonska številka za pomoč in napotitev za ženske, žrtve nasilja.

zaposlenih trikrat več žensk kot moških: 484.000 negovalcev je bilo moških proti 1,494 milijona žensk ³⁶.

Pandemija in kasnejši ukrepi bi lahko bili priložnost za ponovno opredelitev vlog žensk in moških v domu in premik k večji enakosti. Žal ni bilo tako: ravno nasprotno, ženske, ki so bile matere v času zaporednih lockdownov, so bolj trpele zaradi obstoječih neenakosti v bremenu gospodinjskih opravil in vzgoje otrok (vključno s šolanjem na domu). Njihov položaj se poslabša tudi z delom na daljavo.

³⁶Statistična zbirka podatkov o spolu, »Zaposlenost v dejavnostih zdravja ljudi po spolu in starosti«, https://eige.europa.eu/gender-statistics/dgs/indicator/ta_wrklab_lab_employ_selected_healthcare_ifsa_egand22d_hlth/bar/year:2020/geo:EU28,EU27_2020,EU15,EA19,BE,BG,CZ,DK,DE,EE,IE,EL,ES,FR,HR,IT,CY,LV,LT,LU,HU,MT,NL,AT,PL,PT,RO,SI,SK,FI,SE,IS,NO,CH,UK,ME,MK,RS,TR/nace_r2:Q86/starost:Y15-64/enota:THS/spol:M,W

1.6 Grčija

Kronika pandemije v Grčiji se začne s prvim registriranim primerom v državi, pacientko 0, ki je bila ženska, ki je potovala po severni Italiji in je bila v grški bolnišnici diagnosticirana pozitivno na covid-19. Po njeni diagnozi februarja 2020 in vzporedno z globalno zaskrbljenostjo zaradi zdravstvene krize je sledilo stanje strahu in negotovosti, saj je bilo prvič, da je grška bolnišnica morala zdraviti bolnika, pozitivnega na covid-19. Prva globalna objava okužbe z novim virusom je predhodila že decembra 2019, začenši z epidemijo pljučnice v mestu Wuhan na Kitajskem.

Uradno poimenovanje virusa kot Covid-19 je Svetovna zdravstvena organizacija objavila 11. februarja 2020. To ime je bilo izbrano, ker je virus genetsko povezan s koronavirusom, odgovornim za izbruh SARS-a leta 2003, čeprav imata virusa različno aktivnost. Svetovna zdravstvena organizacija je pojasnila, da sta virus in bolezen nova in znanstvena skupnost trenutno ne more biti prepričana o njunih značilnostih in delovanju v človeškem telesu.

Prva smrt v Grčiji je bila registrirana 12. marca 2020 in šlo je za 66-letnega moškega. Glavni odgovorni organ za obvladovanje pandemske krize je bil Generalni sekretariat Civilne zaščite, po prijavi prvih smrti pa so njihovi poskusi postali organiziranejši in intenzivnejši z množičnim pošiljanjem nujnih obvestil na mobilne telefone, informativnimi televizijskimi in radijskimi vložki ter njihovimi objavami. v tiskanih in spletnih časopisih ter na spletnih straneh kot del splošne informativne kampanje. Pristojnosti in področja delovanja generalnega sekretariata za civilno zaščito so bili povečani z novim zakonom, ki je začel veljati po letu 2020 v Grčiji, imenovan »Nacionalni mehanizem za krizno upravljanje in obvladovanje tveganja«, ki je temu organu omogočil sprejemanje več odločitev za zaščito prebivalstva v tej situaciji brez primere.

Informativna kampanja, ki je bila izvedena za širjenje ozaveščenosti grškega prebivalstva o tem novem virusu, je bila predvajana z vsemi komunikacijskimi sredstvi v državi skupaj z vsemi drugimi dnevnimi novicami in posodobitvami v zvezi s covidom-19. Pojav, ki se je poslabšal po izbruhu virusa in kasneje, je bilo širjenje lažnih novic. To je bilo bolj intenzivno v dveh obdobjih zaprtja v Grčiji, marca–maja 2020 in novembra 2020–februarja 2021. Ljudje so bili bolj omejeni z omejeno socialno interakcijo in neizogibno je bilo, da bodo bolj angažirani v medijih in omrežjih družbenih medijev. Spodaj so predstavljene nekatere omejitve, ki so veljale v Grčiji. Naslednje omejitve so bile obvezne in njihova kršitev je pomenila kazenske in denarne sankcije pristojnih organov:

- Gibanje, dostopanje in zadrževanje na javnih mestih je bilo treba utemeljiti in prijaviti s SMS-om, policija in drugi pristojni organi pa so državljane lahko ustavljali in preverjali kadarkoli in na kraju. V času karantene je bilo gibanje prepovedano od 21. do 6. ure zjutraj.
- Izvajanje obveznih ukrepov varne razdalje in obvezna postavitve oznak na vseh vrstah mest (lekarne, živilske trgovine, zdravstvene in sanitarne storitve, dostop do storitev za invalide, dostop do nujnih služb, bank in pošt, javnih parkov, javnih prevoznih sredstev). in sprehajalne površine).
- Prepovedano gibanje izven občine stalnega ali začasnega prebivališča
- Zaprtje izobraževalnih ustanov in izobraževanje na daljavo je bilo odrejeno za celotno območje Grčije, za vse osnovnošolce in srednješolce ter večino terciarnih izobraževalnih ustanov.
- Prepoved obiskov v zdravstvenih ustanovah, tudi za bližnje sorodnike bolnikov.
- Od leta 2020 naprej je Generalni sekretariat Civilne zaščite s pomočjo podatkov, zbranih v sodelovanju z Ministrstvom za zdravje, ustvaril sistem, ki je regije razvrščal glede na stopnjo okužbe. Na podlagi teh je bila regija označena, državljani pa so morali upoštevati različna pravila in omejitve glede na tveganje za javno zdravje.
- Obvezno nošenje zaščitnih mask v zaprtih prostorih in v primerih na prostem, prepoved javnega in zasebnega zbiranja ljudi (nad deset oseb)

- Prepoved verskih obredov in prireditev oziroma omejitev udeležencev na 20 oseb
- Zaprtje vseh gostinskih lokalov (razen osebnega prevzema in dostave) in fitnessov v rdečih regijah ter omejitev delovanja frizerskih, kozmetičnih in drugih storitvenih salonov na največ eno stranko na sobo.
- Z manjšimi izjemami (delo, gospodarska/kmetijska dejavnost, koriščenje turističnih bonov ipd.) je bilo prepovedano prehajanje med rdečimi conami, obvezna pa je bila predložitev uradne dokumentacije z utemeljitvijo razlogov.

Podrobnejše usmeritve in smernice ter priporočila sta podala Civilna zaščita in Ministrstvo za zdravje za naslednje primere:

- Dezinfekcija delovnih prostorov in mest množičnega zbiranja
- Dezinfekcija krajev, kjer je bil potrjen primer
- Ponudba in prodaja blaga in storitev. Trgovinam in kupcem je bilo priporočeno, da izberejo dostavo brez kontakta.

Ti ukrepi so bili močno kritizirani na nacionalni ravni in ravni EU, saj njihova strogost ni bila sorazmerna z resnostjo razmer v Grčiji. To so ugotovili po primerjavi zbranih podatkov po državah v vsakem obdobju pandemične krize.

Decembra 2020 smo imeli prve prihode cepiv v Grčijo in postopek se je začel tako, da so bili zdravstveni delavci prva skupina, ki se je cepila. Ob tej priložnosti se je grška vlada odločila zmanjšati omejitve, saj sta 2 zapora že pritiskala na veliko ljudi in gospodarstvo. Ko so bila cepiva v Grčiji prvič na voljo, so bili ljudje tako obremenjeni z dolgotrajnimi omejitvami, da so pokazali veliko pripravljenost za cepljenje. Zelo značilno je, da so akcijo cepljenja grške vlade poimenovali »Eleftheria«, kar pomeni svoboda. Premier Kyriakos Mitsotakis je napovedal, da se mora osebje v domovih za ostarele cepiti takoj, medtem ko bodo zdravstveni delavci morali biti cepljeni od 1. septembra 2021³⁷. Zdravstvenim delavcem, ki do določenega roka niso bili cepljeni, če so delali v javnih bolnišnicah in organiziranih zdravstvenih strukturah, je po zakonu prešla obvezna prekinitev dela. Grčija je bila ena izmed držav, ki je po zgledu Italije in Francije uvedla obvezno cepljenje zdravstvenih delavcev. Ta odločitev je bila deležna močnih kritik na domači in evropski ravni. Celotni znanstveniki, ki so bili popolnoma prepričani o učinkovitosti in nujnosti cepiv, so izjavili, da lahko ta prisila povzroči negativne vedenjske odzive. Peter English, nekdanji urednik revije *Vaccines in Practice* in nekdanji predsednik odbora za javno zdravje BMA, je za *The BMJ* povedal: »Težava pri uveljavljanju obveznih stvari je v tem, da to pogosto povzroči negativen odziv in lahko povzročite, da več ljudi zavrne cepivo, ker so v to prisiljeni. Splošno mnenje je, da mora biti obvezno cepljenje zadnja možnost.«³⁷ Najbolj dejansko je bilo v Grčiji močno razdeljeno javno mnenje glede teme cepljenja. Zelo odločilen dejavnik je bil pritisk, ki so ga državljani občutili zaradi strožjih pravil za necepljeno populacijo v primerjavi s tistimi, ki so imeli potrjeno o cepljenju.

Natančneje, veljala so strožja pravila ne le za zdravstvene delavce, ampak tudi za splošno populacijo, ki se ni želela cepiti, čeprav so za to odločitev obstajali posebni razlogi. Necepljeni ljudje so morali upoštevati številne omejitve. Niso jih sprejeli v restavracije, kavarne, bare, kinematografe, telovadnice ali druge javne notranje prostore. V nekaterih obdobjih so na takšna mesta sprejemali tudi necepljene osebe, ki so dokazale negativen hitri test, ki je bil opravljen v zadnjih 48 urah. Na delovnih mestih so bili zaposleni dolžni vsakih 48 ur opraviti hitri test v lekarni, bolnišnici ali na določenem mestu za covid-19 testiranje. V nekaterih obdobjih se je celo razpravljalo o scenariju, da necepljenim ljudem ne bi dovolili obiska prej omenjenih krajev, tudi če bi imeli zunanji prostor.

V cerkvah in bogoslužnih prostorih so veljale omejitve, kot so obvezna uporaba mask pri vernikih, ukrepi varnostne razdalje (ena oseba na 15 kvadratnih metrov) in največje število vernikov v cerkvi 100. Oblasti so bile zelo tolerantne do bogoslužnih prostorov, saj jim ni bilo enostavno nadzorovati in, kar je še pomembneje, izvajati kazenskih in finančnih sankcij v teh krajih. Bilo je nekaj omejitev, vendar so bila na koncu le priporočila.

Omejitve so bile za družbo in ljudi izjemne in vedenjski odzivi različnih skupin so bili zelo zanimivi. Ženske, mlajše generacije in visokošolski diplomanti so bili bolj nagnjeni k cepljenju, medtem ko so moški, tisti z osnovno izobrazbo in starejša generacija, pokazala obotavljanje do cepiva proti covidu-19. Na približno polovico cepljenih udeležencev je na končno odločitev vplivalo predvsem obveščanje s spleta (50,4 %), njihovo delo (51,7 %) in družabno življenje (53,1 %), medtem ko je bila polovica necepljenih večinoma pod vplivom obveščanja z interneta (55,5 %) in vladnih politik (51,3 %).

V letu 2021 smo imeli prve mutacije virusa v Grčiji (Omicron, Delta itd.), ki so bile "pospremljene" s številnimi lažnimi novicami in scenariji, ki so jih predvajali tudi mediji. Generalni sekretariat civilne zaščite in ministrstvo za zdravje sta zožila javne objave in so bile samo občasne zapore v mestih ali območjih, ki so bila žarišča okužbe. V letih 2021 in 2022 je bilo bolj očitno, da je imela kriza močan družbeni in gospodarski vpliv. Do leta 2013 je bilo v državi približno 35.822 registriranih smrti in skupno 5.723.715 okužb in za temi številkami se skriva toliko zgodb ljudi, ki so utrpeli izgubo, negotovost in strah.

Če preidemo iz leta 2022 v leto 2023, je covid-19 še vedno prisoten, z nedavno objavo nujnih previdnostnih ukrepov za varovanje javnega zdravja že 1. januarja. Ti ukrepi so seveda manj strogi od tistih iz leta 2020 ali 2021 in ne pridobivajo več javnosti in ne sprožajo več razprav kot v preteklosti. Grčija je bila uspešna pri soočanju s pandemsko krizo, kot kažejo številke in primerjava z drugimi državami, in v veliki meri zato, ker se je zdravstveni sistem s to izkušnjo zelo izboljšal in je prejel več sredstev od vlade in zunanjih virov. Socialni in gospodarski vpliv, ki ga je ta kriza imela za državo, se še vedno preučuje in ga ni mogoče preprosto opisati s številkami in grafiko.

KAKO JE KRIZA COVIDA-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

Pomemben kazalec za oceno, kako je kriza covid-19 vplivala na demokratično razpravo, je Indeks demokracije, globalna meritev, ki poteka vsako leto v vseh državah in razkriva vpogled v stališča državljanov o stopnji demokracije v njihovi državi. Indikatorji tega indeksa so kakovost in udeležba na volitvah, delovanje vlade, politična udeležba, demokratična politična kultura in uživanje osebnih svoboščin.

V obdobju 2020–2022 nas indeks demokracije v Grčiji uvršča na raven pomanjkljivih demokracij, kar ni preveč pozitivno, saj je Grčija država, kjer se je demokracija razvila. V obdobju pandemije v Grčiji nismo imeli nobenega volilnega postopka, saj so bile zadnje parlamentarne volitve 7. julija 2019. Bilo je več zakonodajnih postopkov, ki izhajajo iz izrednega stanja, v katerega je država vstopila po izbruhu pandemije, ki so bili sproženi po hitrejših in manj participativnih postopkih. Ob izrednih razmerah in ob upoštevanju šibkega javnega zdravstvenega sistema so se politiki osredotočili na krepitev vloge Uprave civilne zaščite, kar je bilo uradno potrjeno z novim »nacionalnim mehanizmom za krizno upravljanje in obvladovanje tveganj«, ki je bil sprožen z zakonom 2020.

S tem novim zakonom so bili na hitro določeni vsi ukrepi, ki so bili sprejeti na področju obvladovanja zdravstvene krize in so bili večinoma omejevalni ukrepi za državljane, in objavljeni prekomerno preko medijev državnega merila. Bilo je več javnih razprav o strogosti strategije, ki jo je sprejela

grška vlada, a kljub splošnemu nezadovoljstvu so se grški državljani v veliki večini strinjali s to politiko. Nekatere indikativne omejitve, ki jih je grška vlada občasno sprejela, so:

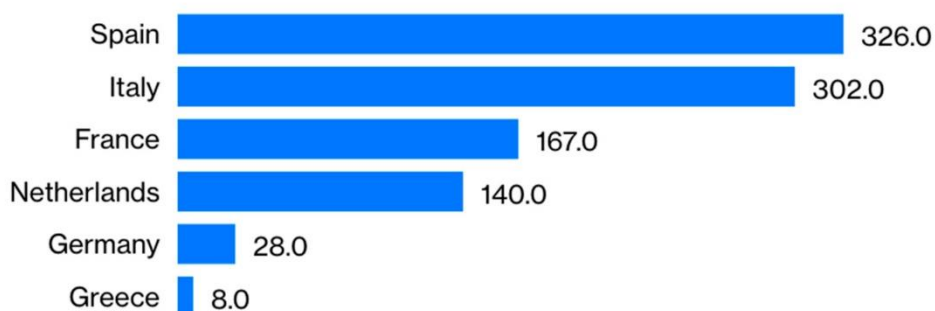
- Policijska ura glede na ure
- Prepoved zbiranja na kateremkoli prostoru (javnem ali zasebnem)
- Spremljanje skladnosti s strani oblasti (vključno s policijo) in nalaganje glob državljanom
- Prepoved medregionalnih gibanj znotraj države
- Strogi ukrepi za necepljene državljane (negativen hitri test v 48 urah za vstop v restavracije, kavarne, bare, kinodvorane, telovadnice ali druge javne notranje prostore in zasebne zunanje prostore prej omenjenih krajev)
- Prekinitev dela za necepljene zdravstvene delavce ³⁷

Kar zadeva vladno strategijo Grčije za obvladovanje pandemije, je zanimivo preučiti primerjave, ki jih med različnimi državami EU izvaja velik del znanstvene skupnosti.

Iz naslednjih števil je očitno, kako je grška vlada uvedla stroge ukrepe socialne distanciranja in zaklepanja v veliko zgodnejši fazi epidemije kot druge južnoevropske države.

The Great Greek Anomaly

Registered deaths of Covid-19, per million people









Slika: Primerjava med Grčijo in drugimi evropskimi državami glede registriranega števila smrti ³⁸

³⁷ (<https://eody.gov.gr>)

• ³⁸ Giugliano, F. Grčija kaže, kako ravnati s krizo – vlada je uvedla stroge ukrepe socialne distanciranja veliko prej kot drugi. Dostopno na spletu: <https://www.bloomberg.com/opinion/articles/2020-04-10/greece-handled-coronavirus-crisis-better-than-italy-and-spain> (dostopano 10. aprila 2020).

Timing of nationwide response measures to Covid-19 in Italy, Spain, and Greece

	All schools closed	Mass events suspended	Nonessential shops closed	Nonessential movement banned
<i>Numbers of days passed between first case confirmed and each measure implementation</i>				
	33	38	40	50
	43	39	43	43
	13	12	19	23
<i>Numbers of days passed between first death confirmed and each measure implementation</i>				
	11	16	18	27
	30	26	30	30
	0	0	4	11

Slika: Primerjava med Grčijo, Italijo in Španijo glede časovne razporeditve odzivnih ukrepov po vsej državi ³⁹

To strategijo so kritizirali in trdili, da gre za posreden način, da vlada omeji državljane s stanjem strahu in se izogne politični krizi. Po drugi strani pa so bili v mednarodnih medijih objavljeni pozitivni komentarji, ki se nanašajo na odgovorno ravnanje s situacijo kljub gospodarski izgubi, kot je komentar Ferdinanda Giugliana v Bloombergu, »Grčija je »ena opazna – in morda presenetljiva – izjema« trendu slabega vodenja, ki ga je izpostavila epidemija koronavirusa,« je povedal o strogih ukrepih socialnega distanciranja. Po drugi strani pa bo odločno ukrepanje pri reševanju problema ali krize vedno sprožilo različne reakcije in mnenja. Grčija se od leta 2012 sooča s hudo gospodarsko in politično krizo, ki je imela velik socialni učinek zaradi splošnega varčevanja, ki se je uporabljalo. Zapore so prekinile že tako krhko gospodarstvo, medtem ko je pomanjkanje zmogljivosti v sistemu zdravstvenega varstva razkrilo vpliv tega dolgoročnega varčevanja na državo. V knjigi »Od varčevanja do pandemije in nazaj? Politika zapiranja v Grčiji« je predstavljena drugačna perspektiva strategije, ki jo je sprejela grška vlada. »Namesto da bi bili rezultat pripravljenosti države, si lahko te zapore razlagamo kot priznanje neuspeha države.« ⁴⁰

Javno mnenje v Grčiji je bilo med pandemijo zelo razdeljeno in to se je izrazilo na več načinov. Najpomembnejše poudarjene stvari niso bile proaktivna utemeljitev strategije, ki jo je sprejela vlada, temveč način, sredstva in besedilo več sprejetih odločitev.

Sprejet je bil sistem spremljanja za razvrščanje regij glede na stopnjo okužbe, ki so jo imele, in to je bilo vodilno orodje za splošni upravni organ, da je priporočil ustrezne omejevalne ukrepe. Toda bili so primeri, ko so bili ukrepi strožji kot običajno, in drugi, kjer je vlada pokazala veliko strpnosti. Na primer, čeprav so bile cerkve in bogoslužni kraji, kot je bilo že omenjeno, na primer kraji, kjer so ljudje običajno kršili pravila, določena za varovanje javnega zdravja, oblasti niso posredovale, kot se je to zgodilo na drugih mestih. Dejstvo, da so bili med tem družbenim in gospodarskim dogodkom nekateri ljudje obremenjeni z upravnimi in finančnimi kaznimi, vendar strogost oblasti ni bila enaka na vseh mestih in za vse skupine, je povzročilo veliko nezadovoljstvo javnega mnenja. Kljub

• ³⁹ Pappas, T. Politika preprečevanja pandemije v Španiji in Grčiji. Dostopno na spletu: <https://pappaspopulism.com/coronavirus-spain-and-greece/> (dostopano 5. aprila 2020).

⁴⁰ Markantonatou, M. (2021). Od varčevanja do pandemije in nazaj? Politika zaprtja v Grčiji. *Historično družbeno raziskovanje/Historische Sozialforschung*, 46 (4), 143-162.

splošnemu nestrinjanju ljudi glede načina spremljanja razmer in nestrpnosti, ki jo vlada izkazuje, sprememb ni bilo.

1. Kako je kriza covid-19 vplivala na uživanje temeljnih pravic?

Ustava je prvotno določala sedem temeljnih pravic – pravico do enakosti, pravico do svobode, pravico proti izkoriščanju, pravico do svobode veroizpovedi, kulturne in izobraževalne pravice, pravico do lastnine in pravico do ustavnih pravnih sredstev. Med pandemijo so socialne in gospodarske razmere vplivale na uživanje temeljnih pravic.

V zvezi s pravico do svobode veroizpovedi je bilo več razprav o omejitvah, za katere je bilo odločeno, da se uporabljajo tudi v verskih prostorih, in ali jih lahko nadzorujejo oblasti, kot se je zgodilo z vsemi javnimi in zasebnimi prostori. V Grčiji je bilo ugotovljenih veliko primerov množičnih okužb v krajih verskega čaščenja, povzročili pa so jih množični dogodki. Čeprav so obstajale omejitve za verske dogodke, oblasti še vedno teh krajev niso obravnavale kot druge, kar je povzročilo delitev javnega mnenja in zaporedje vedenjskih odzivov ljudi, ki so verjeli, da v bogoslužnih prostorih ni v nevarnosti zaradi virusa in bolezni. Zelo pogosto so mediji objavljali cerkve, ki so bile preobremenjene z ljudmi, ki so dokazovali, da obstaja varen prostor za zbiranje, pogosto niti brez zaščitnih mask in neupoštevanja varnostne razdalje. V mnogih primerih je obotavljanje glede cepiva poleg skrbi glede varnosti in neželenih učinkov izviralo iz vpliva številnih verskih voditeljev, skupnosti in lažnih novic. Zdi se, da so bili grška vlada in oblasti bolj strpni glede verskih obredov, kar je sprožilo vprašanje enakosti. Zanimivo je, da se na glavni spletni strani Nacionalne agencije za javno zdravje v rubriki pogosta vprašanja pojavlja vprašanje, zakaj so bogoslužni prostori v zakonodaji obravnavani drugače kot drugi prostori. Odgovor je naveden v nadaljevanju: *»Bogoslužnih prostorov, kjer se manifestira verska vera, ne moremo enačiti s skupno trgovino, ampak se podajo k potrebnim strukturam. Veljajo pa omejitve ob obvezni uporabi mask pri vernikih, ena oseba na 15 kvadratnih metrov in največ 100 vernikov.«⁴¹* Zato lahko domnevamo, da je več skupin omejitve razumelo kot nespoštovanje njihove pravice do izražanja svoje vere in udeležbe na njenih rednih dogodkih, vendar tega ni mogoče šteti za objektivno mnenje.

Prizadete so bile kulturne in izobraževalne pravice grških državljanov, pandemija pa je označena tudi kot izobraževalna kriza. Neoviran dostop do izobraževalnega sistema velja bolj kot kadarkoli za neodtujljivo družbeno pravico in odprava izobraževalne izključenosti na vseh ravneh izobraževanja je začetek vsake izobraževalne politike⁴². Oblikovalci politik v Grčiji so se znašli pred dilemo, ali naj zaprejo izobraževalne ustanove (šole – državne in zasebne – ter univerze) ali pa jih pustijo odprte, s čimer bi ogrozili javno zdravje in vzdržnost zdravstvenega sistema. Glede na odločitve drugih držav in zaradi slabosti grškega zdravstvenega sistema so se vse izobraževalne ustanove zaprle, grška vlada pa je intenzivno delala na zagotavljanju alternativnih rešitev za poučevanje in učenje na daljavo. Vzgojitelji so morali vse ure izvajati izključno preko spleta, od predšolskih vrtcev do univerzitetne ravni. Osnovno in srednje šolstvo pred pandemijo nista imeli uradnega programa in infrastrukture, ki bi horizontalno omogočala učenje in poučevanje na daljavo, medtem ko digitalizacija ni bila uporabljena, kar pomeni, da v trenutku krize ni bilo na voljo virov in ustreznih veščin in kompetenc. Grčija se je glede digitalizacije uvrstila na ali blizu dna razreda EU,

⁴¹<https://eody.gov.gr/>

⁴² Tsolou, O., Babalis, T. in Tsoli, K. (2021). Vpliv pandemije COVID-19 na izobraževanje: socialna izključenost in osip iz šole. *Ustvarjalna vzgoja*, 12, 529-544. <https://doi.org/10.4236/ce.2021.123036>

ne glede na to, ali se to meri s hitrimi internetnimi povezavami ali lastništvom prenosnih in tabličnih računalnikov. To je pomenilo veliko tveganje za nemoten učni proces in celoten razvoj učencev⁴³.

Za razvoj digitalnih platform, ki bi lahko olajšale učenje na daljavo v osnovnošolskem in srednješolskem izobraževanju, je prišlo do velike izgube časa, poleg tega so učitelji in učenci potrebovali dodaten čas, da so se seznanili s tem načinom učenja. Ta situacija je sprožila vprašanje pomanjkanja digitalnih veščin izobraževalcev in nujno potrebo po razvoju izpopolnjevanja šolskih učiteljev. Dijake so morali skozi ta proces usmerjati in podpirati tudi starši ali skrbniki, kar pa ni bilo vedno mogoče, saj starši niso nujno imeli ustreznih veščin ali niso bili na voljo za zagotavljanje podpore. Poleg zgoraj omenjenega je bila prvotna ugotovljena težava pomanjkanje opreme in grška vlada je iz tega razloga študentom in učiteljem zagotovila vavčerje za nakup prenosnih ali tabličnih računalnikov. Nedavne študije o grških šolah in učencih so opredelile glavne odločilne dejavnike za slabšo uspešnost in prezgodnjo opustitev šolanja učencev. Ekonomski in izobrazbeni status staršev, struktura družine, njihov kulturni in ekološki profil, odnos in interakcija med njenimi člani, njihove vrednote in prepričanja so nekatere od spremenljivk, zaradi katerih je družinsko okolje dejavnik izobraževanja in vpliva na otrokovo akademsko uspešnost.⁴⁴ Glavna opredeljena vprašanja poleg digitalnega razkoraka se nanašajo na socialno-ekonomsko okolje študentov. V Grčiji je veliko priseljske in begunske populacije, katere integracija je že več kot desetletje vroč krompir za politike. Kar zadeva nacionalnost učencev, so bile razkrite pomembne razlike med študenti grškega porekla in tistimi, ki prihajajo iz drugih držav, pri čemer so tuji študenti pogosteje neuspešni v šoli kot domači in stopnja njihovega osipa je višja⁴⁵.

Zato ugotavljamo, da bi morali učitelji, ki so v neposrednem vsakodnevnem stiku z učenci, zaznati morebitne težave, povezane z družinskimi, kulturnimi in kognitivnimi razlikami med njimi ter njihovimi posebnimi izobraževalnimi potrebami. Pregled nad stanjem učencev omogoča zagotavljanje prilagojene podpore učencem za zagotavljanje enakopravnega dostopa do izobraževanja in zmanjševanje osipa. Ta odgovornost učiteljev je bila pomembna tudi v fizični učilnici, ki je bila obremenjena med pandemijo, kjer se je potreba učencev po podpori povečala⁴⁶. Izključenost iz izobraževanja, ki je tesno povezana z digitalno izključenostjo, je močno vplivala na grško družbo med pandemično krizo in po njej.

V zvezi z dostopom grških državljanov do zdravstvenih storitev in oskrbe se med pandemsko krizo pojavlja nekaj pomembnih vprašanj. Kot je logično v času zdravstvene krize, se državljanji želijo počutiti zaščitene s strani države in varne z razpoložljivim zdravstvenim sistemom in storitvami. Ob izbruhu pandemije so se grški državljanji že zavedali, a so to potrdili tudi politiki, da zdravstveni sistem ni zmožen zagotoviti varnosti in stabilnosti. Gospodarska kriza je očitno vplivala na zdravje ljudi. Zdravstveni sistem se je že dolgo pred finančno krizo soočal s pomembnimi strukturnimi izzivi v zvezi s financiranjem, organizacijo in izvajanjem storitev in je bil premalo pripravljen na obvladovanje težav, ki jih je ta povzročila. Glavne posledice gospodarske recesije so bile zmanjšanje javnih proračunov za zdravstvo z upadom števila zaposlenih v zdravstvu in njihovih plač, znižanje pokojnin, upad nabave medicinskega blaga, reforme v farmacevtskem sektorju in sektorju

⁴³ Babalis, Th. (2011a). Socializacija otroka v razredu. Vloga učitelja (2. izd.). Atene: Diadrassi.

⁴⁴ Tsolou, O., Babalis, T. in Tsoli, K. (2021). Vpliv pandemije COVID-19 na izobraževanje: socialna izključenost in osip iz šole. *Ustvarjalna vzgoja*, 12, 529-544. <https://doi.org/10.4236/ce.2021.123036>

⁴⁵ Tsolou, O. (2020). Osip v šoli: vloga posameznikovih, družbenih in šolskih dejavnikov. Oris profila grškega študenta. Doktorska disertacija, Atene: Nacionalna in Kapodistrska univerza v Atenah.

socialnega zavarovanja, združevanje zdravstvenih enot, naraščajoča dostopnost in težave s korupcijo ter neustrezne storitve primarne zdravstvene oskrbe⁴⁶. Grčija je bila druga najvišje uvrščena glede neizpolnjenih potreb po zdravstvenem varstvu v Evropski uniji. Eno od desetih gospodinjstev je poročalo, da nimajo dostopa do zdravstvene oskrbe, ko so potrebovali⁴⁷. 2. aprila 2020 je namestnik ministra za zdravje poročal o skupno 902 delujočih enotah intenzivne nege v državi, od katerih jih bo 247 uporabljenih samo za primere covid-19. Dodal je, da se bo po potrebi število postelj za intenzivno nego, ki se uporabljajo za primere izbruha, povečalo na 400⁴⁷. Velike neenakosti so bile tako pri varovanju zdravja kot pri dostopu do zdravstvenih storitev po okužbi. V Grčiji je močno begunsko vprašanje, saj trenutno v grških taboriščih živi skoraj 17.000 beguncev. To število je veliko bolj naraslo, kot grško gospodarstvo zmore, in neuspeh pri njihovi uspešni vključitvi v družbo je privedel do tega, da živijo v zelo slabih razmerah v prenatrpanih taboriščih. Ta situacija je obstajala in je po izbruhu pandemije povzročila velik problem, saj ni bilo ukrepov za zaščito teh ljudi, ki so živeli v neprimernem okolju z visokim tveganjem za okužbo. Na drugi ravni romska populacija v Grčiji običajno živi v polzaprtih skupnostih in v mnogih primerih so življenjske razmere zelo slabe. Za zaščito teh populacij in reševanje obstoječih problemov, ki so bremenili tveganja pandemije, ni bilo predvideno.

Obstajala so tudi vedenjska tveganja grškega prebivalstva, ki so obstajala pred pandemijo, niso bila učinkovito obravnavana in so predstavljala večja tveganja za prebivalstvo med to krizo brez primere. Po statističnih podatkih je 42 % skupnega števila smrti v Grčiji pripisanih vedenjskim tveganjem, kot so kajenje, uživanje alkohola, prehranska tveganja in nizka telesna aktivnost⁴⁸. Poleg tega se glede na evropsko poročilo, objavljeno leta 2016, 17,3 % celotne odrasle populacije v Grčiji šteje za debelo in debelost velja za veliko tveganje za resno bolezen covid-19⁴⁹.

Na zdravstveni status grškega prebivalstva so močno vplivali številni dejavniki, socialni in ekonomski, ugotovljena pa je tudi velika ranljivost za duševno zdravje. Poleg tega je več študij dokumentiralo, da je višji odstotek ranljive populacije, kot so starejši in brezposelni, poročal o slabem zdravstvenem stanju. Poleg tega se zdi, da je gospodarska kriza vplivala tudi na nalezljive bolezni. Od leta 2010 je Grčija doživela veliko breme zaradi več epidemij: povečana umrljivost zaradi gripe; pojav in širjenje virusa Zahodnega Nila; ponovni pojav malarije; in povečano število okužb s HIV⁵⁰.

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- ⁴⁶ Macgregor, M. Grčija konča večmesečno zamrznitev prošenj za azil; Infomigranti. Dostopno na spletu: <https://www.infomigrants.net/en/post/23810/greece-ends-month-long-freeze-on-asylum-applications> (dostop 3. aprila 2020).

⁴⁷ Evropska zveza za javno zdravje. Dostop do zdravja je luksuz za obtičale begunce v Grčiji. Dostopno na spletu: https://epha.org/access-to-health-is-a-luxury-for-stranded-refugees-in-greece/?fbclid=IwAR34Jh1ZjUfWb5APT9LmV3-URX_cqhmF9lhFT5NgDeI7-riSMZFO1nXAqSc

- ⁴⁸ Giugliano, F. Grčija kaže, kako ravnati s krizo – vlada je uvedla stroge ukrepe socialne distanciranja veliko prej kot drugi. Dostopno na spletu: <https://www.bloomberg.com/opinion/articles/2020-04-10/greece-handled-coronavirus-crisis-better-than-italy-and-spain> (dostopano 10. aprila 2020).
- ⁴⁹ Evropska komisija. Begunska kriza v Grčiji po sporazumu med EU in Turčijo 20. marca 2016. Dostopno na spletu: <https://ec.europa.eu/social/BlobServlet?docId=16180&langId=en> (dostop 11. 3. 2020).
- ⁵⁰ Wilson, A. Kriza se stopnjuje na turško-grških mejah; Zunanja politika. Dostopno na spletu: <https://foreignpolicy.com/2020/03/03/crisis-escalates-turkey-greece-border-refugees-european-union-erdogan/> (dostop 3. 3. 2020).

Postane očitno, da je izbruh covid-19 prizadel državo, ko je bil njen zdravstveni sistem še vedno ranljiv. Čeprav se je zdelo, da grška vlada daje prednost javnemu zdravju pred gospodarstvom, izobraževanjem ali splošnim zadovoljstvom ljudi, je bila težava v tem, da je Grčija močno zaostajala v primerjavi z drugimi državami EU na področju zagotavljanja socialnega varstva in zdravstvenega varstva. Tveganja za fizično in duševno zdravje državljanov ter velike neenakosti pri zdravstvenem varstvu in oskrbi postavljajo vprašanje varstva temeljnih pravic.

KAKO JE KRIZA COVIDA-19 VPLIVALA NA RAVNOVESJE DELA IN ŽIVLJENJA ŽENSK?

Ženske so označene kot ranljiva skupina, ko gre za vprašanja, povezana s covidom-19, skupaj s starejšimi, saj obstaja več rezultatov raziskav, ki omenjajo, da so bile ženske bolj prizadete zaradi splošne situacije. Najpogosteje omenjena vprašanja so povezana z ravnotežjem med poklicnim in zasebnim življenjem žensk, v primeru, ko so ženske matere, pa bi se lahko sklicevali tudi na »ravnotežje med delom in družino«. Večjo ranljivost te skupine za okoliščine, ki jih povzroča pandemija, so napovedali številni družboslovci in raziskovalci, poudarile pa so jo tudi organizacije in oblasti na svetovni ravni. Značilno je, da je UN Women že leta 2020 izjavil, da so "od zdravja do gospodarstva, varnosti do socialne zaščite, vplivi covid-19 na ženske in dekleta večji zaradi njihovega spola.", hkrati pa je izdal tudi generalno politiko. kratko: Vpliv covid-19 na ženske. OECD je izjavil, da "Pandemija covid-19 škoduje zdravju, socialni in gospodarski blaginji po vsem svetu, pri čemer so v središču ženske." Glede na to poročilo obstaja več učinkov pandemije na ženske, ki so bili hujši od tistih na moške, in kategorije, v katere jih lahko razdelimo, so ekonomski, socialni, zdravstveni in z delom povezani učinki.

Na ravni EU je bilo med izbruhom pandemije skoraj 84 % žensk uradno in neuradno zaposlenih v sektorjih in dejavnostih, ki jih je pandemija močno prizadela, kot so varstvo otrok, nega otrok, prodaja in hotelirstvo. Pomembno je poudariti, da se v EU, pa tudi v Grčiji, predšolska vzgoja, zdravstvena nega, babištvo, tajniška in gospodinjska dela še vedno večinoma obravnavajo kot "ženska dela" (euparl.eu). V Grčiji je podobna struktura na trgu dela in tudi ženske so pogosteje zaposlene s krajšim delovnim časom ali na črno, predvsem zaradi drugih obveznosti, ki jih imajo glede skrbi za hišo, otroke, starejše in/ali invalide ali bolne člane. družina. Bolje lahko razumemo, da so po raziskavi Eurofounda »Življenje, delo in covid-19« ženske poročale o večjih težavah pri usklajevanju dela in zasebnega življenja kot moški. Še posebej, ko je šlo za občutek preutrujenosti po službi, da bi opravljale gospodinjska dela med obdobjih karantene je 24 % žensk priznalo, da se tako počutijo v primerjavi z 20 % moških. S ponovnim odprtjem podjetij julija so se ti deleži povečali na 31 % za ženske in 26 % za moške. Poleg tega, čeprav je bilo na splošno zmanjšanje deleža anketirancev, ki poročajo, da jim družina preprečuje, da bi si posvetili čas za delo, se zdi, da se pri ženskah to zmanjšanje ni zgodilo.

Ravnovesje poklicnega in zasebnega življenja je bilo ogroženo tako za ženske kot za moške, saj je bil velik del njihovega osebnega življenja omejen zaradi ukrepov, povezanih z varovanjem javnega zdravja. Nova ureditev je vplivala predvsem na njihovo družabno življenje, saj so bila množična srečanja, zabavne in kulturne prireditve ipd. omejena predvsem na nujno ali sploh. V primerih dela na daljavo vzporedno s splošnimi omejitvami so ljudje ostali v hiši skoraj ves dan. To je bilo bolj intenzivno v dveh obdobjih karantene v Grčiji, marca do maja 2020 in novembra 2020 do februarja 2021.

Raziskava, ki je potekala v Grčiji, razkriva, da so bili večji vedenjski odzivi na pandemijo ugotovljeni bolj pri ženskah kot pri moških. Pokazalo se je, da pretirana uporaba varnostnih/preverjevalnih vedenj in večja skladnost s smernicami povečata strah, morda zaradi povečane ozaveščenosti o kontaminaciji. Poleg tega so bili ženski spol, višja starost in hujši simptomi anksioznosti povezani z

večjim strahom, povezanim s covidom-19. Skrbno opisovanje in tehtanje psihosocialnega in vedenjskega vpliva pandemije bo omogočilo izvajanje tako podpornih kot preventivnih intervencij.
⁵¹ V Grčiji še vedno obstajajo neenakosti v zdravju, povezane s spolom in socialno-ekonomskim statusom, ki so med pandemijo postale bolj izrazite.

Spodaj so opisani splošni dejavniki, ki bremenijo položaj žensk v Grčiji med pandemijo in so razkrili obstoječe razlike med spoloma:

- Ženske so v primerjavi z moškimi pokazale višje stopnje anksioznosti, strahu, depresije, strahu, povezanega z virusom in boleznijo .
- Ženske so navedle večje upoštevanje ukrepov za preprečevanje in zaježitev pandemije, bile so cepljene v večji meri, kar je povezano z večjim strahom pred virusom in boleznijo .
- Ženske so bile na trgu dela bolj ranljive in jim je bolj grozila izguba dela in dohodka .
- Med pandemijo se je povečalo nasilje na podlagi spola in nasilje v družini z ženskami kot žrtvami .
- Razprava o "femicidu", ki se je v Evropskem parlamentu začela leta 2019, je bila pereča tema za grško družbo s 17 žrtvami leta 2021 in 24 žrtvami leta 2022, medtem ko je svetovno povprečje 50 žrtev .

⁵¹Parlapani, E., Holeva, V., Voitsidis, P., Blekas, A., Gliatas, I., Porfyri, GN, ... & Diakogiannis, I. (2020). Psihološki in vedenjski odzivi na pandemijo COVID-19 v Grčiji. *Meje v psihiatriji*, 11, 821.

1.7 Italija

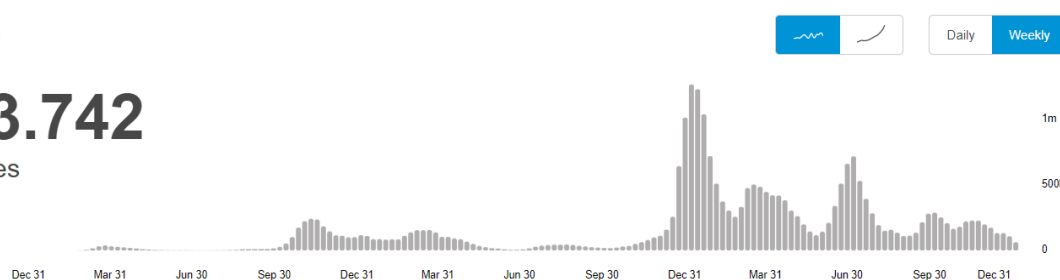
Italija je bila prva država v Evropi, ki jo je prizadela pandemija covid-19. Od 10. januarja 2023 je bilo v Italiji 25.279.682 potrjenih primerov covid-19 s 185.417 smrtnimi primeri. Do 11. decembra 2022 je bilo skupno danih 149.340.886 odmerkov cepiva (WHO, 2023). Italijanska kriza, ki jo je izzval covid-19, je najresnejši dogodek v italijanski zgodovini po drugi svetovni vojni. Umrljivost zaradi covid-19 v Italiji je bila 9 % večja kot na Kitajskem.

Epidemijo lahko razdelimo na »epidemične valove«, ki nimajo enoznačne definicije. Vendar pa lahko rečemo, da val pomeni vzorec naraščajočega števila bolnih posameznikov, določen vrh in nato upad. Italijanska pandemija je štela več valov, od katerih je bil le prvi precej nedvoumno opredeljen: prvi val je bil od februarja do junija 2020. Drugi val se je za nekatere zgodil od oktobra 2020 do julija 2021 – z dvema vrhovoma –, drugi pa menijo, da gre za dva različna vala - drugi in tretji.

Italy Situation

25.363.742

confirmed cases



Pozitivni primeri covid-19 na tedenski ravni v Italiji od 31. decembra 2020 do 31. decembra 2022

Vir: Svetovna zdravstvena organizacija, 2023

O prvih dveh primerih okužbe v Italiji so poročali 31. januarja 2020 in takoj so razglasili izredne razmere. O prvem avtohtonem primeru so poročali 21. februarja v Codogno, majhnem mestu blizu Milana v regiji Lombardija v severni Italiji. Da bi upočasnila prenos okužb in zmanjšala pritisk na zdravstveni sistem, je italijanska vlada sprejela vrsto nemedicinskih ukrepov. Vlada se je 23. februarja odzvala z uvedbo prvih omejitev gibanja in dostopa/izstopa okoli žarišč covid-19, znanih kot "rdeča območja". 25. februarja so sledili dodatni omejevalni ukrepi za celotno Lombardijo, Veneto, Emilijo-Romanjo, Furlanijo-Julijsko krajino, Ligurijo in Piemont. Zapiranje šol in univerz po vsej državi je bilo razglašeno 4. marca, dodatni ukrepi socialne distanciranja pa so bili uvedeni 9. marca. Nacionalna delna zapora je bila uvedena 11. marca, prizadela je bare, restavracije in rekreacijske objekte, vrhunec pa je bila popolna zapora 22. marca. Nadaljnje omejitve gibanja ljudi so bile uvedene 25. marca, razen iz bistvenih razlogov (npr. delo, zdravje in oskrba). Ob nacionalnem lockdownu so bili na regionalni in lokalni ravni sprejeti ukrepi epidemiološkega nadzora, krepitev in reorganizacija teritorialne zdravstvene službe ter dobava dodatne sanitarne opreme.

Faza 1. italijanskega odziva na izredne razmere se je končala 3. maja 2020. Temu je sledila faza 2 (od 4. maja do 2. junija 2020), v kateri je večina primarnih in sekundarnih proizvodnih sektorjev, strokovnjakov in zasebnih zdravstvenih klinik ter večina maloprodajnih trgovin, podjetij in storitve za stranke, nadaljevali z dejavnostmi, ki so predmet varnostnih protokolov glede covid-19, specifičnih za sektor (DPCM, 2020b). Prejšnje omejitve prostega gibanja državljanov so bile odpravljene, le znotraj regije stalnega prebivališča. Nadaljnji predpisi, ki sproščajo obstoječe zaporne ukrepe, so bili sprejeti po vsej državi in na lokalni ravni 17. maja (DPCM, 2020a). V tej fazi so imele ključno vlogo italijanske regije, ki so zaprosile in dobile pravico do določanja posebnih regionalnih smernic. (de Belvis et al., 2020)

S 3. junijem so se vsa podjetja znova odprla v skladu z zgoraj omenjenimi protokoli in pravili o socialni distanci. Ponovno je bilo vzpostavljeno tudi prosto medregijsko gibanje državljanov, čeprav z omejitvami potovanj v tujino. Obvezno je postalo nošenje obraznih mask (≥ 6 let) na prostem, v javnem prevozu, v trgovinah/podjetjih ter ohranjanje najmanj 1 m razdalje. Šole in univerze so ostale zaprte, vendar so lekcije zagotavljale prek platform za učenje na daljavo - *D idattica A D istanza (DAD)* - in ponovno odprta šele septembra 2020 v zamaknjenem načinu.

Od oktobra 2020 je bil zabeležen nov porast pozitivnih primerov. Regije spadajo v tri tedensko posodobljena »območja« - rumeno, oranžno in rdeče glede na strogost omejitev - za sprejetje prilagojenega in bolj prilagodljivega pristopa. Zadrževalni ukrepi – kot so omejitve javnega in zasebnega zbiranja, obvezna uporaba obrazne maske, nočna policijska ura, zgodnje zaprtje podjetij, omejitve gibanja, zaprtje šol in pouk na daljavo itd. – so bili ponovno uvedeni in ohlapni v skladu z razvojem pandemija.

Od samega konca leta 2020 so bili politični posegi združeni z vsenacionalno kampanjo cepljenja, usklajeno na evropski ravni. Kampanja cepljenja je dala prednost rizičnim skupinam in nato starostnim skupinam. Porast pozitivnih primerov poleti 2021 je vlado pozval k uveljavitvi zelenega potrdila, ki je dokazovalo cepljenje ali prebolelost in ljudem s tem omogočalo dostop do krajev, uporabo storitev in sodelovanje v družbenih dejavnostih.

Nov dramatičen porast okužb je bil zabeležen konec leta 2021. Bolj virulentne različice covid-19 so se začele hitro širiti po vsem svetu in italijanska vlada je priporočila poživitveno cepljenje (tretji odmerek) (Beccia et al., 2022).

Italijanski sistem zdravstvenega varstva se upravlja na regionalni ravni. Decentralizacija italijanskega zdravstvenega sistema je nastala leta 2001, ko je bila centralni vladi zaupana odgovornost za zagotavljanje splošnega in brezplačnega dostopa do zdravstvenega varstva, medtem ko so bile regije zadolžene za organizacijo zagotavljanja zdravstvenih storitev in financiranje lokalnih zdravstvenih oblasti. Zato je italijanski zdravstveni sistem sestavljen iz mreže 21 regionalnih zdravstvenih sistemov. Lombardija ima sistem zdravstvenega varstva, ki temelji na bolnišnicah, medtem ko ima Apulija sistem zdravstvenega varstva, ki temelji na skupnosti. Posledično je izbruh pandemije pomenil regionalizacijo izvajanja oskrbe.

Regionalizacija pandemije, zlasti v prvih fazah, ni temeljila le na diferenciaciji zdravstvenih sistemov, ampak tudi na epidemiološkem razkoraku med severom in jugom. Severno Italijo – zlasti Lombardijo, Emilijo-Romanjo in Veneto – je prvi val pandemije močno prizadel predvsem in močno, medtem ko so v srednji in južni Italiji spomladi 2020 zabeležili zelo nizek odstotek okužb. (Bosa et al., 2021)

Ker so bili ljudje zaprošeni za zatočišče na kraju samem, so se morali zdravstveni sistemi hitro preusmeriti na druge, inovativne oblike zagotavljanja stalne oskrbe prebivalstva. To je privedlo do prisilnega pospeševanja sprejemanja telemedicine, e-receptov in podobnih praks. V Italiji so številne regije, zlasti za storitve skupnostne oskrbe, v zelo kratkem času aktivirale številne alternativne storitve zdravstvenega varstva, kot so posvetovanja na daljavo (Petracca et al., 2020). V letu 2022 so se zgodile številne lokalne pobude, na primer septembra odprtje telemedicinske dvorane krvodajalcev Molfetta. (Avis Molfetta)

Lombardija je regija v severnem delu Italije. S svojo površino okoli 24.000 kvadratnih kilometrov in skoraj 10 milijoni prebivalcev je 1. najbolj naseljena regija v Italiji in 3. najbolj naseljena regija v Evropi. Od začetka pandemije do 12. januarja 2023 so v Lombardiji poročali o 4.085.002 pozitivnih primerih in 45.040 smrtih. (Regione Lombardia, 2023)

Pandemija je predvsem in najbolj prizadela regijo Lombardija. »Za Lombardijo in podrobneje za nekatere njene dele je značilno, da imajo vse tiste elemente, ki so opredeljeni kot naklonjeni okužbi, in sicer: teritorialno morfologijo, gosto prisotnost industrij in njihovo mrežo komercialnih izmenjav na nacionalni in mednarodni ravni, intenzivno dnevne šolske in službene poti ter končno policentričen tip naselja, ki je značilen za megalopolis Padske nižine in spodbuja rizomatska gibanja«. (Consolandi, 2021)

Apulija je velika južna italijanska regija s približno 4 milijoni prebivalcev. Prvi primer covid-19 je bil odkrit v provinci Taranto 26. februarja 2020 in je vključeval 44-letnega moškega, ki se je vrnil iz znanega območja epidemije. Med prvim valom epidemije med februarjem in majem 2020 je Apulijo covid-19 le malo prizadel. Toda med drugim valom, ki se je začel približno septembra 2020, je v regiji do aprila 2021 prišlo do stalnega porasta primerov, s 5873 smrtnimi primeri in skupno 234.841 primeri.

Dolgotrajne omejitve in zapora so med italijanskim prebivalstvom povzročile, kar je WHO imenovala "utrujenost zaradi pandemije". Utrujenost zaradi pandemije je stanje »demotivacije za sledenje priporočenemu varovalnemu vedenju, ki se pojavlja postopoma skozi čas in je pod vplivom številnih čustev, izkušenj in zaznav« (WHO, 2020). Utrujenost zaradi pandemije se kaže kot progresivna nestrpnost do upoštevanja pravil in omejitev s strani vedno večjega števila ljudi. Dolgoročna zdravstvena kriza, ki se zdi brez konca, povzroča odtujenost, samozadovoljstvo in brezup. Medtem ko je v prvih valovih epidemije italijansko prebivalstvo močno trpelo zaradi utrujenosti zaradi pandemije, je bil ta pojav v zadnjem času zaradi odprave strožjih ukrepov in množičnega cepljenja manj opazen (Beccia et al., 2022).

Omejevalne politike in sanitarni učinki krize covid-19 so imeli neizogiben dramatičen vpliv na italijansko gospodarstvo. Po podatkih Svetovne banke je svetovna gospodarska rast dramatično padla z 2,6 % leta 2019 na -3,4 % leta 2020. Leta 2021 je svetovna gospodarska rast zabeležila močan odboj (5,9 %), ki pa mu je sledila nova močna upočasnitev 2022, leta 2023 pa naj bi se še bolj zmanjšala – z 2,9 % na 1,7 % (WB, 2023). Leta 2020 sta italijanska vlada in parlament uporabila sredstva brez primere za reševanje izrednih razmer zaradi covid-19 in njegovih gospodarskih učinkov. Odloki »Cure Italy«, Liquidity, Relaunch in Avgustovski dekreti so podprli zdravstvo, delo, likvidnost, obdavčenje, družine in podjetja. Med drugim valom pandemije je bil cilj svežnja ukrepov »Ristori« v vrednosti več kot 18 milijard evrov vzdrževati kategorije, ki so jih omejitve najbolj prizadele. nepovratna dotacija, začasna ustavitev plačila davkov in prispevkov za socialno varnost, novi tedni sheme dodatkov k plačam " *cassa integrazione* " in dvomesečno podaljšanje podpore za „nujni dohodek“ (Ministero dell'Economia e delle Finanze, 2023).

KAKO JE KRIZA COVIDA-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

Pandemija covid-19 je vplivala na normalno delovanje demokracij in omejila temeljne pravice ljudi. Na splošno je demokracijam to dovoljeno v izrednih razmerah, ki resno ogrožajo življenje njihovega prebivalstva in jih je treba reševati z izrednimi ukrepi. Ko je Svetovna zdravstvena organizacija 21. januarja 2020 uradno potrdila izbruh epidemije koronavirusa v Wuhanu, je italijansko ministrstvo za zdravje ustanovilo posebno delovno skupino za nujne primere. Zaradi širjenja virusa v državi je italijanska vlada 31. januarja 2020 razglasila izredne razmere. V italijanski jurisdikciji izredne razmere razglasi Svet ministrov na predlog predsednika Sveta ministrov. Italijanska ustava ne omenja izrecno izrednega stanja, ampak dovoljuje vladi le, da odloča z odlokom v izrednih nujnih in nujnih primerih (77. člen). Pogoje, pod katerimi se lahko razglasijo izredne razmere, ureja Kodeks civilne zaščite: »nesrečne dogodke naravnega izvora ali posledice človekovega delovanja, ki jih je zaradi njihove intenzivnosti ali obsega treba s takojšnjim posredovanjem soočiti. z izrednimi

sredstvi in pooblastili, ki jih je treba zaposliti za omejeno in določeno časovno obdobje« (zakon 24. februarja 1992 št. 225) (Spuntarelli, 2021).

Izredne razmere so trajale več kot dve leti. Prvič je bil odlok 31. januarja 2020 na podlagi sklepa Sveta ministrov (objavljen v UL - Uradni list, *Gazzetta Ufficiale* - št. 26 z dne 1. februarja 2020) in je trajal do 31. marca 2022, zadnjega podaljšanja, predvidenega z odlokom Zakon 221/2021. Ukrep je bil, kot rečeno, sprejet z namenom ohranitve aktivne organizacijske strukture (civilna zaščita, izredni pooblaščenec, zdravstvene strukture), oblikovane za spopadanje s pandemijo covid-19. (Openpolis, 2023)

Izredne razmere so imele dve pomembni posledici za obvladovanje krize. Prvič, zaradi zagotavljanja hitrega odziva je vlada smela mimo parlamenta pri opredelitvi zakonodajnih posegov. Vlada je to storila s potrditvijo tako imenovanih "odlokov predsednika sveta ministrov" (DPCM). Ministrski dekreti so upravni akti, ki jih izda predsednik vlade, in zato ne vključujejo parlamenta. So samo izraz volje politične večine. Ta pristop, čeprav je bil pravno utemeljen v italijanski zakonodaji, je zabrisal meje med izvršilno in zakonodajno oblastjo ter de facto zamrznil ustavni okvir. Zaradi tega so kritiki podvomili v odločitev vlade o podaljšanju izrednih razmer najprej do 31. oktobra in nato do 31. januarja 2021.

Drugič, izredne razmere so uvedle možnost odstopanja od obstoječih pravil javnega naročanja. Italija ima zelo stroga pravila javnega naročanja in nacionalna protikorupcijska agencija je namenjena preverjanju zakonitosti ponudb javnih naročil. Oddelek za civilno zaščito je izdal nove predpise o javnih naročilih, ki bodo veljali predvsem za nabavo osebne zaščitne opreme, testov in ventilatorjev, s čimer so poenostavili in pospešili obstoječe postopke.

Pandemija covid-19 je za italijansko vlado in demokratične institucije predstavljala preizkus kriznega upravljanja brez primere. Čeprav mnogi priznavajo vladne napake in šibkosti pri obvladovanju prvih faz krize, je podporo vlade povečala pandemija, medtem ko je politična opozicija trpela zaradi postopne nepomembnosti. Leta 2021 je italijanska levosredinska koalicijska vlada pod vodstvom Giuseppeja Conteja imela koristi od splošne daljnosežne podpore javnosti, ki se je pozitivno odzvala na prvo karanteno in stroge ukrepe, ki so veljali za nujne in primerne glede na resnost situacije. Posledica je bilo povečano zaupanje v vlado in državne institucije ter močan dvig Contejevih osebnih ratingov. (Bik, 2021)

Neverjetno priljubljenost, ki jo je dosegel sam Conte, sta botrovala in hkrati spodbujala personalizacija oblasti in proces predsedništva. Personalizacija in predsedništvo sestojita iz krepitve čedalje bolj na vodjo osredotočenih izvršilnih delavcev in postopnega odpiranja parlamentov, tudi v parlamentarnih sistemih, kot je italijanski, kar spominja na tradicionalne predsedniške ukaze. V Italiji trend izvira iz devetdesetih let prejšnjega stoletja, vendar je izredno krizno upravljanje, ki ga je povzročila pandemija, ta proces še poslabšalo. Predsednik sveta je postal središče procesa odločanja v vseh njegovih fazah in referenčna točka za Italijane. Obsežna uporaba predsedniških orodij za oblikovanje pravil v obliki DPCM, neposredna in čustvena komunikacija prek tiskovnih konferenc, ki se prenašajo na nacionalni televiziji in uradnih vladnih družbenih medijih, ter ustanovitve » delovnih skupin« pod vodstvom predsednika, ki se spopadajo z različnimi razsežnostmi kriza pooseblja dinamiko prezidentizacije, ki se je pospešila med pandemijo. (Rullo, 2021)

Vendar pa je krog strogih omejitev jeseni 2020 in morebitna blokada v božičnem času spodbudila veliko večjo utrujenost zaradi pandemije med Italijani in delno zmanjšala podporo, ki jo je Conte pridobil med prvim valom pandemije. Ta dinamika predsedništva je povzročila naraščajoče

nezadovoljstvo med koalicijskimi strankami, ki je februarja 2021 povzročilo Contejev odstop, padec njegove vlade in imenovanje Maria Draghija za novega predsednika Sveta ministrov, ki vodi vlado nacionalnega interesa, ki jo podpirajo vse stranke. razen *Fratelli d'Italia* - Bratje Italije, skrajno desničarske stranke, ki jo vodi Giorgia Meloni.

V prvem letu pandemije je odločitev o uvedbi nacionalne blokade zaostрила konflikt med regijami in centralno vlado: regije, kot sta Sardinija in Kalabrija, so bile izpostavljene enakim omejitvam kot Lombardija in Emilija-Romanja, kljub zelo različnim stopnjam nalezljivost. V tej shemi pozivanje k uniji in sodelovanju ni le stvar retorike, temveč natančna strategija konsolidacije vodstva. Vlada je izpostavila enotnost države onkraj posebnih pristojnosti regij pri upravljanju zdravstvenih vprašanj. V komunikacijah je poudarek na pozivu k odgovornosti in odločenosti za pravično okolje: ne glede na razlike v širjenju virusa po različnih regijah so vsi italijanski državljani pozvani, naj ostanejo doma v skladu z nacionalno zakonodajo. solidarnost. (Francesco Martone, 2020) Poleg vladnih omejitev so bili v regiji Apulija sprejeti številni lokalni akti, da bi omejili epidemiološki trend. Na primer, z „Ordinanza n. 88 del 26 marzo« kakršna koli premestitev ali premiki v druga mesta v regiji niso bili dovoljeni in vstop v Apulijo drugim državljanom, ki niso rezidenti, je bil prepovedan.

Lombardija je bila dolgo časa v središču nacionalnih in mednarodnih razprav o začetnem širjenju okužbe po Evropi. Odločitev nacionalne in regionalne vlade, da ne bo ustvarila tako imenovanega rdečega območja okoli občin Alzano Lombardo in Nembro v Lombardiji, ko so tam konec februarja 2020 poročali o pozitivnih primerih, je neposredno odgovorna za širjenje okužbe na drugih mestih v provinci Bergamo in sčasoma po vsej Evropi. Učenjaki in javnost zelo kritizirajo obvladovanje prvih faz pandemije v regiji Lombardija. Prvi val epidemije je bil tako posebej smrtonosen za prebivalce Lombardije, da so se začele hitro širiti lokalne pobude, ki so zahtevale pravičnost in odgovornost lokalnih in regionalnih oblasti. (Alfieri et al., 2022) V začetku leta 2021 je Giulio Gallera, regionalni minister za zdravje in socialno skrbstvo regije Lombardija od leta 2016, odstopil.

Več mesecev je pod velikim dvomom legitimnost izrednih razmer, predvsem pa odvzema ustavno zagotovljenih pravic in svoboščin v akutnih fazah krize. Freedom House je v »Indeksu demokracije 2020« opozorila demokracije na nevarnost normalizacije izrednih procesov oblikovanja politik in odvzema svoboščin, ki so bile sprejete za spopadanje s pandemijo. Freedom House je v »Indeksu demokracije 2021« priznal, da so vlade celo leta 2021 uvedle »število vsiljivih in prisilnih ukrepov«. Leta 2021 se je italijanski indeks demokracije nekoliko znižal s 7,74 na 7,68. (Economist Intelligence, 2022)

Kar zadeva vplive covid-19 na temeljne pravice in kakovost demokracije, je mogoče identificirati dve situaciji. V državah, kjer so bile omejitve in kršitve razširjene pred izrednimi razmerami zaradi covid-19, se uporablja za krepitev oprijema ter povečanje represije in protidemokratskih značilnosti. To so države, kjer je izjema pravilo. V državah, kjer demokracija še vedno obstaja, izredne razmere zaradi covid-19 tvegajo, da utirajo pot nevarnim omejitvam, ki bi lahko trajale tudi, ko naj bi se "izredne razmere" končale. To so države, kjer lahko pravilo postane izjema. Socialna distanca namreč onemogoča možnost organiziranja v tradicionalnem smislu (zborovanje, demonstracije, srečanja, zagovorniške in solidarnostne delegacije, mednarodni civilnodružbeni opazovalci).

Primer tega je uporaba vojske pri nadzoru ukrepov »socialnega distanciranja«. Napotitev vojske za namene javne varnosti v državi ni novost. Čete so bile razporejene, da bi zagotovile zaščito občutljivih tarč pred hipotetičnimi terorističnimi napadi, vendar njihova pravila delovanja nikoli niso vključevala izvrševanja javnega reda, kot bi lahko bilo zdaj. Nekateri "regionalni guvernerji" so

dejansko pozvali k razporeditvi vojakov na ulice, da bi zagotovili skladnost z ukazi o "socialnem distanciranju". (Francesco Martone, 2020)

Med italijanskim prebivalstvom so stroge omejitve in uvedba zelene vozovnice spodbudile različne valove protestov po vsej državi. Medtem ko je prvotno in najhujše zaprtje spomladi 2020 med prebivalstvom naletelo na majhen odpor, je takojšnje kljubovanje sledilo novemu krogu odobritve zaježitvenih ukrepov oktobra 2020. Več mest - najbolj prizadeta so bila Torino, Milano in Neapelj - so prizadeli spopadi med protestniki in policijo. Demonstracije so se začele, potem ko je nacionalna vlada izdala odlok o zaprtju restavracij, barov, telovadnic in kinematografov ob 18. uri in celo uvedbi nočne policijske ure. Protesti niso vključevali velikega dela mestnega prebivalstva, so pa bili jasen signal vse večje utrujenosti od pandemije, ki se širi med prebivalstvom. Poleg tega je gospodarsko krčenje, ki ga je povzročila prva dolga karantena, postalo pravi boj za številne družine. Del protestnikov je zahteval večjo finančno podporo in pomoč za svoje gospodarske dejavnosti, ki jih prizadenejo nova pravila za zaježitev okužb. Druge skupine protestnikov so bile vpletene v bolj nasilna dejanja, kot so ropanje trgovin in metanje bencinskih bomb na policiste. (BBC News, 2020)

Leto pozneje, sredi oktobra 2021, je sledil nov val protestov in stavk kmalu po zahtevi, da morajo vsi delavci pokazati zeleno vozovnico za dostop do svojega delovnega mesta. Ko je šest tisoč delavcev več dni stavkalo, da bi nasprotovalo ukrepu, sta Trst in njegovo veliko пристanišče ob Jadranu postala epicenter nemirov in razprav proti cepivom. Po besedah dokerjev in skeptikov glede cepiva, ki so se pridružili stavki, jim je Green Pass preprečil dostop do pravice do dela in svobode izbire glede svojega zdravja. Dva tedna pozneje je Trst postal žarišče okužbe s covidom-19, kar je močno obremenilo lokalni zdravstveni sistem. (Horowitz, 2021)

Oklevanje glede cepiva in nezaupanje v znanstvene nasvete in zdravstvene delavce sta močno prizadela Italijo in razpravo o obvladovanju pandemije. Zdi se, da se je zaupanje italijanskih državljanov v znanost in cepljenje zmanjšalo med prvo fazo italijanske pandemije in drugo, ko je prišlo do splošnega "ponovnega odprtja" po karanteni. Zdi se, da je domneva, da bi obotavljanje glede cepiva razlagali kot stvar nevednosti in napačnega razumevanja znanosti v javnosti, zavajajoča. Neodločnost glede cepiva povzroča vrsta dejavnikov, ki se razlikujejo od osebe do osebe. Običajno so ljudje, ki so delali kot zdravstveni delavci ali sodelovali pri oskrbi pozitivnih bolnikov, preden so bila cepiva odobrena, bolj zaupali varnosti in učinkovitosti cepljenja proti covidu-19. Racionalni in iracionalni razlogi – od skrbi glede dolgoročnih učinkov cepiva do teorij zarote – so okrepili skepticizem glede cepiva. (Economist Intelligence, 2022) Glede na starostne skupine so mlajši in bolj zdravi ljudje bolj pripravljeni na cepljenje, medtem ko je starostna skupina, ki je v povprečju manj pripravljena na cepljenje, skupina srednjih let. (Palamenghi et al., 2020).

KAKO JE KRIZA COVIDA-19 VPLIVALA NA UŽIVANJE TEMELJNIH PRAVIC?

Kot navaja Del Boca (2022), je italijanska vlada v začetku marca 2020 uvedla drastične ukrepe za zaježitev okužbe, vključno z omejitvami javnih dejavnosti in storitev ter prepovedjo potovanja za ljudi, razen iz dokazanih razlogov, povezanih z delom, zdravjem oz. druge nujne potrebe. Ukrepi za zmanjševanje širjenja virusa (omejitev osebnih stikov, omejitev potovanj, zaprtje šol in podjetij ter zapovedi zadrževanja doma) so pomembno vplivali na mobilnost posameznikov, vključevanje v zaposlitev in obiskovanje šole otrok.

Tako lahko trdimo, da so italijanski državljani med izrednimi razmerami opazili škodo v temeljnih pravicah, kot so pravica do enakosti ter njihove kulturne in izobraževalne pravice, *ki bodo poglobljene v nadaljevanju*. Ker je moralo na milijone študentov zaradi krize ostati doma, je bila prizadeta njihova pravica do izobraževanja, s tem pa tudi enakost, saj vsi niso imeli enakega dostopa

do tehnologij za nadaljevanje šolanja ali univerzitetnega izobraževanja na daljavo. Ocenjuje se, da je v Italiji dejansko 60 % učencev zaostajalo za tako imenovanim »učenjem na daljavo« - »*Didattica a distanza*« (oče), v italijanščini; in po mnenju več kot 50 % njihovih učiteljev je bila nelagodnost v znanem okolju, torej pomanjkanje prostorov in opremljenih okolij ter osebne težke situacije, tisto, kar je večinoma privedlo do te težave (»Indagine GCE con AstraRicerche«, 2020).

Enako je veljalo za delavce: mnogi so bili prisiljeni, da niso odšli na svoja delovna mesta, ali pa so jih morali odpustiti, ta nezmožnost opravljanja poklicnih nalog pa je povzročila ekonomske razlike, ki jih institucije niso vedno reševale s finančnimi in drugimi podpornimi ukrepi.

Poudariti pa je treba, da so omejitve mobilnosti najbolj prizadele ženske in starejše. To je zato, ker so večinoma ženske tiste, ki skrbijo za svoje otroke, ko so šole zaprte (Caselli et al., 2021; v Del Boca, 2022). Pravzaprav je bila pravica do prostega gibanja žensk močno omejena in okrnjena, še posebej tistih med 25. in 44. letom, zatrjujejo avtorji, saj je pri njih večja verjetnost, da imajo majhne otroke.

Poleg tega je bila s cepilno akcijo uvedena izredna omejitev: obveznost cepljenja za uporabo določenih storitev ali celo za odhod v službo; ki je bil izjemno sporen. Ker je bila posest Green Pass obvezna bodisi s cepljenjem (celoten cikel) bodisi z negativnim rezultatom testa, so nekateri pravniki in kritični državljani trdili, da to ni le omejitev njihove pravice do opravljanja poklica, izobraževanja ali gibanja, temveč tudi kršitev njihove pravice do zasebnosti in varstva podatkov, (Colombo, 2022), kljub varovanju zdravja in varnosti pri delu.

Do konca izrednega stanja in na podlagi predvsem DL E 7. januar 2022, št. 1 "Misure urgenti per fronteggiare l'emergenza COVID-19, in particolare nei luoghi di lavoro, nelle scuole e negli istituti della formazione superiore", ki je predvideval kazni v višini 100 evrov za tiste, ki se ne cepijo, in globe od 600 do 1500 evrov. za delavce, starejše od 50 let, ki pridejo na delo necepljeni. Zanje tudi mirovanje plače do cepljenja. Odlok je uvedel tudi obvezno cepljenje za vse visokošolske delavce brez starostne omejitve, od 18. leta dalje, kot že velja za zdravstvene delavce in druge kategorije, za katere že velja obvezno cepljenje; in obveznost zelenih prepustnic (tudi z negativnim rezultatom tampona) za tiste, ki imajo dostop do osebnih storitev in javnih uradov, poštnih, bančnih in finančnih storitev, komercialnih dejavnosti in kazenskih ustanov.

Danes, čeprav je bila večina omejitev v tem smislu odpravljenih, je italijansko ustavno sodišče decembra potrdilo obvezno cepivo proti covidu za zdravstveno osebje, odločitev, ki so jo podprle zveze zdravstvenih delavcev (»Covid, la Consulta: resta l' obbligo di vaccino per sanitari e nad 50«, 2022).

Po drugi strani pa, četudi v Italiji nekateri menijo, da je uporaba izrednih razmer in omejitev, ki temeljijo na pojmu "javne nevarnosti", nepravilna in nesorazmerna omejitev – poglejte proteste, ki so se zgodili v velikih mestih, kot so Milano, Bologna in drugi nad Italijo – nekateri avtorji, kot Russo (2020), menijo, da je »pacifiška« in s tem legitimna, saj je bila ta omejitev že uporabljena v preteklosti in sprejeta tako s 15. členom Evropske konvencije o človekovih pravicah kot s 4. členom Pakta . Italijanska vlada pa se nikoli ni sklicevala na druga izredna odstopanja od pogodb o človekovih pravicah.

V tem obdobju je bila dejansko odobrena vrsta omejevalnih odlokov, ki si zaslužijo posebno analizo tistih, sprejetih v različnih regijah. Na podlagi Mandata (2020) in v okviru analize povprečnega števila zakonodajnih aktov od 22. februarja do 20. marca 2020 so regije južne Italije (Abruzzo, Bazilikata, Kalabrija, Kampanija, Molise in Apulija) tiste z največjim skupnim številom odlokov

(skupaj 63), od katerih jih 6 drži Apulijo. Paradoksalno je, da sta regiji, ki sta sprejeli najmanjše število odlokov, tisti, kjer se je virus najbolj razširil, Lombardija (4) in Veneto (6).

Za Apulijo so omejitve konkretno vplivale predvsem na pravico do izobraževanja. Po besedah Troisija (2021) so bili odobreni različni zavajajoči ukrepi, začenši z odlokom št. 407 z naslovom „Nujni ukrepi za obravnavo izrednih epidemioloških razmer zaradi covid-19“ („Misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19“), s katerim je bila s 30. oktobrom 2020 uvedena obveznost pouka na daljavo za »izobraževalne ustanove vseh stopenj« (osnovne in srednje šole), razen za delavnice oziroma učence s »posebnimi izobraževalnimi potrebami« in vrtce. Ta prepoved pouka navzočnosti je šla dlje od nacionalne (dpcm 24. ottobre 2020) razlika, ki je postala antonomija, ko je začel veljati novi dpcm 3. novembra, ki je kljub resnim razmeram nalezljivosti zagotovil tveganje, didaktika v prisotnosti.

To ni privedlo do preklica apulijskega zakona s strani predsednika regije, ki je ohranil način učenja na daljavo do konca novembra, kot je navedeno. Ne glede na Deželno upravno sodišče za Apulijo, zlasti Bari je nasprotoval tej zakonodaji in regija je nadaljevala s to potjo skoraj do konca izrednih zdravstvenih razmer, kar je povzročilo škodo pravicam študentov, njihovih družin in širše izobraževalne skupnosti.

Kljub zapletenemu tehtanju med pravico do izobraževanja in javnim zdravjem (Dell'Atti, 2021) ima tovrstna zakonodaja številne omejitve, povezane ne le s škodo psihosocialnemu, kulturnemu in izobraževalnemu razvoju mladih, temveč tudi ampak tudi posledice za učitelje. Poleg tega gre za skupno odgovornost, ki jo je mogoče uresničiti le s tesnim sodelovanjem med šolo in družino (Troisi, 2011), kar pa ni vedno dosegljivo in nadzorljivo.

Lombardija je bila skupaj z Venetom prva regija, ki jo je prizadela pandemija covid-19. V letu 2020 je imela pandemija covid-19 močne posledice na proizvodni sistem in na agregatno povpraševanje lombardskega gospodarstva. Okužba se je po vsej regiji razširila od konca februarja, prej in z večjo intenzivnostjo kot v preostali Italiji. V tej prvi fazi po navedbah Banke Italije ukrepi za zaježitev epidemije, ki so enotni na nacionalni ravni, predvidevajo tako omejitve mobilnosti kot blokado proizvodnih dejavnosti, ki se štejejo za nebitvene, za najmanj en mesec, ki predstavljajo več kot polovico dodane vrednosti industrije in nekaj manj kot 30 % dodane vrednosti storitev Lombardije. Od jeseni so po ponovnem izbruhu okužb znova uvedeni ukrepi omejevanja mobilnosti in prekinitve dejavnosti, ki so se stopnjevali glede na zdravstveno stanje na območju.

Popolna ali delna prekinitve zaposlovanja je povzročila precejšnje gospodarske in socialne stiske v regiji. Nezmožnost selitve zaradi dela in obveznost ostati doma sta imela močne pritiske na proračune družin. Natančneje, raziskava na Oddelku za družbene in politične vede Univerze v Milanu je poročala, da se več kot 20 % zaposlenih v Lombardiji boji izgube službe. Stalna nestabilnost in dolgotrajni omejevalni ukrepi za zaježitev covid-19 so močno vplivali na družine in mlade zaradi nenehnega povečevanja neenakosti.

Velike posledice so bile vidne v vse bolj agresivnih in transgresivnih težnjah mladih Langobardov. Posledice lockdowna na čustva in vedenje mladostnikov in mladih v Lombardiji. Sprememba odnosov z zunanjim svetom ni bila posplošena, ampak je zadevala le mlade moške, in to toliko bolj poudarjeno, kolikor daljša je bila doba »zapora« zaradi proticovidnih norm. Element, ki je imel največjo rast v primerjavi med zaprtjem pred in po njem, je ta. Med moškimi je daljši čas, preživet v izolaciji (od 14 tednov), povezan s povečanjem vedenja, ki krši pravila,« poroča Santucci za Corriere della Sera. Socialna izolacija je negativno vplivala na psiho.

Nacionalna socialna pomoč v šolah in prek specializiranih psiholoških poti za mlade v težavah bi lahko bila rešitev problema in začetek sodelovanja med nacionalnimi institucijami, regionalnim in šolskim zdravstvom v podporo mladim.

KAKO JE KRIZA COVIDA-19 VPLIVALA NA RAVNOVESJE DELA IN ŽIVLJENJA ŽENSK?

Škode, ki jih je Covid določil in ugotavlja, še lahko preštejemo. Ves svet se je moral soočiti z velikimi in kompleksnimi pojavi, ki so družbe potisnili do njihovih strukturnih meja.

Zdaj je priznana predpostavka v kateri koli državi, da so ena od skupin družbe, ki je plačala največ Covida (in vseh njegovih posledic, kot je zaprtje, izguba upravljanja dela in družine v kriznih scenarijih), ženske.

Ženske so tiste, ki so morale nositi glavno breme izjemnega dogodka, ko so se soočile z vsemi individualnimi težavami: ne glede na to, ali so bile ženske in menedžerke, ženske in matere, žene ali vse te spremenljivke, so ženske drago plačale to pandemijo.

Ko gre za delovno silo, je treba opozoriti, da imajo po podatkih Eurostata (2021; v Del Boca, 2022) v sektorjih, kot sta gostinstvo in trgovina, ženske ključno vlogo. V Italiji je 49,5 % italijanskih restavracij v lasti in upravljanju žensk, prav tako 48,9 % barov ter 0,9 % menz in gostinskih dejavnosti. Približno 52 % vseh delavcev, zaposlenih v gostinstvu, je žensk. Tako v Italiji kot po svetu je več kot 64 % delavcev v maloprodajnem sektorju žensk. Poleg tega več kot 30 % žensk dela s krajšim delovnim časom in so večinoma zaposlene v sektorju sive ekonomije, kjer so delavske pravice in zdravstvena jamstva nižja. Poleg tega so ženske preveč zastopane v sektorjih, ki veljajo za bistvene, in v poklicih, ki jih ni mogoče opravljati od doma (OECD 2021), na primer v zdravstvenem sektorju. Natančneje, ženske predstavljajo dve tretjini zdravstvenih delavcev v Italiji, 90 % delavcev na domu, približno 70 % medicinskih sester, 80 % blagajničark v supermarketih in skoraj 82 % učiteljev (Politico, 2020). Zaradi te horizontalne segregacije, skupaj s pomanjkanjem osebne zaščitne opreme, so ženske bolj ranljive za okužbo s covidom-19, saj se je 70 % žensk, ki so se okužile z virusom, okužilo na delovnem mestu (Poggio, 2020). Hkrati je Italija od začetka pandemije Covid-19 na ravni oblikovanja politik opazila tudi pomanjkanje vključenosti žensk v nacionalne odzive na pandemijo; večje število žensk kot moških, katerih delovnih mest ni bilo mogoče spremeniti v telematsko delo; ter problematično in znatno povečanje nasilja v družini in agresije nad ženskami s strani zunajzakonskih partnerjev (Cristoferi in Fonte, 2020).

Poleg tega je pandemija zmanjšala kakovost življenja žensk, ki so poročale o povečanju že tako visoke stopnje odgovornosti za gospodinjstva opravila, tudi zaradi nezmožnosti zunanje pomoči kot posledice lockdowna. V Italiji je 68 % zaposlenih žensk s partnerji med karanteno posvetilo več časa gospodinjskim opravilom kot prej; zanimivo je, da je le 40 % moških storilo enako (Del Boca *et al.*, 2020). Podobne razlike so bile ugotovljene v zvezi z delitvijo šolanja na domu in odgovornosti za varstvo otrok. Sredi družbenih, ekonomskih in političnih nasprotij, ki so se med pandemijo zaostri, so postale spolne, razredne in rasne neenakosti očitnejše kot kdaj koli prej. Del Boca *idr.* (2020, 2022) so analizirali ta pojav in v tem smislu lahko trdijo, da se je čas, ki ga italijanske matere posvetijo opravilom v gospodinjstvu, povečal za skoraj eno uro na dan v primeru hišnih opravil in podpore učenju na daljavo. v prvem valu covid-19 (od 2,3 do 3 ure na dan oziroma od 1,4 do 2 h/dan) in okoli 2 uri bolj namenjene družinskemu varstvu otrok, od 4,2 ure./dan v obdobju pred COVID-om na 6, v drugem valu covid-19 pa še skoraj 5 ur na dan.

V posebnem primeru regije Apulija je pomembno omeniti, da je po podatkih stalnega popisa ISTAT iz leta 2019 (v ARTI, 2021) samo 40 % žensk, ki delajo (kar predstavlja približno 51 % delovne sile, v

primerjavi z moškimi) imeti status poklicnega poklica; ostali opravljajo občasne dejavnosti, 50 % (od skupno 96 % nereguliranih poklicev) pa je gospodinj. Poleg tega najdemo večjo prisotnost žensk med nepismenimi ali pismenimi ljudmi brez ali z nizko stopnjo izobrazbe. V tej občutljivi situaciji je mogoče predvideti, da bo pandemija še posebej močno prizadela ženske.

Na primer, veliko žensk v Apuliji je gospodinj, kot rečeno, zato je nenehna prisotnost drugih članov doma verjetno povečala njihove domače naloge in so se znašle z veliko večjo odgovornostjo in manj zasebnosti. To je lahko povzročilo tudi povečanje nasilja na podlagi spola. Pravzaprav je po podatkih, ki so jih dali na voljo centri za boj proti nasilju v Apuliji (april 2020), po padcu prošenj za pomoč, zabeleženem marca v primerjavi s februarjem, april zaznamoval pomembno spremembo tempa z zelo visokimi povečanji (+77 % prošenj za pomoč, + 82 % napotitev, + 25 % nujnih odstranitvev) v primerjavi z marcem, pa tudi s februarjem (+ 12 % dostopov in + 7 % odstranitvev). Lahko si mislimo, da je stanje ostalo enako ves čas pandemične situacije, ki je v Italiji vključevala večmesečno zaprtje v hiši, od marca do maja-junija.

Število prijav nezgod pri delu zaradi Covid-19 v Apuliji se je v obdobju od januarja 2020 do oktobra 2022 povečalo in je v regiji znašalo 3 %, od tega več kot 6 % smrtnih. Zanimivo je, da je bilo med temi 54,5 % žensk, med drugim zaradi njihove visoke prisotnosti v zdravstvenem sektorju. Bili so skupina, ki je bila najbolj ogrožena zaradi bolezni in smrti na poklicnem področju. Druge zdravstvene nevarnosti za ženske so zadevale tiste z rakom, katerih zdravljenje in celo odkrivanje ter presejanje je bilo ohromljeno zaradi izrednih razmer. V Apuliji je bilo po podatkih Fiorelli (2021) zmanjšanje presejalnih pregledov za raka dojk večje od italijanskega povprečja: opravljenih je bilo 34 % manj (-28 % je nacionalno povprečje).

V regiji Lombardija so po mnenju Assolombardia in IRS (2021) številni dejavniki odgovorni za manjše zmanjšanje zaposlenosti žensk kot moških. Medtem ko so ženske preveč zastopane v nekaterih sektorjih, ki jih ukrepi na daljavo najbolj prizadenejo, kot so nastanitev in gostinstvo ter gospodinjsko delo, so preveč zastopane tudi na večini ključnih področij, kot so izobraževanje ter zdravstveni in socialni sektor. Vendar pa so se morale delavke v teh sektorjih spopadati z izjemnimi delovnimi obremenitvami, z velikimi zdravstvenimi tveganji, malo zaščitnimi ukrepi in težavami pri usklajevanju dela in družine, ki so bile še posebej pereče med zaprtjem in zaprtjem varstvenih služb in šol. Drugi dejavnik, ki lahko pojasni nižji padec zaposlenosti žensk v primerjavi z zaposlenostjo moških, je možnost uporabe dela na daljavo, ki je bolj razširjeno med uradniškimi poklici, kjer so ženske preveč zastopane. V primerjavi z letom 2019 se je stopnja delovne aktivnosti znižala predvsem pri ženskah z oskrbo in gospodinjstvom: tistih, ki živijo v paru brez otrok ali s predšolskim otrokom. V letu 2020 so težave pri zaposlovanju in ukrepi distanciranja v Lombardiji, tako kot v Italiji in v evropskih državah, povzročili povečanje nedejavnosti namesto brezposelnosti, zlasti med ženskami in mladimi.

Čeprav so bile ženske manj prizadete zaradi izgube dela v regiji v primerjavi z drugimi italijanskimi regijami, tega ne moremo reči za učinek nasilja v družini. Dokazi, preučeni v študijah, dejansko kažejo, da so pandemija COVID-19 in posledični ukrepi za omejitev širjenja okužbe povzročili porast nasilja nad ženskami; V Italiji je bilo v prvi fazi pandemije, med marcem in junijem 2020, 15.280 klicev po telefonu in prek klepeta na nacionalni brezplačni številki 1522, ki jo je dal na voljo Oddelek za enake možnosti pri predsedstvu Sveta ministrov. Število se je v primerjavi z enakim obdobjem preteklega leta več kot podvojilo (+119,6 %), s 6.956 na 15.280 klicev. Povečanje prošenj za pomoč prek klepeta se je petkratilo s 417 na 2666 sporočil. Zdi se, da je Lombardija italijanska regija z največjim številom klicev na 1522 v obravnavanem obdobju s 13,4 % vseh klicev; Lazio (12,4 %) in Campania (9,8 %). (PolisLombardia, 2020)

1.8 Portugalska

Po podatkih Svetovne zdravstvene organizacije (WHO) je bilo na Portugalskem od 3. januarja 2020 do 12. decembra 2022, 16.53 po srednjeevropskem času, potrjenih 5.536,455 primerov covid-19 in 25.345 smrti. Prve informacije za javnost Generalnega direktorata za zdravje o takrat novem koronavirusu so bile objavljene 14. januarja 2020: "predhodni podatki ne kažejo dokazov o prenosu s človeka na človeka". Hkrati so potnikom v regijah z visokim tveganjem svetovali glede higiene rok, dihalnega bontona in izogibanja stikom z živalmi ali tesnim stikom z ljudmi z respiratornimi simptomi. Ker se je epidemija na Kitajskem razvijala, je generalni direktorat za zdravje izdal več posodobljenih informacij za širšo javnost z novimi podatki iz Kitajske in Evropskega centra za nadzor in preprečevanje bolezni (ECDC). Na začetku niso bile uvedene nobene omejitve potovanj, vendar so ljudem, ki so pred kratkim potovali na prizadeta območja in so imeli simptome dihanja, svetovali, naj pokličejo kontaktni center SNS 24 za dodatne informacije in zdravstvene nasvete. Kljub temu je bil 25. januarja na Portugalskem ugotovljen prvi sum na covid-19. Čeprav primer ni bil potrjen, je Ministrstvo za zunanje zadeve 26. januarja odsvetovalo vsa potovanja na Kitajsko, razen nujnih. Za obveščanje splošne javnosti o covidu-19 je bila vzpostavljena posebna spletna stran (<http://covid19.min-saude.pt>), ki med drugim vsebuje nasvete o higieni rok in bontonu dihanja, glavne simptome covid-19, plakate in letake za šole, javne službe in letališča ter videoposnetke.

Z razvojem epidemije so v bolnišnici zdravili le potrjene primere covid-19 s kliničnimi merili za hospitalizacijo. Primeri z blagimi simptomi so bili poslani domov, zdravstveni delavci pa so jih redno spremljali. Zanje je veljala obvezna zapora, zdravstveni organi pa so o tem obvestili policijo, da bi zagotovili spoštovanje predpisov. Opredelitev sumljivih primerov se je z razvojem pandemije spremenila, vendar je vključevala simptomatske potnike, ki so se vrnil z območij z aktivnim prenosom v skupnosti. Z razvojem izbruha po svetu so se ta območja tudi razširila: sprva so vključevala Kitajsko, Južno Korejo, Japonsko in Singapur; nato so bili dodani Iran in štiri regije v severni Italiji (Emilija-Romanja, Lombardija, Piemonte in Veneto), nazadnje so bile dodane tri države v Nemčiji (Bavarska, Baden-Württemberg in Severno Porenje-Vestfalija), dve regiji v Franciji (regiji Grand Est in Île-de-France) in štiri avtonomne skupnosti v Španiji (Katalonija, La Rioja, Madrid in Baskija). Potnikom, ki so se vračali s teh območij, je bilo priporočeno, naj se ne zadržujejo v družbi, naj izvajajo higieno rok in naj se držijo pravil dihanja. Spremljali naj bi svoje simptome in se v primeru pojava simptomov sami izolirali ter poklicali SNS 24. Javni zdravstveni organi so izsledili stike potrjenih primerov in glede na izpostavljenost so jim lahko odredili, da se 14 dni, med katerimi so jih spremljali zdravstveni organi, samoizolirajo doma.

Portugalska ustava ne predvideva obvezne karantene v primeru izrednih razmer na področju javnega zdravja, vendar so bile po začetku veljavnosti izrednih razmer uvedene omejitve gibanja državljanov. Kot je bilo omenjeno, je obvezna karantena veljala le za potrjene primere, ki so okrevali doma, in vse tiste, ki so bili izolirani na podlagi odločitve javnozdravstvenih organov. Preostalemu prebivalstvu je bilo priporočeno, naj ostane doma in odide le v posebnih okoliščinah, pri čemer so bili bolj omejeni pogoji za starejše od 70 let, imunsko oslABLJENE bolnike in osebe s kroničnimi boleznimi.

Ob izvajanju ukrepov za socialno oddaljevanje in zapiranje je bilo po vsej državi vzpostavljenih več linij za psihološko pomoč, katerih namen je bil zagotoviti podporo odraslim ali otrokom, ki so zaradi izbruha bolezni ostali izolirani doma. Kontaktni center SNS 24 v sodelovanju s portugalskim združenjem psihologov od 1. aprila zagotavlja specializirano svetovanje za splošno prebivalstvo, na telefonske klice pa odgovarja 60 psihologov. Med 1. aprilom in 6. oktobrom je bilo odgovorjeno na 40.661 telefonskih klicev z linije za pomoč pri psihološki podpori, od tega na 3.373 klicev

zdravstvenih delavcev. Poleg tega je bila vzpostavljena spletna stran, namenjena izključno duševnemu zdravju (<https://saudemental.covid19.min-saude.pt>), s splošnimi informacijami za javnost, vprašnji in odgovori ter posebnimi informacijami za zdravstvene delavce. Poleg tega so bile po vsej državi izvedene številne lokalno organizirane pobude za zagotavljanje podpore ranljivim skupinam prebivalstva (to so starejši ljudje, ki živijo sami, brezdomci, invalidi itd. (*Evropski observatorij za zdravstvene sisteme in politike, 2021*))

Čeprav je bila Portugalska v prvem valu virusa covid-19 manj prizadeta kot mnoge druge evropske države, so jo naslednji valovi močno prizadeli. Januarja 2021 je bila na Portugalskem najvišja stopnja novih okužb in smrti na svetu. (*OECD Economic Surveys: Portugal 2021*) Nekaj sproščenosti med božičnim obdobjem leta 2020 je skupaj s pojavom bolj nalezljive različice virusa povzročilo hitro naraščanje števila okužb. Delna zapora in geografsko usmerjeni ukrepi za preprečevanje širjenja, ki so bili kot odziv uvedeni do sredine januarja 2021, niso zadostovali za upočasnitev širjenja virusa. Število okužb se je zmanjšalo z uvedbo druge zapore 15. januarja. Kljub temu je pandemija za Portugalsko pomenila številne izzive in še poslabšala obstoječe slabosti. Povzročila je veliko zdravstveno krizo, preobrnila močno okrevanje po zadnji recesiji in povzročila najglobljo povojno recesijo. Nesorazmeren vpliv krize na sektorje z veliko sezonskih, začasnih in slabo plačanih delovnih mest, kot sta gostinstvo in turizem, ter na ljudi z že obstoječimi finančnimi težavami je morda izničil napredek, dosežen pri zmanjševanju revščine in neenakosti v prejšnjih letih.

KAKO JE KRIZA COVIDA-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

V demokratičnih državah so vlade zaradi pandemije v težkem položaju. Velika negotovost, ki jo povzroča covid-19, jih sili k sprejemanju ukrepov, ki so v običajnih časih v nasprotju s temeljnimi demokratičnimi načeli. Nosilci odločanja se soočajo z dilemo, kako pretehtati med cilji javnega zdravja in demokratičnimi normami, pravicami in svoboščinami. Ta kompromis se odvija na dveh ravneh:

- potreba po hitrem odzivu ustvarja močne spodbude za koncentracijo moči v nacionalni izvršni oblasti in s tem za oslabitev drugih institucij.
- politike za boj proti izbruhu covidu-19 so same po sebi nenavadne, saj so namenjene "družbeni distanci" in tako omejujejo temeljne pravice, kot sta svoboda gibanja ali zbiranja

S pravnega vidika imajo vlade v kriznih razmerah pravico sprejeti izredne ukrepe za zaščito javnih interesov, tudi če ti ukrepi omejujejo temeljne pravice, vendar le, če so izpolnjeni posebni pogoji in če so ukrepi sorazmerni, časovno omejeni in nediskriminatorni. V resnici pa se ocene sorazmernosti lahko razlikujejo glede na države, vlade in državljane. Skoraj vse evropske demokracije so postavile temelje za takšne ukrepe tako, da so se odzvale z nacionalnim načrtom za izredne razmere, ki se sklicuje na pravni instrument. Ker omejitve demokratičnih načel veljajo za racionalen odziv, s katerim si oblasti pridobijo čas in prostor za spopadanje s krizo, ima večina držav možnost, da se odzove z nujnimi določbami:

Declaration of state of emergency	Bulgaria, Czech Republic, Finland, Hungary, Italy, North Macedonia, Moldova, Portugal, Romania, Serbia, Spain
Declaration of state of public health emergency	France, Lithuania, Slovakia
Declaration of state of disaster/catastrophe	Albania, Bosnia and Herzegovina
Other legislation	Austria, Belgium, Croatia, Denmark, Greece, Ireland, Norway, Poland, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom
No national-level emergency response	Germany, Netherlands

Slika 1. Osnovni pravni instrument, ki se uporablja za sprejetje glavnih nujnih ukrepov na nacionalni ravni [Vir: Edgell et al. (2020a); projekt Pandemic Backsliding (PanDem) inštituta V-Dem]

Čeprav je covid-19 od začetka leta 2020 prevladoval v številnih političnih razpravah, je le eden od številnih dejavnikov, ki spreminjajo demokracijo po vsem svetu. Demokracija je na pomembne načine postavljena pod vprašaj veliko dlje od vpliva pandemije - in demokratične institucije morajo biti pripravljene na druge vrste kriz in izrednih razmer, ki se bodo verjetno pojavile v prihodnosti. Ugledni teoretiki menijo, da se je demokracija izkazala kot vedno razvijajoči se sklop praks in ne kot statičen koncept, ki ga je treba ohraniti pred skorajšnjim odvečnim delovanjem. Dejavniki covid-19 in druge politične dinamike se med seboj vse bolj zapleteno prepletajo.

Že približno dve desetletji se število članov številnih strank in volilna udeležba močno zmanjšujeta. Hkrati pa so državljani v večjem številu sodelovali v drugih oblikah demokratičnega udejstvovanja. Pandemija je okrepila potrebo po sodelovanju, saj je poudarila pomen povezav in zaupanja v družbi: to, ali so ljudje povezani med seboj in s svojimi institucijami, vpliva na njihovo pripravljenost nositi maske, upoštevati varne prakse oddaljevanja in se cepiti. Veliko ljudi si je prizadevalo za medsebojno sodelovanje, da bi ohranili svoje povezave in si med krizo pomagali pri vsakodnevnih potrebah. Vzporedno s tem so se množični protesti zaradi vprašanj covid-19 pogosto spremenili v prizadevanja za samoorganizacijo na ravni skupnosti. Vse takšne mobilizacije niso povezane z demokracijo ali celo nujno naklonjene demokratičnim reformam, vendar jih je bilo veliko. Tako so dobile podporo bolj strukturirane oblike posvetovalne udeležbe, kot so državljanske skupščine. covid-19 je, čeprav so bili strokovnjaki med pandemijo pozvani k nasvetom, dodatno spodbudil tako protestne dejavnosti kot organizirane participativne poskuse. Zlasti pandemija je navdihnila digitalne demokratične inovacije, saj je covid-19 porušil obstoječe vzorce sodelovanja in prisilil javne uslužbenke, njihovo osebje in državljane, da se prilagodijo svetu, v katerem so bila osebna srečanja nemogoča. To je spodbudilo novejšje demokratične inovacije, ki so služile najnujnejšim potrebam pandemije: ustvarjanju preverjenih informacij in zanesljivih podatkov, mobilizaciji virov, spretnosti in znanja za reševanje izrednih zdravstvenih razmer, povezovanju prostovoljcev in storitvenih organizacij z ljudmi, ki so potrebovali pomoč, ter izvajanju in spremljanju javnih politik in ukrepov.

Izredne razmere na Portugalskem so trajale od 19. marca do 2. maja 2021. Po tem je Portugalska prešla v izredno stanje, ki ga ureja drugačen zakon, ki vladi omogoča, da za omejeno obdobje uvede izredno stanje brez posredovanja predsednika ali parlamenta. Ta ureditev je isti mehanizem odzivanja, ki je bil uporabljen, ko se je Portugalska leta 2019 spopadala s poletnimi gozdnimi požari. Še pred razglasitvijo izrednega stanja je vlada razglasitev stanja nesreče uporabila za to, da je majhno portugalsko mesto Ovar, eno od zgodnjih epicentrov covid-19, postavila pod cordon sanitaire - javnozdravstveni ukrep, nedavno uporabljen pri odzivu na ebolo, s katerim se na določenem območju za določen čas uvede karantena. Z razglasitvijo stanja nesreče se je na Portugalskem začelo obdobje postopnega ponovnega odpiranja. Vlada je izdala nove smernice, ki še naprej predpisujejo več postopkov za spremljanje bolezni, sledenje stikov in izolacijo okuženega prebivalstva. Medtem ko so javnozdravstveni organi še naprej pozivali ljudi, naj se izogibajo nepotrebni družabni stikom, je vlada odpravila razlikovanje med starejšimi in prebivalci, mlajšimi od 70 let, v zvezi z dolžnostjo izolacije na domu. Namesto tega so razglasile nekaj, kar se je začelo razumeti kot splošno obveznost zmanjšanja socialnih stikov. Čeprav se portugalski strokovnjaki za ustavno pravo strinjajo, da nesreča pomeni manjše omejitve svoboščin posameznika kot izredno stanje, je potekala burna razprava o natančnem obsegu ukrepov, ki jih lahko vlada sprejme v tej novi fazi. Nekateri strokovnjaki so na primer trdili, da med stanjem nesreče ni mogoče omejiti cerkvenih zborovanj, saj ni parlamentarne kontrole vladnih posegov, za omejitve temeljnih

pravic, ki jih varuje ustava, pa je potreben zakonodajni poseg. Vendar je portugalska vlada na koncu ohranila omejitve cerkvenih zborovanj in drugih oblik verskih praznovanj do konca maja.

Portugalska je unitarna in zelo centralizirana država, vendar je dvema otoškima arhipelagovoma na sredini Atlantika, Madeiri in Azorskim otokom, priznala avtonomijo. Oktobra 2020 so se politiki s celine zgrinjali na Azore, zlasti ob koncih tedna, da bi pomagali svojim lokalnim kolegom na volitvah, ki so potekale 25. oktobra. Kampanja je zaradi pandemije covid-19 potekala v precej omejenih sanitarnih razmerah. Zato so bile volitve pomembna vaja za prihodnje nacionalne predsedniške volitve, ki bodo 24. januarja 2021. Avtonomni regiji Azori je pod predsedovanjem Vasca Cordeira dve desetletji z absolutno večino vladala Socialistična stranka/Partido Socialista (PS). Glavni cilj opozicije je bil zlomiti absolutno večino socialistov in jo sčasoma nadomestiti z alternativno vlado. Čeprav so na volitvah prevladovala regionalna vprašanja, so bile tudi prvi preizkus za oktobra 2019 ponovno izvoljeno socialistično vlado Antonia Coste na nacionalni ravni in njeno krizno upravljanje pandemije. Kljub težavam socialistične manjšinske vlade je Costa uspel doseči, da je glavna opozicijska stranka PSD odobrila proračunske zakone, na tem področju pa je prišlo do precejšnjega sodelovanja in dogovora.

Precej sporen je bil dogovor o ukinitvi dvotedenskih razprav s predsednikom vlade (podobno kot pri času za vprašanja). Vendar je vodja PSD Rui Rio predlagal, da se to pravilo odpravi in skrajša na enkrat na mesec. Končni osnutek je določal, da mora biti predsednik vlade v parlamentu na uri za vprašanja vsaj enkrat na mesec. V resnici se je zaradi drugih uradnih nastopov predsednika vlade v parlamentu, kot so poročanje o dogajanju v Evropski uniji (EU), razprava o proračunu in govor o stanju države, čas za vprašanja skrajšal na vsaka dva meseca. Številni poslanci iz skupine socialistov in socialdemokratov se niso strinjali z uradnim stališčem. Vodja PSD Rui Rio je bil kritiziran, ker je predlagal in podprl takšno potezo, vladna stranka pa jo je z veseljem sprejela. Pri končnem glasovanju 24. julija 2020 je sedem poslancev PSD in 28 poslancev PS glasovalo proti revidirani različici stalnega poslovnika. Nadaljnjih pet poslancev PS se je vzdržalo glasovanja (skupno je bila proti tretjina poslancev PS). Skupno je bilo v končni fazi glasovanja 152 glasov za revizijo in 78 proti. Ta dvostrankarski sporazum je pomenil velik udarec demokratični odgovornosti vlade pred parlamentom in osiromašenje demokratične razprave. *(Evropski konzorcij za politične raziskave)*

Januarja 2021, manj kot dva tedna pred načrtovanimi predsedniškimi volitvami na Portugalskem, je nov val koronavirusa grozil, da bo preplaval bolnišnice, zaradi česar je portugalska vlada ponovno zaprla državo. Toda v nasprotju z drugimi državami, ki so zaradi podobnih dogodkov preložile volitve, so se portugalske volitve odvijale po načrtu. Čeprav se je zdelo, da so bile portugalske volitve dobro vodene, je Portugalska v času pred volitvami storila nekaj napak, zaradi katerih je bila bolj izpostavljena morebitnemu vmešavanju, udeležba je bila nižja od pričakovane, povečalo pa se je tudi tveganje, da bodo njeni državljani postali bolj nezaupljivi do demokracije. Udeležba je bila približno 39-odstotna, kar je najnižja udeležba na predsedniških volitvah na Portugalskem doslej. Razumljivo je, da so se nekateri volivci raje odločili ostati doma, kot da bi glasovali osebno in tvegali izpostavljenost koronavirusu. Portugalska je omogočila osebno predčasno glasovanje in glasovanje na dan volitev, ni pa ponudila drugih načinov glasovanja, kot je glasovanje po pošti, kar je nekaterim skupinam volivcev, vključno s portugalskimi izseljenci, otežilo uspešno oddajo glasovnic.

Portugalska si je močno prizadevala prilagoditi svoj volilni okvir, da bi se med pandemijo koronavirusov bolje prilagodil volivcem. Novembra 2020 je na primer zaradi pandemije sprejela več sprememb, s katerimi je zmanjšala največje število volivcev na volišče, povečala število volišč, omogočila predčasno glasovanje in razširila ureditev glasovanja na domu, da bi se bolje prilagodila tistim volivcem, ki med volitvami iz različnih razlogov, tudi zaradi pandemije, niso mogli obiskati

volišča. Žal podoben dostop ni bil omogočen volivcem zunaj države (v tujini), ki so morali pogosto potovati precej dlje, da so oddali svoj glas.

Dva tedna pred volitvami je število okužb z virusom covid-19 močno naraslo, država pa je bila popolnoma zaprta. To je bilo nepričakovano in izjemno hudo. Politične pravice niso bile na noben način omejene, vsi pristojni organi so jih v celoti spoštovali, kar je treba poudariti. Vendar pa so razmere na terenu vplivale na kampanjo, saj se je večina dejavnosti prenesla na splet. Mediji so imeli ključno vlogo in televizijske razprave, ki so zbral veliko gledalcev, so bile videti kot pošteno organizirane in primer dobre prakse. Kljub izzivom, od katerih se je bilo nekaterim mogoče izogniti, se je pokazalo, da sta portugalski volilni sistem in uprava odporna, saj imata več subjektov in visoko raven zaupanja javnosti. Ob upočasnitvi uličnih akcij na začetku kampanje so se Portugalci prilepili na zaslon, da bi spremljali predsedniške razprave: trije najbolj gledani neposredni dvoboji na volitvah 2021 so v povprečju pritegnili večje število gledalcev kot na volitvah leta 2016. Največ gledalcev so ustvarile razprave, v katerih sta predsedniška kandidata nasprotovala Andréju Venturi. Najbolj gledana je bila razprava med Marcelom Rebelom de Sousa in Andréjem Venturo, kandidatom za Čego. Debata, ki sta jo predvajali televiziji SIC in SIC Notícias, je dosegla skupno 3 milijone ljudi, s povprečno gledanostjo 1,8 milijona gledalcev in deležem 32,1 %. Leta 2016 je bila najbolj gledana debata, na kateri sta se iz oči v oči soočila Marcelo Rebelo e Sousa in Sampaio da Nóvoa, ki je skupno dosegla 2,1 milijona gledalcev, povprečno 1,2 milijona gledalcev, za SIC pa je ustvarila 25,3-odstotni delež. Tako se je v času pandemije izkazalo, da Portugalce bolj zanimajo predsedniške razprave. (*Evropski svet za zunanje odnose*)

1. Kako je kriza covid-19 vplivala na uresničevanje temeljnih pravic?

Kako je mogoče varstvo temeljnih pravic združiti s strogimi zahtevami za obvladovanje pandemije covid-19? Menimo, da je odgovor v občutljivem ravnovesju med zagotavljanjem javnega zdravja, ne da bi pri tem zapadli v skrajnost "fašistoidno-histerične higienske države" (fascistoid-hysterischen Hygienestaat). (*Heinig- Verfassungsblog, 2020*) Predvsem pa se nihče ne bi smel prepustiti naivnosti, da bi si ustavne/upravne izjeme predstavljal kot zgolj prehodne in čudežno izginule z obnovitvijo ustavne normalnosti. V času izrednih razmer, bodisi ustavnih bodisi upravnih, je klišejsko trditi, da bi morali biti parlamenti izredno pozorni. Ne glede na njihov pomen pa ni mogoče zmanjšati pomena sodišč pri preverjanju kršitev temeljnih pravic. Glavne nevarnosti, ki bi lahko nastale zaradi močnih izvršilnih organov in oslabljenih parlamentov, so dobro dokumentirane v akademskih krogih. Prvič, vlada bi lahko bila v skušnjavi, da bi svoja izredna pooblastila razširila prek samega izrednega stanja. Drugič, kar je precej ironično, če so ustavne izredne razmere de iure zasnovane izjemno strogo in predvidljivo, bi bila dejanska odložitve nepredvidljiva in zunaj meja ustavnega okvira.

Vendar imajo sodišča v sedanjih neugodnih razmerah pomembno vlogo pri nadzoru zakonodaje covid-19. Na Portugalskem je sodna praksa na področju covid-19 še vedno redka. Kljub temu je treba omeniti nedavni razvoj. Po ustavnem izrednem stanju je portugalski državljani pristal na Azorskem otočju in bil za štirinajst dni na lastne stroške prisilno zaprt (ukrep, ki ga je izvedla regionalna vlada Azorskih otokov). Državljan je nato vložil tožbo habeas corpus zoper samovoljno pridržanje. Sodišče v Ponta Delgadi je presodilo, da je odločitev o prisilnem pridržanju kršila svobodo gibanja in bila organsko neustavna, saj je bilo pridržanje izvedeno po koncu izrednih razmer. Sodišče je menilo, da lahko takšne omejitve temeljnih pravic uzakonita le parlament ali vlada (s predhodnim dovoljenjem parlamenta). Poleg tega je sodišče razsodilo, da uvedba konfinacije za državljana, ki ni bil covid-19 pozitiven, ni bila v skladu z načelom sorazmernosti. Čeprav ta odločitev ni imela neposrednega učinka za stranke, ki niso bile na sodišču, je predsednik

azorske vlade takoj napovedal nove ukrepe za zajezitev širjenja covid-19. Posledično in kot dobra praksa je bilo prisilno pridržanje nadomeščeno s prostovoljnim pridržanjem. Ker je bila ta zadeva predložena portugalskemu ustavnemu sodišču, je to ob svoji prvi odločitvi o covidu-19 soglasno razsodilo, da so regionalni predpisi, ki uvajajo obvezno konfinacijo, organsko neustavni.

Vprašanje, ki sledi, je mogoče zastaviti takole: Ali je bila razglasitev ustavnih izrednih razmer ustrezna ali pa je bila impulzivna in pretirana? Morda bo le čas pokazal pravilnost ustavnih in upravnih ukrepov. Vseeno pa je bila razglasitev izrednih razmer v tistem času neizogibna in nujna za zajezitev širjenja virusa in za odpravo ustavnih vprašanj, ki bi izhajala iz izvajanja širšega nabora omejevalnih ukrepov. Še pomembneje pa je, da so se takrat ustavnopravni strokovnjaki močno razhajali glede tega, ali obstoječa zakonodaja o izrednih razmerah omogoča uvedbo karantene in zaprtja brez predhodne sodne odredbe. Nekateri so trdili, da je karanteno mogoče uvesti na podlagi ekstenzivne razlage 64. člena ustave (pravica do zdravja). Vendar so drugi trdili, da del 27. člena izrecno zavrača takšno možnost, saj omejuje odvzem svobode na primere, v katerih sodni organ odredi "oddajo osebe s psihično anomalijo v ustrezno terapevtsko ustanovo". Zato in v skladu s tem zadnjim doktrinarnim stališčem bi bila potrebna sprememba ustave, da bi omogočili uvedbo karantene zaradi nalezljivih bolezni. (*Revista e-Pública, 7(1), 78-117*)

Predsedniški odloki o izrednih razmerah zagotavljajo normativni okvir, na podlagi katerega lahko vlada posreduje. Kljub temu so bili takšni odloki v tem primeru preveč splošni in niso dovolj določali pogojev, pod katerimi lahko vlada omeji nekatere pravice in svoboščine. Poleg tega v njih ni bilo določeno, kateri členi ustave so bili suspendirani, kot to zahteva 19. člen. Ne glede na nekatere kritike se je treba zavedati, da je bilo to prvič po prehodu v demokracijo, da so bile razglašene izredne ustavne razmere. V teh okoliščinah in glede na to, da se predsednik ni mogel zgledovati po preteklih osnutkih ustavnih odlokov o izrednih razmerah, je moral aktivno sodelovati z ustavo "v akciji" in raziskovati neznani teren. (*O desassossego dos direitos humanos em tempos de pandemia*)

Kljub temu da je vlada večinoma sprejemala zakonodajo v obstoječem zakonodajnem okviru, je z zakonsko uredbo 10-A/2020 z dne 12. marca odobrila omejevalne ukrepe pred razglasitvijo izrednih ustavnih razmer, kar je sprožilo doktrinarno kritiko. Zato je potrdila ukrepe, ki niso bili predvideni v zakonodaji o izrednih razmerah, ki jo je predhodno sprejel parlament. Še bolj zanimivo pa je, da je parlament takšne omejitve ratificiral naknadno, v obliki, ki "spominja na zakon o odškodnini", in v nasprotju s prepovedjo retroaktivnih omejitev, ki jo določa 18. člen portugalske ustave. Ker je bila ustavna zakonodaja o izrednih razmerah sprejeta v naglici za reševanje krize, je treba omeniti nekatera ustavna vprašanja. V portugalski ustavi so temeljne pravice, ki niso posebej zaščitene v 19. členu, v času ustavnih izrednih razmer lahko začasno ukinjene. Poleg izrednih razmer se lahko temeljne pravice omejijo, če je izpolnjenih šest kumulativnih zahtev iz člena 18 (ena od zahtev, pa tudi sorazmernost, je, da omejitev uzakoni parlament ali vlada s predhodnim dovoljenjem parlamenta).

Za razliko od sosednjih držav, kot je Španija, je na Portugalskem mogoče opaziti, da parlament v dobri veri odobrava večino ukrepov, za katere vlada meni, da so primerni. Vendar pa Portugalska še vedno težko izvaja politike, ki temeljijo na dokazih, in to pomanjkanje zadostnega znanstvenega strokovnega znanja sproža pomembna vprašanja politične odgovornosti. (*Predsedniške volitve na Portugalskem*)

Če se podrobneje posvetimo nekaterim pravicam, vam predstavljamo nekaj dobrih praks, sprejetih kot ukrepi za dobro počutje Portugalcev:

PRAVICA DO ZDRAVJA

- objava različnih smernic in priporočil Nacionalnega generalnega direktorata za zdravje (DGS) v različnih oblikah (letaki, plakati in predstavitve), namenjenih različnim sektorjem ob upoštevanju njihovih posebnosti in tveganj: zdravstvenim delavcem, šolam, civilni zaščiti, ambasadam, hotelom, medijem, socialnim ustanovam, zasebnim ustanovam socialne solidarnosti in turistični industriji. Njen namen je bil podpreti odziv in ustreznost preventivnih ukrepov s prilagoditvijo delovanja javnih služb in gospodarskih dejavnosti
- Opredelitev postopkov za stanovanjske strukture za starejše (ERPI), enote za dolgotrajno integrirano oskrbo (UCCI) nacionalne mreže za dolgotrajno integrirano oskrbo (RNCCI) ter strukture, namenjene starejšim, invalidom in ustanovam za varstvo ogroženih otrok in mladostnikov
- Objava posebnih smernic o covidu-19 za zdravstvene delavce v zvezi s preprečevanjem, pristopom in ukrepi, ki jih je treba sprejeti glede izpostavljenosti primerom covid-19 (smernica DGS 13/2020 z dne 21. marca).
- Priprava "Družinskega priročnika" o izolaciji v domačem okolju, ki obravnava vprašanja, povezana z družinskim življenjem, čustvi, stresnimi situacijami, pravili, ločevanjem, rutino, tesnobo pri mladih in spletno varnostjo. S tem priročnikom naj bi zagotovili pomoč pri obvladovanju večdimenzionalnega vpliva covid-19 v družinskem okolju.
- Vzpostavitev orodja Trace covid-19 za podporo zdravnikom v javnem zdravstvu in primarnem zdravstvenem varstvu pri spremljanju bolnikov s covidom-19, pri nadzoru in samopomoči ter za učinkovito sledenje stikov.
- Razvoj kazalnikov uspešnosti, povezanih s covidom-19, in sicer glede njegovega vpliva na delovanje nacionalne zdravstvene službe (SNS). S tedenskim poročanjem o tej zadevi je bilo mogoče zagotoviti, da so bile na voljo posodobljene informacije, kar je omogočilo hitrejšo in odločnejšo ukrepanje ter zagotovilo dostop do zdravstvenega varstva

PRAVICA DO INFORMACIJ

- Stalno in pregledno spremljanje razvoja covid-19 na Portugalskem, in sicer z vsakodnevnimi tiskovnimi konferencami zdravstvenih organov od 9. marca dalje, na katerih se razširjajo podatki, informacije in posodobitve o pandemiji. Namen tega je bil vsem državljanom zagotoviti dostop do zanesljivih in verodostojnih informacij in podatkov
- Vzpostavitev platforme Estamos On (<https://covid19estamoson.gov.pt/>). To spletišče je bilo zasnovano kot praktični vodnik za podporo državljanom, družinam in podjetjem pri boju proti posledicam covid-19. V ta namen so bile na njej zbrane vse informacije, povezane z dobrimi praksami in priporočili zdravstvenih organov, nasveti za delo od doma, dostopom do javnih storitev ter izjemnimi ukrepi, ki jih je sprejela vlada, in sprejeto zakonodajo
- Nacionalni statistični inštitut Portugalske (INE), ki je glavni nacionalni organ, ki pripravlja uradno statistiko, je razvil posebno mikrostrani, na kateri so na voljo najpomembnejši statistični rezultati za spremljanje socialnega in gospodarskega vpliva pandemije covid-19. Njen glavni cilj je bil omogočiti poglobljeno poznavanje razmer in prispevati k informiranemu odločanju.
- redno obveščanje tujih diplomatskih predstavništev, akreditiranih v Lizboni, prek ministrstva za zunanje zadeve o takojšnjih ukrepih, ki jih je Portugalska sprejela ob pojavu pandemije covid-19, ter organizacija informativnega sestanka v sodelovanju z vlado na področjih zdravstva in notranjih zadev
- Vzpostavitev partnerstva med sistemom DGS in televizijskim kanalom SIC za znanstveno potrditev vsebin, predstavljenih v oddaji "Polígrafo", ki je obravnavala novice in govorce na družbenih omrežjih, z namenom boja proti dezinformacijam o covidu-19.

PRAVICA DO IZOBRAŽEVANJA

- Organizacija učenja na daljavo in s tem povezanih podpornih virov. V predšolskem, osnovnem, srednjem in poklicnem izobraževanju so šole ostale odprte za zagotavljanje osnovnih, socialnih in upravnih funkcij ter za podporo učenju na daljavo. Vendar je bil od 16. marca prekinjen ves neposredni pouk
- Izvajanje različnih rešitev prek različnih kanalov, kot so spletne strani, posebne izobraževalne platforme za učenje na daljavo, televizija/radij, elektronska pošta.
- ocena potreb v vseh javnih šolah in izvajanje sklopa partnerstev za ustrezno razdelitev opreme, ob upoštevanju, da je učenje na daljavo učna metoda, ki jo je treba postopoma razviti in izvajati s potrebnimi tehnološkimi sredstvi
 - sodelovanje z lokalnimi oblastmi in civilno družbo, ki je že omogočilo razdelitev računalniške opreme več tisoč študentom, ki je niso imeli.
 - Priprava načrta za zagotovitev računalniške opreme in dostopa do interneta za vse učence za naslednje šolsko leto.
- Kot odziv na pandemsko krizo šole opredelijo strategije za nediskriminacijo otrok v prikrajšanih razmerah, migrantov, pripadnikov različnih etničnih skupin ali ranljivih skupnosti ter jih spodbujajo k sodelovanju s skupnostjo in raziskovanju različnih načinov učenja. V tem kontekstu so bili šolski psihologi pozvani tudi k posredovanju
- V zvezi z vključevanjem otrok iz romskih skupnosti je bilo na spletni strani generalnega direktorata za izobraževanje na voljo gradivo, namenjeno delu z romskimi učenci.
- Poleg tega in da bi okrepili prepoznavanje tveganih situacij v okviru učenja na daljavo, se je treba uskladiti s Komisijo za zaščito otrok in mladine (CPCJ).

PRAVICA DO PRIMERNEGA STANOVANJA

- Da bi zagotovili, da bodo gospodinjstva med pandemijo lahko ostala v svojih domovih, in pomagali gospodinjstvom, ki zaradi izgube dohodka težko pokrivajo najemnino ali hipoteko, so bili sprejeti naslednji ukrepi:
 - Odložitev zaplembe, roki in ugovor zoper podaljšanje najemne pogodbe
 - Odložitev izvršbe hipotek na nepremičnine, ki predstavljajo stalno stanovanje
 - Začasni odlogi plačila hipoteke
 - Začasni odlog plačila najemnine za najemnike, ki so dokazano izgubili dohodek.
 - Finančna podpora v obliki brezobrestnih posojil za najemnike, ki so dokazano izgubili dohodek in so preobremenjeni s stanovanjskimi stroški, ter za najemodajalce z nizkimi dohodki. Predvideno je bilo, da se bo del posojil, odobrenih za plačilo najemnin, spremenil v nepovratno subvencijo.
- Reforme in naložbe, ki jih je vlada izvedla za ublažitev gospodarskih in družbenih posledic pandemije koronavirusov, so vključevale spodbujanje novih cenovno dostopnih stanovanj in nove odgovore na nujne stanovanjske potrebe.

PRAVICA DO KULTURE

- Varovanje kulturnih pravic, tako pri ohranjanju dostopa, uresničevanja in sodelovanja kot pri podpori umetnikov, ustvarjalcev in tehnikov, ob upoštevanju, da je bil sektor umetnosti in kulture med prvimi, ki je zaradi pandemije ustavil in ukinitel vse svoje dejavnosti.
- uvedba linije za nujno podporo umetniškemu sektorju v vrednosti enega milijona evrov, povečane za 700.000 evrov, za podporo ustvarjalnim umetniškim projektom na področju uprizoritvenih in vizualnih umetnosti ter disciplinarnih stičišč, s skupno 311 projekti

- uvedba podporne linije za založnike in knjigarne, namenjene zastopnikom, povezanim s knjižno produkcijo, da bi prispevali k varovanju založništva in knjižnega trga na Portugalskem v zameno za dostavo izvodov del iz ustreznih katalogov in bibliografskih skladov
- Finančna podpora medijem z dodelitvijo 15 milijonov evrov za zgodnji nakup prostorov za institucionalno oglaševanje. 25 % tega zneska je bilo dodeljenih regionalnemu in lokalnemu tisku.
- dovolitev preklica izvajanja umetniških projektov in dejavnosti, vključenih v pogodbe v okviru programa za podporo umetnosti, v obdobju pandemije, pri čemer se ohranijo načrtovana plačila v obdobju prekinitve.

Tako je že bežen pogled na portugalsko zakonodajo pokazal, da obstaja običajna zakonodaja o izrednih razmerah. Okvirni zakon o civilni zaščiti je dovoljeval nekatere omejitve temeljnih pravic, kot so omejitve gibanja oseb in vozil ter začasna zahteva po izdelkih in storitvah, okvirni zakon o zdravstvu je zdravstvenim organom dodelil pooblastila za obravnavo nevarnosti za javno zdravje, vključno z zahtevo po zdravstvenih ustanovah in strokovnjakih, določitev zaprtja posameznikov ter odločitvami o zaprtju javnih in zasebnih objektov, zakon o javnem varovanju pred zdravstvenimi tveganji pa je obravnaval nujne primere na področju javnega zdravja in omogočal prekinitve dejavnosti. (*Nacionalni odbor za človekove pravice, 2020*)

KAKO JE KRIZA COVIDA-19 VPLIVALA NA RAVNOVESJE MED DELOM IN ŽIVLJENJEM ŽENSK?

Od 49 milijonov oskrbovalcev v EU, ki so bili najbolj izpostavljeni virusu, je približno 76 % žensk. Ženske so nadpovprečno zastopane tudi na različnih ključnih področjih, vključno s prodajo in ustanovami za varstvo otrok, ki so med pandemijo ostale odprte. Ženske predstavljajo 82 % vseh blagajničark v EU, 95 % čistilk in gospodinjskih pomočnic, 93 % pomočnic učiteljev in zaposlenih v otroškem varstvu, 86 % osebne osebja v zdravstvenih storitvah in 93 % vseh zaposlenih v otroškem varstvu. Iskanje ustreznega ravnovesja med delom in vsakdanjim življenjem je izziv, s katerim se soočajo vsi delavci, še posebej pa to vpliva na družine. Sposobnost uspešnega usklajevanja dela, družinskih obveznosti in osebne življenja je pomembna za dobro počutje vseh članov v gospodinjstvu. Vlade lahko pripomorejo k reševanju tega vprašanja s spodbujanjem podpornih in prožnih delovnih praks, ki staršem olajšajo doseganje boljšega ravnovesja med poklicnim in družinskim življenjem.

Pomemben vidik ravnovesja med delom in zasebnim življenjem je čas, ki ga oseba preživi na delovnem mestu. Dokazi kažejo, da lahko dolg delovni čas poslabša zdravje, ogrozi varnost in poveča stres. Na Portugalskem približno 6 % zaposlenih dela zelo dolgo, kar je manj od povprečja OECD, ki znaša 10 %. Več kot ljudje delajo, manj časa imajo za druge dejavnosti, kot so druženje z drugimi, prostočasne dejavnosti, prehranjevanje ali spanje. Količina in kakovost prostega časa sta pomembni za splošno dobro počutje ljudi ter lahko prineseta dodatne koristi za telesno in duševno zdravje. Na Portugalskem delavci s polnim delovnim časom v povprečju namenijo osebni skrbi (prehranjevanje, spanje itd.) in prostemu času (druženje s prijatelji in družino, hobiji, igre, uporaba računalnika in televizije itd.) podoben del dneva kot v povprečju OECD, ki znaša 15 ur. (*Indeks boljšega življenja OECD*)

V okviru krize covid-19 je bilo na Portugalskem delo na domu sprejeto kot splošni instrument za doseganje in združevanje socialne oddaljenosti, skrbi za otroke po zaprtju šol in vodenja gospodarstva. Ta razvoj so formalno omogočile pravne določbe o delu na daljavo (kot je določeno v 165. členu portugalskega zakonika o delu), v praksi pa je presegel to, kar formalno zajema pravni pojem dela na daljavo, saj je postal obvezen za vse poklicne dejavnosti, ki jih je mogoče opravljati na daljavo (29. člen zakonskega odloka št. 10-A/2020). Še danes veliko delavcev dela od doma, delo na daljavo pa se močno spodbuja, kadar koli je to mogoče. V običajnih okoliščinah je delo na daljavo

prineslo koristi za uporabnike, saj omogoča boljše ravnovesje med delom in družino, čeprav so nekatere študije ugotovile tudi nekatere negativne učinke na ravnovesje med poklicnim in zasebnim življenjem. Raziskovalci na Portugalskem so dosledno ugotavljali, da je v običajnih okoliščinah upravljanje delovnih in družinskih vlog težavno, portugalski delavci pa pogosto poročajo o visoki stopnji konfliktov med delom in družino. Med pandemijo covid-19 so meje med poklicnim in zasebnim življenjem prinesle dodatne izzive, kar je lahko povzročilo konflikte med poklicnim in zasebnim življenjem. *(Hitro poročilo)*

Delavcem z otroki, mlajšimi od 12 let, ki so morali zaradi zaprtja šol ostati doma, je bilo omogočeno, da prenehajo delati in poskrbijo za otroke, ter jim je bila priznana pravica do posebnega dodatka za socialno varnost, da lahko poskrbijo za svoje otroke. Vendar se ta dodatek ni izplačeval, če je delavec ali njegov partner lahko delal na daljavo od doma. Izzivi usklajevanja poklicnega in zasebnega življenja v tem obdobju so bili torej res ogromni. Iz vladnih informacij o izplačevanju tega posebnega dodatka za pomoč je bilo razvidno, da je bil ta dodatek izplačan predvsem ženskam (82 %). Nesorazmernost je morda nastala zaradi razlike v plačilu med spoloma (ker ženske zaslužijo manj kot moški, je finančna izguba družine manjša, če je član para, ki preneha delati, ženska), vendar se je pokazalo tudi, da so ženske tudi med to krizo običajno prevzele vodilno vlogo pri skrbi za svoje otroke. Študije so poudarile, da je zadovoljstvo z delom na daljavo različno pri moških in ženskah, kar potrjuje, da je novi model organizacije dela morda prispeval k vse bolj neenakomerni porazdelitvi nalog v družini, pri čemer več nalog opravljajo ženske. Ker so bili med zaporo covid-19 otroci in morda drugi vzdrževani člani (na primer starejši ljudje) doma, so morali delavci na daljavo v tem kontekstu najti ravnovesje med delom in osebnim življenjem. Zdi se verjetno, da so imele ženske z več vzdrževanimi družinami večje težave pri usklajevanju dela in osebnega življenja med delom na daljavo zaradi pogojev zaustavitve. Nasprotno pa so imele ženske brez vzdrževanih družinskih članov verjetno drugačen življenjski slog. Zato bi bilo verjetno tudi njihovo doživljanje usklajevanja poklicnega in zasebnega življenja med zaporo verjetno drugačno. *(Organizacija dela, delo in globalizacija)*

Raziskovalci z Univerze NOVA v Lizboni in Univerze v Coimabri so analizirali vpliv pandemije na portugalske akademske delavke in ugotovili, da so bile na Portugalskem akademske delavke očitno bolj izpostavljene ne le hudim psihološkim/čustvenim učinkom krize covid-19, temveč tudi večjemu bremenu gospodinjskih in skrbstvenih obveznosti med porodom, kot je bilo že omenjeno. Splošni vpliv ukrepov zapora na akademsko uspešnost profesorjev in raziskovalcev je bil predmet zanimanja predvsem zato, ker je večina zaposlenih profesorjev in raziskovalcev tudi staršev, nekateri z majhnimi otroki v varstvu. V javnosti se razpravlja o tem, da je covid-19 imel in ima neenakomeren vpliv na tiste, ki so odgovorni za varstvo otrok/odraslih - zlasti na ženske. Profesorice in raziskovalke so se zaradi zaprtosti, ki jo povzroča covid-19, soočale z večjimi težavami pri objavljanju svojih raziskav; podatki kažejo, da se je uspešnost objavljanja žensk po zaprtju šol zmanjšala. Nedavna študija kaže, da se je med zaprtjem, ki ga je povzročil covid-19, močno zmanjšalo število izvirnih raziskovalnih člankov, ki so jih raziskovalke oddale v več mednarodnih revijah. *(Kje so ženske?)* Ko je novi virus razkril prizadevanje raziskovalcev na področju medicine in zdravstvenih ved, se je delež objavljenih člankov na takšnih področjih dramatično povečal, da bi hitro omogočil razširjanje rezultatov. S tega vidika bi se morala uspešnost objav žensk v tem obdobju povečati in ne zmanjšati, saj so ženske na teh področjih povečevale svojo zastopanost. To dejstvo ponazarja učinek omejenosti na rezultate objav žensk ter na stopnji predtiska in prijave v revije. Poleg tega se zdi, da je pandemija nesorazmerno močno vplivala na rutino gospodinjskih opravil in oskrbe žensk (zlasti mlajših akademskih mater), pa tudi na osebno rutino akademičark, ki so pogosteje poročale o zmanjšanju prostega časa v času zapore.

Povečana gospodinjska in čustvena bremena zaradi omejitev covid-19 so vplivala tudi na pogajanja in konflikte med delom in družino, kar je predstavljalo različne izzive pri usklajevanju konkurenčnih časovnih zahtev plačanega dela in družine. Opazne so precejšnje razlike med zaznavami moških in žensk o tem, kako je pandemija vplivala na njihovo delo. Akademiki in akademičarke z majhnimi otroki v gospodinjstvu najpogosteje poudarjajo vpliv covid-19 na količino časa, namenjenega poklicnemu delu. Poleg tega je pri analizi sprememb glede dodeljevanja časa različnim področjem akademske dejavnosti mogoče opaziti, da je okrepitev pedagoških in administrativnih nalog med porodom posebej vezana na žensko predanost. V primeru mladih mater ima prednost poučevanje na račun raziskovalnih dejavnosti (npr. pisanje rokopisov in subvencij, strokovni pregledi in sodelovanje v komisijah za financiranje), ki so ključnega pomena za poklicno napredovanje.

Spol in starševski status sta v kombinaciji pomembno vplivala na razlike med obdobjem pred pandemijo in pandemijo, pri čemer so bile znanstvenice z otroki do 12. leta starosti še posebej prikrajšane. Poleg tega so ženske brez otrok ter moški z otroki in brez njih med pandemijo povečali svojo predložitev rezultatov, medtem ko so se mlajše akademske matere soočale z obratnim trendom. Ta razlika je morda še povečala vrzel med moškimi in ženskami, saj imajo omenjene institucije vse bolj raziskovalno usmerjeno strategijo. To se lahko odraža v precejšnjem nesorazmerju politik upravljanja uspešnosti v zvezi s kadrovanjem, priznavanjem in napredovanjem, saj se večina akademskih karier razvije neposredno iz dobrih objav in akademske uspešnosti. *(Neenak učinek pandemije covid-19 na portugalske akademičarke)*

Druga izvedena študija kaže, da zaprtje zaradi pandemije covid-19 na Portugalskem ni enako vplivalo na vse vidike družbenega življenja žensk; med obravnavanimi vidiki je zaprtje najmanj negativno vplivalo na domače okolje in finančno stanje: več kot polovica anketirank (56,7 %) je navedla, da zaprtje sploh ni negativno vplivalo na njihovo finančno stanje in dohodek; skoraj polovica žensk (48,4 %) je navedla, da ukrepi, ki so ostale doma, niso negativno vplivali na njihovo domače okolje. Vendar je treba opozoriti, da študija ni bila izvedena reprezentativno glede zaposlitvenega statusa, saj so bile morda preveč zastopane ženske z varnejšimi delovnimi mesti, ki so manj izpostavljene ekonomskim motnjam. Varnejše in bolje plačane zaposlitve je lažje prenesti na način dela na daljavo, s tem pa se poveča možnost boljših stanovanjskih razmer in tehnološke opreme, kar zmanjša motnje, ki jih povzročajo zapore. Dejansko je študija o mobilnosti ob omejitvah covid-19 v Italiji pokazala, da je imela zapora večji vpliv na revnejše sloje prebivalstva, kar razkriva neenake socialno-ekonomske posledice političnih ukrepov za obvladovanje pandemije. Vendar pa je bila glavna ugotovitev glede družbenih posledic zapore ta, da so bili različni vidiki družbenega življenja homologni: analiza grozdov je pokazala, da so bile ženske, ki so bile močnejše prizadete v enem vidiku, podobno prizadete tudi v vseh drugih, medtem ko so se tiste, ki so imele manjši vpliv, prav tako izognile hudim posledicam na drugih vidikih svojega življenja, kar nakazuje, da obstaja osnovna družbena struktura, ki različne vidike družbenega življenja in vedenja razdeli v homologne vzorce. *(Soc. Sci. 2022)*

Čeprav so bili učinki zaprtja in/ali pandemije že preučeni v nekaterih posebnih okoliščinah, na primer v Nemčiji, Italiji in na Kitajskem, to delo na Portugalskem še ni bilo opravljeno; na primer nobena od študij o učinkih pandemije na nasilje nad ženskami, ki jih je financiral Fundação para a Ciência e a Tecnologia v okviru nepovratnih sredstev za raziskave o enakosti spolov za covid-19, ni bila reprezentativna za portugalsko prebivalstvo in se je osredotočala le na določene regije, vrste nasilja ali na določene žrtve. Na splošno je pandemija covid-19 povzročila povečanje števila prijavljenih primerov nasilja na podlagi spola v letu 2020. Število teh primerov se je leta 2021 še naprej povečevalo in do konca marca je bilo doseženo povprečje pred pandemijo za umore v družini. 33 % žensk je doživelo fizično in/ali spolno zlorabo, 55 % pa spolno nadlegovanje. Dom ni vedno varen

kraj za življenje; za odrasle in otroke, ki živijo v razmerah nasilja v družini in družinskega nasilja, je namreč dom pogosto prostor, kjer se dogajajo fizične, psihične in spolne zlorabe. To je zato, ker je dom lahko prostor, kjer lahko tisti, ki zlorablajo, izkrivljajo in izpodrivajo dinamiko moči, pogosto brez nadzora kogar koli "zunaj" para ali družinske enote. V krizi covid-19 ima zato poziv "ostanite doma" velike posledice za tiste ženske, ki že živijo z nekom, ki jih zlorablja ali nadzoruje. Stroge omejitve gibanja žrtvam in preživelim zapirajo možnosti pobega, iskanja pomoči in načinov spoprijemanja. Omejevalni ukrepi bodo verjetno šli na roko tudi osebam, ki zlorablajo s taktikami nadzora, nadzorovanja in prisile. Deloma zato, ker se vse, kar se dogaja v domovih ljudi - in kar je ključno, v njihovih družinskih in intimnih odnosih -, dogaja "za zaprtimi vrati" in zunaj doslednega vidnega polja drugih ljudi. Ukrepi za zaprtje so tako morda nenamerno omogočili ljudem, ki zlorablajo, večjo svobodo delovanja brez nadzora ali posledic. (*Paradoks pandemije*)

Eno od gibanj, ki je osvetlilo ta scenarij in ga je mogoče obravnavati kot dobro prakso, je bil natečaj Fundacije za znanost in tehnologijo (FCT) z naslovom Raziskave o spolu 4 covid-19. Namen tega natečaja je bil podpreti nove študije o vplivu pandemije na spol, za katere je bilo skupno dodeljenih 500.000 evrov, natečaj pa je bil odprt med 15. majem in 2. junijem 2020. To je bila pobuda vlade, ki je združila področji državljanstva in enakosti ter znanosti, tehnologije in visokega šolstva, da bi spodbudila nove raziskave o omejitvah, ki jih povzročajo družbeni odnosi med spoloma pri odzivanju posameznika, družine, gospodarstva in zdravja v okviru pandemije, da bi olajšali utemeljene strategije za boj proti neenakosti spolov, nasilju nad ženskami in nasilju v družini. Obravnavane so bile tri smeri raziskovanja: spol in trg dela, vsakdanje življenje, stereotipi in vloge spolov ter nasilje nad ženskami in nasilje v družini. (*Nacionalni odbor za človekove pravice, 2020*)

POROČILO O ANALIZI POTREB V ŠPANJI

Pandemija covid-19 je povzročila krizo demokracije po vsem svetu. Od začetka epidemije koronavirusa se je stanje demokracije in človekovih pravic poslabšalo v 80 državah. Vlade so se odzvale z zlorabami oblasti, utišanjem kritik ter oslavitvijo ali zaprtjem pomembnih institucij, kar je pogosto spodkopalo sisteme odgovornosti, ki so potrebni za zaščito javnega zdravja. (Freedom House, 2020)

Španija je 31. januarja 2020 v La Gomeri na Kanarskih otokih odkrila prvi primer covid-19, 26. februarja pa je bil v Barceloni odkrit prvi primer na polotoku. Španijo so močno prizadeli gospodarski in javnozdravstveni izzivi pandemije covid-19.

Po podatkih nacionalne mreže za epidemiološki nadzor ministrstva za zdravje je bilo od začetka pandemije do 30. marca 2022 potrjenih 11.532.101 primerov covid-19 in 102.319 smrti.

Nacionalna vlada je 14. marca 2020 razglasila izredne razmere (kraljevi dekret 463/2020 z dne 14. marca 2020 o razglasitvi alarmnega stanja zaradi obvladovanja kriznih razmer v zdravstvu, ki jih je povzročil covid-19), svoboda gibanja pa je bila med zaprtjem po vsej državi med marcem in junijem strogo omejena. Otroci po vsej Španiji med 14. marcem in 26. aprilom šest tednov sploh niso smeli zapustiti svojih domov. Kot odziv na naraščajočo stopnjo okužbe je nacionalna vlada konec oktobra razglasila dvotedensko izredno stanje in zaprosila za odobritev parlamenta za uvedbo šestmesečnega izrednega stanja, pri čemer je uvedla nočno policijsko uro in druge ukrepe po presoji regionalnih oblasti (Observatorio de derechos humanos, 2020).

Drugo stanje nacionalnega alarma, ki je bilo s parlamentarno odobritvijo uvedeno 25. oktobra 2020, se je končalo 9. maja 2021. Ustavno sodišče je julija razglasilo prvo stanje alarma iz leta 2020 za delno nezakonito in odločilo, da bi morali biti ukrepi strogega zapiranja, uvedeni med stanjem

alarma, uvedeni le med izrednimi razmerami; podobno odločitev je sodišče oktobra izdalo tudi glede zakonitosti drugega stanja nacionalnega alarma (Human Rights Observatory, 2020).

Šole po vsej državi so se sredi marca zaprle za neposredno učenje in se ponovno odprle septembra. Zagovorniki otrokovih pravic so izrazili zaskrbljenost, da bi učenje na daljavo lahko povečalo razlike v izobrazbi otrok iz migrantskih družin in družin z niskimi dohodki. (Human Rights Watch, 2020)

Vlada je sprejela ukrepe za zagotavljanje socialne varnosti, saj sta se brezposelnost in revščina povečali. Nasilje nad ženskami se je povečalo med nacionalnim zaprtjem, ki je bilo uvedeno zaradi obvladovanja pandemije. Razmere v sprejemnih centrih za migrante in v neformalnih naseljih, v katerih živijo migrantski kmetijski delavci, so bile nehigienske. Nadaljevali so se sodni procesi proti katalonskim akterjem, ki se zavzemajo za neodvisnost. Sodišča so omejevala svobodo izražanja glasbenikov s preširokimi kazenskimi obtožbami zaradi poveličevanja terorizma in žalitve monarhije. Evropska komisija je v oktobrskem poročilu o pravni državi izrazila zaskrbljenost glede učinkovitosti pravosodnega sistema in zaznala pomanjkanje neodvisnosti generalnega državnega tožilca od izvršilne oblasti. (Observatorij za človekove pravice, 2020).

Španija je na začetku krize covid-19 uvedla različne prepovedi in omejitve (RD 463/2020, Boletín Oficial del Estado) (RDL 21/2020, Boletín Oficial del Estado):

-omejevanje svobode gibanja oseb, pri čemer je gibanje mogoče le za določene dejavnosti, kot so nakup hrane, potovanje v zdravstvene ustanove ali na delovno mesto.

V vseh centrih in na vseh stopnjah je bila ukinjena neposredna izobraževalna dejavnost in prešla na spletno poučevanje.

-odprtje maloprodajnih prostorov in obratov za javnost je bilo začasno ustavljeno, razen trgovin s hrano, pijačo, izdelki in osnovnimi potrebščinami. V teh lokalih je bilo obvezno tudi nadzorovanje zmogljivosti in upoštevanje varnostne razdalje.

-obvezna uporaba obraznih mask za vse osebe, stare 6 let in več, v odprtih in zaprtih javnih prostorih. V zračnem, pomorskem, avtobusnem ali železniškem prometu ter v dopolnilnem javnem in zasebnem potniškem prometu v vozilih z največ devetimi sedeži, vključno z voznikom, če potniki v potniških vozilih ne živijo skupaj v istem domu, razen za osebe s kakršno koli boleznijo ali dihalnimi težavami, na katere lahko vpliva uporaba maske, ali pri izvajanju individualnega športa na prostem.

-sprejetje ustreznih ukrepov za prezračevanje, čiščenje in razkuževanje na delovnih mestih, v trgovinah, šolah, zdravstvenih centrih, prevoznih središčih in vseh javnih prostorih ter zagotovitev vode, mila in/ali hidroalkoholnih ali razkužilnih gelov za čiščenje rok.

-prilagoditev delovnih pogojev, da bo zagotovljena varnostna razdalja 1,5 metra, in zagotovitev ustrezne zaščitne opreme zaposlenim, kadar to ni mogoče. Uvedeni so bili tudi ukrepi za preprečevanje prekrivanja mase.

-Za javne storitve cestnega, železniškega, zračnega in pomorskega potniškega prometa, ki niso predmet javnih naročil ali obveznosti javnih storitev, je bilo uvedeno zmanjšanje skupne ponudbe storitev za najmanj 50 %.

Storitve javnega prevoza v pristojnosti avtonomne regije so ohranile svojo ponudbo in državljanom zagotovile dostop do delovnih mest in osnovnih storitev.

-izvajalci storitev prevoza potnikov so bili dolžni dnevno čistiti vozila in zagotoviti varnostno razdaljo v skladu s priporočili, ki jih bo določilo Ministrstvo za zdravje.

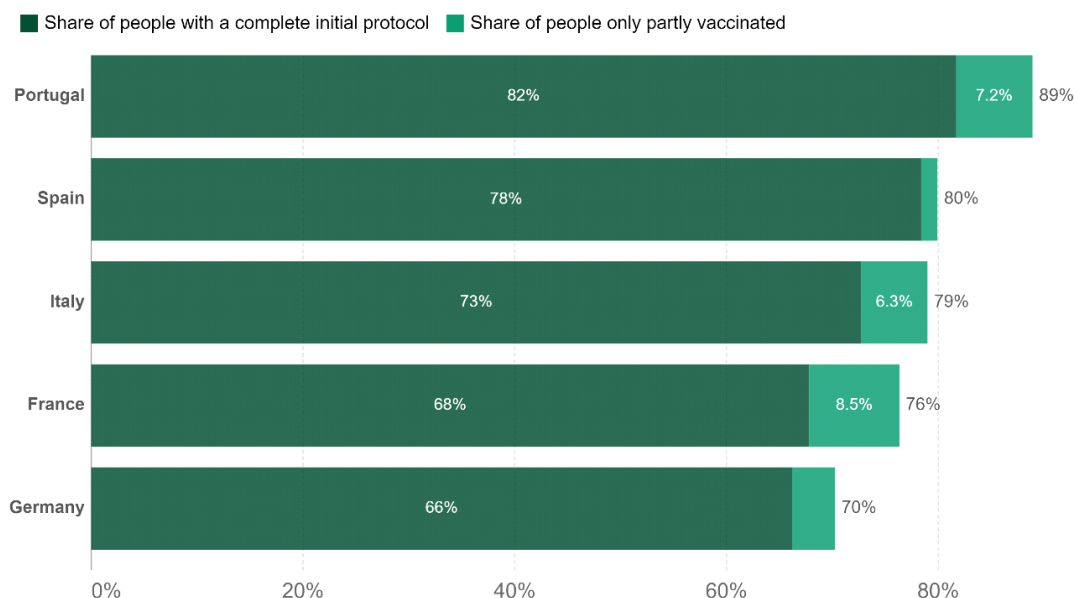
-Hotelske in gostinske dejavnosti so bile začasno ustavljene, opravljale so se lahko le storitve dostave na dom.

-Omejitev udeležbe na krajih čaščenja ter civilnih in verskih obredih na sprejetje ukrepov za preprečevanje gneče in upoštevanje varnostne razdalje.

Med drugim alarmnim stanjem, ki je bilo razglašeno 25. oktobra 2020, so bili sprejeti naslednji ukrepi (RD 926/2020, Boletín Oficial del Estado):

Share of people vaccinated against COVID-19, Oct 27, 2021

Our World
in Data



Source: Official data collated by Our World in Data

CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

- Omejitev prostega gibanja oseb ponoči med 23. in 6. uro, gibanje je mogoče le v posebnih okoliščinah.
- Omejitve vstopa in izstopa v avtonomnih skupnostih in mestih s statutom avtonomije, razen za potovanja, ki so upravičena iz posebnih razlogov.
- Omejitev bivanja skupin ljudi na javnih in zasebnih površinah na največ 6 oseb, razen če gre za sstanovalce.
- Omejitev, pogojevanje ali prepoved zborovanj na mestih javnega prevoza in demonstracij, ki jih ureja 21. člen ustave, če ni zagotovljena potrebna osebna razdalja, pri čemer so delovne in institucionalne dejavnosti izvzete iz te omejitve.

Več kot četrtnina Evropejcev dvomi o cepivu za covid-19, pri čemer so moški bolj zadržani (29 %) kot ženske (25 %). Obotavljanje glede cepiva je močno povezano tudi z nizko stopnjo zaupanja in uporabo družbenih medijev, države z nizko stopnjo zaupanja v vlado pa poročajo o višji stopnji obotavljanja glede cepiva.

Potem ko je Evropska komisija 21. decembra odobrila cepivo, se je cepljenje prednostnih skupin v vseh avtonomnih skupnostih začelo istočasno 27. decembra.

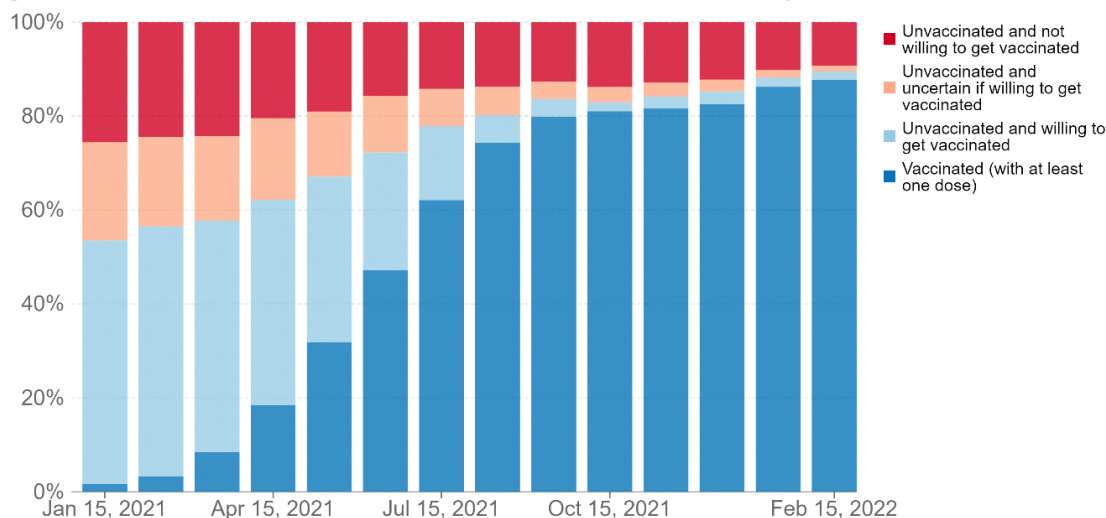
V Španiji se januarja 2021 približno 20 % prebivalstva ni želelo cepiti, do februarja 2022 pa se je delež zmanjšal na manj kot 10 %. Do leta 2021 je 80 % prebivalstva prejelo vsaj en odmerek cepiva, 78 % pa celoten program iz začetnega protokola.

Vir: Naš svet v podatkih, 2021.

Willingness to get vaccinated against COVID-19, Spain, Jan 15, 2021 to Feb 15, 2022

Our World
in Data

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid 19 Behaviour Tracker Data Hub – Last updated 23 November 2022

Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.

OurWorldInData.org/coronavirus • CC BY

Vir: Naš svet v podatkih, 2021.

Duševno počutje je v vseh starostnih skupinah doseglo najnižjo raven od začetka pandemije pred več kot enim letom. To je še posebej izrazito med mladimi in tistimi, ki so izgubili službo. Zaradi nesorazmernega vpliva pandemije na ranljive skupine se obstoječe neenakosti še povečujejo. Rezultati kažejo, da so se težave pri preživetju močno povečale med tistimi, ki so že bili v negotovem položaju.

Zadovoljstvo državljanov z ukrepi krizne podpore se je močno zmanjšalo: le 12 % jih meni, da so ukrepi podpore pravični, medtem ko jih je poleti 2020 menilo 22 %. Tudi delež tistih, ki menijo, da je bilo pridobivanje podpore enostavno in učinkovito, se je zmanjšal s 16 % poleti 2020 na 10 % spomladi 2021. Skoraj vsakemu desetemu anketirancu je bila zavrnjena prošnja za finančno podporo (Ahrendt, Daphne et. al, 2021).

Duševno zdravje in dobro počutje sta glavna skrb v vseh državah, pri čemer številni anketiranci poročajo o visokem tveganju za depresijo. Še posebej zaskrbljujoči so rezultati, ki kažejo, da je v sosednjih državah EU 75 % ljudi, starih od 18 do 44 let, izpostavljenih tveganju depresije. Konkretni politični ukrepi za zaščito družin pred brezdomstvom, izboljšanje otroškega varstva in zagotovitev dostopa do kakovostnih zdravstvenih storitev, vključno z duševnim zdravjem, bodo ključni za napredek na teh področjih (Eurofound, 2022).

KAKO JE KRIZA V ZVEZI S COVIDOM-19 VPLIVALA NA DEMOKRATIČNO RAZPRAVO?

Za španski parlamentarni sistem so značilne konkurenčne večstrankarske volitve in miren prenos oblasti med konkurenčnimi strankami. Prevladuje pravna država in državljske svoboščine se na splošno spoštujejo. Čeprav politična korupcija še vedno vzbuja skrb, so bili visoki politiki in drugi vplivni ljudje uspešno preganjani. Restriktivna zakonodaja, sprejeta v zadnjih letih, ogroža trdni svobodi izražanja in zbiranja. Vztrajno separatistično gibanje v Kataloniji predstavlja glavni izziv za

Table 12.
Western Europe 2021

	Overall score	Global Rank	Regional rank	I Electoral process and pluralism	II Functioning of government	III Political participation	IV Political culture	V Civil liberties	Regime type
Norway	9.75	1	1	10.00	9.64	10.00	10.00	9.12	Full democracy
Finland	9.27	3	2	10.00	9.29	8.89	8.75	9.41	Full democracy
Sweden	9.26	4	3	9.58	9.29	8.33	10.00	9.12	Full democracy
Iceland	9.18	5	4	10.00	8.21	8.89	9.38	9.41	Full democracy
Denmark	9.09	6	5	10.00	8.93	8.33	9.38	8.82	Full democracy
Ireland	9.00	7	6	10.00	7.86	8.33	9.38	9.41	Full democracy
Switzerland	8.90	9=	7	9.58	8.93	7.78	9.38	8.82	Full democracy
Netherlands	8.88	11	8	9.58	8.93	8.33	8.75	8.82	Full democracy
Luxembourg	8.68	14	9	10.00	8.57	6.67	8.75	9.41	Full democracy
Germany	8.67	15	10	9.58	8.21	8.33	8.13	9.12	Full democracy
United Kingdom	8.10	18	11	9.58	7.50	8.33	6.25	8.82	Full democracy
Austria	8.07	20=	12	9.58	6.79	8.89	6.88	8.24	Full democracy
France	7.99	22	13	9.58	7.50	7.78	6.88	8.24	Flawed democracy
Spain	7.94	24	14	9.58	7.14	7.22	7.50	8.24	Flawed democracy
Portugal	7.82	28	15	9.58	7.14	6.67	6.88	8.82	Flawed democracy
Italy	7.68	31	16	9.58	6.43	7.22	7.50	7.65	Flawed democracy
Malta	7.57	33	17	9.17	6.79	5.56	8.13	8.24	Flawed democracy
Greece	7.56	34	18	9.58	6.07	6.11	7.50	8.53	Flawed democracy
Belgium	7.51	36	19	9.58	7.86	5.00	6.88	8.24	Flawed democracy
Cyprus	7.43	37	20	9.17	5.36	7.22	6.88	8.53	Flawed democracy
Turkey	4.35	103	21	3.50	5.00	5.56	5.63	2.06	Hybrid regime
Regional score	8.22			9.37	7.69	7.59	8.04	8.43	

Source: EIU.

Spain slips from "full democracy" to "flawed democracy"

The number of "full democracies" fell from 13 in 2020 to 12 in 2021, with Spain slipping into the ranks of



Source: Eurofound-ETF, joint e-survey on Living, working and COVID-19, 2022

ustavni sistem in ozemeljsko celovitost države. (Freedom House, 2022)

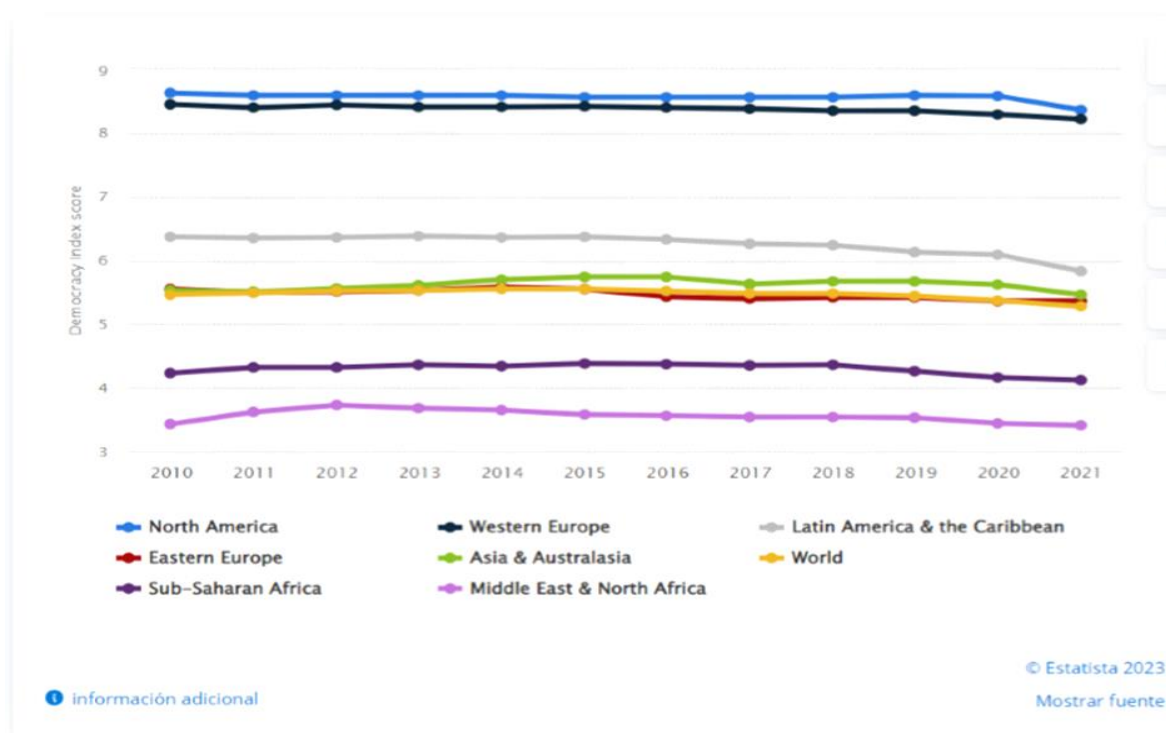
Španija ima na lestvici svobode 90 od 100 točk, zlasti 37 od 40 točk na področju političnih pravic in 53 od 60 točk na področju državljskih svoboščin, vendar se po poročilu EIU za leto 2021 Španija iz "popolne demokracije" spreminja v "pomanjkljivo demokracijo". Prejšnja ocena 8,12 je pomenila, da je bila Španija uvrščena med "popolne demokracije" le z majhno razliko (Freedom House, 2022).

Rahlo poslabšanje njegove ocene v letošnjem letu na 7,94 je bilo dovolj za znižanje ocene. Poslabšanje je predvsem posledica nižje ocene za neodvisnost sodstva, kar je posledica nenehnih političnih razhajanj glede imenovanja novih sodnikov v generalni sodni svet, organ, ki nadzoruje sodstvo in naj bi zagotavljal njegovo neodvisnost.

Ustava predvideva neodvisno sodstvo, ki v praksi deluje samostojno. Vendar je Svet Evrope kritiziral dejstvo, da 12 sodnikov, ki sestavljajo 20-članski generalni sodni svet, ki nadzira sodišča ter je odgovoren za imenovanje, premeščanje in napredovanje sodnikov, v skladu z veljavno zakonodajo ne volijo neposredno njihovi kolegi, temveč jih imenuje parlament s tremi petinami glasov, enako kot ostalih osem članov, ki niso sodniki. Zaradi te ureditve je organ izpostavljen političnim pretresom.

Konec leta 2018 naj bi se članstvo v svetu obnovilo, vendar opozicijska PP vladajočim strankam ni zagotovila potrebne kvalificirane večine; sedanji svet je do leta 2021 deloval začasno, kar je vzbujalo pomisleke glede legitimnosti njegovih sodnih imenovanj in drugih odločitev (Freedom House, 2022).

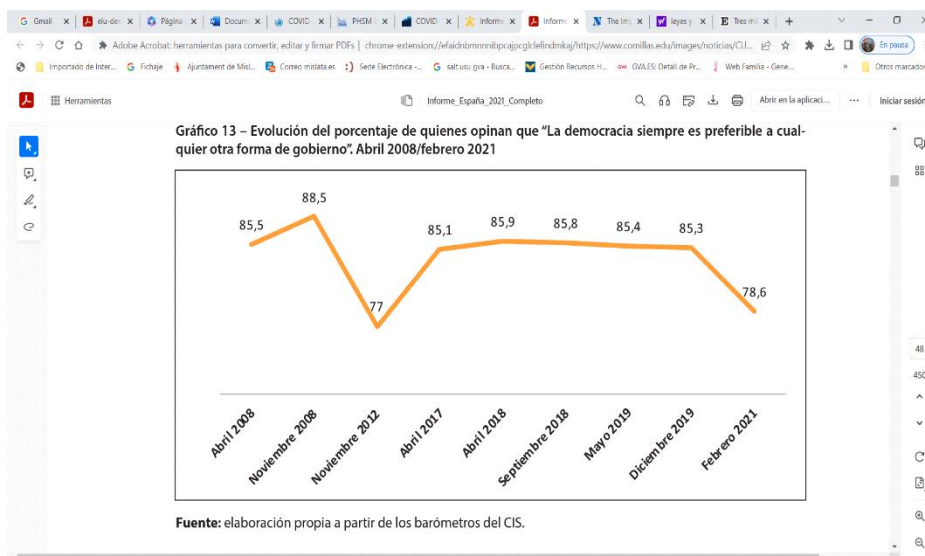
Svet trenutno deluje začasno, saj se mu je mandat iztekel leta 2018, dogovora o imenovanju novih sodnikov (ki potrebujejo tripetinsko večino v parlamentu) pa še ni bilo. Čim dlje se bodo razmere zavlekle, tem večje bo tveganje, da bo svet oslavljen in izpostavljen politizaciji. Širše gledano je španska politična pokrajina v zadnjih letih postala vse bolj nestabilna, pri čemer so izzivi za upravljanje razdrobljenost parlamenta, množica političnih korupcijskih škandalov in porast regionalnega nacionalizma v Kataloniji (EIU 2021).



Stopnja demokracije v svetu glede na indeks demokracije od leta 2010 do 2021 po regijah. IZVOD: Statista

Zaupanje v institucije je padlo, zlasti zaupanje v nacionalne vlade, ki je padlo s 4,6 poleti 2020 na 3,9 spomladi 2021. Zaupanje v nacionalne vlade v vseh državah članicah je padlo pod raven, zabeleženo na začetku pandemije. Zmanjšalo se je tudi zaupanje v EU, vendar ostaja višje od zaupanja v nacionalne vlade (Eurofound, 2021).

Po podatkih Centra za sociološke raziskave (v nadaljevanju CIS) se je podpora demokraciji po pandemiji zmanjšala; leta 2019 je 85,9 % vprašanih menilo, da je demokracija vedno boljša od katere koli druge oblike vladavine, februarja 2021 pa je ta ocena padla na 78,6 %.



Vir: Blanco, Agustín; Chueca, Antonio; López-Ruiz, José Antonio in Mora, Sebastián, 2021

Po podatkih CIS o trenutni oceni demokracije v primerjavi s tem, kako je delovala nekoč, in pričakovanji, kako bo delovala čez 10 let, 24,7 % vprašanih meni, da deluje slabo ali zelo slabo (1-3 na lestvici), kar je skoraj dvakrat več kot 13,5 % tistih, ki tako ocenjujejo delovanje demokracije pred 10 leti. V desetletni perspektivi se ta negativna ocena zmanjša na 19,8 %, kar je še vedno daleč od podatkov izpred desetih let. Na drugi strani lestvice 15,9 % vprašanih meni, da demokracija v Španiji deluje dobro ali zelo dobro (8-10 na lestvici), kar je precej pod 26,9 % tistih, ki so tako ocenili stanje pred desetimi leti, kar je kritičen trend, ki se ne obnovi v celoti, če pogledamo deset let v prihodnost (18,7 %) (Blanco, Agustín; Chueca, Antonio; López-Ruiz, José Antonio in Mora, Sebastián, 2021).

	Hace 10 años	En la actualidad	Dentro de 10 años
1 Muy mal	5,3	12,4	10,8
2	2,6	4,8	3,3
3	5,6	7,5	5,7
4	6,8	9,9	7
5	13,9	20	11,8
6	14,1	13,2	7,7
7	16,5	13,6	9,1
8	16,9	10,8	10,2
9	5,5	2,3	4,2
10 Muy bien	4,5	2,2	4,3
N.S./N.C.	8,3	3,2	25,9

Fuente: CIS, Barómetro de junio de 2021.

Med pandemijo se je zmanjšala tudi stopnja **zaupanja v politiko in pričakovanja** javnosti, ki je bila podobna tisti iz krize leta 2008.

Poročilo Edelman 2021 o indeksu zaupanja v Španiji v vlade, podjetja in nevladne organizacije (barometer od 1 do 100, kjer 100 pomeni najvišjo stopnjo zaupanja) je pokazalo, da je bil indeks zaupanja v vlade 34 (kar odraža splošno nezaupanje (1-49), najvišja stopnja zaupanja je bila v podjetja 52, indeks zaupanja v medije pa je bil 42. Kar zadeva ravnanje z informacijami, so imeli manj kot 4 od 10 anketirancev dobro informacijsko higieno, 27 % pa slabo informacijsko higieno, pri čemer se informacijska higiena razume kot spremljanje novic, izogibanje verižnim novicam, preverjanje informacij in nerazširjanje nepreverjenih informacij.

Zaupanje v vire novic je padlo, 72 % jih meni, da mediji niso nepristranski, 69 % pa jih meni, da novinarji in poročevalci poskušajo zavajati ljudi z lažnimi trditvami ali pretiravanji. Indeks zaupanja v vladne voditelje je leta 2021 znašal 22 točk, kar je 2 točki manj kot leta 2020. Tiskovni predstavniki so na splošno premalo verodostojni in so na zgodovinsko najnižji ravni, 65 % vprašanih pa meni, da vladni voditelji namerno poskušajo zavajati z lažnimi ali pretiranimi informacijami. Podjetja veljajo za institucijo, ki je najbolj sposobna reševati družbene probleme (Edelman Trust Barometer, 2021).



KAKO JE KRIZA COVIDA-19 VPLIVALA NA URESNIČEVANJE TEMELJNIH PRAVIC?

V Španiji je alarmno stanje urejeno z organskim zakonom 4/1981, ki ureja tudi izredne razmere in obleganje; ustava v 116. členu določa, kako razglasiti ta tri stanja.

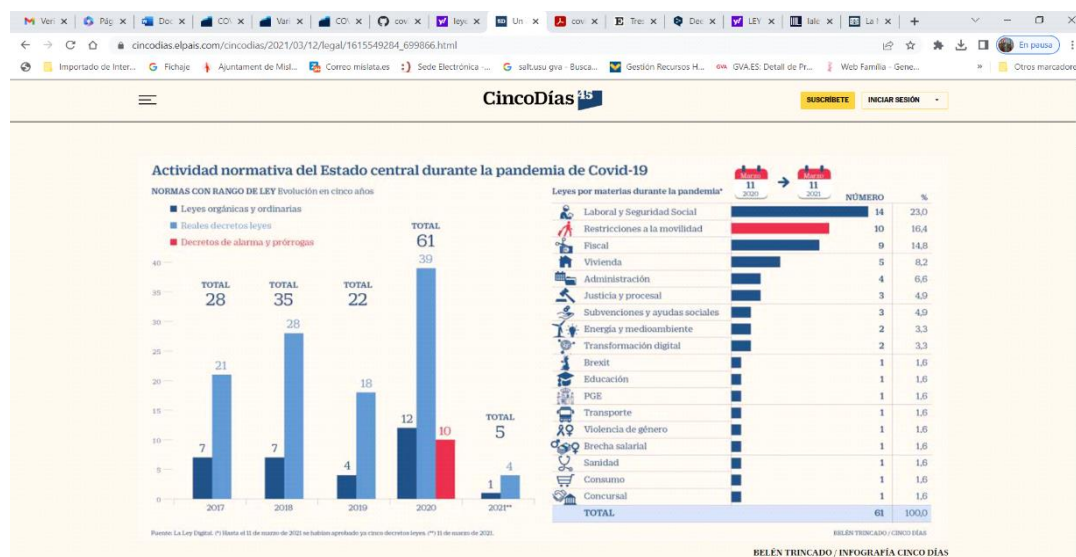
Epidemije so eden od primerov, ki lahko v skladu z zakonom povzročijo razglasitev alarmnega stanja, vendar morajo biti v skladu z organskim zakonom 4/1981, ki ureja alarmna stanja, izjeme in obleganje, sprejeti ukrepi "nujno potrebni za zagotovitev ponovne vzpostavitve normalnega stanja" (člen 1). Člen 4 zakona določa, kateri so lahko ti ukrepi, vključno z "omejitvijo gibanja ali bivanja oseb ali vozil ob določenem času in na določenih krajih ali pogojevanjem z izpolnjevanjem določenih zahtev" (člen 4.a).

Splošna prepoved zapuščanja doma, kot je bila sprejeta z odlokom o konfinaciji, presega določbe zakona in posega v temeljno pravico do svobode gibanja, v skladu s katero državljanom ni mogoče odvzeti prostosti, razen v primerih, ki jih določa zakon (17. člen ustave). K temu je treba dodati še nekaj, kar je še bolj zaskrbljujoče, in sicer skorajšnje izginotje parlamenta in sodstva, ki sta porok za

pravice državljanov in zato nujna služba v času, ko vlada z dekretom daje več pristojnosti policiji in celo mobilizira vojsko. Zakon št. 4/1981 je v členih 1-4 z dobro presojo navedel, da "razglasitev stanja nevarnosti, izjeme in obleganja ne prekine normalnega delovanja ustavnih pristojnosti države" (Tamarit, José María, "The declaration of states of alarm, exception and siege does not interrupt the normal functioning of the constitutional powers of the State". (Tamarit, José María, 2020).

Po podatkih podatkovne zbirke Digital Law družbe Wolters Kluwer je bilo od 11. marca 2020 (dan, ko je Svetovna zdravstvena organizacija razglasila globalno pandemijo) do danes sprejetih skupaj 61 nacionalnih zakonov, kar je približno 200-odstotno povečanje v primerjavi z letom 2019.

V obsežnem pravnem okviru, ki izhaja iz covid-19, prevladujejo zakoni s kraljevimi dekreti: skupaj jih je 39, kar je rekord v demokraciji. Federico Montalvo, profesor ustavnega prava na Icade, pojasnjuje, da ta pravni instrument vladi omogoča takojšnje sprejetje odločitev in odložitve njihove parlamentarne potrditve za največ 30 dni, če se pojavijo razmere skrajne nujnosti (Romero Diaz, Ivan, 2021).



Vir: digitalno pravo.

Kraljevi odlok 463/2020 z dne 14. marca o razglasitvi alarmnega stanja za obvladovanje zdravstvenih kriznih razmer, ki jih je povzročil covid-19.

- Razširitve: Kraljevi dekret 476/2020 z dne 27. 3. 2020, Kraljevi dekret 487/2020 z dne 14. 4. 2020, Kraljevi dekret 492/2020 z dne 24. 4. 2020, Kraljevi dekret 514/2020 z dne 9. 5. 2020, Kraljevi dekret 537/2020 z dne 23. 5. 2020 Veljavnost: 7. 6. 2020. Izjava o stanju ogroženosti in njegovih podaljšanjih. Najnovejše razširitve sproščajo ukrepe kroženja in izobraževalne dejavnosti. Člen 9: Začasna prekinitev vseh izobraževalnih dejavnosti. Člen 10 in Priloga I: Prekinitev odpiranja prostorov in obratov za javnost, razen trgovin z osnovnimi življenjskimi potrebščinami. D.A.2^a in naslednji: Odložitev upravnih in postopkovnih rokov v vseh zadevah ter zastaralnih in prekluzivnih rokov.

- Kraljevi zakonski odlok št. 10/2020 z dne 29. marca, ki ureja nadomestni plačani dopust za zaposlene, ki ne opravljajo bistvenih storitev, da bi se zmanjšala mobilnost prebivalstva v okviru boja proti covidu-19. Člen 5: Upoštevanje sistema SS za osebe, okužene s covidom-19, ali v obdobjih izolacije kot položaja, ki je izenačen z AT izključno zaradi gospodarskih koristi. Ta zaščita se razširi na

delavce, ki jih prizadenejo omejitve potovanja za opravljanje njihove dejavnosti, ki se šteje za nebitveno. Veljavni datum je datum, ki sovpada z datumom izolacije, omejitve ali okužbe.

- Kraljevi zakonski odlok št. 7/2020 z dne 12. marca o sprejetju nujnih ukrepov za odziv na gospodarski vpliv covid-19.
- Kraljevi zakonski odlok št. 8/2020 z dne 17. marca o izrednih nujnih ukrepih za odpravo gospodarskih in socialnih posledic covid-19. Podaljšanja: Veljavnost: bo veljala še en mesec po razglasitvi stanja nevarnosti. Člen 5: Prednost dela na daljavo pred prekinitvijo ali zmanjšanjem dejavnosti. Razume se, da je bila obveznost ocene tveganja s strani podjetja izpolnjena. Člen 6: Pravica do prilagoditve delovnega dneva do 100 % delovnega dneva za delavce z dolžnostmi oskrbe vzdrževanih družinskih članov in v izjemnih okoliščinah, povezanih s potrebnimi ukrepi za preprečevanje prenosa covid-19 v skupnosti. Delavec in delodajalec si morata po najboljših močeh prizadevati za doseg dogovora. D.A.6: Obveznost ohranitve zaposlitve za 6 mesecev za delavce, ki jih je prizadela ERTE. V točki D.A.14 RD-L 11/2020 je glede tega vprašanja določeno, da se bodo upoštevale značilnosti sektorja in da se ne razume, da se krši s pogodbami za določen čas. RD-L 18/2020 dopolnjuje ta člen z zahtevami, pogoji skladnosti in posledicami neskladnosti.
- Kraljevi zakonski odlok št. 9/2020 z dne 27. marca, ki sprejema dopolnilne ukrepe na področju dela za ublažitev posledic covid-19. Člen 2: Prepoved odpuščanja zaradi koronavirusa, ne glede na to, ali podjetje izvaja ERTE ali ne. Člen 3: Obveznosti podjetja pri predstavitvi ERTE. Predstaviti mora individualizirane informacije o delavcih pri sprejemanju ukrepov in jih v petih dneh posredovati SEPE s kolektivno zahtevo prek elektronskih sredstev.
- Kraljevi zakonski odlok št. 10/2020 z dne 29. marca, ki ureja plačani dopust za zaposlene, ki ne opravljajo bistvenih storitev, da bi se zmanjšala mobilnost prebivalstva v okviru boja proti covidu-19.
- Kraljevi zakonski odlok št. 11/2020 z dne 31. marca, s katerim so bili sprejeti nujni dopolnilni ukrepi na socialnem in gospodarskem področju za obvladovanje covid-19. Člen 1 in naslednji: stanovanjski ukrepi: začasna ustavitev izselitev, moratorij na najemnino, podaljšanje najemnih pogodb, opredelitev ranljivosti in njena akreditacija, jamstva za najemnike, pomoč za stalno stanovanje itd. 30. člen: Izredni dodatek za delavce v gospodinjstvu, ki so prenehali opravljati storitve zaradi covid-19 ali katerih pogodba je bila prekinjena.
- Kraljevi zakonski odlok 13/2020 z dne 7. aprila, s katerim so bili sprejeti nekateri nujni ukrepi na področju zaposlovanja v kmetijstvu. Ukrepi za spodbujanje začasnega zaposlovanja osebja v kmetijskem sektorju za brezposelne osebe ali osebe, ki so prenehale opravljati dejavnost, migrante in mlade.
- Kraljevi zakonski odlok 14/2020 z dne 14. aprila, s katerim se podaljšuje rok za predložitev in plačilo nekaterih davčnih napovedi in samoprispevkov.
- Kraljeva uredba - Zakon 15/2020 z dne 21. aprila o nujnih dopolnilnih ukrepih v podporo gospodarstvu in zaposlovanju.
- Kraljeva uredba - Zakon 16/2020 z dne 28. aprila o postopkovnih in organizacijskih ukrepih za obravnavo covid-19 na področju pravosodja.
- Kraljevi zakonski odlok 17/2020 z dne 5. maja, s katerim so bili odobreni ukrepi za podporo kulturnemu sektorju in davčni ukrepi za obravnavanje gospodarskih in socialnih učinkov covid-2019. Člen 2: ekonomske dajatve za brezposelnost poleg dajatev za rojstvo in nego otroka, upokožitev,

trajno invalidnost ter smrt in preživetje, ki izhajajo iz skupnih nepredvidenih dogodkov za umetnike v javnih predstavah. Trajanje nadomestila bo od 120 do 180 dni, odvisno od števila plačanih dni.

- Kraljevi zakonski odlok 18/2020 z dne 12. maja o socialnih ukrepih za zaščito zaposlovanja. Podaljšanje višje sile ERTE do 30. junija, oprostitev plačila prispevkov za podjetja z delavci v ERTE.
- Kraljevi zakonski odlok št. 19/2020 z dne 26. maja o sprejetju dopolnilnih ukrepov na področju kmetijstva, znanosti, gospodarstva, zaposlovanja, socialne varnosti in davkov za ublažitev posledic covid-19.
- Odredba SND/257/2020 z dne 19. marca, s katero je v skladu s členom 10.6 kraljevega odloka 463/2020 z dne 14. marca, s katerim je bilo razglašeno alarmno stanje za obvladovanje zdravstvenih kriznih razmer, ki jih je povzročil covid-19, razglašena začasna prekinitev odpiranja turističnih nastanitvenih obratov za javnost.
- Odredba SND/340/2020 z dne 12. aprila, s katero se začasno ustavijo nekatere dejavnosti, povezane z intervencijskimi deli v obstoječih stavbah, kjer obstaja nevarnost okužbe s covidom-19 za osebe, ki niso povezane s to dejavnostjo.

Vlada se je sprva odločila, da vzpostavi linijo jamstev (kreditni ICO) in odloži plačilo nekaterih davkov, da bi podjetjem, ki jih je covid najbolj prizadel, zagotovila kisik, vendar ni razmišljala o likvidnostni injekciji, kot so to storile druge evropske države.

V letu 2020 so številni državljani protestirali proti omejitvam gibanja po covidu-19 z balkonov ali na ulicah, policija pa na splošno ni posredovala. Vendar so madridske oblasti septembra prepovedale srečanje, ki so ga načrtovali zanikovalci pandemije, saj so se sklicevale na nevarnost okužbe, na širših protestih, ki so spremljali razglasitev drugega alarmnega stanja oktobra, pa je prišlo do spopadov s policijo, pri čemer je bilo več oseb aretiranih in poškodovanih.

Leta 2021 so po vsej Španiji potekali številni protesti, vključno z demonstracijami zagovornikov človekovih pravic, katalonskih skupin za neodvisnost, organizacij za pravice delavcev in protestnikov proti cepljenju. Prepoved javnih zborovanj v Madridu, povezana s covidom-19, je preprečila izvedbo pohodov, načrtovanih za mednarodni dan žensk marca, kar je sprožilo kritike nevladnih organizacij za človekove pravice. Prepoved je bila odpravljena maja, ko je prenehalo veljati stanje nacionalnega strahu.

Vlada je 31. marca napovedala šestmesečne začasne ukrepe za zmanjšanje hipotek in najemnin ter prekinitev izselitev oseb, ki jih je opredelila kot "ekonomske ranljive". Vlada je odobrila tudi začasne ukrepe za zagotavljanje večje stanovanjske podpore žrtvam nasilja na podlagi spola in brezdomcem v času izrednih razmer. Izselitve so se ponovno začele junija, aktivisti za stanovanjske pravice pa so pozvali k podaljšanju prepovedi izseljevanja do leta 2021. Septembra je vlada odredila dodatno štirimesečno podaljšanje oprostitve plačila najemnine in najemnikom z dokumentirano "ekonomsko ranljivostjo", ki jim grozi izselitev, omogočila, da do januarja zaprosijo za odlog (Human Rights Watch, 2020).

Med pandemijo covid-19 so skupine civilne družbe zabeležile nekaj primerov diskriminatornega izvajanja pravil o zaprtju, ki so nesorazmerno prizadela rasne manjšine ali delavce migrante. Urad varuha človekovih pravic v državi je začel preiskavo o pretirani ali samovoljni uporabi denarnih kazni za kaznovanje domnevnih kršitev omejitev gibanja (Freedom House, 2021).

Ženske, rasne manjšine in osebe LGBT+ uživajo pravno zaščito pred diskriminacijo in drugim slabim ravnanjem, čeprav se v družbi še vedno pojavlja določena stopnja pristranskosti. Nekatere

manjšinske skupine, vključno z Romi, ostajajo gospodarsko marginalizirane in naj bi bile predmet policijskega profiliranja.

Španija je glavna vstopna točka v Evropo za nezakonite migrante in begunce, ki večinoma prihajajo po morju. V letu 2020 je v Španijo prispelo približno 37 000 ljudi, kar je veliko več kot v prejšnjem letu. Nekateri od več kot 21.000, ki so se izkrkali na Kanarskih otokih, so bili nastanjeni v hotelih, drugi pa v začasnih taboriščih, ki naj bi kršila standarde človekovih pravic. Na tisoče migrantov in beguncev se redno zbira na kopenski meji med Marokom ter španskima enklavama Ceuta in Melilla.

Februarja 2020 je veliki senat Evropskega sodišča za človekove pravice potrdil zakonitost prakse, v skladu s katero španske oblasti na hitro vračajo ljudi, ki nezakonito prestopijo meje enklav, na primer tako, da preplezajo ograjo. Prejšnja sodba sodišča iz leta 2017 je to prakso zavrnila, vendar se je Španija pritožila na veliki senat. Organizacije civilne družbe so kritizirale novo sodbo (FREEDOM HOUSE, 2021).

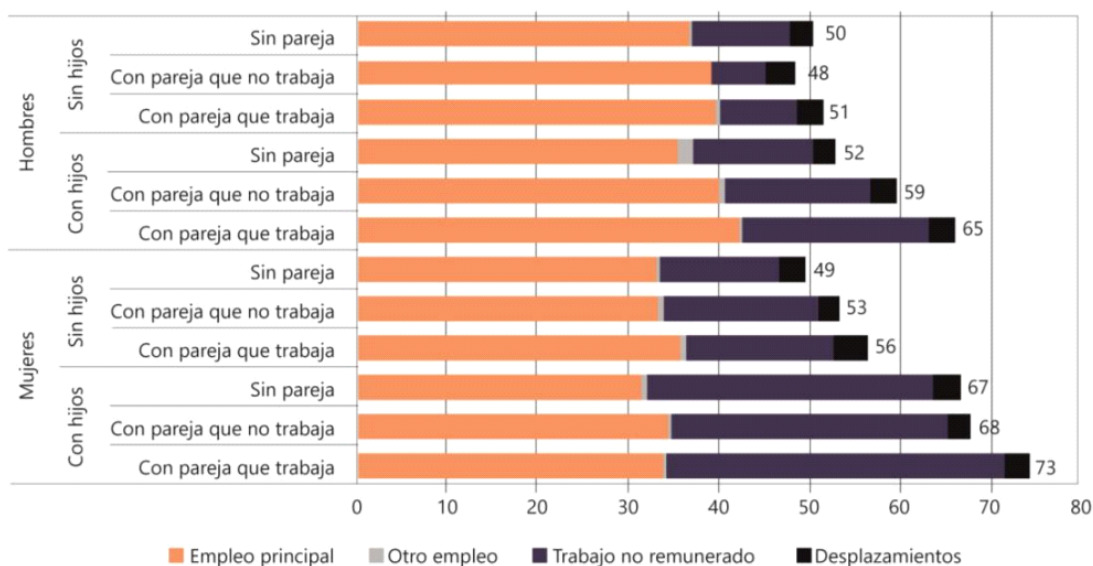
V letu 2021 je v Ceuto iz Maroka prispelo več mladoletnikov brez spremstva, ki so jih nemudoma vrnili; varuh človekovih pravic in več nevladnih organizacij za človekove pravice so obsodili vračanje, češ da vlada ni upoštevala pravnih predpisov, ki urejajo to prakso, s čimer je kršila pravice mladoletnikov. (FREEDOM HOUSE, 2022)

V letih 2020 in 2021 je bila svoboda gibanja v Španiji začasno omejena v dveh alarmnih stanjih, povezanih s covidom-19. Ustavno sodišče je julija 2021 odločilo, da je bilo prvo alarmno stanje v Španiji leta 2020 delno nezakonito in da bi bilo treba takšne omejitve uvesti v okviru izrednih razmer. Oktobra je sodišče razsodilo, da je bilo tudi drugo alarmno stanje, ki se je končalo maja 2021, protiustavno (Freedom House, 2022).

KAKO JE KRIZA ZARADI COVIDA-19 VPLIVALA NA RAVNOVESJE MED POKLICNIM IN ZASEBNIM ŽIVLJENJEM ŽENSK?

Zaradi ukinitve dejavnosti za zmanjšanje tveganja okužbe med pandemijo, vključno z zaprtjem šol, so morale družine prilagoditi življenje številnih gospodinjstev delu odraslih na daljavo, hkrati pa so bili prisotni otroci, ki so potrebovali šolsko varstvo. Te spremembe niso enako prizadele moških in žensk, saj je udeležba pri delu, gospodinjstvu in dejavnostih oskrbe med spoloma neenakomerna. Ženske so bile pod veliko večjim pritiskom, saj so že pred covidom-19 za gospodinjstva dela in skrb za družinske člane porabile 85 minut več na dan kot moški (Ramos, José; Gómez, Alicia, 2020).

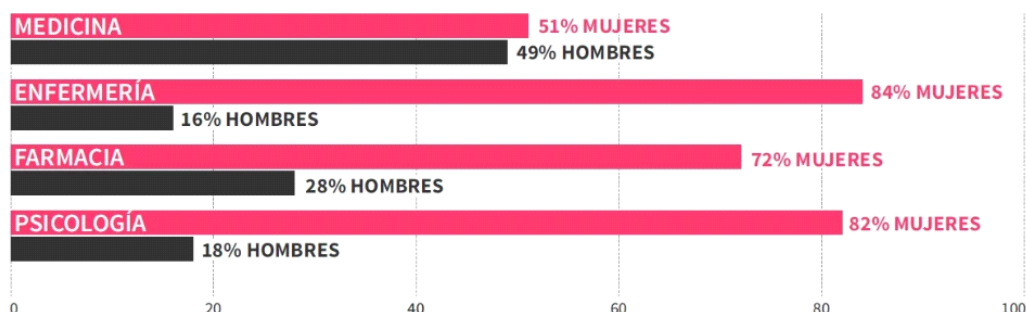
Tedenske ure plačanega in neplačanega dela glede na spol, število otrok in zaposlitveni status partnerja



Poročilo z vidika enakosti spolov, ki je bistveno za odziv na covid-19. Ministrstvo za enakost, ki sta ga pripravila Inštitut za ženske in enake možnosti pri Ministrstvu za enakost, izpostavlja različen vpliv pandemije covid-19 na moške in ženske ter ekonomske, socialne in družinske posledice, zato ugotavlja, da je pri odzivu na krizo nujno uporabiti vidik spola. Zato ugotavlja, da je pri odzivanju na krizo nujno uporabiti vidik spola. Večji vpliv na ženske, ki se prve odzovejo na bolezen, je predvsem posledica treh vidikov:

V Španiji po podatkih agencije EPA ženske predstavljajo 66 % zdravstvenega osebja. Zlasti 51 % jih je v medicini, 84 % v zdravstveni negi, 72 % v farmaciji, 82 % v psihologiji in 84 % med osebjem v domovih za starejše in odvisne osebe, kjer se je zgodilo največ hudih primerov in največ smrti. Prav tako so v večini zaposleni v trgovini z živili ter pri čiščenju v bolnišnicah in domovih za ostarele, kar je bistvenega pomena za vzdrževanje prebivalstva. Poleg teh poklicnih skupin so tu še delavci v gospodinjstvu in negovalci, ki prevzemajo pomemben del oskrbe odvisnih oseb.

Profesiones sanitarias por sexo



Avilés, Alicia (2022) Biti ženska in mlada oseba v pandemiji: enakost se je upočasnila in zdaj morajo "feministke preplaviti politiko". FAD

V zasebni sferi ženske opravijo večino gospodinjanskega dela in 70 % skrbstvenih nalog. Poleg običajne neenakosti, težav pri usklajevanju in pomanjkanja soodgovornosti sta zaprtje

izobraževalnih centrov in delo na daljavo povečala preobremenjenost na tem področju. Številne ženske ne morejo več delati, ker se morajo spopadati s tem zapletenim položajem. Še posebej so bile prizadete enostarševske družine, od katerih jih 8 od 10 vodijo ženske.

To jih postavlja v slabši položaj za soočanje z novo krizo. Nekateri najbolj prizadeti sektorji, kot so trgovina, turizem in gostinstvo, so zelo feminizirani. To perspektivo še poslabšujejo oteževalni dejavniki brezposelnosti v Španiji, ki v večji meri vplivajo tudi na ženske, kot so visoka stopnja začasnih zaposlitev, odvisnost od turizma in 11,7-odstotna razlika v stopnji zaposlenosti žensk v primerjavi z moškimi.

Glavni ukrepi na področju zaposlovanja, ki vplivajo na enakost spolov in so bili sprejeti zaradi zdravstvene krize (Inštitut za ženske, 2022)

Delo na daljavo: prednostna narava dela na daljavo v nasprotju z začasno prekinitvijo ali zmanjšanjem dejavnosti.

Prilagoditev ali skrajšanje delovnega časa: skrb za zakonca, zunajzakonskega partnerja ali družinske člane do 2. stopnje sorodstva, kadar obstajajo izjemne okoliščine, povezane z ukrepi, potrebnimi za preprečevanje prenosa covid-19 v skupnosti. Izjemne okoliščine so:

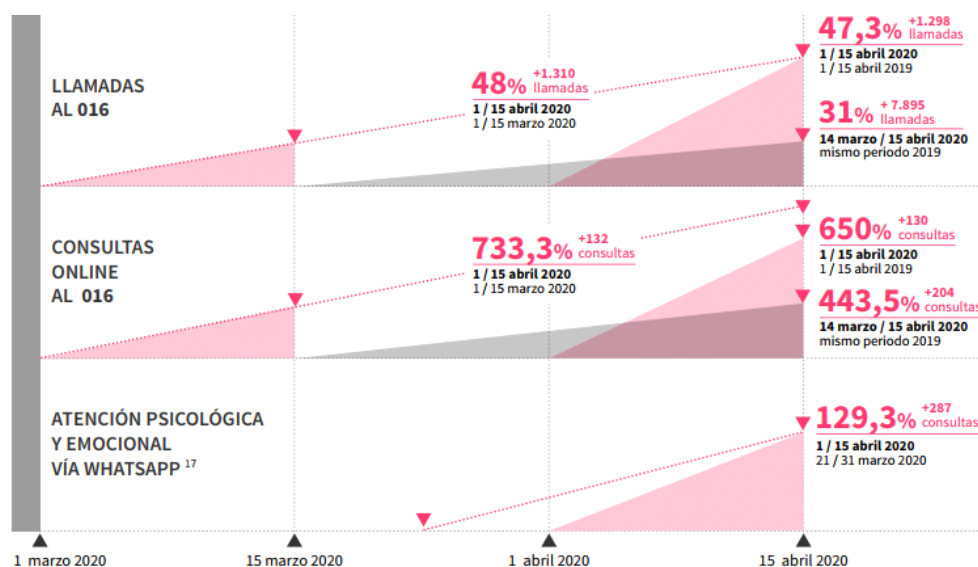
- Prisotnost delavca je potrebna za oskrbo katere koli od navedenih oseb, ki zaradi starosti, bolezni ali invalidnosti potrebujejo osebno in neposredno oskrbo kot neposredno posledico covid-19.
- zaprtje izobraževalnih ustanov ali ustanov, ki zagotavljajo oskrbo ali nego osebi, ki jo potrebuje.
- Delavec, ki je zagotavljal to oskrbo, je ne more nadaljevati iz upravičenih razlogov, povezanih s covidom-19. Posebno skrajšanje delovnega dneva v primerih iz člena 37.6 Statuta delavcev, ko nastopijo zgoraj navedene izjemne okoliščine.
- Podjetje je treba obvestiti 24 ur vnaprej.
- Po potrebi lahko traja sto odstotkov delovnega dne. Kraljevi zakonski odlok št. 8/2020 z dne 17. marca o izrednih nujnih ukrepih za odpravo gospodarskih in socialnih posledic covid-19. Če so ukrepi za usklajevanje poklicnega in zasebnega življenja, predvideni v členu 37 Statuta delavcev, se lahko spremenijo ali opustijo za čas, ko so prisotne izredne okoliščine, povezane s covidom-19.

Izredni dodatek za odsotnost dejavnosti za osebe, vključene v poseben sistem za zaposlene v družinskih gospodinjstvih.

- Osebe, ki so bile registrirane kot delavke v gospodinjstvu pred začetkom veljavnosti izrednih razmer, 14. marca 2020, so upravičene do.
- ki so zaradi zdravstvene krize covid-19 v enem ali več gospodinjstvih v celoti ali delno prenehali opravljati storitve, da bi zmanjšali tveganje prenosa.
- ki so bili v času zdravstvene krize odpuščeni ali jim je bila odpovedana pogodba. Nadomestilo bo znašalo 70 % regulativne osnove, če je izguba dejavnosti popolna. Če delavec skrajša delovni čas, prejme sorazmerni del, ki ustreza temu skrajšanju delovnega časa. Kraljevi zakonski odlok št. 11/2020 z dne 31. marca, ki sprejema nujne dopolnilne ukrepe na socialnem in gospodarskem področju za obvladovanje covid-19.

Med pandemijo se je nasilje nad ženskami in dekletmi povečalo po vsem svetu, saj je pandemija covid-19 z omejevanjem stikov in gibanja združila gospodarske in družbene obremenitve. Prenatrpana gospodinjstva, zloraba substanc, omejen dostop do storitev in zmanjšana vrstniška podpora so elementi, ki jih je treba upoštevati. Pred pandemijo je bilo ocenjeno, da bo vsaka tretja ženska v svojem življenju doživela neko obliko nasilja: Med pandemijo so bile mnoge od teh žensk ujele v past s svojim nasilnežem.

Podatki, zbrani na državni ravni (ZN, 2020, Izjava generalnega sekretarja) v času odvzema prostosti s strani COVID-19, odražajo povečanje števila prošelj za pomoč zaradi nasilja na podlagi spola.

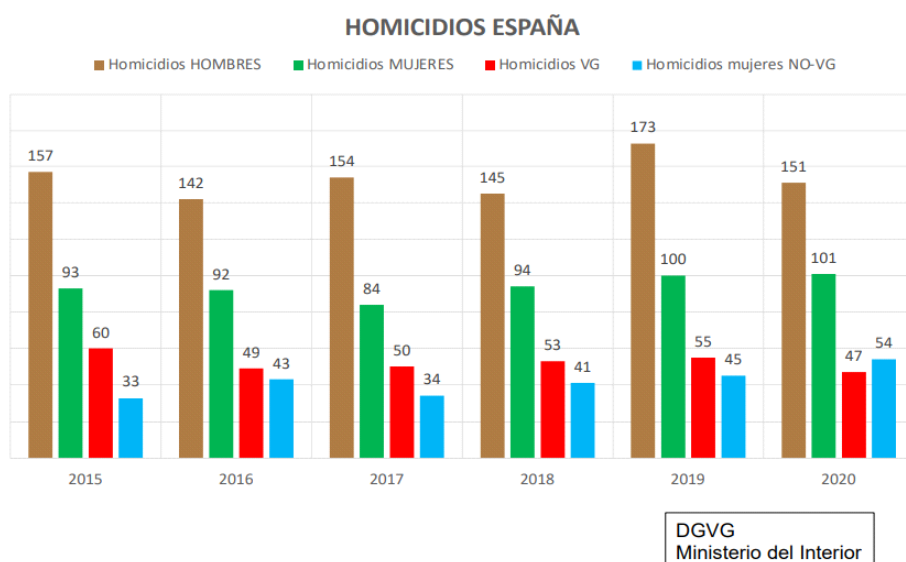
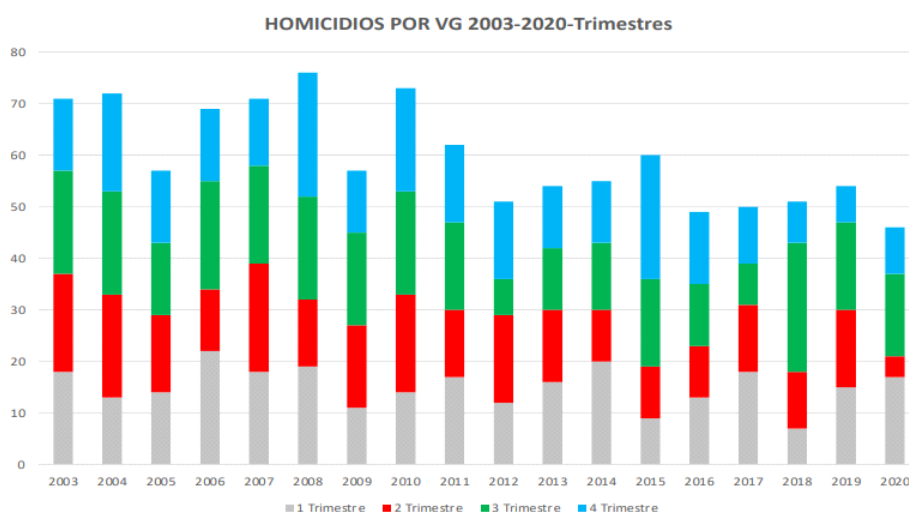


Poročilo Univerze v Granadi (Lorente, Miguel et al., 2022) prinaša naslednje ugotovitve:

Pandemija covid-19 je na GBV vplivala s tremi mehanizmi:

- Krepi dejavnike, ki jih agresorji običajno uporabljajo za izvajanje nasilja (izolacija, opravičevanje, nadzor ...) v okoliščinah, ki otežujejo njihovo prepoznavanje.
- Zaradi pomanjkanja priložnosti se ženske težko izognejo nasilju.
- Omejuje dostop žensk do virov oskrbe.

Pandemija je ustvarila okoliščine, zaradi katerih se je število umorov, povezanih z GBV, znatno zmanjšalo, zlasti v obdobju odvzema prostosti, vendar se število umorov žensk zaradi vzrokov, ki niso povezani z GBV, povečuje.



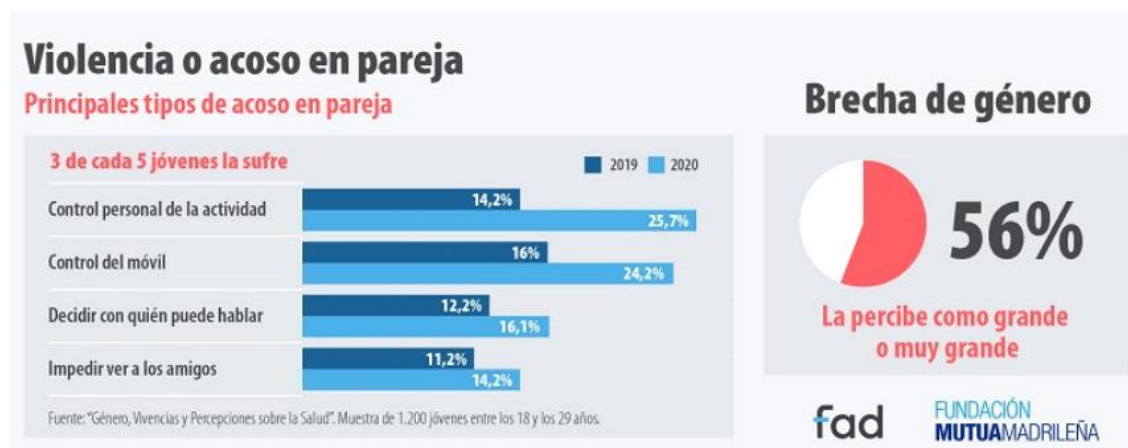
Odziv žensk na GBV ima dva splošna vzorca:

Prvi vzorec se vrti okoli odziva na nasilje in se kaže v vedenju, kot so klic 016, vlaganje pritožb, prekinitvev razmerja. Število klicev se je povečalo za 48 %, v primeru spletnih posvetovanj pa za 733,3 %. In če primerjamo obdobje od 14. marca do 15. aprila 2020 z enakim obdobjem leta 2019, se je število klicev povečalo za 31 %, število spletnih poizvedb pa za 443,5 %.

Drugi vzorec vključuje vztrajanje v nasilnem odnosu, kar vodi do povečanih psiholoških posledic in stresa z možnostjo potrebe po anksiolitičnih in hipnotičnih zdravilih, zlasti če vzroki psiholoških motenj niso diagnosticirani in GBV ostaja nevidno, ter do globljih motenj, ki lahko vodijo do samomora.

Raziskava o izkušnjah mladih v Španiji s pandemijo (FAD, 2022) je pokazala, da so se izkušnje z nadlegovanjem in nasiljem v paru med pandemijo poslabšale, pri čemer se je povečalo obnašanje, povezano z nadzorom dejavnosti (25,7 %), nadzorom mobilnih telefonov (24,2 %) in nadzorom ljudi,

s katerimi se partner druží (16,1 %). Ista študija poudarja, da je 15,6 % anketiranih žensk (starih med 15 in 29 let) v svojih odnosih občutilo strah, 14,4 % pa jih je bilo prisiljenih v spolne odnose brez njihove privolitve.



Med prvím valom pandemije je osrednja vlada v Španiji, ki se je soočila z zaprtostjo in morebitnim povečanjem nasilja, izvedla načrt ukrepov ob nepredvidljivih dogodkih proti nasilju na podlagi spola zaradi krize zaradi koronavirusa in kraljevi zakonski odlok 12/2020 o nujnih ukrepih za zaščito in pomoč žrtvam nasilja na podlagi spola ter drugi načrt za zagotavljanje pravic žrtev spolnega izkoriščanja in prostitucije, ki imajo težave pri dostopu do javnega zdravstvenega sistema. Ti ukrepi so nezadostni, saj brez obravnave strukturnih dejavnikov neenakosti, kot so preobremenjenost z reproduktivnimi nalogami, brezposelnost ali nestabilnost zaposlitve, nasilja na podlagi spola ni mogoče celovito preprečiti (Ruiz-Pérez in Pastor Moreno, 2020).

Ukrepi za oskrbo žrtev nasilja na podlagi spola:

1. Vse celovite storitve pomoči žrtvam se ohranijo z normalnim delovanjem naslednjih storitev:

- 24-urni informacijski mehanizmi (telefon 016 in spletne poizvedbe po elektronski pošti 016-online@mscbs.es).
- Odziv v sili in zatočišče za ogrožene žrtve. Centri za nujne primere, zavetišča, stanovanja pod nadzorom in varne nastanitve za žrtve spolnega izkoriščanja in trgovine z ljudmi.
- Psihološka, pravna in socialna pomoč žrtvam na način, ki ni neposreden (po telefonu ali drugih kanalih).

2. Kampanje:

- Kampanja "Smo z vami. Skupaj zaustavimo nasilje med spoloma". Med gradivi, pripravljenimi v okviru kampanje, so različni plakati in slike za objavo in razširjanje na družbenih omrežjih s telefonskimi številkami in službami za pomoč v španščini, različnih uradnih jezikih ter v angleščini, francoščini, kitajščini in ruščini, ki se razširjajo v četrtnih skupnostih, občinah, javnem prometu, organizacijah, ustanovah in lekarnah.
- Akcijski vodnik za ženske, ki so žrtve nasilja na podlagi spola v razmerah bivanja na domu, COVID-19.

Ta priročnik vsebuje informacije o preventivnih in odzivnih ukrepih, ki jih ministrstvo za enakost še naprej izvaja za pomoč ženskam, ki so morda žrtve nasilja zaradi spola, zlasti v izrednih razmerah.

3. Sredstva vladne delegacije:

Vladna delegacija za boj proti nasilju na podlagi spola je posodobila sredstva, ki so na voljo žrtvam nasilja na podlagi spola v avtonomnih skupnostih in mestih.

Prav tako so različni subjekti in združenja ter inštituti za ženske v različnih avtonomnih skupnostih začeli izvajati pobude in ukrepe, namenjene žrtvam nasilja na podlagi spola v času, ko je COVID-19 povzročil preplah.

ALERTCOPS / S.O.S. BUTTON Ministrstvo za notranje zadeve je okrepilo zaščito žrtev nasilja na podlagi spola in zdravstvenega osebja s SOS gumbom aplikacije AlertCops (storitev, ki se izvaja prek brezplačne aplikacije na mobilnih napravah in omogoča neposredno povezavo z državnimi varnostnimi silami in organi za prijavo dogodka, v katerem je oseba žrtev ali priča).

1.9 Švedska

1. UVOD

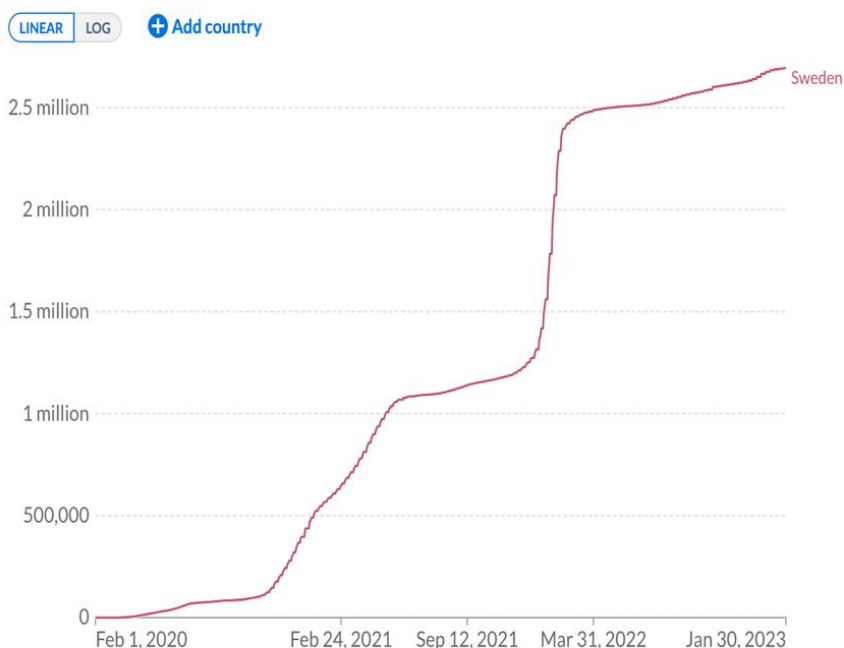
Ta razdelek dokumenta poudarja časovnico covid-19 na Švedskem ter omejitve in smernice za covid-19, ki so jih določili švedska vlada in zdravstveni uradniki med januarjem 2020 in decembrom 2022. Ta razdelek bo bralcem omogočil, da bodo bolje razumeli širjenje covid-19 na Švedskem in različne ukrepe, uvedene za preprečevanje širjenja pandemije.

1.1 Časovna os covid-19 na Švedskem

Cumulative confirmed COVID-19 cases

Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Švedska je 31. januarja 2020 potrdila prvi primer covid-19. Ženska v dvajsetih letih, ki se je 24. januarja vrnila iz Wuhana, je bila pozitivna na virus SARS-CoV-2 in so jo sprejeli v bolnišnico regije Ryhov v Jönköpingu. Po prihodu na Švedsko se je prostovoljno izolirala doma in ni predstavljala tveganja za prenos med potovanjem ali v prvih dneh bivanja na Švedskem. Lokalna univerza v Jönköpingu je takrat navedla, da imajo na izmenjavi približno 200 kitajskih študentov, in odgovorila, da je bila ženska morda študentka. Ženska je bila po več kot enem mesecu oskrbe 3. marca razglašena za asimptomatsko, vendar ni bila v celoti odpuščena iz zdravstvenih storitev. Vendar je bilo še naprej mogoče zaznati delce virusa, prenos živih virusnih delcev pa se je zdel malo verjeten.

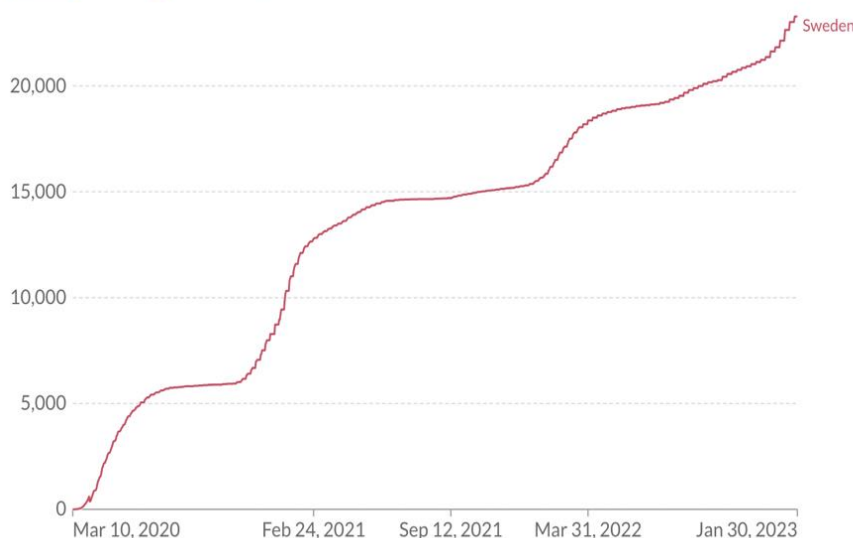
Do konca februarja 2020 je bilo v petih regijah na Švedskem potrjenih devet novih primerov. Prijavljeni primeri so bili povezani s širjenjem okužbe s potovanja ali s potovanja z osebe na osebo. Do konca marca 2020 je bilo na Švedskem zabeleženih več kot 3.000 primerov okužbe s covidom-19 in skupno 385 smrti, povezanih s covidom-19. Do konca leta 2020 je število poskočilo na 437.379 prijavljenih primerov in 8.727 smrti povezanih s covidom-19. Z začetkom prvega četrletja leta 2021 se je na Švedskem začel drugi val okužbe s covidom-19. Do marca 2021 je bilo skupno 804.886 potrjenih primerov in 13.430 s covidom povezanih smrti. Število potrjenih primerov je pred koncem junija 2021 doseglo mejo 1 milijona, do konca leta 2021 pa je bilo 1,3 milijona potrjenih primerov in več kot 15.310 s covidom povezanih smrti.

Cumulative confirmed COVID-19 deaths

Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World
in Data

LINEAR LOG + Add country



Source: Johns Hopkins University CSSE COVID-19 Data

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V začetku leta 2022 se je začel tretji in največji val covid-19, saj je bilo do konca marca prijavljenih 1,17 milijona novih primerov. Kasneje v letu se je število prijavljenih primerov znatno zmanjšalo. To je mogoče pripisati proizvodnji in množični distribuciji cepiv covid-19, toplejšemu vremenu in strožjim omejitvam covid-19. Do konca leta 2022 je bilo kumulativnih primerov cepiva za covid-19 2,67 milijona, smrti, povezanih s covidom, pa 21.827. V spodnjih grafikonih je prikazan časovni potek cepiva Covid-19 na Švedskem.

1.2 Švedske omejitve in smernice covid-19

Ko je izbruh dosegel Švedsko, so se oblasti odzvale z omejenimi ukrepi, v nasprotju z zaporami in zakonskimi omejitvami, ki so jih uvedle druge države. Od švedske javnosti se je pričakovalo, da bo upoštevala vrsto neprostopoljnih priporočil švedske agencije za javno zdravje (Folkhälsomyndigheten). Ta so vključevala delo od doma, kjer je bilo to mogoče, omejitev potovanj po državi, oddaljevanje od družbe ter samoizolacijo oseb, starejših od 70 let, in oseb s potencialnimi simptomi covid-19. Za podjetja in organizacije so veljala priporočila o oddaljevanju, predpisi (predvsem za restavracije) in zakoni (prepoved javnih srečanj in prireditve z več kot 50 udeleženci ter obiskovanje domov za ostarele). Srednje šole in univerze so bile zaprte do konca poletnih počitnic.

Konec leta 2020 je bila ob porastu števila primerov sprejeta nova zakonodaja, ki je uvedla omejitve mednarodnih potovanj in ponovno omejila udeležbo na javnih prireditvah, prepovedala obiske v domovih za ostarele ter zaprla višje srednje šole. Osnovne šole so ostale odprte ves čas pandemije, obrazne maske pa na splošno niso bile priporočljive za javnost ali v zdravstvenih ustanovah. Cepljenje na Švedskem se je začelo decembra 2020. Spomladi 2021 je prišlo do porasta različice virusa alfa ter nadaljnega zaostrovanja omejitev in priporočil. Konec leta 2021 so bili uvedeni potni listi za cepiva in drugi ukrepi. Dne 9. februarja 2022 so bili odpravljeni skoraj vsi predpisi in omejitve, Covid-19 pa od 1. aprila 2022 ni bil več opredeljen kot nevaren za širšo javnost ali družbo nasploh.

Edinstven odziv Švedske na pandemijo covid-19 je bil predmet številnih polemik v domačih in mednarodnih krogih. Za razliko od večine držav, ki so odločno priporočale ali uvedle obsežna zaprtja

sektorjev, karanteno in zaporne ukrepe, da bi zajezile širjenje koronavirusne bolezni 2019, je švedska vlada k pandemiji pristopila bolj prizanesljivo, saj je dala prednost gospodarstvu in izvajala le ukrepe za socialno distanciranje, kot so prepovedi velikih zborovanj in omejene omejitve potovanj.

Švedski premier Stefan Löfven je 18. decembra 2020 napovedal nove in strožje omejitve in priporočila, vključno z uporabo obraznih mask v javnem prevozu in zaprtjem vseh javnih storitev, ki niso nujne. Januarja 2021 je bil sprejet nov zakon o pandemiji, ki omogoča uporabo ukrepov za zaprtje in zakonsko omejuje nekatera zborovanja. Julija in decembra 2021 so bili uvedeni dodatni ukrepi, kot so potni listi za cepivo.

Kljub koristim, ki jih je prineslo izogibanje zaprtju, švedski odziv ni bil brezhiben. Komisija Corona, neodvisni odbor, ki ga je imenovala vlada za oceno švedskega odziva na pandemijo, je konec leta 2020 ugotovila, da vladi in agenciji za javno zdravje v veliki meri ni uspelo zaščititi starejših. Takrat je bilo skoraj 90 % oseb, ki so na Švedskem umrle zaradi covid-19, starih 70 let ali več. Polovica teh oseb je živela v domu za ostarele, nekaj manj kot 30 % pa jih je prejemale storitve pomoči na domu. Med pandemijo so se na Švedskem pokazale številne težave pri oskrbi starejših. Zaradi strukturnih pomanjkljivosti, kot je nezadostno število osebja, so bili domovi za ostarele nepripravljeni in slabo opremljeni za obvladovanje razmer.

V svojem končnem poročilu o odzivu na pandemijo je Coronova komisija ugotovila, da bi bilo treba že na začetku pandemije sprejeti strožje ukrepe, kot sta karantena za tiste, ki se vračajo z območij z visokim tveganjem, in začasna prepoved vstopa na Švedsko. Švedska strategija se je osredotočila na zmanjšanje širjenja virusa, vendar je upoštevala tudi druge vidike javnega zdravja ter zaščito svobode in temeljnih pravic. Čeprav je švedska strategija še vedno sporna, danes večina držav uporablja podobne pristope k nadaljevanju pandemije.

1.3 Pregled literature

1.3.1 Učinki covid-19 na demokrasko razpravo

Švedski javni odziv na pandemijo koronavirusov leta 2020 je zagotovo mogoče uvrstiti med primere - nedvomno skrajne primere -, ko so politiki prenesli javna pooblastila na strokovne birokrate. Šlo je za neformalen, vendar zelo pomemben prenos moči - poseben tip vmesnika med znanostjo in politiko, pri katerem je politična oblast izrecno prenesena na strokovno agencijo in jo ta celo uzurpira. Trdimo, da je bilo to potrebno za izid švedskega političnega odstopanja od evropske norme.

Predstavniška demokracija omogoča državljanom, da prenesejo oblast na izvoljene predstavnike. Ti predstavniki so nato odgovorni za svoja dejanja. Odgovornost politikov v tem sistemu je v posvetovanju, sprejemanju zakonov in političnih odločitev ter zaposlovanju in nadzoru javnih uslužbencev ali birokratov, ki te odločitve izvajajo. Vendar pa v praksi pogosto prihaja do velikih asimetrij informacij med visoko usposobljenimi in specializiranimi birokrati, kar lahko privede do odklona politike ali izgube agencije. To se še poslabša, kadar so pristojnosti, prenesene na upravo, zelo široke ali kadar se na upravo prenesejo sporne politične odločitve - na primer zato, da bi se izognili krivdi. Dejansko so igre z iskanjem krivcev, da bi se izognili krivdi in jo pripisali drugim, pogoste in politično pomembne med večjimi družbenimi krizami in po njih, zlasti kadar se zdijo "neobvladljive" in kadar je žrtev veliko.

Najbolj opazna razhajanja med politiki in strokovnjaki so se nanašala na uporabo mask, zato "KONTROVERZIJA O MASKAH". Precejšnje število prebivalcev je bilo skeptično do obraznih mask,

saj jih je prvič priporočilo švedsko ministrstvo za javno zdravje (Folkhälsomyndigheten). Nekateri kritiki so trdili, da je dokazov o njihovi učinkovitosti malo in da lahko dejansko povečajo tveganje za okužbo, ker jih je treba uporabljati in prilagajati ter ker lahko odvrčajo ljudi od vzdrževanja socialne distance. Poleti so švedski mediji začeli opazovati, kako izolirano je postalo mnenje agencije na mednarodni ravni. Na vrhuncu drugega vala so bile priporočene maske, vendar le na javnih prevoznih sredstvih, šele po novem letu in le v dveh dnevni prometnih konicah.

Občasno se je zdelo, da so izjave strokovnjakov bolj neposredno spodkopavale odločitve politikov. Jeseni 2020 so bile regionalne vlade pooblašene, da sprejmejo lastne ukrepe proti virusu. Konec februarja 2021 je bil Stockholm eden od več, ki je priporočil uporabo mask na vseh javnih prevoznih sredstvih - deloma, kot je pojasnil, zato, ker je bila skladnost z nacionalnimi nasveti slaba (Regija Stockholm, 23. februar 2021). Upoštevanje priporočil regionalne vlade s strani uporabnikov javnega prevoza v prestolnici je bilo še vedno omejeno.

Zaradi nepripravljenosti politikov, da bi prevzeli vodenje, je nastal prostor in vprašanje asertivnega birokratskega vodenja. Bila sta dva posebna primera asertivnega birokratskega vodenja. Kažeta, kako strokovnjaki niso le svetovali političnim odločevalcem ali celo sprejemali prenesenih odločitev. Pripravljeni so bili tudi kritizirati politične odločitve, s katerimi se niso strinjali, čeprav implicitno, ter aktivno in javno zagovarjati sprejete odločitve.

Umik politikov je pomembno vplival na demokratično razpravo na Švedskem. Politična izvršilna oblast ima precejšnje možnosti za usmerjanje javnih agencij. Koronavirus je v državo prišel, ko se je strankarski sistem spreminjal, vlada pa je bila temu primerno šibka. Po volitvah leta 2018 se je oblikovanje vlade izkazalo za izjemno težavno. Desnosredinski strankarski blok je razpadel, kar je manjšinski koaliciji socialdemokratov in zelenih omogočilo, da je ostala na oblasti. Šibkosti vlade pandemija na nek način ni neposredno izpostavila, saj je bil politični odziv - vsaj na začetku - komajda politiziran.

Morda v skladu s tradicijo političnega premirja med nacionalnimi izzivi opozicijske stranke niso izrazile več kot blage kritike oblasti. Tako je na primer ena od voditeljic desnosredinske stranke, čeprav je bila pripravljena izpodbijati določene odločitve, kot je ta, da se ne izolira turistov, ki se vračajo domov, poudarila, da bo v krizi "združila moči" z vlado. Dejansko se je švedska politika spreminjala tudi na drugi ravni, ki je morda bolj vplivala na politiko. Volilna sreča socialdemokratov je sčasoma upadla.

Vprašanje primerjalnosti je z razvojem pandemije postajalo vse bolj sporno. Za nekatere švedske (in številne tuje) opazovalce je bila primerjava Švedske z drugimi nordijskimi državami, ki so imele nekatere skupne geografske, kulturne, socialno-ekonomske in demografske značilnosti, naravna. Po njihovem mnenju je povezava med švedsko strategijo in razmeroma visokim številom smrtnih žrtev pomenila očitno vzročno zvezo.

Švedska je bila bolj prizadeta, ker je bila v drugačni fazi pandemije kot njene sosede ali zaradi posebnih težav v domovih za ostarele ali zaradi razmeroma zgodnjega prihoda virusa na Švedsko, zaradi česar so bile njene razmere bolj podobne razmeram v Veliki Britaniji ali Franciji ali ker je Švedska prejšnje leto doživela razmeroma lažjo sezono gripe, zaradi česar je imela veliko ranljivih starostnikov ali zaradi visokega deleža prebivalcev, rojenih v tujini ali preprosto zato, ker sta Finska in Norveška glede spremenljivke izida evropski odkloni. Z drugimi besedami, po začetnem poudarjanju razlik v švedski strategiji v primerjavi s tistimi drugod v severni Evropi so poznejši pregledi pokazali, da je bilo večje število smrtnih žrtev na Švedskem morda posledica več dejavnikov.

To, da je glavni švedski epidemiolog šel tako daleč, da je trdil, da so bile politike, ki jih je objavil in izvajal Folkhälsomyndigheten, pravilne, je nenavadno, da bi birokratska organizacija prevzela tako pomembno vlogo pri oblikovanju javne politike, verjetno pa je še bolj nenavadno, da bi ista organizacija nato tako energično vodila kampanjo za utemeljitev te politike in oblikovanje razlage njenih rezultatov s strani državljanov. Agencija si je prizadevala ohraniti monopol nad opredeljevanjem problemov in oblikovanjem politike, tudi ob kritiki zunanjih strokovnjakov in, redkeje, politikov.

Vlada bi morala že od začetka prevzeti vodenje vseh vidikov kriznega upravljanja. Morala bi biti sposobna premagati ovire za jasno nacionalno vodenje, ki trenutno obstajajo: vladne agencije z določeno stopnjo avtonomije. Vlada je bila preveč enostransko odvisna od ocen Agencije za javno zdravje Švedske (Folkhälsomyndigheten). To ni zadovoljiva ureditev za sprejemanje odločitev v času resne družbene krize.

Zaupanje v javne institucije in utrjevanje strategije. Švedska tradicija javne uprave, nenavadno pasivno politično vodstvo in javna agencija, ki je bila popolnoma pripravljena prevzeti nadzor nad politiko: ti pogoji so skupaj omogočili, da je Folkhälsomyndighetenova začetna analiza koronavirusov postala osnova švedske strategije. Vendar do formalnega prenosa pristojnosti nikoli ni prišlo. Tako je obstajala velika verjetnost, da bo napačno ocenjena začetna politika nato revidirana - tako kot v Veliki Britaniji. Vendar pa menimo, da je bilo globoko zakoreninjeno zaupanje Švedov v njihove javne institucije.

Zaupanje v javne institucije in njihove strokovnjake, ki je v zvezi s pandemsko strategijo povzročilo določeno sovražnost do drugačnih mnenj, je zadostovalo za utrditev te strategije in v prvi polovici leta 2020 za zaščito švedskih oblikovalcev politike pred pritiski za spremembo usmeritve. Ker je imela politika močno podporo javnosti, je bilo za medije ali politično opozicijo malo spodbud, da bi napadali vlado. Le za kratek čas pozno spomladi 2020 in nato ponovno ob prihodu drugega vala koronavirusov pozno jeseni so mediji postali bolj kritični.

1.3.2 Kako je kriza covid-19 vplivala na uresničevanje temeljnih pravic?

Tako doma kot v mednarodnem okolju je potekala intenzivna razprava o edinstvenem pristopu Švedske k pandemiji covid-19. Švedska vlada je dala prednost gospodarstvu in izvajala le ukrepe za socialno distanciranje, kot so prepovedi velikih zborovanj in omejena potovanja, v nasprotju z večino držav, ki so odločno svetovale ali izvajale obsežna zaprtja sektorjev, karanteno in ukrepe za zaprtje, da bi preprečile širjenje koronavirusne bolezni v letu 2019.

Ob izbruhu pandemije covid-19 je Agencija za javno zdravje začela sledenje kontaktov in predstavila svojo strategijo za zaščito najranljivejših državljanov države ter preprečitev preobremenitve zdravstvenega sistema. Ko se je izbruh širil, je agencija osebam s simptomi dihanja svetovala, naj se izogibajo družabnim stikom, delajo od doma, če je le mogoče, čim bolj zmanjšajo potovanja in se držijo socialne distance.

Vlada je sprejela zakon:

- Prepoved velikih zborovanj
- Srednješolskim in visokošolskim ustanovam so svetovali, naj preidejo na izobraževanje na daljavo.
- Začele so se tudi tiskovne konference in javne komunikacijske kampanje.

Za razliko od večine drugih držav obrazne maske niso bile priporočene v javnih ali zdravstvenih ustanovah. Agencija je večkrat zanikala, da bi si prizadevala za strategijo čredne imunosti. Švedski

predsednik vlade Stefan Löfven je 18. decembra 2020 napovedal nove in strožje omejitve in priporočila, vključno z

- uporaba obraznih mask v javnem prevozu in zaprtje vseh nebitvenih javnih storitev.
- Januarja 2021 je bil sprejet nov zakon o pandemiji, ki omogoča uporabo ukrepov za zaprtje in zakonsko omejuje nekatera srečanja.
- Julija in decembra 2021 so bili uvedeni dodatni ukrepi, kot so potni listi za cepiva.

Odziv vlade je bil sprejet različno. Ustanovljena je bila neodvisna komisija za oceno ukrepov, ki so jih sprejeli vlada, upravni zdravstveni organi in regionalne občine. Komisija je kritizirala odziv vlade in med drugim navedla, da ni zaščitila starejšega prebivalstva, da je bil švedski odziv počasen in da začetni ukrepi "niso zadostovali za zaustavitev ali celo bistveno omejitev širjenja virusa v državi" ter da se bo švedski zdravstveni sistem soočil z dolgoročnimi posledicami zaradi "cene izjemnega pritiska na osebje ter odpovedi in preložitve oskrbe". V končnem poročilu je komisija Švedsko, ki ni uvedla zapor, označila za "načeloma pravilno" zaradi **ohranjanja osebnih svoboščin**, vendar je bila kritična do odločitev, da februarja in marca 2020 ne bo uvedla "strožjih in vsiljivih ukrepov za preprečevanje in nadzor bolezni".

Agencija za javno zdravje je 10. marca 2020 zaradi znakov prenosa v skupnosti vsem, ki so zboleli za okužbo dihal, tudi v blagih primerih, svetovala, naj se vzdržijo družabnih stikov, kjer obstaja nevarnost širjenja virusa, tako v zasebnem kot v poklicnem življenju. Prav tako prosijo zdravstveno osebje, ki dela s tveganimi skupinami, vključno z domovi za ostarele, naj ne dela, če ima kakršne koli simptome okužbe dihal. Sorodnikom starejših so svetovali, naj se izogibajo nepotrebni obiskom v bolnišnicah in ustanovah za starejše ter naj jih nikoli ne obiskujejo, če imajo kakršne koli simptome okužbe dihal.

Maske za obraz so bile sprva za splošno javnost in zdravstvene ustanove odsvetovane ali pa so jih oblasti aktivno odsvetovale. Dne 25. junija 2020 so bile maske priporočene v domovih za ostarele in zdravstvenih ustanovah le v primerih zdravljenja bolnikov s covidom-19. Decembra 2020 je bilo objavljeno, da bodo maske od januarja 2021 priporočene v stockholmskem javnem prevozu, kar je bilo prvič, da so organi javnosti svetovali njihovo nošenje. Nekatere zdravstvene ustanove, domovi za oskrbo in šole so izvajale pravila zunaj vladnih smernic.

Z napredovanjem programa covid-19 so se povečevali tudi sprejeti ukrepi. 10. januarja 2021 je bil sprejet zakon, ki je vladi zagotovil pravico, da določi pravila o omejevanju javnih in zasebnih zborovanj ter omejuje mednarodna in domača potovanja. Zakon je bil začasni zakon o pandemiji in je Švedski omogočal, da določi časovne omejitve glede tega, kdaj se lahko podjetja odprejo in zaprejo. Dne 30. junija 2021 je bila uvedena prepoved potovanja za vse, ki prihajajo iz Združenih držav Amerike ali EGP. Izjeme so veljale za potnike iz Danske, Finske, Islandije in Norveške. Prepoved naj bi bila odpravljena 31. oktobra 2021.

Nato so bili oblikovani predpisi, ki naj bi začeli veljati 1. julija 2021. Omejeno je bilo število oseb, ki so lahko na enem mestu, kot je restavracija ali trgovina, prav tako so bila omejena družabna srečanja na največ 8 oseb. Priporočeno je bilo delo na daljavo, če je bilo to mogoče, 17. marca pa je bila šola v celoti vzpostavljena na spletu. Poleg tega je bilo dodano priporočilo, da je treba po bivanju v tujini opraviti testiranje. Z 29. septembrom 2021 je bilo odpravljenih več omejitev, povezanih s pandemijo. Dne 8. decembra 2021 so bili ponovno uvedeni nasveti za delo od doma, nošenje obraznih mask na javnih prevoznih sredstvih, kot odziv na različico Omicron pa je bilo ponovno uvedeno brezplačno testiranje covid-19.

Družbena oddaljenost in prepoved zbiranja [omejevanje svobode zbiranja]

16. marca 2020 je agencija priporočila, naj osebe, starejše od 70 let, omejijo tesne stike z drugimi ljudmi in se izogibajo gneče, kot so trgovine, javni prevozi in javni prostori. Konec marca je 93 % oseb, starejših od 70 let, izjavilo, da do neke mere upoštevajo priporočila zdravstvene službe, pri čemer je večina zmanjšala stike s prijatelji in družino. Maja je agencija preučevala možnost, da bi priporočila za "mlade starejše", ki so dobrega zdravja, omilila, vendar se je na koncu odločila, da tega ne bo storila. Kljub temu je starejše od 70 let spodbudila, naj se ne izolirajo popolnoma v svojih domovih, ampak naj gredo na sprehode zunaj, pri čemer naj še vedno upoštevajo priporočila. 16. marca 2020 so delodajalcem priporočili tudi, naj zahtevajo delo na daljavo. En mesec pozneje so statistični podatki pokazali, da približno polovica švedske delovne sile dela na daljavo. Naslednji dan je agencija priporočila, naj srednje šole in univerze uporabljajo učenje na daljavo, čemur so sledile šole po vsej državi. Odločitev, da se priporoča izobraževanje na daljavo za srednje in visokošolsko izobraževanje, ne pa tudi za osnovne šole, je bila posledica tega, da študij na srednjih šolah in univerzah v večji meri zahteva vožnjo na delo in potovanja ter da učenci v času, ko niso v šolah, niso odvisni od varstva staršev, zato zaprtje šol ne predstavlja tveganja za motnje v družbi. Maja je bilo objavljeno, da bo Agencija za zdravje preklicala priporočila 15. junija in tako omogočila, da se bodo srednje šole in univerze po poletnih počitnicah odprle kot običajno.

Aprila so številne organizacije, ki upravljajo sisteme javnega prevoza v švedskih okrožjih, poročale o 50-odstotnem upadu uporabe javnega prevoza, med drugim Kalmar Länstrafik v okrožju Kalmar, Skånetrafiken v okrožju Skåne, Stockholm Public Transit v okrožju Stockholm in Västtrafik v okrožju Västra Götaland. V Stockholmu so ulice postajale vse bolj prazne, število avtomobilov se je zmanjšalo za 30 %, število pešcev pa za 70 %.

Švedska agencija za promet je sredi maja na zahtevo agencije za javno zdravje začasno ukinila predpise, ki so na promocijah in karnevalih dovoljevali prevoz potnikov s tovornjaki ali prikolicami, ki so jih vlekli traktorji, tovornjaki ali tehnična vozila. Nova pravila naj bi veljala med 15. majem in 31. decembrom 2021. Ta priporočila za socialno distanciranje so bila učinkovita deloma zato, ker so Švedski nagnjeni k "socialnemu distanciranju". Decembra 2021 so bila pravila o socialni distanci poostrena zaradi povečanega števila primerov, ki jih je povzročila različica SARS-CoV-2 Omicron.

Istega dne, ko je na Švedskem zaradi covid-19 umrl prvi človek, je švedska vlada na zahtevo Agencije za javno zdravje sprejela nov zakon, ki omejuje svobodo zbiranja, saj prepoveduje vsa javna zborovanja in dogodke z več kot 500 udeleženci, organizatorjem pa grozi globa ali zaporna kazen. Javna zbiranja in prireditve vključujejo umetniške in zabavne prireditve, vključno z gledališčem, kinom in koncerti, verska srečanja, demonstracije, predavanja, tekmovalne športe, zabaviščne parke, sejme in tržnice. Mednje ne spadajo zborovanja v šolah, na delovnih mestih, v javnih prevoznih sredstvih, trgovinah z živili ali nakupovalnih centrih, zdravstvenih klubih ali drugih zasebnih prireditvah. Prepoved bo veljala do nadaljnjega. Po navedbah Agencije za zdravje je bil razlog za določitev meje pri številki 500 omejitev potovanj na dolge razdalje znotraj državnih meja, saj je bolj verjetno, da bodo večji dogodki privabili obiskovalce iz vse države. Svoboda zbiranja je zaščitena s švedsko ustavo v temeljnem zakonu o svobodi izražanja, ustava pa vladi dovoljuje, da jo omeji, če je to potrebno za omejitev širjenja epidemije. 27. marca 2020 je vlada napovedala, da bo prepoved javnih zborovanj znižala in bo vključevala vsa javna zborovanja z več kot 50 ljudmi, da bi še bolj zmanjšala širjenje okužbe, spet na zahtevo Agencije za javno zdravje. Agencija je tudi priporočila, da je treba pred načrti za prireditve in zborovanja z manj kot 50 osebami opraviti oceno tveganja in po potrebi sprejeti omilitvene ukrepe. Poleg tega so priporočili, da je treba razmisliti o digitalnih srečanjih. Prepoved velikih javnih zbiranj ni imela končnega datuma, agencija za zdravje pa je konec aprila poročala, da nima načrtov, kdaj naj bi bila prepoved odpravljena.

Od 24. novembra 2020 so bili javni dogodki in srečanja omejeni na največ osem oseb. Omejitve števila udeležencev so se poleti 2021 zaporedoma odpravljale, v celoti pa so bile odpravljene 29. septembra. S prihodom VOC Omicron je bilo treba od 23. decembra 2021 za zaprta javna zbiranja in prireditve z več kot 500 osebami uvesti potne liste cepiva, omejitev pa je bila pozneje znižana na 50 udeležencev. 9. februarja 2022 so bile odpravljene vse prepovedi zbiranj in prireditev (ter drugi predpisi o oddaljevanju), od 1. aprila 2022 pa covid-19 ni bil več razvrščen kot nevaren za širšo javnost ali družbo nasploh (čeprav so ostale v veljavi zahteve za poročanje).

Omejitve potovanja [omejevanje svobode gibanja]

Agencija za zdravje je 18. marca 2020 priporočila, naj se vsi izogibajo potovanjem po državi. To je storila po znakih, da se v nekaterih delih države še vedno prenaša v skupnosti, zaradi skrbi, da bi hitro širjenje po državi otežilo prerazporeditev zdravstvenih virov. Javnost so tudi pozvali, naj razmisli o vseh načrtovanih počitnicah med prihajajočim velikonočnim vikendom.

Pozive k izogibanju potovanjem in družabnim stikom med velikonočnim vikendom so večkrat ponovili predstavniki agencij in vladni uradniki, med njimi predsednik vlade Stefan Löfvén in kralj Carl XVI Gustaf. Telia, švedski multinacionalni operater mobilnega omrežja, je med velikonočnim tednom opravila analizo podatkov o mobilnem omrežju in ugotovila, da je večina Švedov upoštevala priporočila agencije, naj se izogibajo nepotrebnim potovanjem med velikonočnimi prazniki.

Na splošno se je število potovanj iz stockholmske regije zmanjšalo za 80-90 %, število prebivalcev Stockholma, ki so potovali na priljubljene počitniške destinacije, kot so Gotland in smučišča v Åre, pa se je zmanjšalo za več kot 90 %. Zmanjšala so se tudi potovanja med drugimi regijami na Švedskem. Operater trajektnih linij Destination Gotland, ki je svoje stranke pozval, naj premislijo o načrtovanih potovanjih za veliko noč, je sporočil, da je bilo 85 % vseh rezervacij prestavljenih.

Omejitve za domača potovanja so bile 13. maja 2020 nekoliko ublažene, tako da bodo potovanja z avtomobilom od ene do dveh ur od doma dovoljena v nekaterih okoliščinah, ki jih je Löfvén označil za "zdravo pamet", kot so na primer, da se ne obremenjuje zdravstvenega varstva v drugih regijah, da je treba ohranjati čim manj stikov z drugimi in ne potovati na obiske novih socialnih stikov, starejših ali tistih, ki jim grozi huda bolezen. 4. junija je vlada objavila, da bodo omejitve za potovanje v domovino odpravljene 13. junija, kar bo vsem omogočilo prosto potovanje po državi, če ne bodo imeli simptomov in bodo upoštevali pravila o socialni oddaljenosti. Vendar so opozorili, da bi lahko uvedli nove omejitve, če bi se razmere poslabšale, in da so bili upravni odbori švedskih okrožij zadolženi za spremljanje razmer. Na tiskovni konferenci 25. januarja 2021 je zunanja ministrica Ann Linde do 15. aprila 2021 podaljšala vladni nasvet o prepovedi vseh nebistvenih mednarodnih potovanj.

1.3.3 Učinki covid-19 na delo in življenje žensk

Spol je bistveni vidik možnosti posameznikov, da združujejo delo in zasebno življenje. V teoriji spola je predlagano, da moški in ženske opravljajo spol in da je spol resocializiran v tem, kar moški in ženske počnejo. (To pomeni, da morajo moški in ženske delovati v skladu z družbeno oblikovanimi predstavami o tem, kaj je žensko ali moško, na primer s predstavo, da so ženske boljše pri skrbi za gospodinjstvo in da morajo moški poskrbeti za svojo družino. Teoretična perspektiva spola je zato bistvena v zvezi s posegi in obogatitvijo. V zvezi s teorijo spola in upravljanjem meja se ženskost in moškost odražata tudi v tem, kako moški in ženske določajo meje med poklicnim in zasebnim življenjem.

Predpandemične študije o razlikah med spoloma pri posegih v poklicno in zasebno življenje ter obogatitvi le-tega so nekoliko nedosledne. Nekatere študije kažejo, da moški poročajo o višjih

stopnjah motenj, medtem ko druge kažejo, da ženske poročajo o večjih motnjah. Druge pa ugotavljajo, da razlik med spoloma ni. Različni dokazi so lahko posledica razlik v kulturi in spolnih pričakovanjih, razlik v udeležbi žensk na trgu dela, socialno-ekonomskem statusu, delovnem času in stopnji izobrazbe.

Pandemija covid-19 je v večji meri vplivala na poklicno življenje žensk kot moških. Švedske študije kažejo, da zaposlene ženske poročajo o nekoliko več motnjah kot zaposleni moški, zlasti ob upoštevanju delovnega časa. Zaprte predšolske dejavnosti in strategije poučevanja na daljavo v številnih državah so v največji meri vplivale na možnosti mater, da sploh ostanejo zaposlene. Na to kažejo študije, ki so pokazale, da so ženske med pandemijo znatno skrajšale svoj delovni čas. Poleg tega so morale ženske, ki so delale od doma, izvajati domače šolanje in prevzeti odgovornost za čustveno dobrobit otrok ter obdržati otroke doma že ob najlažjih simptomih bolezni.

Švedski trg dela je močno spolno segregiran, saj so ženske pogosteje zaposlene v panogah, kot sta zdravstvo in otroško varstvo. To pomeni, da ženske v večji meri delajo v panogah, kjer so morali delavci med pandemijo ostati na delovnem mestu in ki so jih zaznamovale zahteve brez primere. Zato se je večina žensk med pandemijo zaradi povečane obremenitve na domu spopadala z usklajevanjem poklicnega in zasebnega življenja.

Drugič, čeprav Švedska velja za državo z enakopravno zastopanostjo spolov, so delovne naloge, zlasti gospodinjska opravila in skrb za otroke, še vedno odvisne od spola in ženske običajno opravijo levji delež gospodinjskih opravil. Delavke, ki so ostale na delovnem mestu, so med pandemijo doživljale več WLI kot ženske, ki so delale na daljavo. Med moškimi, ki so ostali na delovnem mestu ali delali od doma, ni bilo razlik. Prejšnje študije s Švedske torej kažejo, da je covid-19 v večji meri kot pri moških motil možnosti žensk, da določijo meje v zvezi z delom in zasebnim življenjem. Dejstvo, da imajo ženske več težav pri doseganju upravljanja meja, nam omogoča domnevati, da so meje med obema področjema med ženskami pogosteje zabrisane, kar povzroča dodatne obremenitve.

Med pandemijo je veliko žensk izkusilo pozitivne vidike dela od doma, ki jim je omogočalo tesnejše odnose z družino, kar bi pomenilo večjo obogatitev in s tem oblikovanje močnejših meja družinskega življenja. Zdi se, da je švedsko priporočilo o socialni distanci, ki je podpiralo odprtje šol in otroškega varstva, pozitivno vplivalo na izkušnje delavcev z delom na domu, vsaj v začetni fazi pandemije. To bi se lahko spremenilo, ko je moralo več staršev ostati doma in skrbeti za otroke s prehladi ali simptomi med pandemijo (šole so bile v večji meri zaprte).

Švedska agencija za socialno zavarovanje (2021) na primer poroča, da so starši deloma v letih 2020 in 2021 bolj kot prej koristili otroške dodatke. Sčasoma bi bilo treba v meddržavnih in longitudinalnih študijah nadalje raziskati nadaljnji razvoj med pandemijo doživete ravni posegov in njihovega morebitnega vpliva na zdravje.

Na Švedskem so med pandemijo ostale odprte šole in ustanove za varstvo otrok. To je pomenilo, da so starši, zlasti matere, lahko ostali zaposleni, namesto da bi zapustili službo in skrbeli za otroke ali jih šolali doma, kot je bilo to opaziti v drugih državah.

1.3.4 Dobre prakse

Splošne informacije

Med pandemijo covid-19 se je Švedska držala svojega pandemičnega načrta, ki je bil prvotno pripravljen za primer pandemije gripe. Namesto zaprtja je bil cilj doseči socialno distanciranje s priporočili javnega zdravja. Švedska strategija se je osredotočila na zmanjšanje širjenja virusa, vendar je upoštevala tudi druge vidike javnega zdravja ter zaščito svobode in temeljnih pravic.

Čeprav je švedska strategija še vedno sporna, danes večina držav uporablja podobne pristope k nadaljevanju pandemije.

<p>Dobra praksa pri "demokratski razpravi"</p>	<p>Švedski parlament in oblikovalci politike so na strokovnjake prenesli politična pooblastila za določitev in izvajanje omejitev in priporočil covid-19. Neizvoljeni strokovnjaki so postali odgovorni za oblikovanje in izvajanje zdravstvene politike in protiukrepov za pandemijo.</p>
<p>Dobra praksa na temo "Delo in življenje žensk":</p>	<p>Izplačala se je tudi odločitev, da bodo osnovne šole ostale odprte. Čeprav je pandemija covid-19 vplivala na ravnovesje med poklicnim in zasebnim življenjem žensk, so osnovne šole ostale odprte, kar je večini vzgojiteljic omogočilo, da so še naprej delale brez večjih motenj.</p>
<p>Dobra praksa na temo "Svoboda temeljnih pravic"</p>	<p>Imenovana švedska komisija Corona je navedla, da je strategija prepovedi pripora v osnovi razumna in da država nikoli ne sme posegati v pravice in svoboščine svojih državljanov bolj, kot je nujno potrebno. Komisija je podprla tudi odločitev, da osnovne šole ostanejo odprte, saj je staršem omogočila, da delajo in nadaljujejo svojo poklicno pot.</p>

Zaključek

Če se ozremo nazaj na pristop, ki je bil uporabljen, se zdi nekoliko nepravilno, da je bila država, ki je sledila svojemu načrtu pred pandemijo, obtožena izvajanja poskusa na svojem prebivalstvu. Morda bi bilo treba Švedsko namesto tega obravnavati kot kontrolno skupino, medtem ko je bil preostali svet podvržen eksperimentu.

V prejšnji analizi smo ugotovili, da lahko švedski javni odziv na pandemijo koronavirusov leta 2020 zagotovo uvrstimo med primere - verjetno skrajne primere prenosa javnih pooblastil s strani politikov na strokovne birokrate. Šlo je za neformalen, a zelo pomemben prenos moči - za posebno vrsto vmesnika med znanostjo in politiko, v katerem je politična oblast izrecno prenesena na strokovno agencijo in jo ta celo uzurpira (prim. [2022:10,](#)). Trdimo, da je bilo to potrebno za izid švedskega političnega odstopanja od evropske norme.

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Spoznajte partnerstvo



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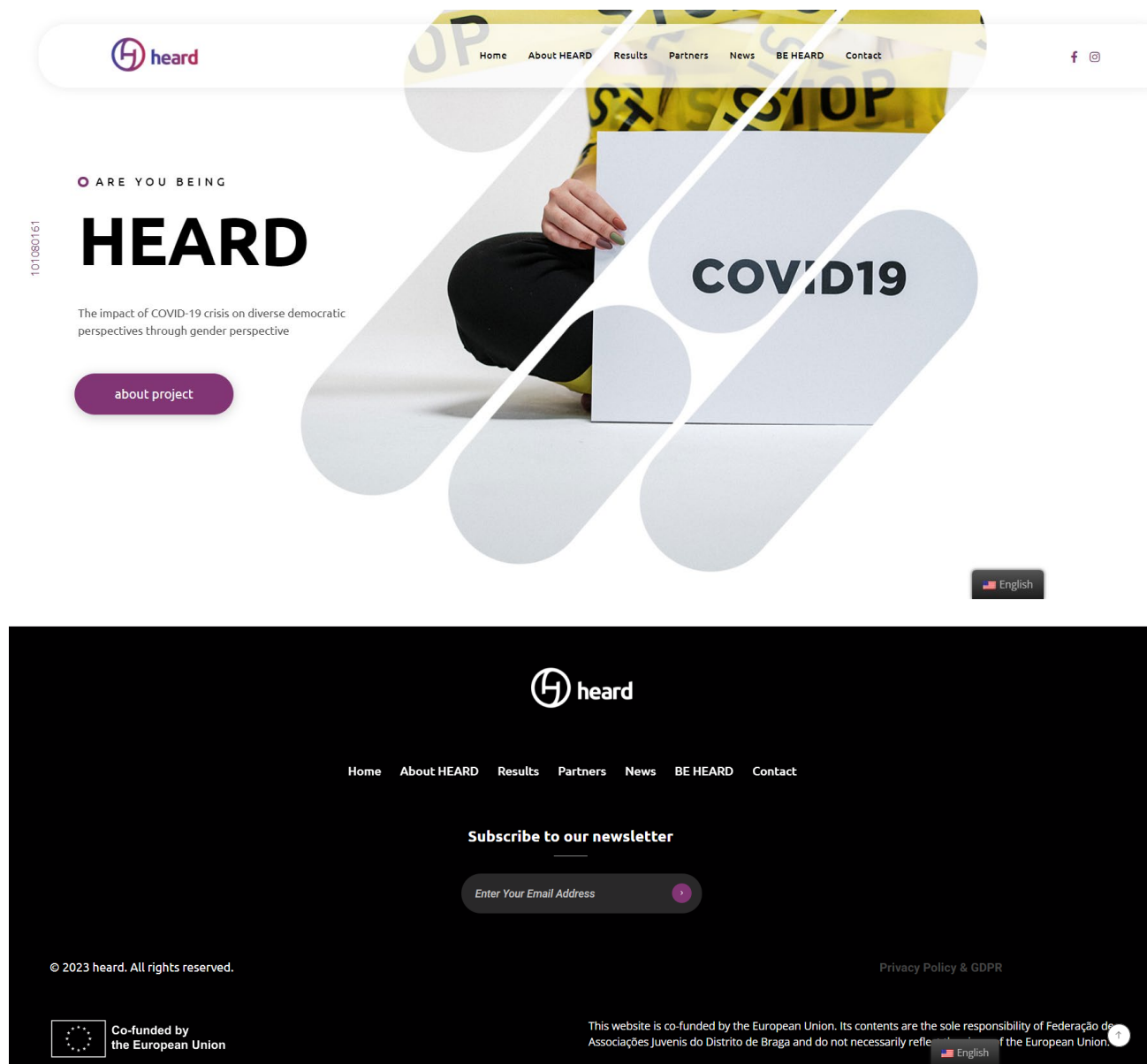


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Appendix 3: Project Website

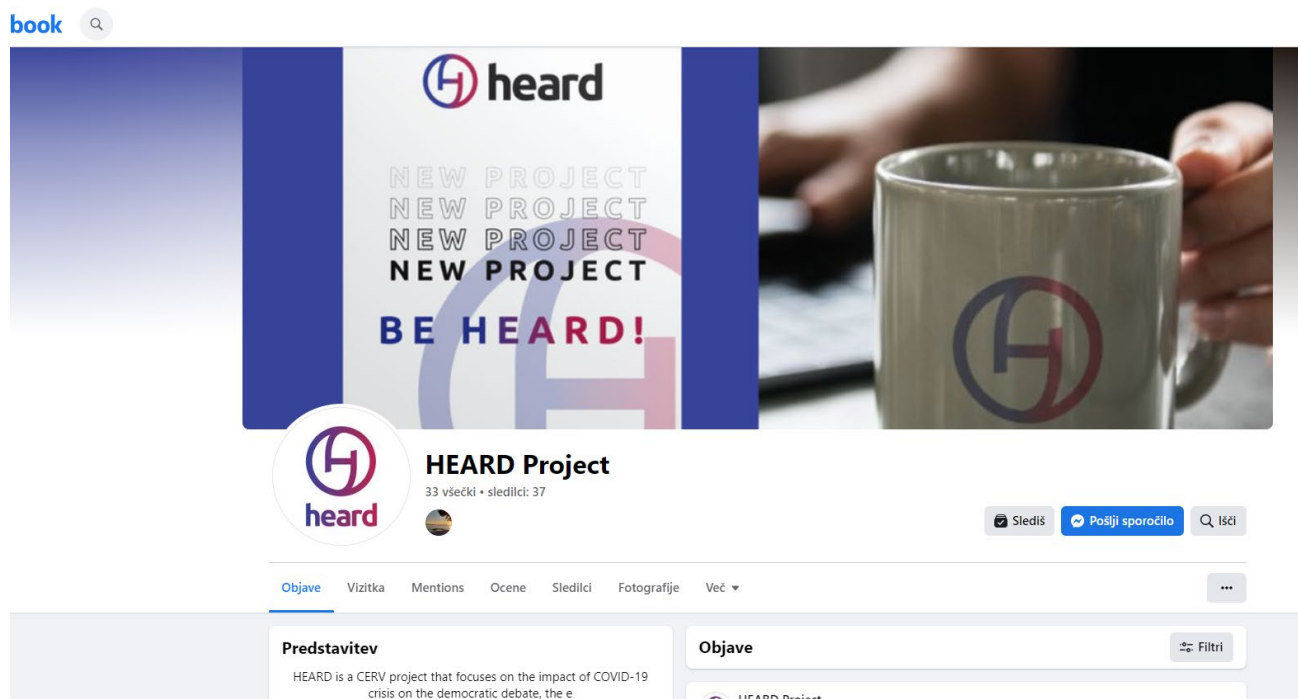
Link to the project website: <https://heard-project.eu/>



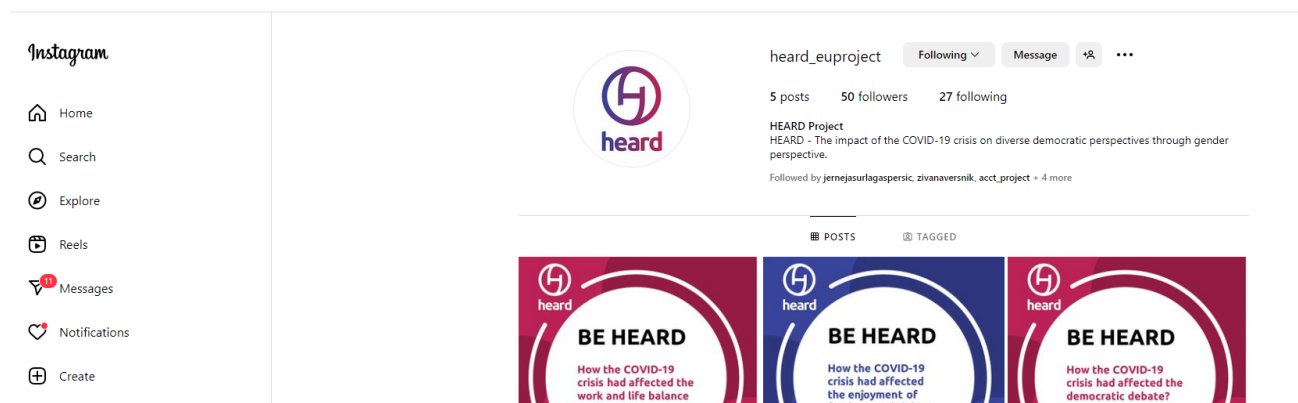
The screenshot displays the HEARD project website. The top navigation bar includes the HEARD logo, a menu with 'Home', 'About HEARD', 'Results', 'Partners', 'News', 'BE HEARD', and 'Contact', and social media icons for Facebook and Instagram. The main content area features a large graphic with the text 'COVID19' and a person holding a sign that says 'STOP'. Below the graphic, the text reads 'ARE YOU BEING HEARD' and 'The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective'. A purple button labeled 'about project' is visible. The footer contains the HEARD logo, a navigation menu, a newsletter subscription form with the text 'Subscribe to our newsletter' and 'Enter Your Email Address', and a copyright notice: '© 2023 heard. All rights reserved.' There is also a 'Privacy Policy & GDPR' link and a European Union co-funding logo with the text 'Co-funded by the European Union'. A small disclaimer states: 'This website is co-funded by the European Union. Its contents are the sole responsibility of Federação de Associações Juvenis do Distrito de Braga and do not necessarily reflect the views of the European Union.'

Appendix 4: Project Social Media Sites

Link to the project Facebook profile: <https://www.facebook.com/HEARDeuproject/>



Link to the project Instagram profile: https://www.instagram.com/heard_euproject/



Appendix 5: Report of the Survey Analysis



PROJECT NUMBER
101080161

Report of the Survey Analysis

WP 1: Survey for Citizens and
Residents Through Social
Media on the Topic How Covid-
19 Crisis had Affected the
Democratic Debate



Co-funded by
the European Union

The project CERV HEARD focuses on the impact of COVID-19 crisis on the **democratic debate**, the enjoyment of **fundamental rights, work and life of women** through gender perspective. The project contributes to promoting **citizens and residents'** contribution to the democratic and civil life of the Union by making known and publicly sharing their views on the Union's actions in the aforementioned areas.

Target Group

- Citizens and Residents
- Women

Information about the survey

The survey was carried out in January and February 2023 in following countries: Bulgaria, Cyprus, France, Greece, Italy (in Bari and Lombardi), Spain, Portugal, Slovenia and Sweden. The project partners surveyed 397 respondents, out of which 267 (67,3%) were female, 120 (30,5%) were male and 10 (2,5%) did not wish to answer. Below a reader can find a pilot study and results of the conducted survey for citizens and residents through social media on the topic how covid-19 crisis had affected the democratic debate accordingly to each country and all countries together.

PILOT STUDY OF SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE

A pilot study was conducted on 54 people in order to test the questionnaire.

Table 1: Cronbach's alpha

Cronbach's Alpha	N of Items
0,801	8

The Cronbach's Alpha value is 0,801, which in turn means the reliability of the questionnaire is good.

Table 2: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,788
Bartlett's Test of Sphericity	Approx. Chi-Square	106,990
	df	28
	Sig.	0,000

The KMO measure (0,788) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 3: Communalities

	Initial	Extraction
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,641	0,688
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,659	0,825
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,373	0,585
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,525	0,691
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,437	0,748
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,617	0,773
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,210	0,724
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,464	0,549

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 4: Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3,417	42,716	42,716	3,417	42,716	42,716	2,524	31,549	31,549
2	1,143	14,286	57,002	1,143	14,286	57,002	2,036	25,453	57,002
3	0,923	12,792	69,794						

4	0,842	10,528	80,322						
5	0,588	7,344	87,666						
6	0,474	5,926	93,592						
7	0,372	4,647	98,239						
8	0,141	1,761	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 57,002 % of the common variance.

Table 5: Rotated Factor Matrix

	Factor	
	1	2
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,596	
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,842	
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,627	
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,809	
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,737	
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).		0,795
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,555	
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,732	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE

BULGARIA

Table 6: Gender

	Frequency	Percent
Female	23	69,7%
Male	9	27,3%
I do not wish to answer	1	3,0%

Total	33	100,0%
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The majority of respondents are female (69,7 %), 27,3 % of the respondents are male and 3,0 % did not wish to answer the question.

Table 7: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	12	36,4%	39,3	12,7
31-40	11	33,3%		
41-50	1	3,0%		
51-60	7	21,2%		
61-70	2	6,1%		
Total	33	100,0%		

The mean age of respondents is 39,3 years with a standard deviation of 12,7 years. The highest percentage of respondents is aged between 21 and 30 years (36,4 %), 33,3 % are aged between 31 and 40, while 21,2 % are aged between 51 and 60 years. Only 6,1 % of respondents are aged between 61 and 70 years, while the lowest percentage of respondents (3,0 %) is aged between 41 and 50.

Table 8: Highest completed degree or level of school

	Frequency	Percent
Secondary school	7	21,2%
Bachelor's degree or professional diploma	5	15,2%
Master's Degree	17	51,5%
PhD or DPhil	4	12,1%
Total	33	100,0%

More than half of respondents have acquired their master's degree, 21,2 % have completed secondary school. Bachelor's degree or a professional diploma was acquired by 15,2 % of respondents. The lowest percentage of respondents (12,1 %) have acquired a PhD or a DPhil.

Table 9: Area of living

	Frequency	Percent
Rural area	0	0,0%
Suburban area	2	6,1%
Urban area	31	93,9%
Total	33	100,0%

The vast majority of respondents (93,9 %) live in urban areas. Only 6,1 % of them live in suburban areas and none live in rural areas.

Table 10: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	0	0	7	16	10	0	4,1	0,7
	0,0%	0,0%	21,2%	48,5%	30,3%	0,0%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	1	7	14	10	1	4,0	0,8
	0,0%	3,0%	21,2%	42,4%	30,3%	3,0%		
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	2	3	13	13	1	4,1	1,0
	3,0%	6,1%	9,1%	39,4%	39,4%	3,0%		
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	2	3	11	15	1	4,2	1,1
	3,0%	6,1%	9,1%	33,3%	45,5%	3,0%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	0	1	12	19	1	4,6	0,6
	0,0%	0,0%	3,0%	36,4%	57,6%	3,0%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0	0	0	13	20	0	4,6	0,5
	0,0%	0,0%	0,0%	39,4%	60,6%	0,0%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0	5	11	7	7	3	3,5	1,0
	0,0%	15,2%	33,3%	21,2%	21,2%	9,1%		
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	1	5	16	3	3	5	3,1	0,9
	3,0%	15,2%	48,5%	9,1%	9,1%	15,2%		
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0	5	3	13	9	3	3,9	1,0
	0,0%	15,2%	9,1%	39,4%	27,3%	9,1%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. We have excluded the value "6 – I do not know" from the scale, since it would impact the results of the mean values in an unrealistic way. The value has been excluded throughout the entire document. On average respondents strongly agree with the statements "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,6; SD=0,6) and "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria." (M=4,6; SD=0,5). Respondents of average agree with the following statements: "I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=4,2; SD=1,1), "Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=4,1; SD=1,0), "Covid-19 crisis

negatively impacted the level of the democracy in Bulgaria." (M=4,1; SD=0,7), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,0; SD=0,8), "During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken." (M=3,9; SD=1,0) and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria." (M=3,5; SD=1,0). The respondents were on average neutral with the responses when pertaining to the statement "The limitation of participation within democratic debates in Bulgaria was more obvious for women than men." (M=3,1; SD=0,9).

We asked participants if they had anything to add:

- Different viewpoints on COVID-19 should not be silenced.
- I initially supported the steps taken to address the situation during the first lockdown. I complied with the advice given on television and the Ministry of Health's guidelines. After that, the problem became politicized. We were all locked up at home and unsure of who to call in case of infection.
- Instead of "the crisis caused by Covid-19 the more accurate expression is "the crisis caused by the measures against Covid-19

Table 11: Change of perception of free and fair elections during COVID-19

	Frequency	Percent
Nothing has changed	11	34%
Elections are perceived as less fair and free	13	41%
Political interest was prioritized over the populations interest	5	16%
I have no opinion or insufficient information on this matter	2	6%
Measures prevented people from voting	1	3%
Total	32	100%

We asked the participants of the survey how the perception of free and fair elections changed during COVID-19 in their country. Almost half of respondents (41,0 %) believe the elections are now perceived as less fair and free, 34,0 % believe nothing has changed, 16,0 % of respondents believe political interest was prioritized over the populations interest during COVID-19. Only 6,0 % of respondents have no opinion or insufficient information on this matter. The lowest percentage of respondents (3,0 %) believe COVID-19 measures prevented people from voting.

Table 12: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,301	0,000	0,791	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,231	0,001	0,854	0,002
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,293	0,000	0,791	0,000
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,290	0,000	0,745	0,000

Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,383	0,000	0,684	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,356	0,000	0,637	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,238	0,001	0,870	0,004
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,325	0,000	0,835	0,001
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,309	0,000	0,827	0,001

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 13: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	21-30	12	11,67	12,64 (0,013)
	31-40	11	22,59	
	41-50	1	15,50	
	51-60	7	14,29	
	61-70	2	28,50	
	Total	33		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Secondary school	7	9,50	8,015 (0,046)
	Bachelor's degree or professional diploma	5	18,20	
	Master's Degree	16	17,03	
	PhD or DPhil	4	24,50	
	Total	32		
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Secondary school	7	10,86	9,698 (0,021)
	Bachelor's degree or professional diploma	5	20,80	
	Master's Degree	16	19,66	
	PhD or DPhil	4	8,38	
	Total	32		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents age: "Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.". Respondents aged 61 to 70 years agree the most that COVID-19 crisis negatively impacted the level of the democracy in Bulgaria, while respondents aged 21 to 30 agree with the same statement the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents acquired level of education "Covid-19 crisis had an impact on the democratic

debate even after the end of the declared pandemic state.” and “Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”. Respondents who have acquired a PhD or DPhil agree that the COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state the most, while respondents with completed secondary school agree with it the least. Respondents who have acquired a bachelor's degree or a professional diploma agree the most, that the lack of political transparency in Bulgaria at the peak of the crisis prevented them from participating in the democratic debate in an informed way, meanwhile respondents with a PhD or DPhil agree with that the least.

Table 14: Mann-Whitney test for gender

	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,928
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,853
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,000
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,961
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,247
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,605
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,936
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,639
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,979

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 15: Kruskal-Wallis test for age groups

	Sig.
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,144
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,401
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,048
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,327
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,164
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,402
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,819

During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,385
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The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 16: Kruskal-Wallis test for education

	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,497
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,684
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,335
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,365
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,286
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,360
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,131

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 17: Kruskal-Wallis test for area of living

	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,413
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,406
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,867
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,736
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,239
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,247
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,544
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	1,000
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,860

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

CYPRUS

Table 18: Gender

	Frequency	Percent
Female	23	62,2%
Male	14	37,8%
Total	37	100,0%

The majority of respondents (62,2 %) are female, while 37,8 % are male.

Table 19: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	17	45,9%	33,2	8,8
31-40	16	43,2%		
41-50	2	5,4%		
51-60	1	2,7%		
61-70	1	2,7%		
Total	37	100,0%		

The mean age of respondents is 33,2 years with a standard deviation of 8,8 years. Almost half of respondents (45,9 %) are aged from 21 to 30 years, 43,2 % of them are aged from 31 to 40 years, while only 5,4 % of respondents are aged from 41 to 50 years. The same percentages of respondents are aged from 51 to 60 years as well as from 61 to 70 years.

Table 20: Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	5,4%
Bachelor's degree or professional diploma	10	27,0%
Master's Degree	23	62,2%
PhD or DPhil	2	5,4%
Total	37	100,0%

Over half of respondents (62,2 %) have acquired a master's degree. More than a quarter of respondents (27,0 %) have acquired a bachelor's degree of a professional diploma. The same percentages of respondents (5,4 %) have finished secondary school or acquired a PhD or DPhil.

Table 21: Area of living

	Frequency	Percent
Rural area	3	8,1%
Suburban area	5	13,5%
Urban area	29	78,4%
Total	37	100,0%

The majority of respondents (78,4 %) live in urban areas, 13,5 % of them live in suburban areas, while only 8,1 % live in rural areas.

Table 22: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
The COVID-19 negatively impacted the level of the democracy in Cyprus.	0	3	9	17	8	0	3,8	0,9
	0,0%	8,1%	24,3%	45,9%	21,6%	0,0%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	2	8	20	7	0	3,9	0,8
	0,0%	5,4%	21,6%	54,1%	18,9%	0,0%		
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0	3	8	16	10	0	3,9	0,9
	0,0%	8,1%	21,6%	43,2%	27,0%	0,0%		
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0	5	9	13	10	0	3,8	1,0
	0,0%	13,5%	24,3%	35,1%	27,0%	0,0%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	4	2	24	6	0	3,8	0,9
	2,7%	10,8%	5,4%	64,9%	16,2%	0,0%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0	3	4	11	19	0	4,2	1,0
	0,0%	8,1%	10,8%	29,7%	51,4%	0,0%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	0	6	11	12	7	1	3,6	1,0
	0,0%	16,2%	29,7%	32,4%	18,9%	2,7%		
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	3	3	14	9	4	4	3,2	1,1
	8,1%	8,1%	37,8%	24,3%	10,8%	10,8%		
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0	2	6	17	10	2	4,0	1,0
	0,0%	5,4%	16,2%	45,9%	27,0%	5,4%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents of average agree with the following statements: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus." (M=4,2; SD=1,0), "My voice of critique on how the government was handling COVID-19 crisis was silenced in public." (M=4,0; SD=1,0), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,9; SD=0,8), "Do you feel that there was a lack of political transparency in Cy-

prus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,9; SD=0,9), "The COVID-19 negatively impacted the level of the democracy in Cyprus." (M=3,8; SD=0,9), "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=0,9), "I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,8; SD=1,0) and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus." (M=3,6; SD=1,0). The only statement with to which the respondent's agreement is neutral is "The limitation of the participation within democratic debates in Cyprus was more obvious for women than men." (M=3,2; SD=1,1).

Table 23: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	0,252	0,000	0,871	0,001
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,278	0,000	0,859	0,001
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,255	0,000	0,864	0,001
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,206	0,001	0,856	0,001
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,392	0,000	0,741	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0,292	0,000	0,773	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	0,190	0,005	0,880	0,002
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	0,223	0,000	0,899	0,006
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,250	0,000	0,847	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 24: Mann-Whitney test for gender

	Mann-Whitney U	Sig.

The COVID-19 negatively impacted the level of the democracy in Cyprus.	153,500	0,802
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	160,500	0,986
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	149,000	0,690
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	145,000	0,602
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	155,500	0,839
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	136,000	0,392
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	127,500	0,451
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	78,000	0,127
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	130,000	0,632

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 25: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	8,824	0,066
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,852	0,065
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,448	0,836
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,253	0,373
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,119	0,538
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	7,672	0,104
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	6,814	0,146
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	1,352	0,853
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	7,551	0,109

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 26: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	4,123	0,249
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,351	0,148
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,892	0,409
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,988	0,263
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,009	0,111
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	7,115	0,068
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	2,503	0,475
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	1,017	0,797
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	1,214	0,750

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 27: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	1,493	0,474
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,509	0,775
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,412	0,814
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,806	0,405
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,458	0,177
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0,422	0,810
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	1,011	0,603
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	2,687	0,261
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,958	0,619

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

FRANCE

Table 28: Gender

	Frequency	Percent
Female	23	76,7%
Male	6	20,0%
I do not wish to answer	1	3,3%
Total	30	100,0%

The majority of respondents (76,7 %) are female, while 20,0 % are male, 3,3 % did not wish to provide an answer to this question.

Table 29: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	8	26,7%	47,2	19,0
31-40	5	16,7%		
41-50	3	10,0%		
51-60	4	13,3%		
61-70	7	23,3%		
71 years or more	3	10,0%		
Total	30	100,0%		

The mean respondent age is 47,2 years with a standard deviation of 19,0 years. More than a quarter of respondents (26,7 %) are aged from 21 to 30 years. Less than a quarter of respondents (23,3 %) are aged from 61 to 70 years, 16,7 % of respondents are aged from 31 to 40 years, 13,3 % from 51 to 60 years. Ten percent of respondents are aged from 41 to 50 years, the same percentage of respondents is aged 71 years or more.

Table 30: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	10,0%
Bachelor's degree or professional diploma	8	26,7%
Master's Degree	18	60,0%
PhD or DPhil	1	3,3%
Total	30	100,0%

More than half of respondents (60,0 %) have acquired a master's degree, 26,7 % have acquired a bachelor's degree or a professional diploma, 10,0 % of respondents have completed secondary school. The lowest percentage of respondents (3,3 %) have acquired a PhD or DPhil.

Table 31: Area of living

	Frequency	Percent
Rural area	13	43,3%
Suburban area	8	26,7%
Urban area	8	26,7%
Other	1	3,3%
Total	30	100,0%

Almost half of respondents (43,3 %) live in rural areas. The same percentage of respondents (26,7 %) live in suburban or urban areas, 3,3 % of them live in other areas.

Table 32: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
The COVID-19 crisis has had a negative impact on the level of democracy in France.	0 0,0%	5 16,7%	3 10,0%	8 26,7%	13 43,3%	1 3,3%	4,0	1,1
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	0 0,0%	3 10,0%	0 0,0%	12 40,0%	15 50,0%	0 0,0%	4,3	0,9
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2 6,7%	4 13,3%	3 10,0%	8 26,7%	12 40,0%	1 3,3%	3,8	1,3
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2 6,7%	5 16,7%	3 10,0%	2 6,7%	17 56,7%	1 3,3%	3,9	1,4
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1 3,3%	1 3,3%	4 13,3%	9 30,0%	13 43,3%	2 6,7%	4,1	1,0
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	0 0,0%	2 6,7%	1 3,3%	8 26,7%	18 60,0%	1 3,3%	4,5	0,9
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	1 3,3%	9 30,0%	7 23,3%	3 10,0%	9 30,0%	1 3,3%	3,3	1,3
The limitation of the participation within democratic debates in France was more obvious for women than men.	4 13,3%	7 23,3%	8 26,7%	4 13,3%	1 3,3%	6 20,0%	2,6	1,1
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate	3 10,0%	9 30,0%	8 26,7%	4 13,3%	6 20,0%	0 0,0%	3,0	1,3

attack on the expression of my democratic right.								
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	5	3	6	7	7	2	3,3	1,4
	16,7%	10,0%	20,0%	23,3%	23,3%	6,7%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree with the following statement "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France." (M=4,5; SD=0,9). On average respondents agree with the following statements: "The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended." (M=4,3; SD=0,9), "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,1; SD=1,0), "The COVID-19 crisis has had a negative impact on the level of democracy in France." (M=4,0; SD=1,1), "I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,9; SD=1,4) and "Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,3). On average respondents have neutral agreement with the following statements: "Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis." (M=3,3; SD=1,4), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France." (M=3,3; SD=1,3), "The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right." (M=3,0; SD=1,3) and "The limitation of the participation within democratic debates in France was more obvious for women than men." (M=2,6; SD=1,1).

We asked participants if they had anything to add:

- In this covid 19 crisis disagreement, the abuse of power has been central on several levels. Above all at the governmental level and consequently at the professional level where some employers have been overzealous (especially in the care sector). But also at the family level where our patriarchal society has contributed to granting more rights to men despite the rights of women and children.
- the COVID crisis has been an unprecedented opportunity to suppress democratic debate, divide society and install a state of emergency that is still unresolved today, imposing an unacceptable attack on freedoms (of movement, medical choice, expression). The scientific debate remains extremely foggy and mass psychosis continues to block any possibility of analysing in transparency the actions and words of each of the professional and political bodies. The Pass, masks, pressure to vaccinate without recoil or real scientific support in the short and long term, the social prohibition to question government action and the pharmaceutical frenzy, the ostracization of sceptics to the proclaimed data of the epidemic and solutions (confinements, masks, mRNA vaccines and others, fines, police and social violence, job losses, discrimination ...), are to be analysed and translated into judicial and political actions. The question about disinformation, I put "6" because are you talking about government disinformation and international bodies (WHO, UN...)? Unclear, double-edged question
- The fact of being confined has resulted in people refocusing on other, more family and personal concerns.

- The pandemic has made it possible to connect young people, including women, to participate in European youth policies and to find a place in the political dialogue
- We are in a false democracy, the "Covid crisis" with its share of lies, the doctors of TV sets as well as journalists at the boot of the government etc ... are clear proof... The harmful effects of injections, the ban on treating people with drugs advocated by some highly qualified professors, this is a first in France. I'm 66 years old I know what I'm talking about... The deliberate scuttling of hospitals, the lack of doctors, the deterioration of health services, another shame for the crooked politicians who are at the head of the country, these people are still in power despite the indictments and other pots and pans they drag. the crooked people at the head of Europe, I am thinking of those Members who are watered by Qatar, by Pfizer, etc. I am thinking of Ursula von der Leyer in particular, who has no legitimacy. The Covid crisis wanted and organized by Western heads of state was the pretext to enslave us, muzzle us and we marched! Well, not all...
- Why politicize the pandemic?

Table 33: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	0,256	0,001	0,789	0,001
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	0,308	0,000	0,691	0,000
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,230	0,007	0,871	0,012
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,326	0,000	0,758	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,250	0,002	0,790	0,001
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	0,377	0,000	0,661	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	0,222	0,011	0,864	0,009
The limitation of the participation within democratic debates in France was more obvious for women than men.	0,176	0,042	0,926	0,028
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	0,199	0,037	0,896	0,035
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	0,194	0,046	0,873	0,013

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 34: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	58,000	0,633
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	60,000	0,590
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	57,500	0,615
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	65,500	0,975
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	57,000	0,704
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	34,000	0,096
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	56,000	0,925
The limitation of the participation within democratic debates in France was more obvious for women than men.	32,500	0,644
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	64,000	0,782
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	55,500	0,654

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 35: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	3,748	0,586
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	7,044	0,217
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	8,263	0,142
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,040	0,302
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	9,572	0,088

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	5,006	0,415
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	2,539	0,771
The limitation of the participation within democratic debates in France was more obvious for women than men.	1,212	0,944
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	6,748	0,240
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	2,614	0,759

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 36: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	2,740	0,433
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	1,195	0,754
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,265	0,738
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,230	0,746
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,818	0,611
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	4,773	0,189
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	0,343	0,952
The limitation of the participation within democratic debates in France was more obvious for women than men.	0,958	0,619
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	2,100	0,552
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	1,787	0,618

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the acquired education of respondents.

Table 37: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.

The COVID-19 crisis has had a negative impact on the level of democracy in France.	3,441	0,328
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	3,636	0,304
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,100	0,251
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,876	0,275
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,843	0,279
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	7,592	0,055
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	7,082	0,069
The limitation of the participation within democratic debates in France was more obvious for women than men.	2,786	0,426
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	5,829	0,120
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	4,096	0,251

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to area of living.

GREECE

Table 38: Gender

	Frequency	Percent
Female	27	79,4%
Male	6	17,6%
I do not wish to answer	1	2,9%
Total	34	100,0%

Majority of respondents (79,4 %) are female, 17,6 % are male and 2,9 % of respondents chose to not provide an answer to this question.

Table 39: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,9%	32,7	8,6
21-30	14	41,2%		
31-40	14	41,2%		
41-50	3	8,8%		
51-60	2	5,9%		

Total	34	100,0%		
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The mean age of respondents is 32,7 years with a standard deviation of 8,6 years. Almost half of respondents (41,2 %) are aged from 21 to 30 years old, the same percentage of respondents are aged from 31 to 40 years, 8,8 % of respondents are aged 41 to 50 years. Only 5,9 % of respondents are aged 51 to 60 years. The lowest percentage of respondents (2,9 %) are aged 20 years or less.

Table 40: Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	5,9%
Bachelor's degree or professional diploma	16	47,1%
Master's Degree	14	41,2%
PhD or DPhil	2	5,9%
Total	34	100,0%

Nearly half of respondents (47,1 %) have acquired a bachelor's degree or a professional diploma. Slightly lower percentage of respondents (41,2 %) has acquired a master's degree, while the same percentage of respondents (5,9 %) acquired either a PhD or DPhil or have completed secondary school.

Table 41: Area of living

	Frequency	Percent
Rural area	12	35,3%
Suburban area	0	0,0%
Urban area	22	64,7%
Total	34	100,0%

Most respondents (64,7 %) live in urban areas, 35,3 % of them live in rural areas, while none live in suburban areas.

Table 42: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Greece.	0	2	7	5	19	1	4,2	1,0
	0,0%	5,9%	20,6%	14,7%	55,9%	2,9%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	2	5	11	14	1	4,1	1,1
	2,9%	5,9%	14,7%	32,4%	41,2%	2,9%		
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	2	5	11	14	1	4,1	1,1
	2,9%	5,9%	14,7%	32,4%	41,2%	2,9%		

I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	3	4	8	17	1	4,1	1,1
	2,9%	8,8%	11,8%	23,5%	50,0%	2,9%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	0	7	9	17	1	4,3	0,8
	0,0%	0,0%	20,6%	26,5%	50,0%	2,9%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0	0	5	12	16	1	4,3	0,7
	0,0%	0,0%	14,7%	35,3%	47,1%	2,9%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0	5	12	8	8	1	3,6	1,0
	0,0%	14,7%	35,3%	23,5%	23,5%	2,9%		
The limitation of participation within democratic debates in Greece was more obvious for women than men.	1	3	10	9	7	4	3,6	1,1
	2,9%	8,8%	29,4%	26,5%	20,6%	11,8%		
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0	0	9	11	12	2	4,1	0,8
	0,0%	0,0%	26,5%	32,4%	35,3%	5,9%		
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	1	1	4	10	15	3	4,2	1,0
	2,9%	2,9%	11,8%	29,4%	44,1%	8,8%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree with all the statements listed above.

We asked participants if they had anything to add:

- It was such a pity 2 years from our lives were wasted while politicians did not restrict themselves and lived their lives as before while we were restricted.
- The "pandemic" was the most appropriate way, in order for the government to enact all these "nice things" that we live today. The consequence of the coronavirus is the collapse of the health and education system. Luckily, we have extra priests though. I have no confidence in politics, the politicians and the institutions of the country, as I imagine every person does.
- The pandemic has had an impact on the democratic level in all countries worldwide. It was used at will and always with the good of the people's health in mind, it destroyed basic rights such as the right to move freely. Huge misinformation, since the images of the coffins on the streets of Milan, the people of Milan never saw them.

Table 43: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Greece.	0,349	0,000	0,738	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,291	0,000	0,773	0,000
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,295	0,000	0,783	0,000
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,339	0,000	0,729	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,332	0,000	0,739	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0,288	0,000	0,777	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0,213	0,004	0,877	0,005
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	0,229	0,001	0,880	0,006
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,244	0,000	0,800	0,000
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	0,273	0,000	0,791	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 44: Kruskal-Wallis test for statistically significant differences

	What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.	N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	Secondary school	2	16,50	8,822 (0,032)
	Bachelor's degree or professional diploma	15	12,47	
	Master's Degree	14	20,14	
	PhD or DPhil	2	29,50	
	Total	33		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) when pertaining to the following statement “COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.”. Respondents who have acquired a PhD or a DPhil agree with the statement the most, while those who acquired a bachelor's degree or a professional diploma agree with it the least.

Table 45: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Greece.	61,500	0,367
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	65,500	0,521
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	75,000	0,876
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	64,500	0,475
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	76,500	0,936
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	69,500	0,653
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	74,500	0,861
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	44,500	0,717
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	50,000	0,391
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	50,000	0,383

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 46: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Greece.	4,256	0,372
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,624	0,071
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,913	0,206
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	5,065	0,281

Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,628	0,960
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	1,364	0,851
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	6,450	0,168
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	6,926	0,140
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	2,005	0,735
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	3,134	0,536

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 47: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Greece.	2,011	0,570
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,527	0,676
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,980	0,577
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,885	0,597
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,931	0,818
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	2,262	0,520
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	2,478	0,479
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,536	0,911
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	3,359	0,339

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the education acquired by the respondents of the survey.

Table 48: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.

Covid-19 crisis negatively impacted the level of the democracy in Greece.	0,077	0,781
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,836	0,361
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,985	0,159
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,097	0,756
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,002	0,967
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0,071	0,790
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0,356	0,551
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	0,451	0,502
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,292	0,589
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	1,703	0,192

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the respondents area of living.

ITALY – 1 (InCo Molfetta)

Table 49: Gender

	Frequency	Percent
Female	24	72,7%
Male	9	27,3%
Total	33	100,0%

Almost three quarters (72,7 %) of respondents are female, 27,3 % of them are male.

Table 50: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	10	30,3%	36,5	15,1
21-30	2	6,1%		
31-40	4	12,1%		
41-50	12	36,4%		
51-60	4	12,1%		
61-70	1	3,0%		
Total	33	100,0%		

More than a third of respondents (36,4 %) are aged 41 to 50 years, while 30,3 % are aged 20 or less. Respondents aged 31 to 40 years represent 12,1 %, the same percentage of respondents is aged 51 to 60 years. Only 6,1 % of respondents are aged 21 to 30 years. The lowest percentage of respondents (3,0 %) is aged from 61 to 70 years.

Table 51: Highest completed degree or level of school

	Frequency	Percent
Secondary school	11	33,3%
Bachelor's degree or professional diploma	4	12,1%
Master's Degree	17	51,5%
PhD or DPhil	1	3,0%
Total	33	100,0%

More than half of respondents have acquired a master's degree, about a third (33,3 %) have completed secondary school, 12,1 % have acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (3,0 %) acquired a PhD or DPhil.

Table 52: Area of living

	Frequency	Percent
Rural area	0	0,0%
Suburban area	3	9,1%
Urban area	30	90,9%
Total	33	100,0%

The vast majority of respondents (90,9 %) live in urban areas, 9,1 % of them live in suburban areas and none live in rural areas.

Table 53: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Italy.	1	2	6	19	4	1	3,7	0,9
	3,0%	6,1%	18,2%	57,6%	12,1%	3,0%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	1	9	18	3	1	3,7	0,8
	3,0%	3,0%	27,3%	54,5%	9,1%	3,0%		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	3	4	12	8	5	3,8	1,1
	3,0%	9,1%	12,1%	36,4%	24,2%	15,2%		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	10	6	8	6	2	3,3	1,2
	3,0%	30,3%	18,2%	24,2%	18,2%	6,1%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic	1	4	5	15	6	2	3,7	1,1
	3,0%	12,1%	15,2%	45,5%	18,2%	6,1%		

being politicised to benefit the agenda of different political parties.								
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0	1	0	12	18	2	4,5	0,7
	0,0%	3,0%	0,0%	36,4%	54,5%	6,1%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	1	1	12	14	2	3	3,5	0,8
	3,0%	3,0%	36,4%	42,4%	6,1%	9,1%		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	1	4	12	10	2	4	3,3	0,9
	3,0%	12,1%	36,4%	30,3%	6,1%	12,1%		
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	1	10	9	9	1	3	3,0	1,0
	3,0%	30,3%	27,3%	27,3%	3,0%	9,1%		
Electoral campaigns and elections were highly affected by the pandemic.	1	2	5	19	6	0	3,8	0,9
	3,0%	6,1%	15,2%	57,6%	18,2%	0,0%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree that they have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy (M=4,5; SD=0,7). On average respondents agree with the following statements: "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,1), "Electoral campaigns and elections were highly affected by the pandemic." (M=3,8; SD=0,9), "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,7; SD=1,1), "Covid-19 crisis negatively impacted the level of the democracy in Italy." (M=3,7; SD=0,9), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,7; SD=0,8), and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy." (M=3,5; SD=0,8). Respondents have on average neutral agreement with the following two statements: "The limitation of the participation within democratic debates in Italy was more obvious for women than men." (M=3,3; SD=0,9) and "The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair." (M=3,0; SD=1,0).

We asked participants if they had anything to add:

- At some point online campaigns were born in order to allow a democratic debate coming from the bottom.
- I believe the lesson from this pandemic is for human to learn to accept change. It's important to change the way and direction of human evolution. Let's stay human.
- I think every pandemic would have affected any political scenario, as well as daily life and normal democratic participation.

Table 54: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.

Covid-19 crisis negatively impacted the level of the democracy in Italy.	0,312	0,000	0,842	0,002
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,325	0,000	0,829	0,001
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,263	0,000	0,838	0,002
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,235	0,003	0,858	0,005
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,274	0,000	0,860	0,005
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,383	0,000	0,628	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,296	0,000	0,820	0,001
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,214	0,010	0,884	0,014
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,223	0,006	0,898	0,027
Electoral campaigns and elections were highly affected by the pandemic.	0,273	0,000	0,847	0,003

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 55: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	103,000	0,981
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	103,500	1,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	62,500	0,232
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	78,000	0,345
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	87,000	0,809
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	69,500	0,428
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	78,500	0,626
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	78,500	0,776

The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	67,000	0,302
Electoral campaigns and elections were highly affected by the pandemic.	73,000	0,114

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 56: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	3,421	0,635
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,661	0,341
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3,734	0,588
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	10,549	0,061
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,700	0,593
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	9,507	0,090
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	5,859	0,320
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	5,228	0,265
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	7,124	0,212
Electoral campaigns and elections were highly affected by the pandemic.	9,057	0,107

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 57: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	1,926	0,588
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,331	0,722
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,135	0,769
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,453	0,484

Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,695	0,441
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	2,826	0,419
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	6,068	0,108
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,936	0,402
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,284	0,963
Electoral campaigns and elections were highly affected by the pandemic.	6,004	0,111

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the acquired education of respondents.

Table 58: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	0,300	0,584
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,012	0,914
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,000	1,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,005	0,157
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,266	0,606
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,463	0,226
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,967	0,325
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,410	0,522
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,579	0,447
Electoral campaigns and elections were highly affected by the pandemic.	0,766	0,382

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the living are of respondents.

ITALY – 2 (LOMBARDY)

Table 59: Gender

	Frequency	Percent
Female	40	55,6%

Male	29	40,3%
I do not wish to answer	3	4,2%
Total	72	100,0%

Slightly more than half of respondents (55,6 %) are female, while 40,3 % are male, 4,2 % of respondents did not answer the question.

Table 60: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	2	2,8%	50,9	14,5
21-30	6	8,3%		
31-40	5	6,9%		
41-50	20	27,8%		
51-60	21	29,2%		
61-70	12	16,7%		
71 years or more	6	8,3%		
Total	72	100,0%		

The mean age of respondents is 50,9 years with a standard deviation of 14,5 years. Most of the respondents (29,2 %) fall into the 51 to 60 years age group, similar percentage of respondents (27,8 %) are aged 41 to 50 years, 16,7 % of respondents are aged from 61 to 70 years. The same percentage of respondents (8,3 %) are aged 21 to 30 years or 71 years or more, 6,9 % of respondents are aged 31 to 40 years. The lowest percentage of respondents (2,8 %) is aged 20 years or less.

Table 61: Highest completed degree or level of school

	Frequency	Percent
Secondary school	34	47,2%
Bachelor's degree or professional diploma	6	8,3%
Master's Degree	29	40,3%
PhD or DPhil	2	2,8%
Other	1	1,4%
Total	72	100,0%

Almost half of respondents (47,2 %) completed secondary school, 40,3 % acquired a master's degree. Only 8,3 % of respondents acquired a bachelor's degree or a professional diploma, 2,8 % of them acquired a PhD or DPhil. The lowest percentage of respondents (1,4 %) chose the answer other.

Table 62: Area of living

	Frequency	Percent
Rural area	4	5,6%
Suburban area	8	11,1%
Urban area	60	83,3%
Total	72	100,0%

The majority of respondents (83,3 %) live in urban areas, 11,1 % in suburban areas and only 5,6 % in rural areas.

Table 63: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Italy.	7	19	13	19	12	2	3,1	1,3
	9,7%	26,4%	18,1%	26,4%	16,7%	2,8%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8	15	6	33	9	1	3,3	1,3
	11,1%	20,8%	8,3%	45,8%	12,5%	1,4%		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	10	26	10	16	8	2	2,8	1,3
	13,9%	36,1%	13,9%	22,2%	11,1%	2,8%		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	15	23	12	11	11	0	2,7	1,4
	20,8%	31,9%	16,7%	15,3%	15,3%	0,0%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	8	7	39	15	2	3,8	0,9
	1,4%	11,1%	9,7%	54,2%	20,8%	2,8%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1	3	7	22	36	3	4,3	0,9
	1,4%	4,2%	9,7%	30,6%	50,0%	4,2%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	8	15	26	15	6	2	2,9	1,1
	11,1%	20,8%	36,1%	20,8%	8,3%	2,8%		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	5	18	31	11	4	3	2,9	1,0
	6,9%	25,0%	43,1%	15,3%	5,6%	4,2%		
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	12	34	9	8	8	1	2,5	1,2
	16,7%	47,2%	12,5%	11,1%	11,1%	1,4%		
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	22	30	10	6	3	1	2,1	1,1
	30,6%	41,7%	13,9%	8,3%	4,2%	1,4%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree with the statements: "I have

noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy." (M=4,3; SD=0,9) and "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=0,9). Respondents on average have a neutral level of agreement with the following statements: "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,3; SD=1,3), "Covid-19 crisis negatively impacted the level of the democracy in Italy." (M=3,1; SD=1,3), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy" (M=2,9; SD=1,1), "The limitation of the participation within democratic debates in Italy was more obvious for women than men." (M=2,9; SD=1,0), "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=2,8; SD=1,3), "I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=2,7; SD=1,4) and "The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis." (M=2,5; SD=1,2). Respondents on average disagree that the choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory (M=2,1; SD=1,1).

We asked participants if they had anything to add:

- Due to the policies of the centre-right governments that have succeeded each other over the last 20 years, the SSN [National Health System, Ed.] in the Lombardy region has been severely weakened and the pandemic has brought out all the problems arising from such wicked policies! Even now that the pandemic seems to be under control, there are a slew of problems with missing general practitioners and endless waiting lists that force patients (only those who can afford it!!!) to turn to private facilities that have proliferated like mushrooms over the last 20 years!!!
- During the pandemic there was absolute emphasis on the need to strengthen, and by a great deal, the public health service by prioritizing the relationship with the territory over the myth of excellence.
- I believe that democratic debate and discrimination were there before the pandemic ... they were there during and will be there in the future.
- In times of life-and-death choice for citizens, wise action was taken. If anything, more stringency should have been used against the disobedient. The common good must prevail over individual belief.
- The Lombardy Region has shown some [missing word, Ed.] in health management.
- The Lombardy Region, during the pandemic period, has manifested on several occasions that it is not cooperative with the government.
- The national health care system has often found obstacles in the regions. I am therefore opposed to granting the regions more autonomy. I believe that especially in health care it is necessary to reduce their autonomy.

Table 64: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	0,204	0,000	0,903	0,000

Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,296	0,000	0,853	0,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,260	0,000	0,879	0,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,234	0,000	0,868	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,334	0,000	0,820	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,305	0,000	0,743	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,189	0,000	0,915	0,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,249	0,000	0,889	0,000
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	0,313	0,000	0,836	0,000
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	0,268	0,000	0,842	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 65: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	20 years or less	2	51,00	13,092 (0,042)
	21-30	6	25,67	
	31-40	4	48,50	
	41-50	20	38,95	
	51-60	21	38,76	
	61-70	12	35,67	
	71 years or more	6	14,17	
	Total	71		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Rural area	4	57,50	6,160 (0,046)
	Suburban area	8	28,25	
	Urban area	58	34,98	
	Total	70		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement pertaining to the respondents age “The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.”. Respondents aged 20 years or less agree the most that the rise of a technical government during the pandemic limited the democratic debate in favour of resolution of the pandemic crisis, while respondents aged 71 years or more agree with that statement the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement pertaining to the respondents area of living “Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”. Respondents living in rural areas feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way the most, while respondents from suburban areas feel that way the least.

Table 66: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	456,500	0,185
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	487,000	0,302
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	481,000	0,433
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	534,000	0,566
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	549,000	0,978
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	514,500	0,802
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	506,500	0,557
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	477,500	0,452
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	533,000	0,667
The choices made by the Lombardy Region’s health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	519,000	0,542

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 67: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	12,375	0,054
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	11,026	0,088
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	9,423	0,151
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	9,350	0,155
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,260	0,395
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	11,910	0,064
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	6,060	0,416
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	3,957	0,683
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	8,524	0,202

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 68: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	5,378	0,251
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	6,181	0,186
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,458	0,834
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,475	0,831
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,557	0,235
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	3,740	0,442
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,062	1,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,136	0,711
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	4,382	0,357

The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	8,293	0,081
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The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents acquired education.

Table 69: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	5,526	0,063
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,046	0,977
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,539	0,170
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,274	0,529
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,408	0,495
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	2,522	0,283
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	4,046	0,132
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	2,404	0,301
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	1,719	0,423

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents area of living.

ITALY – BOTH

Table 70: Gender

	Frequency	Percent
Female	64	61,0%
Male	38	36,2%
I do not wish to answer	3	2,9%
Total	105	100,0%

Most respondents (61,0 %) are female, while 36,2 % are male, 2,9 % chose not to answer.

Table 71: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	12	11,4%	46,4	16,2
21-30	8	7,6%		
31-40	9	8,6%		
41-50	32	30,5%		
51-60	25	23,8%		
61-70	13	12,4%		
71 years or more	6	5,7%		
Total	105	100,0%		

The mean age of respondents is 46,4 years with a standard deviation of 16,2 years. Most respondents (30,5 %) are aged 41 to 50 years. Less than a quarter of respondents (23,8 %) are aged 51 to 60 years, 12,4 % are aged from 61 to 70 years, 11,4 % of respondents are aged 20 or less, 8,6 % of them are aged from 31 to 40 years, while 7,6 % are aged 21 to 30 years. The lowest percentage of respondents (5,7 %) are aged 71 years or more.

Table 72: Highest completed degree or level of school

	Frequency	Percent
Secondary school	45	42,9%
Bachelor's degree or professional diploma	10	9,5%
Master's Degree	46	43,8%
PhD or DPhil	3	2,9%
Other	1	1,0%
Total	105	100,0%

Almost half of respondents (43,8 %) acquired a master's degree. Slightly lower percentage of respondents (42,9 %) have completed secondary school, 9,5 % have acquired a bachelor's degree or a professional diploma. Only 2,9 % of respondents acquired a PhD or DPhil, while 1,0 % answered other.

Table 73: Area of living

	Frequency	Percent
Rural area	4	3,8%
Suburban area	11	10,5%
Urban area	90	85,7%
Total	105	100,0%

Most respondents (85,7 %) live in urban areas, 10,5 % live in suburban areas and only 3,8 % live in rural areas.

Table 74: Country of residency

	Frequency	Percent
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Italy - InCo Molfetta	33	31,4%
Italy - Lombardy	72	68,6%
Total	105	100,0%

The majority of respondents (68,6 %) reside in Lombardy, while 31,4 % of them reside in Molfetta.

Table 75: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Italy.	8	21	19	38	16	3	3,3	1,2
	7,6%	20,0%	18,1%	36,2%	15,2%	2,9%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	9	16	15	51	12	2	3,4	1,1
	8,6%	15,2%	14,3%	48,6%	11,4%	1,9%		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	11	29	14	28	16	7	3,1	1,3
	10,5%	27,6%	13,3%	26,7%	15,2%	6,7%		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	16	33	18	19	17	2	2,9	1,3
	15,2%	31,4%	17,1%	18,1%	16,2%	1,9%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2	12	12	54	21	4	3,8	1,0
	1,9%	11,4%	11,4%	51,4%	20,0%	3,8%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1	4	7	34	54	5	4,4	0,9
	1,0%	3,8%	6,7%	32,4%	51,4%	4,8%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	9	16	38	29	8	5	3,1	1,1
	8,6%	15,2%	36,2%	27,6%	7,6%	4,8%		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	6	22	43	21	6	7	3,0	1,0
	5,7%	21,0%	41,0%	20,0%	5,7%	6,7%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with two statements: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy." (M=4,4; SD=0,9) and "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=1,0). Respondents have on average a neutral stance on all other statements.

Table 76: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	0,218	0,000	0,901	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,305	0,000	0,852	0,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,220	0,000	0,888	0,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,213	0,000	0,891	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,322	0,000	0,831	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,312	0,000	0,722	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,209	0,000	0,905	0,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,231	0,000	0,896	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 77: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
Covid-19 crisis negatively impacted the level of the democracy in Italy.	Italy - InCo Molfetta	32	60,53	1937,00	831,00 (0,031)
	Italy - Lombardy	70	47,37	3316,00	
	Total	102			
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Italy - InCo Molfetta	28	65,00	1820,00	546,00 (0,000)
	Italy - Lombardy	70	43,30	3031,00	
	Total	98			
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	Italy - InCo Molfetta	30	61,38	1841,50	723,50 (0,010)
	Italy - Lombardy	70	45,84	3208,50	
	Total	100			

The limitation of the participation within democratic debates in Italy was more obvious for women than men.	Italy - InCo Molfetta	29	58,09	1684,50	751,50 (0,040)
	Italy - Lombardy	69	45,89	3166,50	
	Total	98			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: "Covid-19 crisis negatively impacted the level of the democracy in Italy.", "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?", "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy." and "The limitation of the participation within democratic debates in Italy was more obvious for women than men.". Respondents from Molfetta tend to agree more that the COVID-19 crisis negatively impacted the level of the democracy in Italy than respondents from Lombardy. Respondents from Molfetta tend to feel more like there was a lack of political transparency in Italy at the peak of the crisis that prevented them from participating in the democratic debate in an informed way, than respondents from Lombardy. Respondent from Molfetta also tend to agree more that the COVID-19 crisis limited their participation in debates on governmental actions and on issues of public interest in Italy, than people from Lombardy. Respondents from Molfetta also tend to agree more that the limitation of the participation within democratic debates in Italy was more obvious for women than men, than respondents from Lombardy.

Table 78: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
Covid-19 crisis negatively impacted the level of the democracy in Italy.	20 years or less	11	59,73	17,039 (0,009)
	21-30	8	54,31	
	31-40	8	66,94	
	41-50	31	59,39	
	51-60	25	47,12	
	61-70	13	37,92	
	71 years or more	6	19,00	
	Total	102		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	20 years or less	12	57,75	14,832 (0,022)
	21-30	8	63,88	
	31-40	8	57,63	
	41-50	32	60,83	
	51-60	24	43,92	
	61-70	13	41,31	
	71 years or more	6	25,58	
	Total	103		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the	20 years or less	9	61,67	16,044 (0,014)
	21-30	8	47,25	
	31-40	7	68,86	
	41-50	32	54,91	
	51-60	23	47,52	

democratic debate in an informed way?	61-70	13	34,62	
	71 years or more	6	22,67	
	Total	98		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) when pertaining to the following three statements: "Covid-19 crisis negatively impacted the level of the democracy in Italy.", "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." and "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?". Respondents aged 31 to 40 years tend to agree that the COVID-19 crisis negatively impacted the level of democracy in Italy, while respondents aged 71 years or more agree with the statement the least. Respondents aged 21 to 30 years tend to agree the COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state the most, while respondents aged 71 years or more agree with it the least. Respondents aged 31 to 40 years tend to feel most like there was a lack of political transparency in Italy at the peak of the crisis that prevented them from participating in the democratic debate in an informed way, while respondents aged 71 years and more feel in that way the least.

Table 79: Mann-Whitney test for region

	Mann-Whitney U	Sig.
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1000,000	0,299
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	852,500	0,052
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	990,500	0,446
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	954,500	0,339

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to the respondent's region of residence.

Table 80: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1026,500	0,250
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1088,000	0,512
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1124,500	0,974
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1049,000	0,762

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 81: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	12,439	0,053
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,476	0,871
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	11,414	0,076
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	11,048	0,087
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	7,504	0,277

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 82: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	2,745	0,601
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	3,015	0,555
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,096	0,895
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,085	0,720
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	8,231	0,083
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	3,827	0,430
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	1,839	0,765
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,615	0,961

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 83: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Italy.	4,833	0,089
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,014	0,993
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,670	0,097
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,047	0,132
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,098	0,577
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,987	0,370
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	3,293	0,193
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,196	0,334

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

PORTUGAL

Table 84: Gender

	Frequency	Percent
Female	16	48,5%
Male	13	39,4%
I do not wish to answer	4	12,1%
Total	33	100,0%

Almost half of respondents (48,5 %) are female, 39,4 % are male and 12,4 % did not wish to answer.

Table 85: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	3	9,1%	31,8	8,9
21-30	13	39,4%		
31-40	12	36,4%		
41-50	4	12,1%		
51-60	1	3,0%		
Total	33	100,0%		

The mean age of respondents is 31,8 years with a standard deviation of 8,9 years. Most respondents (39,4 %) are aged 21 to 30 years, 36,4 % 31 to 40 years, while only 12,1 % are aged 41 to 50 years, 9,1 % of respondents are aged 20 years or less. The lowest percentage of respondents (3,0 %) are aged 51 to 60 years.

Table 86: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	9,1%
Bachelor's degree or professional diploma	7	21,2%
Master's Degree	19	57,6%
PhD or DPhil	4	12,1%
Total	33	100,0%

More than half of respondents (57,6 %) acquired a master's degree, 21,2 % acquired a bachelor's degree or a professional diploma, while only 12,1 % of them acquired a PhD or a DPhil. The lowest percentage of respondents (9,1 %) have completed secondary school.

Table 87: Area of living

	Frequency	Percent
Rural area	9	27,3%
Suburban area	9	27,3%
Urban area	15	45,5%
Total	33	100,0%

Nearly half of respondents (45,5 %) live in urban areas, the same percentage of respondents (27,3 %) live in rural or suburban areas.

Table 88: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Portugal.	2	9	1	9	9	3	3,5	1,4
	6,1%	27,3%	3,0%	27,3%	27,3%	9,1%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	7	4	13	7	2	3,6	1,1
	0,0%	21,2%	12,1%	39,4%	21,2%	6,1%		
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	0	7	4	11	11	0	3,8	1,1
	0,0%	21,2%	12,1%	33,3%	33,3%	0,0%		
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected	0	6	2	17	6	2	3,7	1,0
	0,0%	18,2%	6,1%	51,5%	18,2%	6,1%		

goal of limiting the spread of COVID-19.								
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	7	2	13	9	1	3,7	1,2
	3,0%	21,2%	6,1%	39,4%	27,3%	3,0%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	0	9	1	12	9	2	3,7	1,2
	0,0%	27,3%	3,0%	36,4%	27,3%	6,1%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0	6	6	16	4	1	3,6	0,9
	0,0%	18,2%	18,2%	48,5%	12,1%	3,0%		
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	1	9	4	9	6	4	3,3	1,2
	3,0%	27,3%	12,1%	27,3%	18,2%	12,1%		
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0	4	2	12	9	6	4,0	1,0
	0,0%	12,1%	6,1%	36,4%	27,3%	18,2%		
Women were underrepresented in COVID-19 News in Portugal.	1	11	2	9	6	4	3,3	1,3
	3,0%	33,3%	6,1%	27,3%	18,2%	12,1%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed." (M=4,0; SD=1,0), "Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,1), "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,7; SD=1,2), "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal." (M=3,7; SD=1,2), "I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,7; SD=1,0), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal." (M=3,6; SD=0,9), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,6; SD=1,1) and "Covid-19 crisis negatively impacted the level of the democracy in Portugal." (M=3,5; SD=1,4). Respondents have a neutral level of agreement with the statement "Women were underrepresented in COVID-19 News in Portugal." (M=3,3; SD=1,3) as well as with the statement "The limitation of the participation within democratic debates in Portugal was more obvious for women than men." (M=3,3; SD=1,2).

Table 89: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.

Covid-19 crisis negatively impacted the level of the democracy in Portugal.	0,299	0,000	0,826	0,001
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,267	0,000	0,846	0,003
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	0,273	0,000	0,809	0,001
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,344	0,000	0,785	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,277	0,000	0,819	0,001
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	0,289	0,000	0,803	0,001
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,287	0,000	0,842	0,002
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	0,274	0,000	0,822	0,001
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0,279	0,000	0,805	0,001
Women were underrepresented in COVID-19 News in Portugal.	0,271	0,000	0,792	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 90: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Portugal.	70,500	0,368
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	84,000	0,834
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	90,000	0,520
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	82,000	0,747
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	75,000	0,303
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	76,000	0,528
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	69,500	0,190

The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	82,000	0,915
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	53,500	0,434
Women were underrepresented in COVID-19 News in Portugal.	60,500	0,232

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 91: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Portugal.	2,909	0,573
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,527	0,971
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	3,368	0,498
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,149	0,533
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,902	0,924
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	7,999	0,092
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,951	0,917
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	0,663	0,956
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	3,918	0,417
Women were underrepresented in COVID-19 News in Portugal.	2,699	0,609

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 92: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Portugal.	0,566	0,904
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,849	0,838

Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	1,433	0,698
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,889	0,828
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,061	0,786
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	2,067	0,559
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	1,626	0,654
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	5,728	0,126
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	1,916	0,590
Women were underrepresented in COVID-19 News in Portugal.	5,112	0,164

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the acquired education of respondents.

Table 93: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Portugal.	0,207	0,902
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,018	0,991
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	1,129	0,569
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,369	0,306
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,663	0,435
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	3,855	0,146
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,194	0,907
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	1,136	0,567
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0,111	0,946
Women were underrepresented in COVID-19 News in Portugal.	2,049	0,359

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the respondents area of living.

SLOVENIA

Table 94: Gender

	Frequency	Percent
Female	34	70,8%
Male	14	29,2%
Total	48	100,0%

Majority of respondents (70,8 %) are female, while 29,2 % are male.

Table 95: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	3	6,3%	45,3	13,8
31-40	16	33,3%		
41-50	16	33,3%		
51-60	6	12,5%		
61-70	3	6,3%		
71 years or more	4	8,3%		
Total	48	100,0%		

The mean age of respondents is 45,3 years with a standard deviation of 13,8 years. About a third of respondents (33,3 %) are aged 31 to 40 years, the same percentage of respondents is aged 41 to 50 years, 12,5 % of respondents are aged 51 to 60 years. There are 8,3 % of respondents aged 71 years or more. The lowest percentage of respondents are aged 61 to 70 years, the same percentage of respondents is also aged 21 to 30 years.

Table 96: Highest completed degree or level of school

	Frequency	Percent
Secondary school	10	20,8%
Bachelor's degree or professional diploma	21	43,8%
Master's Degree	12	25,0%
PhD or DPhil	5	10,4%
Total	48	100,0%

Almost half of respondents (43,8 %) have acquired a bachelor's degree or a professional diploma. Quarter of respondents have acquired a master's degree, while 20,8 % of them completed secondary school. The lowest percentage of respondents (10,4 %) acquired a PhD or a DPhil.

Table 97: Area of living

	Frequency	Percent
Rural area	17	35,4%
Suburban area	8	16,7%
Urban area	23	47,9%
Total	48	100,0%

Nearly half of respondents (47,9 %) live in urban areas, 35,4 % in rural areas and 16,7 % in suburban areas.

Table 98: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	2	3	2	17	24	0	4,2	1,1
	4,2%	6,3%	4,2%	35,4%	50,0%	0,0%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	3	1	22	19	2	4,2	0,9
	2,1%	6,3%	2,1%	45,8%	39,6%	4,2%		
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3	4	5	16	19	1	3,9	1,2
	6,3%	8,3%	10,4%	33,3%	39,6%	2,1%		
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3	3	3	11	27	1	4,2	1,2
	6,3%	6,3%	6,3%	22,9%	56,3%	2,1%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	2	6	12	25	2	4,3	1,0
	2,1%	4,2%	12,5%	25,0%	52,1%	4,2%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	0	4	4	12	26	2	4,3	1,0
	0,0%	8,3%	8,3%	25,0%	54,2%	4,2%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	1	10	7	13	15	2	3,7	1,2
	2,1%	20,8%	14,6%	27,1%	31,3%	4,2%		
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	9	12	10	11	2	4	2,7	1,2
	18,8%	25,0%	20,8%	22,9%	4,2%	8,3%		
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	1	4	5	16	21	1	4,1	1,0
	2,1%	8,3%	10,4%	33,3%	43,8%	2,1%		
	6	10	14	10	7	1	3,0	1,3

My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	12,5%	20,8%	29,2%	20,8%	14,6%	2,1%		
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Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia." (M=4,3; SD=1,0), "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,3; SD=1,0), "I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=4,2; SD=1,2), "Covid-19 crisis negatively impacted the level of the democracy in Slovenia." (M=4,2; SD=1,1), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,2; SD=0,9), "During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken." (M=4,1; SD=1,0), "Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,9; SD=1,2) and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia." (M=3,7; SD=1,2). Respondents have on average a neutral level of agreement with the statements: "My voice of critique on how the government was handling COVID-19 crisis was silenced in public." (M=3,0; SD=1,3) and "The limitation of the participation within democratic debates in Slovenia was more obvious for women than men." (M=2,7; SD=1,2).

We asked participants if they had anything to add:

- "The worst and most stressful period of my life. Incomparable neither with moving, nor giving birth, nor changing jobs. It was hard to watch my children, teenagers, 1st year of high school, 9th grade and 3rd year of high school suffer from withdrawal from contact, both with teachers and peers. I had the feeling that the world was collapsing, that all the principles by which we lived were collapsing, that all respect for everything and everyone was completely defiled. Even under different terms, but not in the sense that now is the time to deepen ties, family and partnership, because these ties do not "deepen" on command. Not a single matter in the world between people has improved as a result of measures in connection with the pandemic. Our health was long-term impaired. Due to the isolation and wearing of masks, we now get sick and not for a week or two, but for a period of two to three months in cycles. Financially, it seemingly improved due to a little less consumption, but many became even more impoverished (mostly those who worked two jobs to survive and had the second paid "on hand"). Environmentally, "our sky" has seemingly improved, on the other hand, no one talks about the huge amounts of medical waste such as overalls, tests, gloves, masks, head protection, packaging in which all this is packed. Unbelievable amounts of disinfectants were going down our drains... The most irreparable damage was done to people by fear, which was implanted in people's heads. This one is and still causes anxiety and distress..."
- A period when it was clear that it was a planned genocide for the benefit of a handful of people and bribed politicians who did not understand what they were doing.
- First 2 weeks of fear, then anger and helplessness, finally apathy.
- I am warning of the promotion of fear, panic and stigmatization related to covid.
- I strongly resent those fellow citizens of both sexes (even you don't mention additional imaginary genders) who resisted all measures, spread anti-wax propaganda, put the weaker ones in danger with undeclared protests and, precisely with senseless rebellion, showed democracy as an inappropriate form of coexistence in the country. I expected more sense of

responsibility, solidarity. They were not allowed to exploit the C19 situation for cultural struggle - if the left half of politics led by Šarec resigned in early 2020, then the next one took the helm. And he navigated perfectly, despite the obstacles from the left side. The left side, which proverbially defends women and the weaker, trampled us this time, putting us in additional danger and thereby contributing to the chaos we are witnessing under Golob's government.

- Subtle pressure to get vaccinated.... Not shameful restriction if you are not vaccinated.... Disaster
- The local health care took good care of us.
- The period of the epidemic itself seemed to me to be an excellent springboard for a calmer and healthier way of spending time (especially during the total closure of society). At the same time, this period was marked by a lot of violence and hardships, which are hidden within the four walls. In particular, there were not pleasant feelings when we faced the epidemic in different ways: most of the (limited) measures applied to the wider society, while the political elite interpreted these same measures in a completely different way (especially various exceptions applied to them, which were never in short supply).

Participants were asked: If you feel that your voice of criticism about the government's handling of the covid-19 epidemic has been silenced in public, please explain how?

- Disagreement with the opinion of the majority on the appropriateness and expediency of the measures
- Algorithms on social networks deleted/hid information they did not like.
- All measures were based on coercion and intimidation and punishment.
- I couldn't express my opinion anywhere.
- It was a reign of fear, the government had absolute power, anything that anyone opposed was accepted as anti-state. It was an emergency...
- It was silenced because I did not express my opinion and view on the corona virus itself and the laws.
- My comment was removed online.
- No one's voice was suppressed. People still spat too much on the government, which compared to the rest of Europe and others. the country handled the situation very well.
- No proposal has ever been accepted or considered anywhere. The profession was completely overlooked and immediately replaced when the proposal was reasonable and would be called "people's".
- Prohibition of protests, gatherings.
- The country was run in a very authoritarian manner, neither critical individuals nor interest communities had a voice.
- The discussions are taking place in Ljubljana and have not reached other cities and towns. The opinion of the locals was not evident at all.
- There was no possibility of democratic discourse (neither criticism nor dissent or questioning of measures, which often had no contact points with the epidemic itself). The public was deliberately excluded, ignored and even silenced (intimidated) by the government/public.

Table 99: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	0,268	0,000	0,740	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,327	0,000	0,741	0,000

Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,265	0,000	0,824	0,000
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,299	0,000	0,730	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,310	0,000	0,750	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	0,310	0,000	0,733	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	0,213	0,000	0,869	0,000
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	0,191	0,001	0,907	0,003
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	0,258	0,000	0,787	0,000
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,168	0,005	0,912	0,004

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 100: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	Female	34	27,00	918,00	153,00 (0,034)
	Male	14	18,43	258,00	
	Total	48			
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	32	26,19	838,00	138,00 (0,023)
	Male	14	17,36	243,00	
	Total	46			
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	Female	33	26,20	864,50	125,50 (0,015)
	Male	13	16,65	216,50	
	Total	46			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: "Covid-19 crisis negatively impacted the level of the democracy in Slovenia.", "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." and "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.". Female respondents tend to agree with the statement "Covid-19 crisis

negatively impacted the level of the democracy in Slovenia.” than male respondents, the same is also true for the other two statements.

Table 101: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	21-30	3	37,00	15,288 (0,009)
	31-40	16	20,06	
	41-50	14	29,68	
	51-60	6	15,08	
	61-70	3	30,17	
	71 years or more	4	13,13	
	Total	46		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements: “Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”. Respondents aged 21 to 30 years tend to agree with the mentioned statements the most, while respondents aged 51 to 60 tend to agree with it the least.

Table 102: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	161,500	0,087
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	198,000	0,390
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	163,000	0,165
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	159,000	0,243
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	178,500	0,543
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	199,000	0,575
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	178,500	0,300

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 103: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	7,635	0,178

Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	7,536	0,184
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,864	0,433
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,032	0,695
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	8,928	0,112
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	3,778	0,582
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	4,371	0,497
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	4,500	0,480
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	2,427	0,788

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 104: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	1,277	0,735
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,176	0,159
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,022	0,796
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,002	0,572
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,214	0,975
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	1,505	0,681
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	6,780	0,079
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	2,265	0,519
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	3,436	0,329
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	1,325	0,723

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 105: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Slovenia.	0,518	0,772
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,602	0,740
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,157	0,561
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,154	0,926
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,522	0,467
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	3,045	0,218
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	0,810	0,667
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	1,382	0,501
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	2,656	0,265
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	1,540	0,463

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents area of living.

SPAIN

Table 106: Gender

	Frequency	Percent
Female	41	89,1%
Male	5	10,9%
Total	46	100,0%

The majority of respondents (89,1 %) are female, 10,9 % are male.

Table 107: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,2%	55,1	16,2
21-30	4	8,7%		
31-40	5	10,9%		

41-50	6	13,0%		
51-60	11	23,9%		
61-70	11	23,9%		
71 years or more	8	17,4%		
Total	46	100,0%		

The mean age of respondents is 55,1 years with a standard deviation of 16,2 years. The same percentages of respondents are aged 51 to 60 years and 61 to 70 years, 17,4 % of respondents are aged 71 years or more. There are 13,0 % of respondents aged 41 to 50 years, 10,9 % are aged 31 to 40 years and 8,7 % are aged 21 to 30 years. The lowest percentage of respondents (2,2 %) are aged 20 years or less.

Table 108: Highest completed degree or level of school

	Frequency	Percent
Secondary school	31	67,4%
Bachelor's degree or professional diploma	9	19,6%
Master's Degree	4	8,7%
Other	2	4,3%
Total	46	100,0%

More than two thirds of respondents (67,4 %) have completed secondary school, 19,6 % have acquired a bachelor's degree or a professional diploma, 8,7 % have acquired a master's degree. The lowest percentage of respondents (4,3 %) answered with other.

Table 109: Area of living

	Frequency	Percent
Rural area	1	2,2%
Suburban area	1	2,2%
Urban area	44	95,6%
Total	46	100,0%

The vast majority of respondents (95,6 %) live in urban areas, the same percentages (2,2 %) live in either rural or suburban areas.

Table 110: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Spain.	4	4	5	13	15	5	3,8	1,3
	8,7%	8,7%	10,9%	28,3%	32,6%	10,9%		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	4	5	12	19	5	4,1	1,1
	2,2%	8,7%	10,9%	26,1%	41,3%	10,9%		
	6	4	3	8	20	5	3,8	1,5

Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	13,0%	8,7%	6,5%	17,4%	43,5%	10,9%		
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	7	11	6	6	14	2	3,2	1,5
	15,2%	23,9%	13,0%	13,0%	30,4%	4,3%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2	5	2	6	28	3	4,2	1,3
	4,3%	10,9%	4,3%	13,0%	60,9%	6,5%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	0	2	1	14	27	2	4,5	0,8
	0,0%	4,3%	2,2%	30,4%	58,7%	4,3%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	7	4	7	7	14	7	3,4	1,5
	15,2%	8,7%	15,2%	15,2%	30,4%	15,2%		
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	5	6	6	11	6	12	3,2	1,3
	10,9%	13,0%	13,0%	23,9%	13,0%	26,1%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree that they have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain. On average respondents agree with the following statements: "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,2; SD=1,3), "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,1; SD=1,1), "Covid-19 crisis negatively impacted the level of the democracy in Spain." (M=3,8; SD=1,3) and "Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,5). The respondents on average have neutral level of agreement with statements: "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain." (M=3,4; SD=1,5), "The limitation of the participation within democratic debates in Spain was more obvious for women than men." (M=3,2; SD=1,3) and "I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,2; SD=1,5).

We asked participants if they had anything to add:

- The government and the public acted very quickly, we were very responsible and very united in these very delicate situations.

Table 111: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Spain.	0,284	0,000	0,831	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,228	0,001	0,820	0,000
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,294	0,000	0,756	0,000
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,225	0,001	0,841	0,001
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,433	0,000	0,544	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	0,429	0,000	0,591	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	0,204	0,004	0,856	0,001
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	0,249	0,000	0,881	0,004

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 112: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	Female	39	23,94	933,50	41,50 (0,035)
	Male	5	11,30	56,50	
	Total	44			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statement: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.". Females tend to agree with this statement to a greater extent than males.

Table 113: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Spain.	47,500	0,224
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	69,500	0,832

Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	40,000	0,110
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	82,500	0,568
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	91,000	0,858
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	55,000	0,473
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	41,500	0,755

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 114: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Spain.	3,081	0,799
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,250	0,220
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,306	0,505
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,977	0,323
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,690	0,847
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	9,403	0,152
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	4,810	0,568
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	5,096	0,532

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 115: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Spain.	1,995	0,573
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,030	0,794

Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,672	0,445
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,851	0,077
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,324	0,344
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	4,955	0,175
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	3,712	0,294
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	6,260	0,100

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents level of education.

Table 116: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,663	0,415
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,593	0,441
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,814	0,367
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	1,212	0,271

The Kruskal-Wallis test is not statistically significant for the four statements listed above (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents area of living. We were unable to perform The Kruskal-Wallis test for the resto of the statements, since the groups were empty.

SWEDEN

Table 117: Gender

	Frequency	Percent
Female	16	51,6%
Male	15	48,4%
Total	31	100,0%

A little over half of respondents (51,6 %) are female, 48,4 % of them are male.

Table 118: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	9	29,0%	23,0	3,6
21-30	21	67,7%		
31-40	1	3,3%		
Total	31	100,0%		

The mean age of respondents is 23,0 years with a standard deviation of 3,6 years. The majority of respondents (67,7 %) are aged 21 to 30 years, 29,0 % are aged 20 years or less. The lowest percentage of respondents (3,3 %) are aged 31 to 40 years.

Table 119: Highest completed degree or level of school

	Frequency	Percent
Secondary school	7	22,6%
Bachelor's degree or professional diploma	17	54,8%
Master's Degree	5	16,1%
PhD or DPhil	2	6,5%
Total	31	100,0%

More than half of respondents (54,8 %) have acquired a bachelor's degree or a professional diploma, 22,6 % of them have completed secondary school, 16,1 % acquired a master's degree. The lowest percentage (6,5 %) acquired a PhD or DPhil.

Table 120: Area of living

	Frequency	Percent
Rural area	10	32,3%
Suburban area	13	41,9%
Urban area	8	25,8%
Total	31	100,0%

Nearly half of the respondents (41,9 %) live in suburban areas, 32,3 % live in rural areas, while a little over a quarter (25,8 %) live in urban areas.

Table 121: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	13	2	8	4	4	0	2,5	1,5
	41,9%	6,5%	25,8%	12,9%	12,9%	0,0%		
	3	9	9	6	4	0	3,0	1,2

Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	9,7%	29,0%	29,0%	19,4%	12,9%	0,0%		
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0	11	9	10	1	0	3,0	0,9
	0,0%	35,5%	29,0%	32,3%	3,2%	0,0%		
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0	14	4	10	3	0	3,1	1,1
	0,0%	45,2%	12,9%	32,3%	9,7%	0,0%		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	6	10	9	5	1	3,4	1,0
	0,0%	19,4%	32,3%	29,0%	16,1%	3,2%		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	2	14	5	9	1	0	2,8	1,1
	6,5%	45,2%	16,1%	29,0%	3,2%	0,0%		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0	12	1	12	5	1	3,3	1,2
	0,0%	38,7%	3,2%	38,7%	16,1%	3,2%		
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	4	8	7	7	5	0	3,0	1,3
	12,9%	25,8%	22,6%	22,6%	16,1%	0,0%		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents have on average a neutral level of agreement with all the above listed statements.

Table 122: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	0,283	0,000	0,812	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,172	0,028	0,917	0,026
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,236	0,000	0,834	0,000
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,286	0,000	0,794	0,000

Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,209	0,002	0,880	0,003
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	0,305	0,000	0,822	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,277	0,000	0,784	0,000
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,164	0,044	0,913	0,021

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 123: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	Female	16	19,75	316,00	60,00 (0,013)
	Male	15	12,00	180,00	
	Total	31			
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	16	19,09	305,50	70,50 (0,044)
	Male	15	12,70	190,50	
	Total	31			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: "Covid-19 crisis negatively impacted the level of the democracy in Sweden." and "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.". Females tend to agree with both statements more than males.

Table 124: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	118,000	0,934
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	111,500	0,719
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	79,500	0,160
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	113,000	0,768
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	85,500	0,237

The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	101,000	0,442
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The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 125: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	1,486	0,476
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,730	0,421
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,531	0,465
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,323	0,313
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,304	0,192
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	3,289	0,193
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,523	0,770
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	2,339	0,311

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 126: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	2,704	0,440
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	2,885	0,410
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3,352	0,340
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,974	0,264
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,066	0,108
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	1,329	0,722
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	1,612	0,657

The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,819	0,845
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The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents acquired level of education.

Table 127: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in Sweden.	1,033	0,597
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	4,605	0,100
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,358	0,308
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,695	0,428
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,963	0,375
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	0,100	0,951
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,533	0,766
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,237	0,888

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents area of living.

ALL COUNTRIES

Table 128: Gender

	Frequency	Percent
Female	267	67,3%
Male	120	30,2%
I do not wish to answer	10	2,5%
Total	397	100,0%

The majority of respondents (67,3 %) were female, while 30,2 % were male, 2,5 % of respondents did not wish to answer.

Table 129: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	26	6,5%	41,3	16,1

21-30	100	25,2%		
31-40	89	22,4%		
41-50	67	16,9%		
51-60	57	14,4%		
61-70	37	9,3%		
71 years or more	21	5,3%		
Total	397	100,0		

The mean age of respondents is 41,3 years with a standard deviation of 16,1 years. Just slightly over a quarter of respondents (25,2 %) are 21 to 30 years old, 22,4 % are 31 to 40 years old, 16,9 % are 41 to 50 years old, while 14,4 % are 51 to 60 years old. Respondents aged 61 to 70 years represent 9,3 %. Respondents aged 20 years or less represent 6,5 %, while the lowest percentage is aged 71 years or more.

Table 130: Highest completed degree or level of school

	Frequency	Percent
Secondary school	110	27,7%
Bachelor's degree or professional diploma	103	25,9%
Master's Degree	158	39,8%
PhD or DPhil	23	5,8%
Other	3	0,8%
Total	397	100,0%

Most respondents (39,8 %) have acquired a master's degree. Secondary school was completed by 27,7 % of respondents, while 25,9 % have acquired a bachelor's degree or a professional diploma. Only 5,8 % of respondents have acquired a PhD or a DPhil. The lowest percentage of respondents (0,8 %) answered other.

Table 131: Area of living

	Frequency	Percent
Rural area	69	17,4%
Suburban area	57	14,4%
Urban area	270	68,0%
Other	1	0,3%
Total	397	100,0%

More than two thirds of respondents (68,0 %) live in urban areas, 17,4 % live in rural areas, while 14,4 % live in suburban areas. The lowest percentage of respondents (0,3 %) answered other.

Table 132: Country of current residence

	Frequency	Percent
Bulgaria	33	8,3%
Cyprus	37	9,3%
France	30	7,6%

Greece	34	8,6%
Italy	105	26,4%
Portugal	33	8,3%
Slovenia	48	12,1%
Spain	46	11,6%
Sweden	31	7,8%
Total	397	100,0%

More than a quarter of respondents (26,4 %) live in Italy, 12,1 % live in Slovenia, 11,6 % in Spain, 9,3 % in Cyprus and 8,6 % in Greece. The same percentage of respondents (8,3 %) live in Bulgaria and Portugal, 7,8 % of respondents live in Sweden. The lowest percentage of respondents (7,6 %) live in France.

Table 133: Cronbach's alpha

Cronbach's Alpha	N of Items
0,821	8

The Cronbach's Alpha value is 0,821, which in turn means the reliability of the questionnaire is good.

Table 134: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,821
Bartlett's Test of Sphericity	Approx. Chi-Square	844,351
	df	28
	Sig.	0,000

The KMO measure (0,821) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 135: Communalities

	Initial	Extraction
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,604	0,615
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,573	0,577
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,497	0,554
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,465	0,510
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,311	0,311

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,247	0,727
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,330	0,376
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,313	0,313

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 136: Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3,635	45,433	45,433	3,151	39,382	39,382	2,575	32,189	32,189
2	1,057	13,217	58,650	0,632	7,904	47,286	1,208	15,096	47,286
3	0,846	10,573	69,222						
4	0,779	9,740	78,962						
5	0,573	7,164	86,126						
6	0,475	5,932	92,058						
7	0,384	4,798	96,857						
8	0,251	3,143	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 47,286 % of the common variance.

Table 137: Rotated Factor Matrix

	Factor	
	1	2
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,679	
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,709	
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,716	
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,664	
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,406	

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).		0,848
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,610	
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,434	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

Table 138: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,250	0,000	0,862	0,000
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,275	0,000	0,857	0,000
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,232	0,000	0,868	0,000
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,210	0,000	0,861	0,000
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,256	0,000	0,823	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,275	0,000	0,763	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,191	0,000	0,903	0,000
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,178	0,000	0,916	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 139: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
Covid-19 crisis negatively impacted the level of the	Female	260	201,21	52314,00	11776,00 (0,000)
	Male	116	160,02	18562,00	

democracy in (amend accordingly to the partner country).	Total	376			
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	257	199,73	51329,50	11892,50 (0,001)
	Male	117	160,65	18795,50	
	Total	374			
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Female	254	195,38	49627,50	12475,50 (0,010)
	Male	117	165,63	19378,50	
	Total	371			
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	Female	256	195,27	49990,00	12602,00 (0,013)
	Male	116	167,14	19388,00	
	Total	372			
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Female	261	196,60	51311,50	12372,50 (0,007)
	Male	113	166,49	18813,50	
	Total	374			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: "Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country)." Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.", "Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?", "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." and "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country)". Females tend to agree with all of the listed statements more than males.

Table 140: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	Bulgaria	33	220,18	54,069 (0,000)
	Cyprus	37	194,54	
	France	29	222,50	
	Greece	33	244,56	
	Italy	102	159,28	
	Portugal	30	179,38	
	Slovenia	48	243,19	
	Spain	41	203,48	
	Sweden	31	106,10	

	Total	384		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Bulgaria	32	210,42	52,009 (0,000)
	Cyprus	37	190,57	
	France	30	248,20	
	Greece	33	222,26	
	Italy	103	155,90	
	Portugal	31	177,71	
	Slovenia	46	235,60	
	Spain	41	225,96	
	Sweden	31	118,92	
	Total	384		
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Bulgaria	32	228,77	43,539 (0,000)
	Cyprus	37	205,53	
	France	29	210,53	
	Greece	33	234,08	
	Italy	98	146,15	
	Portugal	33	201,89	
	Slovenia	47	217,88	
	Spain	41	212,91	
	Sweden	31	131,00	
	Total	381		
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	Bulgaria	32	243,27	60,803 (0,000)
	Cyprus	37	205,89	
	France	29	232,64	
	Greece	33	242,56	
	Italy	103	142,37	
	Portugal	31	202,39	
	Slovenia	47	250,66	
	Spain	44	171,52	
	Sweden	31	150,27	
	Total	387		
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	Bulgaria	32	248,86	45,501 (0,000)
	Cyprus	37	164,53	
	France	28	208,50	
	Greece	33	219,88	
	Italy	101	164,58	
	Portugal	32	165,03	
	Slovenia	46	222,40	
	Spain	43	232,14	
	Sweden	30	129,72	
	Total	382		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Bulgaria	33	227,45	66,386 (0,000)
	Cyprus	37	195,73	
	France	29	219,57	
	Greece	33	196,77	
	Italy	100	206,02	
	Portugal	31	143,47	

	Slovenia	46	204,85	
	Spain	44	221,93	
	Sweden	31	66,90	
	Total	384		
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	Bulgaria	28	174,16	18,563 (0,017)
	Cyprus	33	193,30	
	France	24	138,81	
	Greece	30	222,15	
	Italy	98	169,21	
	Portugal	29	198,41	
	Slovenia	44	143,95	
	Spain	34	190,71	
	Sweden	31	173,21	
	Total	351		
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	20 years or less	23	144,63	29,308 (0,000)
	21-30	98	182,20	
	31-40	87	237,98	
	41-50	65	201,23	
	51-60	56	180,04	
	61-70	36	176,78	
	71 years or more	19	131,97	
	Total	384		
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	20 years or less	25	149,08	17,552 (0,007)
	21-30	97	191,54	
	31-40	87	222,38	
	41-50	64	195,45	
	51-60	56	177,38	
	61-70	36	199,60	
	71 years or more	19	138,92	
	Total	384		
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	20 years or less	23	166,65	30,215 (0,000)
	21-30	98	185,96	
	31-40	85	240,47	
	41-50	66	185,94	
	51-60	53	177,19	
	61-70	35	171,06	
	71 years or more	21	124,95	
	Total	381		
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	20 years or less	26	162,56	32,852 (0,000)
	21-30	97	198,20	
	31-40	85	246,58	
	41-50	66	187,08	
	51-60	55	167,62	
	61-70	37	160,96	
	71 years or more	21	149,79	
	Total	387		
	20 years or less	25	153,56	18,373 (0,005)

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	21-30	96	168,18	
	31-40	87	215,50	
	41-50	63	214,64	
	51-60	56	178,63	
	61-70	36	205,68	
	71 years or more	21	202,71	
	Total	384		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	20 years or less	23	180,20	13,018 (0,043)
	21-30	94	186,34	
	31-40	83	215,66	
	41-50	65	186,85	
	51-60	56	184,83	
	61-70	36	171,35	
	71 years or more	18	126,42	
Total	375			
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	Secondary school	109	167,35	11,926 (0,008)
	Bachelor's degree or professional diploma	101	201,74	
	Master's Degree	151	196,87	
	PhD or DPhil	23	242,39	
	Total	384		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Secondary school	109	202,21	9,046 (0,029)
	Bachelor's degree or professional diploma	100	166,52	
	Master's Degree	149	201,16	
	PhD or DPhil	23	178,50	
	Total	381		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, which pertain to the respondents country of origin: "Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).", "Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.", "Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?", "I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.", "Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.", "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country)." and "The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men. ". Respondents from Greece tend to agree the with the statements "Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country)." and "Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented

you from participating in the democratic debate in an informed way?”, while respondents from Sweden tend to agree with those same statements the least. Respondents from France agree with the statement “Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.” the most, while those from Sweden agree with it the least. Respondents from Slovenia agree with the statement ““I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.” the most, while those from Italy agree with it the least. Respondents from Bulgaria tend to agree with the statements “Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.” and “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).” the most, while those from Sweden agree with the same two statements the least. Respondents from Greece agree with the statement “The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.” the most, while those from France agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, which pertain to the respondents age: “Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).”, “Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”, “Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”, “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.”, “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).” and “COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).”. Respondents aged 31 to 40 years agree the most with the statement “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).”, while those aged 20 years or less tend to agree with it the least. Respondents aged 31 to 40 years tend to agree with all the other statements the most, while those aged 71 years or more agree with them the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following two statements, which pertain to the respondents acquired education: “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.” and “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).”. Respondents with a PhD or a DPhil agree the most with the statement “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.”, those with a completed secondary school on the other hand agree with it the least. Respondents who have completed secondary school tend to agree with the statement: “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).” the most, while those with a bachelor's degree or a professional diploma agree with it the least.

Table 141: Mann-Whitney test for gender

	Mann-Whitney U	Sig.

I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	14421,500	0,405
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	12924,000	0,220
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	11485,500	0,274

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 142: Kruskal-Wallis test for countries

	Kruskal-Wallis H	Sig.
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	11,189	0,191

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents country of origin.

Table 143: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,736	0,453
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	6,693	0,350

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between the different age groups.

Table 144: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	5,595	0,232
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	2,460	0,652
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,581	0,333
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,704	0,222

COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	2,204	0,698
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	3,169	0,530

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the education of respondents.

Table 145: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Covid-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	3,304	0,192
Covid-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,185	0,553
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,025	0,081
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,513	0,105
Since the outbreak of Covid-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,040	0,594
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	5,047	0,080
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,840	0,657
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,639	0,726

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents' area of living.

Meet the partnership



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