



Weekly Briefing

Lithuania social briefing:

**The measures taken against the coronavirus result in new levels of
national solidarity**

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The measures taken against the coronavirus result in new levels of national solidarity

After two weeks of the national quarantine in place which was declared by the Government of Lithuania on 16 March, the results of the public opinion polls have shown that the Minister of Health Aurelijus Veryga who was one of the most unpopular ministers in the Government have become almost overnight one of the more popular politicians. Also, the ratings of the Prime Minister Saulius Skvernelis which had been tarnished by the opposition last year has regained his popularity in the people's eyes. Fifty-eight per cent of the respondents of the poll approved the activities of the Minister of Health and the Governmental Operation Centre for Extreme Situations. They have been behind most of the tough decisions taken. Fifty-five per cent of the respondents approved the activities of the Prime Minister during this period.

Below is a brief outline of the main decisions taken by the Minister of Health and the Government to combat the spread of the COVID-19 virus. It tries to assess the main drivers behind a sweeping change in popularity of the Minister of Health and the Prime Minister during the initial month when the virus spread in Lithuania.

The Programme of the Government approved on 13 December 2016 has given the issues of public health a prominent place. The programme stated that the primary goal of health policy of the new government was to increase life expectancy, improve quality of life and increase the number of healthy years of life. This part of the programme was based on the recommendations of Michael Marmot, an expert of the World Health Organisation, who in his report on health status indicated three main reasons for health inequalities: 1) socio-economic inequalities of society, 2) high alcohol consumption and, 3) education-related low health indicators.

The Programme of the Government approved on 13 December 2016 has given the issues of public health a prominent place, especially as related to tackling the poor health pre-conditioned on social inequalities. The programme stated that the primary goal of health policy of the new government was to increase life expectancy, improve quality of life and increase the number of healthy years of life. This part of the programme was based on the recommendations of Michael Marmot, an expert of the World Health Organisation, who in his report on health status indicated three main reasons for health inequalities: 1) socio-economic inequalities of society, 2) high alcohol consumption and, 3) education-related low health indicators.

Special attention was given to the prevention of infectious diseases. Due to the increase of the number of mortalities due to the modified strains of the flue, the Government has pushed hard to vaccinate the population by making more quadrivalent influenza vaccine available to the public. Further, because of the renewed spread of measles, the effort was made to vaccinate the majority of the children. Given the current situation, these contrarian notions against vaccination which were very present might probably will go away.

However, the above efforts have met the resistance from the public. One public poll showed that 20% of the parents were considering not vaccinating their children. The criticisms against the stringent alcohol consumption laws have made the Minister of Health one of the most publicly despised person even to the extent of the outright mockery. The main criticisms were made on the basis on consumer choices. The population has started to perceive the vaccination and the public health risks as the individual choices that each consumer had to take similarly as in the case of, for example, insurance of one's property and health. Public health as a common good has not been fully appreciated at the time when the country has not had experienced any major pandemic.

The situation has dramatically and perhaps forever changed with the arrival of the coronavirus and the declaration of the national quarantine on 16 March. The first coronavirus was registered only at the end of January. The initial spread of the disease happened during March when the number of infected raised to ca. 900. However, the government made two decisive decisions from the early start: first, it introduced the national quarantine followed by the extensive coverage of the pandemic through the mass media, and on social media, second, it took care to bring back the Lithuanian travellers stranded in other quarantined countries and overseas territories by organizing the arranged flights from the selected destinations having the highest number of Lithuanian nationals not able to return home.

The idea that the coronavirus pandemic is threatening the wellbeing of the nation and is arriving from outside as the enemy (the commentators draw even parallels with the economic blockade from the Soviet Union in 1991) has created a sense of urgency and patriotism which helped to gain momentum, which resulted in new forms of solidarity being demonstrated by different social groups, businesses and individuals on social media. For example, the fundraising campaigns have been organized by the artists who donated their artworks and would-be performances to purchase the necessary equipment for hospitals and the medics. This urgency was further increased by the fact that more than 10% of all infected during the first month of the disease were medical personnel, who did not have an adequate training and

sufficient equipment (including masks and protective gloves) to treat the patients under the conditions of the omnipresent threat of the virus.

The successful repatriation operation of the stranded Lithuanian nationals has been accomplished. Until 30 March any Lithuanian national anywhere in the world could register with the Ministry of Transportation supported by the Ministry of Foreign Affairs requesting to arrange a return to the home country. 3253 nationals have been brought back home using 16 charter flights with one final announced to return the remaining 200 nationals. 5994 Lithuanian nationals declared their intent to return and 5131 returned by their own means: either by using the available commercial flights or overland.

The national borders have been closed on 16 March until the end of the quarantine on 30 March which was extended until 13 April with the planned additional two weeks of quarantine. Only the nationals of Lithuania were allowed to cross the borders, and those arriving by flight since 26 March were taken to the places of quarantine set up by the municipalities. For example, in Vilnius, a hotel was turned into a place where the arriving travellers had to spend 14 days before being able to leave the premises and start moving freely again. On 30 March the quarantine was extended from the initial period of 14 days until 21 days.

The government was criticised for being less quick in obtaining the necessary test kits and the protective gear which had eventually been provided by China (with the active mediation of Lithuania's embassy in Beijing). However, its swift decisions and well-orchestrated work of public health organisations showed that Lithuania has managed to cope with managing the public health-related emergency posted by the pandemic.

The level of the country's readiness could be further taken stock from the 2019 Global Health Security Index, which is the first comprehensive assessment and benchmarking of health security and related capabilities across the 195 countries that make up the States Parties to the International Health Regulations. The report (which was compiled well before the outbreak of the coronavirus) has concluded that no country is fully prepared for epidemics or pandemics. Collectively, international preparedness is weak. Many countries do not show evidence of the health security capacities and capabilities that are needed to prevent, detect, and respond to significant infectious disease outbreaks. The average overall GHS Index score among all 195 countries assessed is 40.2 of a possible score of 100.

Being 33rd out of 195 countries ranked Lithuania's is assessed quite high on the overall index. The country received a score of 55 out of 100 in the overall assessment. According to the assessment criteria "Early Detection and Reporting for Epidemics of Potential International

Concern”, Lithuania occupies the 13th position. It is ranked even higher (on the 5th place) as related the commitments to improving national capacity, financing and adherence to norms. However, considering the criterium “Prevention of the Emergence or Release of Pathogens” Lithuania has been down-ranked to 59th position just above Peru and below Nepal. The even worse assessment has been given under the criterium “Sufficient and robust health system to treat the sick and protect health workers” (the country has been ranked as 63rd one place below Iran). In terms of the overall risk environment and country vulnerability to biological threats, the country has no better being ranked as 46th. Even more alarmingly, in terms of the rapid response to and mitigation of the spread of an epidemic, Lithuania ended up at the bottom of the table being ranked as 107th, one place above Iran and one place below Cyprus.

Given the fact the existing structures and procedures that aim to prevent the spread of epidemic diseases are evaluated are inadequate and altogether unsuitable for the present-day challenges such as the latest of the series of the deadly viruses, it is remarkable that the Government in general and the Minister of Health together with the doctors in hospitals have managed to achieve. It shows that decisions taken were primarily due to the personal involvement and in many cases were unscripted, hence, approval of the performance of the Minister and the Prime Minister in terms of their rankings. Whether these public opinions would be sustained by and large depends on whether the epidemic would be defeated and when.

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