

Coronavirus: what went wrong in the Czech Republic?

November 9 2020, by Olga Löblová



Worshippers attend an outdoor mass in Prague. Credit: EPA/Martin Divisek

The Czech Republic, which had been [praised for its swift response](#) to COVID-19 in the spring, is now topping global charts of new coronavirus infections and deaths per population. Authorities have failed to control new infections since cases started to increase in the summer. Despite almost three weeks of a near-lockdown, the rate of new cases is declining only slowly. The proportion of tests that are positive remains

dangerously high, [around 30%](#).

As infections surge across Europe, the Czech Republic isn't unique in facing a worrying second wave. It stands out, however, by the delayed response of its government—especially given how fast the new [coronavirus](#) spread in the country. On September 18, the chief medical statistician [suggested](#) that implementing [public health measures](#) on October 1, as opposed to a week earlier, would lead to hundreds of thousands of new cases (and therefore thousands of additional deaths). Yet the government waited for another three full weeks before introducing meaningful restrictions.

Calculated or inadvertent?

Political scientists have recently come up with a useful typology of [policy inaction](#) that can help us understand the Czech government's non-response. It notably distinguishes "calculated inaction" (a product of conscious decisions) and "inadvertent inaction" (a product of blind spots or wishful thinking).

The Czech government [hasn't been forthcoming](#) with explaining its policy choices, making any answers to this question speculative. Both cases will surely be argued in future internal, parliamentary and criminal inquiries, all of which have already been floated.

Some evidence points to the "inadvertent" camp. An important part of a country's capacity to design and implement effective policies is how well its administration [works with experts](#). The early months of the pandemic showed just how variable the relationship between experts and the government has been in the Czech Republic.

For example, it wasn't the Central Epidemiological Committee or the Institute of Health Information and Statistics that convinced the

government to declare lockdown in March, but a businessman with no formal ties to the government who created a simple model of COVID-19's likely spread in the Czech Republic. Alarmed, he secured a meeting with government officials. That was the first time the government had seen [any epidemiological predictions](#). This is perhaps less surprising than it sounds: sociologists have suggested that resource-poor countries, such as the Czech Republic, that have been subject to privatization, deregulation and liberalization that hollow out the state have [less capable bureaucracies](#).

The Czech prime minister, Andrej Babiš, was not immediately convinced of the model's conclusions but compared daily infection numbers with a printout of the model, and declared lockdown within a matter of days. This version of events was corroborated by Babiš himself at a press conference in two somewhat cryptic sentences: "In March, someone came with a mathematical model and in August someone, the same person, came again... And those who were supposed to come, didn't."

"Those who were supposed to come" is widely thought to refer to the Institute of Health Information and Statistics, which denied that the government had been kept in the dark. It insisted that the government had received [daily briefings](#). In parallel, however, the head of the institute consistently [minimized the threat](#) of COVID-19 in the media, despite external experts sounding [alarm bells](#).

Who pays, who benefits?

Those in the "calculated inaction" camp will say the government was given plenty of warning. The first reports that the contact-tracing system was [overwhelmed](#) came in late July. The country's contact-tracing app, developed in collaboration with private sector volunteers, had minimal uptake. Contact tracing was delegated to regional public health

authorities. They were [understaffed and under-resourced](#) and lacked adequate working processes and infrastructure, including [computers and internet](#) connections.

The gravity of the situation was at least partially recognized by the Ministry of Health, which made face masks mandatory indoors, including in schools, in late August. Days later, Babiš [overruled](#) this decision. He later explained the lack of restrictions throughout the summer by referring to "[the economic perspective](#)" and "[societal demand](#)".

The economy plays a key role for decision-makers all around the world but societal demand for normality was perhaps especially understandable in the Czech population, which was relatively untouched by the disease in the first wave. [Politicians](#) also downplayed the threat all summer, supported by vocal clinicians without a background in public health—mostly notably [a prominent dentist](#).

Blame it on elections?

By September, though, even skeptical advisers considered new restrictions necessary. But here comes the biggest argument being made by the calculated camp: regional and senate elections took place on October 2 and 3, and a widespread hypothesis suggests the Czech government consciously chose to wait until these were over before renewing restrictions, expecting the measures to be unpopular with its core electorate.

The fact remains that a [state of emergency](#) was approved by parliament on September 30 but the first restrictions only came into force on October 9—and, even then, these were only quite moderate, such as earlier closing hours for pubs.

Whether the government's decisions came from a place of cynical cost-benefit calculations or overly optimistic wishful thinking, the fallout will be enormous—in human, economic, and for the [government](#), perhaps also [electoral](#), terms.

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