

Geopolitical, socio-economic and cultural aspects of the COVID-19 pandemic

Why is Eastern (Central) Europe less affected by the pandemic?

Introduction – on three models for coping with the pandemic

On 11 March, the World Health Organisation (WHO) announced that the new corona virus had become a pandemic, namely an epidemic that started in Wuhan, China, had grown into dimensions that threaten most of the world. After 3 months, one can take stock of how individual countries and regions have coped with the pandemic. Introduced measures have mostly been similar: quarantine, border closure, restricted movement and travel, restricted gatherings and the complete cessation of certain business activities. The only countries in Europe not to have followed this route are Belarus and Sweden.

More precisely, there are three models for reacting to/preventing a pandemic. The first is based on the doctrine – which has proven to be scientifically accurate – that the new corona virus is aggressive and very dangerous (much higher mortality than for influenza), yet little is known about it (in February its genome was revealed), calling for extremely rigorous measures like quarantine and a general lockdown with rules like wearing face masks, keeping social distancing and even more rigorous instructions for elderly homes, hospitals, schools etc. However, this model can be applied upon the sign of the first infections or it might take time for the health and political authorities together with expert bodies in a given country to arrive at a consensus on the proper strategy.

The second model/strategy is the doctrine of herd immunity, which makes the (quasi-scientific) presumption that Covid-19 is not that different or more dangerous than the virus of seasonal influenza. Some scientists contend that the mortality rate should be the same (that is, 0.1% of all infected), yet such scientists (like J. Iannidis) have missed the point. According to this doctrine, the goal should be rather to achieve immunity; specifically, that the more vital part of the population will become infected and create antibodies, all without any serious health problems. The implication of vitalist doctrine is that lockdown makes no sense and thus no mandatory forms of behaviour in public places are imposed (like in Sweden), only recommendations for social distancing or working (studying) from home, where possible. In early March, the Netherlands, the UK and the USA, also Germany for a while) were influenced by this doctrine¹ (see I. Rudan,.....). Ultimately, only Sweden achieved a consensus that this doctrine is the best model for reacting to/preventing the pandemic, allowing us to speak of the Swedish ‘Sonderweg’. Currently, it seems that only Anders Tegnell (as a representative of the experts) still believes in herd immunity. It seems that majority of experts and scientists (immunologists) from across the globe regard this doctrine more as being incorrect, unreal or unuseful in the context of Covid-19.

The third model does not rely on any doctrine, it is simply a nihilistic approach. Its adherents deny that the corona virus exists at all or say it can be healed by drinking vodka, playing ice hockey and going to the sauna (Lukashenko, President of Belarus). This approach is followed by populist and autocratic governments in Belarus, Brazil (where President Bolsonaro clearly

¹ I. Rudan (an international recognised expert in epidemiology) says that Germany, Sweden, the Netherlands, the United Kingdom, and the United States...«at least for some time during the pandemic, they have clung to idea of intentionally letting the virus spread and infect at least part of population»(A cascade of causes that led to the COVID-19 tragedy in Italy and in other European Union countries (www.jogh.org, June 2020, vol.10, no. 1)

denies and mocks the pandemic), while some elements can also be found in Trump's public presentations early on in the pandemic.

Why some countries are more affected and others less

A look at the Coronavirus Worldometer database reveals considerable differences between countries. Already at first glance, we see that particular European countries and the USA have been the most seriously impacted. A difference between several countries in Europe and the EU is also visible. Here, I rely on indicators from the mentioned database (number of: cases, deaths, critical cases, recovered, and of tests – absolute and relative, the latter per million or 100,000 inhabitants). Differences are not only striking at the level of impact (measured by number of deaths), but also in the asymmetry in the number of registered cases and number of deaths. However, the statistics are not reliable here because the number of registered cases depends greatly on the number of tests. Antibody tests show the total number of people infected with the virus or who have had an asymptomatic case of corona virus (and are thus not registered). The mortality figures are also not completely reliable, yet are relied on in the literature as the main indicator of being impacted by the corona virus (also see the Mortality Analyses webpage maintained by Johns Hopkins University).

As sociologists and social scientists, we wonder what explains these differences. Specifically, I would like to point out the following findings:

- 1) On the European and world scale, the worst affected was the Atlantic-Mediterranean belt. In Europe, this means Belgium, Spain, Italy, Great Britain, Sweden, Ireland, France and the Netherlands (from 300 to more than 800 deaths per million inhabitants). Adding the USA to this (340 deaths per million), this group of countries accounts for almost two-thirds of all deaths in the world, despite having only 10% of the world's population. Less impacted countries are Germany, Austria and the Nordic countries (except Sweden). Those countries have recorded 50 to 100 deaths (Germany and Denmark are currently at 105 per 1 million). The figure is the lowest in Norway and Finland. Almost all of the Eastern (Central) European countries, including the Baltic area as well as Greece, Cyprus, Malta and the Balkans, are less impacted and have the lowest deaths per million (mostly hovering between 30 and 50). Some more deaths are recorded in Moldova (86), North Macedonia (75) and Romania (70), while Hungary counts 56 and Slovenia 52 dead per million inhabitants. There are only 5 dead per million in Slovakia, with a very small number of infected (the figures have not changed in weeks).
- 2) When comparing Belarus with Sweden – where the former even more strongly ignored the need to take measures than the latter – we can see that Belarus has so far registered much fewer deaths (29 per million) than Sweden (462 per million). This comparison entails observation of two contrasting societal experiments, one in the name of radical democracy, the other as a result of an arbitrary autocratic system. Still, the peripheral position of Belarus may largely be attributed for thus far making the country only slightly affected by pandemic. To complicate matters, the data are not fully reliable, although a trend of worsening (growing number of infections and deaths) is seen from the end of May onwards.
- 3) There are several reasons for differences in ways of coping with the pandemic. On one hand, there are structural and infrastructural aspects. Nordic and Eastern European countries have a lower population density and fewer metropolitan agglomerations. On the other hand, these countries are less involved in globalisation

processes and possess less of the associated traffic, tourist and sports infrastructure. Big international airports with direct connections to China are especially critical here. It is also important to note the demographic differences (fewer older people and thus fewer nursing homes – here, Slovenia and Czechia are more similar to Western Europe) and immigration.

- 4) Reasons therefore lie in the peripheral position of Eastern (Central) Europe (to some extent this also applies to Norway and Finland). Involvement in mass globalised or international business, sports, cultural and tourist events is relatively low. Several events (the Venice carnival, football matches, ski vacations in Italy and Austria – Ischgl) between January and March drastically accelerated the virus' spread in the Atlantic-Mediterranean part. The question of Germany must be addressed. I believe that specific factors have played important roles in this case, helping to keep the number of deaths relatively low (a robust healthcare system, extensive testing, identification of the main areas of infection²).
- 5) Still, governments in Eastern Europe were quick to react to warnings of a pandemic (when the number of infected remained low). Rigorous measures of closure and limitations on mobility and gatherings were imposed by the state. In both Czechia and Slovakia, the use of face coverings even outdoors (while on the streets) was mandatory (like it was in Singapore, South Korea, Hong Kong or China). This seems quite unusual. The Bulgarian political scientist Ivan Krastev explains this by saying that people were well aware their national healthcare system is bad and that the only way of avoiding the pandemic's consequences was to follow the new rules created by the government and experts.
- 6) In the Atlantic-Mediterranean part, the closure and lockdown measures were probably introduced too late, when the infection had already spread. Italy introduced very strict measures, but with some delay (however, it was the first country in Europe to face the outbreak and dramatic proliferation of coronavirus in Lombardy)³. There was even a greater delay in the UK where politicians underestimated the pandemic (experts did similarly). There were even signs (like the Netherlands) of the Swedish scenario being followed. France held local elections in March, which may have helped spread the virus. Sweden has never introduced (obligatory) lockdown measures, with the situation remaining the same in time of writing - June 7), despite the continuous rise in the numbers of infected and dead. The cases of Austria and Germany require a closer examination (in other Nordic countries measures were adopted relatively early).
- 7) It is also necessary to examine the role played by expert bodies (epidemiologists and infectologists), their doctrines and their cooperation with government representatives. It is important to know who held the decisive influence. Another question is what did the communication and negotiations between experts advocating different positions look like. It is by now clear that certain experts' views are questionable. Moreover, some important epidemiologists stated that Covid-19 is not unlike the flu or that the mortality rate is the same as for seasonal influenza (1 per 1,000 infected). These included the American scientist John Ioannidis, known for being a ruthless critic of methodologically deficient or erroneous research in biomedicine (especially as concerns sampling or the use of unrepresentative samples). Ironically, and almost

² Also see the summary of the interview with C. Drosten, a virologist and the main consultant of Angela Merkel, published on MMC, 29 April 2020, where he notes the extensive testing already at the start of the pandemic, which enabled the R factor (rate of infection) to drop below 1

³ I. Rudan even says (in the same text): »At least 100 times fewer people would be dying in Italy these days had they declared a quarantine for Lombardy two weeks earlier than they did«.

farcically, he himself conducted such a study on antibodies in Santa Clara, USA, where based on a small sample he concluded that Covid-19 mortality is no higher than for influenza and that introducing lockdown measures makes no sense⁴.

- 8) Is it possible that experts in Eastern Europe have been more unified and unanimous? Probably not, when considering the experiences in Slovenia. But politicians (government) there decided to work with those demanding more rigorous measures. We may speculate that there were fewer disagreements between politicians and experts (and especially among experts themselves) in Eastern Europe than elsewhere in Europe.
- 9) The world media has largely overlooked the issue of why (at least until now) Eastern Europe has been more successful in tackling the pandemic. A few reports can be found in newspapers like *The Guardian*⁵ and *The Wall Street Journal*⁶, but there is no extensive analysis of this topic. Major television channels (CNN, Sky News, BBC World News, ARD) do not report on smaller countries, even Belgium or Ireland attract relatively little coverage. They do not report on Eastern European countries, except for Russia and partly Belarus.
- 10) Concerning the thesis that the Atlantic-Mediterranean part (older EU members) is the most affected: not many are aware that Belgium⁷ has up to 830 deaths per million (followed by the UK – almost 600 and Spain with 580), while the numbers of infected and dead are still growing. The country that hosts the headquarters of both the EU and NATO has thus far reported more than 9,000 deaths from the corona virus, twice as many as for all of China! It is here, however, that we encounter the reliability of statistics. China – the country in which the pandemic outbreak occurred and then expanded across the whole world and where the mega-city of Wuhan (with 11 million inhabitants) was totally closed for over 2 months – apparently has one of the lowest death rates on the planet (3 per million). Who today believes this? This creates problems for the WHO because it is obvious that China (and certain other countries, e.g. Russia, are hiding the real statistics and further complicating the work of international health authorities (and scientific research).

Discussion and conclusion

The epidemiological situation in the new EU Member States is significantly better than in the old Member States, with the exceptions of Austria, Germany, Denmark and Finland. Looking

⁴ D. H. Freedman: A Prophet of Scientific Rigor – and a Covid Contrarian, *Ideas*, 1 May 2020. Actual mortality including (all) infected was five times higher. However, that is only an estimate, or a guess. Taking registered infections into account, mortality varies from 1 to 5 percent. For more on this, see the interview with the known Slovenian immunologist and microbiologist A. Ihan (Reporter, 1 June 2020). In Slovenia, the mortality rate is even a little higher, around 7% (almost 1,500 cases and 103 deaths). In Germany, the rate is around 4%, in Russia less than 1.5%, yet on the contrary in the UK and France it is almost 15%.

⁵ <https://www.theguardian.com/world/2020/may/05/why-has-eastern-europe-suffered-less-from-coronavirus-than-the-west>

⁶ Poorer Nations in Europe's East Could Teach the West a Lesson on Coronavirus, *The Wall Street Journal*, 30 May 2020.

⁷ Regarding this country, experts explain that they are very careful in keeping records of deaths and attribute a death to the corona virus even if it is only a suspicion. About 40% of deaths are estimated as such, meaning there is no evidence they were caused by the corona virus. But even if we subtract this 40%, we still get 500 deaths per million inhabitants. However, such determination of the cause of death in Belgium is unusual and is not coordinated with other (at least) nearby countries, let alone the EU as a whole.

more broadly, this group also includes Norway and, on the other side, the Balkan countries that are outside the EU. This also encompasses Russia, Belarus and Ukraine. In Russia, the number of infected has lately been rising (especially in Moscow). Outside of Europe, a rising trend is also seen in Latin America (Brazil, Peru, Ecuador and in the last few days Mexico as well as Chile). However, Ecuador, the country with the highest fatalities caused by the corona virus (205 per million) is somewhere at the level of Canada (now with 209 deaths per million), which is not considered to be (very) problematic. Yet, there is a difference in the health system's capacity and the quality of the statistics (it may be that the number of deaths is underestimated in Ecuador).

Two factors help explain the pandemic's smaller impact on Eastern (Central) Europe. Objectively in the sense of peripherality and less involvement in globalisation processes, and subjectively in terms of rapid political action and (probably) more efficient communication between political and expert bodies leading to the first model described above being introduced. It can be argued, that so far, the most successful countries or regions in the fight against the COVID-19 were those which took the decision to implement the strategy of lockdown in time. Imposing mandatory face covers and social distancing seems important. Countries imposing those measures too late (US, Atlantic – Mediterranean part) register substantially more deaths and infection cases. The same applies for Sweden, which decided not to impose mandatory rules (but only instructions and recommendations to the citizens), hoping for herd immunity. Regarding nihilistic approach, there is a dramatic increase in deaths and cases in Brazil in the last two weeks (160 deaths per million at the moment). Belarus might go in the same direction, but probably not as dramatic as Brazil – the difference is in its peripheral position in the global exchange of people and its marginal position in the global economy.

What is to happen next? The first wave of the health crisis appears to have been successfully overcome. What if a second wave is to come? The tourist season is commencing and the borders of countries are becoming more open. Countries may have somehow eliminated the virus, but it can always return from the outside. Therefore, great care and discipline are required. This raises the interesting issue of an 'anti-virus culture' (Ihan in the previously mentioned interview). Is an 'anti-virus culture' present today or will it become stronger in the Western or Eastern parts of Europe? I believe that, hitherto, the greatest fatalism in terms of blind and unconditional trust in state institutions has been revealed by the citizens of Sweden, which at the time of writing (6 June) is the fifth-most affected country in the world (after Belgium, the UK, Spain and Italy) but has still not altered its policies, whereas the citizens (and the parliamentary opposition) are not (yet) demanding it.

What is on the agenda is a selective openness to the world, entailing the slowing down of globalisation. And here we must ask ourselves: How will these (Eastern-Central European) countries survive the oncoming economic crisis, recession and higher unemployment? The prospects are not good given the considerable dependence of the Visegrad countries, as well as Slovenia, on the European and global supply and value chains of the automotive industry and dependence of other parts of the economy on international demand and multinational corporations. A restructuring of the economy and other subsystems based on all internal resources and both technological and institutional/social innovation will be necessary.

Frane Adam, IRSA

www.institut-irsa.si