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## Regaining Trust: Evidence-Informed Policymaking during the First Phase of the Covid-19 Crisis in Greece

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### ABSTRACT

Analysing the handling of the pandemic's first phase in Greece, the article attempts to explain the reasons for its relative success. It suggests four main reasons: First, the predominance of evidence-informed policymaking led by strong and decisive leadership. Second, a timely and firm crisis response, driven by the prior experience of other European countries with the pandemic. Third, the public sector's digital turn and a tight scheme of intra-government coordination. Fourth, a transparent and effective communication strategy signalling that public health was a priority, which subsequently led to high citizen compliance with the restrictive measures. The second phase of the pandemic is also discussed to nuance this claim and show that the long duration of the crisis brought new challenges to its management. The article provides insights into how countries with limited resources and weak administrative capacity can effectively manage such crises.

### KEYWORDS

Crisis management; pandemic; experts; state structure; intra-crisis learning; communication strategy; citizen compliance

It is widely acknowledged that Greece was successful in managing the first phase of the Covid-19 crisis. Between the identification of the first index case on 26 February 2020 and the lifting of the lockdown measures in late June 2020, the number of deaths in the country remained low and the spread of the virus was limited. Such an outcome was greeted as a positive surprise by both politicians and commentators (Hatzigeorgiou & Raj 2020). Indeed, one would expect Greece to be amongst the most severely hit countries, similar to Italy and Spain. A popular tourist destination, including for visitors from countries that were severely affected by the virus (although the latter started spreading in late February, a month with low tourist inflows), the country is also densely populated with most of the population living in two urban centres, Athens and Thessaloniki. Besides, physical contact and close interpersonal relationships are well-embedded in the Greek culture. Subsequently, one would expect these conditions to favour the quick transmission of the virus.

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In addition, Greece was thought to lack the institutions and the capacity that would allow it to effectively manage the spread of the pandemic. The country is known for its dysfunctional public sector in which partisan ties have often guided its policymaking decisions, whereas experts' input is rarely followed in implementing evidence-informed public policies. Moreover, the Economic Adjustment Programmes accompanying the international bailouts of the last decade had led to the serious deterioration of the public health sector. Despite all the above, during the period examined here (with a cut-off point of 1 July 2020), the Greek government managed to keep the spread of the virus under control and eventually to reopen its borders to outside visitors.

The analysis below aims to discuss how Greece managed to achieve such an outcome during the first phase of the pandemic. The article is organised as follows: First, the country background is discussed. The next section maps the first phase of the Covid-19 pandemic in Greece, giving an overview of the adopted measures. This is followed by a presentation of the government's early response to the pandemic and an analysis of its initial success. The following section offers a first assessment of the political and societal reaction to the government's crisis-management policies. Finally, some theoretical and empirical conclusions are offered, and a brief assessment is made of the changes that occurred during the second phase of the pandemic.

### **State structure and health system in Greece before Covid-19**

The Greek public administration has often been blamed for inefficiency, slow procedures, lack of technological innovation and clientelistic practices. Scholars have identified certain features that make its performance wanting: it is heavily centralised and politicised, while its bureaucratic culture is unwelcoming to change (Spanou & Sotiropoulos 2011, p. 733) and deeply rooted in legal formalism, hierarchy, and centralisation (Featherstone 2015). Although the latter feature proved key for the efficient cooperation between the central and regional governments, on the eve of the pandemic it seemed as it would set up the Greek state for disaster. At the same time, while the eurozone crisis and the implementation of three Economic Adjustment Programmes (EAPs) (2010, 2012 and 2015) improved some aspects of Greece's public administration, they imposed austerity measures which translated into a cost-cutting exercise across the board, affecting the delivery of public services (Ladi 2020).

Furthermore, the country is traditionally characterised by a policymaking style which is closer to the incremental and garbage-can models rather than rational policymaking (Ladi 2013). Policymaking does not follow a predictable sequence of actions, and decisions are normally the result of political and electoral calculations as well as of last-minute fixing solutions that lack strategic planning. Greece has also been characterised as a party democracy in which stakeholders gain power and influence via their relationships with political

parties (Pappas 1998; Ladi 2020, p. 449), while party officials and political advisors are central in the shaping and implementing of public policies (Spanou 2008). This feature has undermined the capacity of the public administration in the past as the career progression of public servants ended up being tied to their political links rather than performance standards (Sotiropoulos 2007; Anastasatou, Nitsi & Katsikas 2018).

In addition to its public administration challenges, Greece also faced problems with regards to its healthcare system. The Greek national health system (Εθνικό Σύστημα Υγείας) was inaugurated in 1983 and is a highly centralised system similarly to most administrative structures in the country. Since its inception it has failed to provide comprehensive healthcare coverage, leaving a big part of primary care to private-sector providers. Until recently, it also seemed to be pervaded by clientelism, with certain occupation-based insurance funds maintaining privileged access to it (Petmesidou 2019, pp. 20–23).

The three EAPs that were implemented between 2010–18 introduced a mixture of measures involving both cost-cutting actions to reduce public sector spending, but also reforms aiming to rectify the above inefficiencies and inequalities (Economou et al. 2017; Angelaki 2016). Other reforms involved the unification of the health insurance funds and the introduction of EOPPY (Εθνικός Οργανισμός Παροχής Υπηρεσιών Υγείας – the National Health Services Organization) aiming to equalise the provision of healthcare among the population. It is also worth noting that, with respect to the division of labour between the central government and regional authorities, the health system remained largely centralised, despite certain provisions included in the EAPs pushing towards decentralisation (Petmesidou 2019, p. 28).

The Covid-19 emergency found Greece with a health system still absorbing these reforms. Health expenditure was about 8 per cent of GDP at the beginning of the pandemic, below the EU average of 9.9 per cent (Eurostat 2020). Moreover, the country's hospital infrastructure was in decaying condition, while physical and human resources were unevenly distributed, with Athens and Thessaloniki enjoying most services. Adding to that, the primary health care system is still not fully developed, causing problems with access and coordination (Economou et al. 2017). Finally, shortages of personnel were also very much prevalent at the onset of the pandemic. The sole positive figure was the number of physicians and in particular specialists which remained above the EU average (Eurostat 2020).

With respect to epidemiological monitoring, although a basic infrastructure was present before the Covid-19 pandemic, the field's services were not prioritised and remained understaffed. The handling and monitoring of infectious diseases lie with the Directorate of Public Health in the Ministry of Health at the central level with services offered at the regional and local levels. The National Public Health Council (ESYDY – Εθνικό Συμβούλιο Δημόσιας Υγείας) is responsible for the coordination of public health organisations with a duty to control communicable diseases (Economou et al. 2017). An Influenza Pandemic Action

Plan was in place since 2005 and it had undergone substantial revisions in 2009 in light of the influenza A (H1N1) pandemic (Economou et al. 2020). Despite the above division of labour and the responsibilities that it entailed, the first National Action Plan for Public Health (2008–12), which was developed by ESYDY, was never implemented (Economou et al. 2017) and a new National Action Plan was only legislated in March 2020 as a response to the evolving situation (Greek Law 4675/2020).

### Mapping the first phase of Covid-19 in Greece

Despite the limited capacity of the Greek state in terms of public administration, healthcare infrastructure and pandemic preparedness, the spread of the virus was far more limited in Greece compared to the EU average (even accounting for under-reporting being in place). The first index case was confirmed on 26 February 2020 and consequent positive cases that were reported in late February and early March involved people who had travelled to areas with high infection rates and their contacts. The first Covid-19-related death in Greece was reported on 12 March 2020. The number of Covid-19 tests that were conducted in the country as well as the number of confirmed cases, deaths and recovered cases per million people are illustrated in Table 1.

It should be noted that Greece, similarly to many other countries, faced criticism vis-a-vis the relatively low number of tests it conducted. Indeed, during the first phase, testing was limited to citizens returning from abroad, patients with severe symptoms, and healthcare personnel who developed symptoms. At the same time, a very strict track and trace system, followed by compulsory self-quarantine, was put into place early on (Economou et al. 2020). This strategy proved to be effective for managing the pandemic's first phase while it also optimised the utilisation of state resources. The dynamics of the propagation of the pandemic are schematically presented in Figure 1.

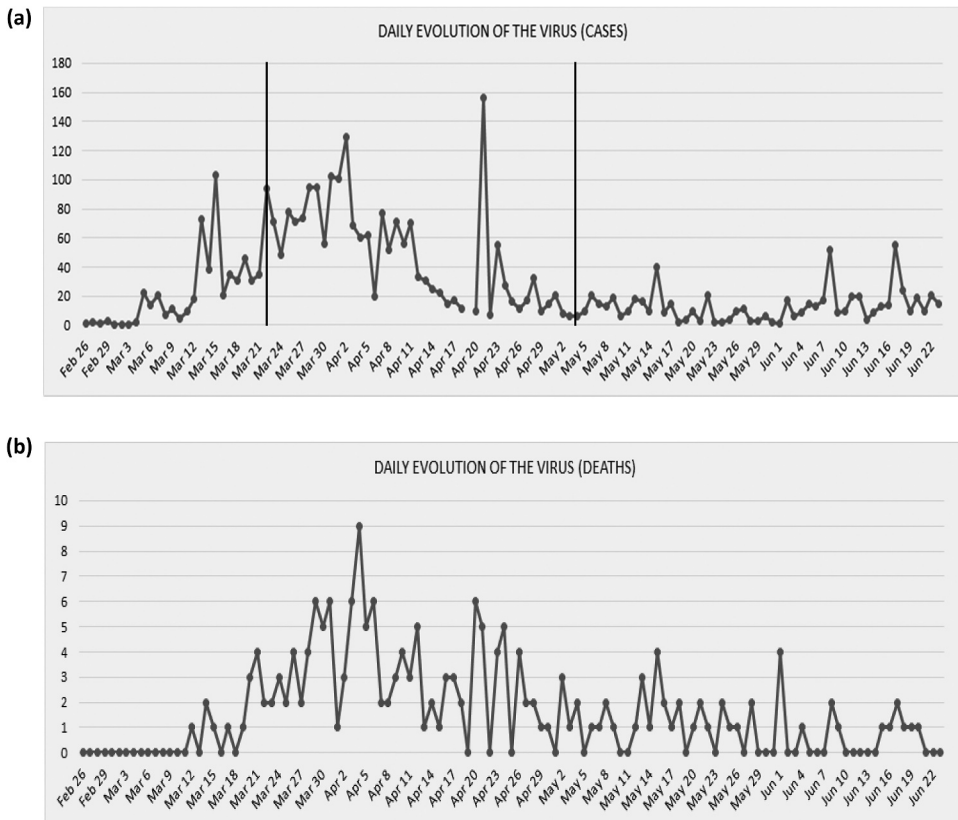
### General lockdown rules

As Covid-19 had devastating effects in neighbouring Italy, the Greek government established a preventive strategy very early. All carnival festivities were cancelled as early as 27 February 2020. Cases continued rising, and in response

**Table 1.** Confirmed cases, deaths, tests and recovered cases (total and per million people) during the first phase of the Covid-19 pandemic in Greece.

	Total	Per 1 m pop.
Confirmed cases	3,302	317
Deaths	190	18.2
Tests	285,989	27,440
Recovered	1,374	

Source: Worldometer (2020); Our World in Data (2020); Proto Thema (2020) – all as of 23 June 2020



**Figure 1.** (a) Daily evolution of the virus and the cumuli trend during the first phase of the Covid-19 pandemic in Greece: Cases. (b) Daily evolution of the virus and the cumuli trend during the first phase of the Covid-19 pandemic in Greece: Deaths.

Source: Adapted from Greek Government (2020d) as of 23 June 2020.

Note: The vertical lines depict when the lockdown (22 March) and the easing of restrictive measures (4 May) started.

all conferences and big events of more than 1,000 people were cancelled at the beginning of March. Subsequently, it was announced that sports events were going to be held behind closed doors. In addition, all school trips were cancelled since many of the first cases were linked to travelling. On 10 March, more universal measures were enacted, starting with the closure of all educational establishments. In the next couple of days, the closure of courthouses, theatres, cinemas, gyms, playgrounds, clubs, shopping centres, cafes, restaurants, bars, museums, and archaeological sites was announced. Hotels followed and marinas, recreational parks and organised beaches were also shut. On 20 March, a decision was made to shield the islands by restricting travelling only to permanent residents and supply trucks. By then, public gatherings were restricted to ten people with the imposition of a fine of 1,000 euros in case of violation.

A total lockdown was announced on 22 March which entailed a ban on all non-essential travel and movement, with prescribed exemptions such as going to the pharmacy or visiting a medical doctor, helping people in need, and exercising in open space. People had to fill in a form or send a text message to a specified number when exiting their home, while they always had to carry ID. A fine of 150 euros for potential violations was imposed. Commuting to and from work was permitted only with a signed document from the employer or from the person herself in case of freelancers. At instances, such as during the Easter holidays when people traditionally visit family and friends and travel to the countryside, even stricter measures and fines were put in place (Economou et al. 2020). A detailed timeline of the restrictive measures adopted by the Greek government is quoted in [Table 2](#).

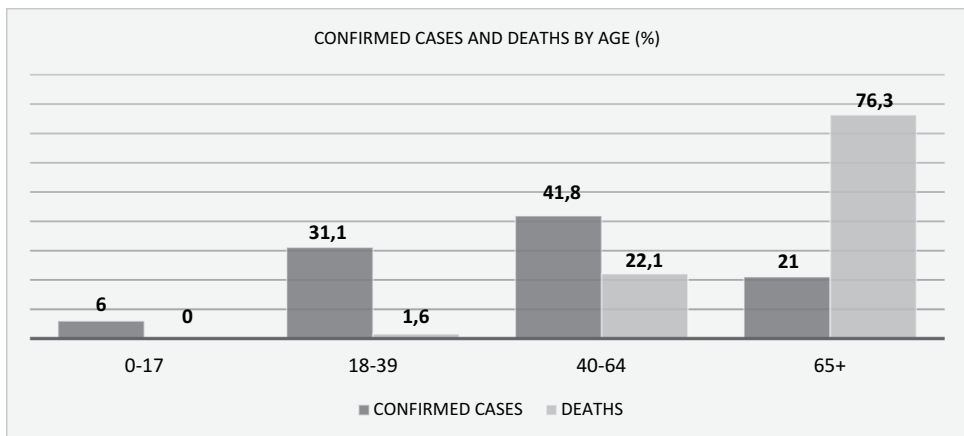
### *Vulnerable groups: nursing homes and migrant camps*

The timely closure and the suspension of visiting hours to nursing homes and open care centres proved to be catalytic in protecting the most vulnerable population and limiting the spread of the virus. By 25 March a total prohibition on visits from relatives to retirement and nursing homes was implemented. Moreover, the National Organisation of Public Health (EODY – Εθνικός Οργανισμός Δημόσιας Υγείας) conducted extensive tests in nursing homes and care units across the country. Such a proactive and preventive strategy was of particular importance during the first phase of the pandemic as in many European countries a major source of contagion occurred within such facilities (Ta Nea 2020a). Instead in Greece, as of 1 July 2020, none of the Covid-19-related deaths was linked to any of the country's 200 nursing homes. Adding to that, confirmed cases were only registered in one such facility, in mid-April (Skai 2020). The percentage rate of confirmed cases and deaths by age is illustrated in [Figure 2](#).

Measures were also put in place to secure migrant camps by restricting movement and banning external visitors. It should be noted that the government was criticised for conducting very little testing within refugee camps as well as for 'health restrictions eroding the rights of migrants' (Carassava 2020). Nevertheless, very few cases were reported within refugee camps, with the mainland ones facing the highest rates of infection (Kousi, Mitsi & Simos 2021; Kondilis et al. 2020; International Office of Migration in Greece 2020). This is mainly attributed to the fact that entry and exit was restricted while most camps are situated in isolated areas, thus making it easier to impose an effective lockdown (Godin 2020). In addition, the timely intervention of specialised medical teams facilitated the implementation of locally imposed measures of prevention and control (InfoMigrants 2020).

**Table 2.** Timeline of Covid-19 restrictive measures during the first phase of the Covid-19 pandemic in Greece.

DATE	MEASURE
February 27	Cancellation of all carnival festivities
March 9	Cancellation of big events of more than 1,000 people, sports events and school trips; suspension of all flights to and from northern Italy
March 10	Closure of all educational establishments
March 12	Closure of all lawcourts, theatres, cinemas, clubs, gyms and playgrounds
March 13	Closure of all museums, archaeological sites, sports facilities, shopping centres, cafes, bars and restaurants – except for supermarkets, pharmacies and food stores offering take-away or delivery
March 14	Suspension of all flights to and from Italy; closure of all organised beaches and ski resorts
March 16	Suspension of all services in areas of religious worship of any religion or dogma; closure of retail shops; closure of borders with and suspension of all flights to and from Albania and North Macedonia; suspension of all flights to and from Spain; prohibition on all cruise ships and sailboats docking in Greek ports; imposition of 14-day home quarantine on those entering the country
March 18	Imposition of special restrictions on migrant camps and facilities in regard to movement and visitors; ban on public gatherings of more than ten people and imposition of a 1,000 euros fine on violators; closure of external borders – in common with EU member-states – to non-EU nationals
March 21	Restriction on travel to the islands – except for permanent residents and supply trucks
March 22	Closure of all hotels – except three each in Athens and Thessaloniki and one per regional unit; closure of all parks, recreation areas and marinas
March 23	Imposition of total lockdown and restriction on all non-essential movement throughout the country – imposition of a 150 euros fine on violators; suspension of all flights to and from the UK and Turkey
March 28	Suspension of all flights to and from Germany and the Netherlands
April 4	Extension of lockdown until 27 April
April 23	Extension of lockdown until 4 May

**Figure 2.** Confirmed cases and deaths by age during the first phase of the Covid-19 pandemic in Greece. Source: Adapted from Greek Government (2020d) as of 23 June 2020.

### *The response of the healthcare system*

Although the health system in Greece presented a mixed image at the beginning of the pandemic, it managed to cope well during the first phase. This was mainly attributed to the low number of Covid-19 patients. Subsequently, there was a quick



mobilisation of health services and treatment was universal and free including for the most vulnerable. Thirteen Covid-19 reference hospitals were designated and four were dedicated only to Covid-19 patients (Economou et al. 2020).

One of the key concerns from the beginning of the crisis was the country's low capacity in terms of hospital beds and critical care beds. Yet, with little prior preparation, 3,307 beds for the hospitalisation of Covid-19 cases were secured by the end of March, while by mid-April this number equalled 4,007 hospital beds. Of these beds 3,610 were available to host Covid-19 patients, while the remaining ones were occupied at the time. With respect to ICU beds, Greece faced the beginning of the pandemic with only 565 (about six critical care beds per 100,000 people); yet, by mid-April they had increased to 1,000; 350 of which were designated for Covid-19 patients with 256 being free at the time (Covid-19 Health System Response Monitor 2020).

In addition, during this short period of time some important investment was made in the national health system with the recruitment of 5,094 staff (610 doctors, 2,042 nurses and 2,082 health personnel) (Kikilias 2020). While most of the new personnel had short-term contracts, recruitment surpassed the initial planning of 2,000 additional hires (Covid-19 Health System Response Monitor 2020). The national health system also reinforced regional hospitals and health units (Economou et al. 2020) as well as Primary Health Care Services, with five health centres in Attica being fully dedicated to Covid-19 patients, a number that could increase depending on demand in different regions.

Overall, the Ministry of Health's budget was boosted with 160.5 million euros with the promise that extra resources would be provided as the situation developed. It is estimated that on top of that, around 100 million euros were channelled to the Ministry of Health through cash or in-kind donations (e.g. medical consumables, ICU beds, respirators etc.). Another 79.7 million euros was granted by the European Regional Development Fund (Economou et al. 2020).

### *The economic measures*

The outbreak of Covid-19 and the subsequent lockdown brought a new economic crisis with immediate as well as long-term effects. Like other European governments, the Greek government put in place measures for the easing of the short-term effects. These included measures aiming at supporting business (for instance, a four-month suspension of tax and social security contributions for businesses and enterprises affected by Covid-19) as well as measures targeted to protect jobs and to avoid a surge of unemployment (Greek Government 2020c). For instance, a law was passed to allow arrangements for part-time employment with a job retention clause and schemes for income subsidies were put into place. Table 3 presents a list of targeted actions for special categories of businesses and citizens that were passed during the first phase.

**Table 3.** Main economic measures and government spending during the first phase of the Covid-19 pandemic in Greece.

MEASURES	GOVERNMENT SPENDING (in euros)
Support for the Greek NHS including for the provision of medical equipment, ICU, pharmaceuticals as well as the recruitment of health sector staff	273 million
Facilitation of parents with children below 15 years old working in the private and public sector through a special leave scheme funded by 25 per cent by the Greek state following the closure of educational establishments	45 million (until mid-June)
Payment of a special allowance of 800 euros (for the period between mid-March and end April) and 533 euros (May) to self-employed, freelancers and owners of small firms with up to five employees affected by the pandemic on the basis of specific NACE codes*	0.9 billion (until mid-June)
Payment of a special allowance of 800 euros (for the period between mid-March and end April) and 533 euros (May) to employees of firms affected by the pandemic whose labour contacts have been suspended on the basis of specific NACE codes	2.7 billion (until mid-June)
Payment of a special allowance of 800 euros (for the period between mid-March and end April) and 533 euros (May) to employers with up to 20 employees affected by the pandemic on the basis of specific NACE codes	73 million
Payment of a special Easter bonus to a total of 113,000 public servants working in hospitals, the National Emergency Aid Centre, the National Organisation of Public Health and Civil Protection	62 million
Partial payment of Easter bonus to private sector employees whose labour contracts have been suspended	187 million
Provision of direct aid -instead of training vouchers as initially planned- of 600 euros to individuals in six scientific sectors (economists/accountants, engineers, lawyers/notaries, doctors, teachers and researchers)	108 million
Extension of payment of regular unemployment benefit for employees, long-term unemployment benefit and unemployment benefit for freelancers and self-employed workers for two months	232 million
Payment of unemployment benefit of 400 euros to 155,000 beneficiaries who became long-term unemployed from April 2019	6 million
Coverage of social security contributions of the self-employed affected by the pandemic and of employees working in firms affected by the pandemic whose labour contracts have been suspended on the basis of specific NACE codes for the period between mid-March and late May	1.3 billion
Coverage of interest payments on loans of businesses affected by the pandemic for three months (April, May, June) on the conditions that their loans are performing and that they sustain the same number of employees	800 million
Suspension of VAT and other tax obligations' payments for businesses and self-employed affected by the pandemic for four months on the basis of specific NACE codes	-
Reduction by 40 per cent in commercial rent paid by firms affected by the pandemic as well as in primary and student residence rent for employees of firms affected by the pandemic for three months (March, April and May) on the basis of specific NACE codes	-
Suspension of tax payment obligations for property owners who receive reduced rent	-

Source: Greek Government (2020a; 2020b); European Commission (2020a); European Commission (2020b)

Note: \*NACE stands for 'Nomenclature of Economic Activities' or the statistical classification of economic activities in the European Union.

### *Easing of the first lockdown*

In Greece, the opening-up after the pandemic's first phase started on 4 May 2020 and was gradual. It began with the lifting of mobility restrictions and the opening of small shops and businesses, and it successively included the opening of high schools, the rest of the retail sector, archaeological sites, schools, and churches. From June onwards, year-round hotels and camping

sites reopened along with museums and gyms. Strict protocols and rules concerning safe distances were put in place, while venues and public transport functioned with limited capacity. Finally, the use of face masks in closed spaces became mandatory by Ministerial Decision on 8 August, while their use in public spaces never raised intense reactions among the population.

As Greece exited the first phase, it also increased its testing capacity (from 700–800 tests per day at the beginning of the pandemic to 5,500 tests in June) (Economou et al. 2020). However, the surveillance of the opening up phase proved to be more challenging since citizens and businesses suffered from lockdown fatigue. Some local lockdowns were imposed, mainly in the north of Greece where there was a rise in the number of cases (Covid 19 Observatory 2020b).

Overall, the easing of the lockdown and the gradual re-opening of the country was driven by the improved picture vis-a-vis the spread of the pandemic. It came at the right time for the tourist season, signalling that saving the economy and allowing for some tourist flows was a priority for the government at that point (Mitsotakis 2020b). A timeline featuring the easing of the lockdown measures after the first phase is provided in Table 4.

### The policy response

In this section it is argued that the main factors contributing to Greece's success in managing the first phase of the pandemic were the government's choice to follow an evidence-informed style of policymaking, the proactive nature of the measures, the public sector's digital turn, tight intra-government coordination and, finally, a clear communication strategy.

**Table 4.** Timeline of the easing of lockdown measures during the first phase of the Covid-19 pandemic in Greece.

DATE	MEASURE
May 4	First stage of easing restrictions: lifting of lockdown and reopening of some stores (hairdressers, bookstores, sports equipment stores, electrical appliance stores)
May 11	Second stage of easing restrictions: reopening of remaining retail shops and high schools -for senior grade students only
May 17	Lifting of measures regarding participation in Divine Liturgies and other religious services
May 18	Third stage of easing restrictions: lifting of restrictions on movement across the country (mainland, Crete and Evia); reopening of high schools (all other grades of secondary education) and foreign language centres; reopening of archaeological sites, zoos, shopping malls and aesthetic/ dietary institutes
May 25	Reopening of cafes and restaurants with outdoor seating; lifting of restrictions on movement to the islands
June 1	Reopening of nursery schools, kindergartens, primary schools, year-long hotels, camping sites, open-air cinemas and public swimming pools
June 6	Reopening of indoor restaurants, cafes and other facilities
June 8	Reopening of dancing schools, bars and clubs
June 15	Reopening of seasonal hotels, museums, sport facilities, recreational parks and wellness centres
July 1	Reopening of regional airports to international flights – except for direct flights from the UK and Sweden until 15 July

### *Evidence-informed policymaking and proactive measures*

As crises entail scarce information about their nature and implications, policy-makers have to diverge from their usual political deliberations and seek advice on the technical aspects of the emerging problem; yet, following evidence-informed policies during crises is not an obvious path and indeed constitutes a political choice. This was very much the case for the Greek government during the first phase of the Covid-19 crisis. The government had to decide on the optimal measures for handling the pandemic by considering a multiplicity of variables including the severity and the contagiousness of the virus, health sector capacity, treatment costs, and the economic, social, and psychological implications of the different containment strategies. Yet, as crisis-management decisions remain political and entail redistributive consequences, the government faced the dilemma of relying on the advice of public health experts or adjusting its policy response according to other aims such as economic growth (Boswell 2009, p. 6).

From these two options, it chose to place a committee of independent health experts at the centre of its crisis-response. Observing the predominance of evidence-informed policymaking in Greece is quite a change from the usual *modus operandi*, as past efforts to apply some type of evidence-informed policymaking to imminent problems have usually fallen through (see, for instance, Tinios 2013; Trantidis 2016 on the reform of the pension system).

However, this time experts appeared to guide the decision-making process independently of the political calculus and their political affiliations, marking a clear break from the previous pattern. At the beginning of February, a National Experts Committee on Public Health (Επιτροπή εμπειρογνομόνων και ειδικών λοιμωξιολόγων για το νέο κορονοϊό) was put in place on the suggestion of the Minister of Health and with the agreement of the Prime Minister (PM). Subsequently, Professor of Pathology and Infectious Disease, Sotiris Tsiodras, became the spokesperson of the Ministry of Health for Covid-19. The committee was placed at the forefront of the crisis-management effort. It provided advice and guided government policy with respect to the severity and the contagiousness of the virus, its potential implications for different sections of the population, the optimal measures for the treatment of those infected and the gradual deconfinement of the general population.

The committee tended to reflect the mainstream views of the international medical community and to transmit the general guidelines as recommended by the relevant international bodies. In this sense, it operated as the official contact-point between international expert bodies and the Greek state. In particular, it was in direct contact with the World Health Organisation (WHO) and the European Centre for Disease Prevention and Control (ECDPC) to receive the latest updates. By doing so, the committee ignored views that were cited by

certain international experts, suggesting that the contagiousness of the virus was exaggerated and that its effects were not as grave as initially thought (e.g. Ioannidis 2020).

It is important to note that the committee's approach during the first phase of the pandemic was generally uncontested by the government. In particular, the de facto head of the crisis management effort, i.e. the head of the General Secretariat of Civil Protection and Crisis Management, Nikos Chardalias, developed a smooth and close cooperation with the head of the experts' committee. At the same time, PM Kyriakos Mitsotakis remained engaged during the whole period while exhibiting constant support for the work of the committee.

The composition of the committee reveals that the government chose to prioritise medical scientific advice as the latter was articulated by the predominant experts in the field. The committee was composed of around 30 health scientists, including medical doctors and epidemiologists, practitioners, and academics. The influence of health scientists and experts is also indicated by the fact that a potential alternative body of experts, the National Public Health Council (ESYDY) already mentioned above, being comprised of public servants and health scientists with diverse backgrounds, appeared less involved with the actual management of the crisis. This was the case even though ESYDY's mandate included the handling of such health crises (Greek Ministry of Health 2016).

The experts' committee, and by extension the Greek government, appeared to derive certain lessons from the short but intense Covid-19 outbreak in other countries, engaging in effective intra-crisis learning (Moynihan 2009). As Italy faced an earlier outbreak in February, with a dramatic rise of cases, they drew lessons from this incident and assumed that an equally 'loose' approach might lead to the same devastating results. Consequently, they opted for a more conservative approach and imposed a lockdown shortly after the first case was confirmed.

In addition, the government appeared to place the economic impact of the lockdown or its potential electoral backlash below public health considerations. This was reflected in the limited role played by the Ministry of Finance and the government's economic advisors during the first phase of the pandemic; their actions were mainly focused on suggesting measures that would remedy the contraction caused by the restrictive measures (Greek Ministry of Finance 2020). Only after the first phase was successfully handled did economists take a more active role in the decision-making process. In late May 2020 the government established the Covid-19 Observatory (Παρατηρητήριο για τον Covid-19) under the head of the Council of Economic Advisers.

### ***Public sector response: the digital turn and intra-government coordination***

Another element that facilitated the management of the crisis and enabled citizen compliance was a sudden turn of the Greek state towards e-services. The Mitsotakis government had announced after its election in July 2019 that e-governance was

a priority, but this was not the first time that a Greek government had voiced such a commitment (Ta Nea 2019). To the surprise of all, a new comprehensive portal (gov.gr) was launched on 26 March, offering services such as on-line prescriptions and other e-services for which citizens would traditionally have had to queue up and congregate. Universities and schools started offering classes online. In addition, several helplines were put into place at a lightning speed (Greek Government 2020c). The role of the Ministry of Digital Governance during this period was central. A few of the new e-services that were delivered during the first three months of the pandemic were already under preparation but were then speeded up due to the unfolding crisis (Pierrakakis 2020).

The timely and efficient coordination between the central government and regional/local governments was also crucial in terms of successful crisis-management. Indeed, this was a major challenge as effective whole-of-government coordination was a recurring problem for the Greek state during crises. The government addressed this by gathering all responsibilities related to the pandemic under a single authority, the General Secretariat of Civil Protection and Crisis Management, whose head was promoted to Deputy Minister on 15 March 2020. The central government remained the key actor in the decision-making process, which meant no evident contradictions between the instructions issued by the different levels of government.

This was the case even though local authorities had substantial responsibilities vis-à-vis the management of the pandemic. Notably, they were responsible for the provision and maintenance of measures for the protection of public health, e.g. health checks of shops and businesses. Moreover, they were responsible for informing citizens about public health issues; about the implementation of public health programmes planned by the Ministry of Health or other ministries; and about the publication of local health provisions and measures for public health (European Committee of the Regions n.d.).

Nevertheless, the government chose to mitigate coordination costs and to take the lead with respect to pandemic management. The centralised structure of the Greek state, translated in this context to the General Secretariat of Civil Protection and Crisis Management taking the lead and delegating tasks to regional and local level authorities, contributed significantly to building consensus between different levels of government and managing the crisis more effectively. However, the emergence of local spikes and the need to occasionally impose local lockdowns suggest that some further delegation of authority to the local level might have produced more effective measures during the pandemic's later phases.

### *A successful communication strategy*

An important element of successful crisis-management during the first phase was a clear communication strategy. There was a succinct and steady message coming from the government and the PM himself, that this was an emergency,

and that the priority was to save human lives. The government clearly signalled that the economy was the next most important issue to deal with (Mitsotakis 2020a). The press conference held every evening at 6pm was led by Professor Tsiodras and became immediately very popular. He was followed by the recently appointed Deputy Minister of Civil Protection and Crisis Management, who announced new measures. A clear link between evidence and policy was established and fake news were discussed on almost a daily basis. This struggle against fake news was also backed up by the mainstream media.

A personal style of communication, which was often emotional, was used by all officials involved, including the PM who appeared live on TV five times between March and May 2020. At the same time, the daily briefings were based on transparency; efforts were made to present all existing evidence and to clearly signal the known-unknowns. To further reinforce this sense of transparency, journalists were encouraged to pose questions to attain a more thorough overview of the government's containment strategy. In addition to the daily briefings, the parliament also remained open and active with all sessions being publicly broadcast.

Overall, the appointment of Tsiodras as the government spokesperson and the adoption of such a communication strategy is in line with the expectations in the literature. This approach is occasionally employed by governments during crises in order to lend credibility and authority to the adopted policies, i.e. to reinforce public support for the government's problem-solving capacity (Boswell 2009, p. 7). It also aims to lead citizens to comply with the government's crisis-related measures as the former are expected to perceive the latter as the most efficacious and reliable solutions. In effect, by appointing a respected scientist to lead the effort both operationally and in terms of communication and by adopting a transparent *modus operandi*, the Greek government clearly signalled that its crisis-management policies predominantly served the goal of public health. Moreover, the government's choice to limit the role of politicians during this period should also be attributed to the above rationale. In particular, only the PM and the Deputy Minister of Civil Protection and Crisis Management had a prominent role while other relevant officials, including the Minister of Health, appeared to be less involved.

The government's approach also benefited from a generally favourable treatment by most media outlets. The content of restrictive measures did not appear as a contentious topic in the major Greek media (Chatzopoulou & Exadaktylos 2021). On the other hand, the public discourse in Greece seemed to be far more polarised with respect to the government's and the EU's response to the pandemic. In addition, this sense of polarisation seemed to spread with respect to the actions of other societal actors, including political parties, local authorities and the church. Such a level of contestation became even more pronounced during the pandemic's later phases.



All in all, the government's initial communication strategy bore fruits as most Greeks followed the restrictive measures, at least during the first phase of the pandemic. According to an opinion poll, 90.3 per cent of the respondents fully complied with the imposed health measures on personal hygiene while another 78.6 per cent complied with social distancing measures (HIT 2020, April). In this sense, it can be argued that having experts and scientists proposing these measures was of paramount importance, since people perceived them as impartial and backed by solid scientific evidence (Chrysopoulos 2020).

## Societal and institutional dynamics

### *Public opinion and public trust*

The predominance of expert advice during the first phase of the pandemic in Greece was not only positively associated with the government's crisis-management performance but also brought about another indirect and quite significant effect. According to initial surveys, the general public reacted positively to the government's evidence-informed response and levels of trust in the government and public institutions increased (Prorata 2020, April). Hence, 65 per cent of Greeks believed that the government was on top of the Covid-19 health crisis with only 15.5 per cent expressing the opposite viewpoint while 59.5 per cent fully trusted information issued by the Ministry of Health and the government (HIT 2020, April). This was indeed a break from the previous pattern of scepticism as the prolonged economic crisis and subsequent austerity measures had negatively affected citizens' trust in the government and public institutions (Drakos, Kallandranis & Karidis 2016).

What, therefore, seems to have happened in Greece during the first phase of the pandemic is that the decision of the government to invoke and largely base its policy strategy on expert advice helped the former not only to legitimise the adopted policies but also to increase citizens' compliance with them. According to more recent surveys, 75.3 per cent of the respondents posit that the use of experts' input generally leads to better policy decisions with only 3.9 per cent expressing the opposite viewpoint (YouGov 2021, March). Yet, trust in the government seems to have dropped, although only slightly, as the duration of the pandemic was prolonged (Dianeosis 2021, March).

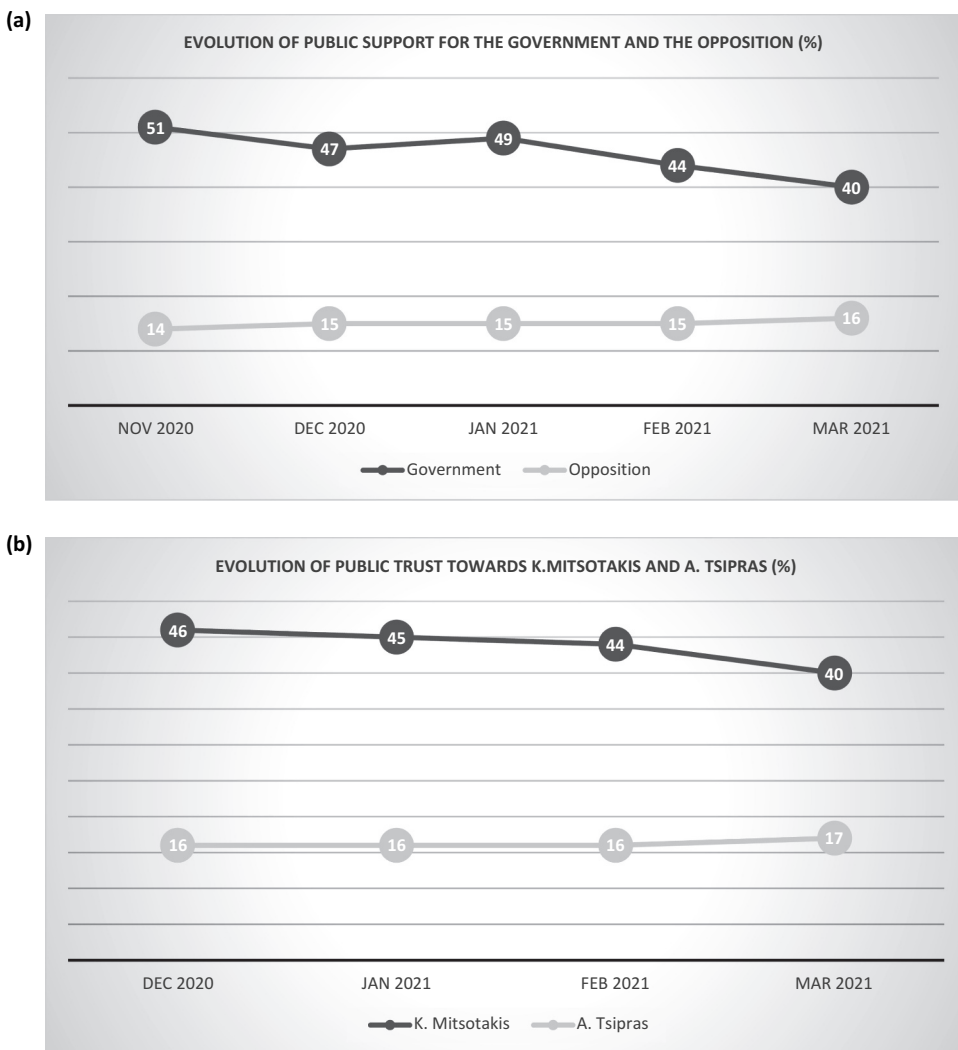
The initial increase in public trust during the first phase of the pandemic also influenced the public's voting intentions, with an increasing gap between the governing ND (Νέα Δημοκρατία – New Democracy) and the official opposition SYRIZA (Συνασπισμός Ριζοσπαστικής Αριστεράς – Coalition of the Radical Left) as well as a significant personal lead of PM Mitsotakis (with 48 per cent) over



SYRIZA's leader Alexis Tsipras (26 per cent) in terms of citizens' trust (e.g. Metron Analysis 2020, April; Alco 2020, June). This trend did not change much over this period as illustrated in Figure 3.

### Political dynamics

The pandemic's early phase constitutes a break from the usual pattern of political discourse in Greece. Scholars have characterised the Greek political system as being particularly polarised, perpetuating a culture of deep political divisions



**Figure 3.** (a) Evolution of public support for the government and the opposition from November 2020 to March 2021 in Greece. (b) Evolution of public trust in the prime minister (K. Mitsotakis) and official opposition leader (A. Tsipras), November 2020-March 2021. Source: Adapted from Metron Analysis (2021).

(Diamandouros 1994; Trantidis 2016, p. 31). The latter have changed in nature over time, with cleavages varying from left to right and from pro to anti-European, yet the element of polarisation has remained intact with opposing political forces depicting each other as 'enemies'. Following the country's prolonged financial crisis, Greece faced the Covid-19 crisis with its society and political system being deeply polarised once more (Andreadis & Stavrakakis 2019). As the Covid-19 crisis emerged, the relevant literature suggested two distinct alternatives vis-a-vis this phenomenon: either polarisation would recede for the sake of crisis management (a 'rally-around-the-flag' effect), or it would amplify the existing divisions leading to further polarisation (Chatzopoulou & Exadaktylos 2021, p. 4). Yet, the picture was a tad more nuanced during the pandemic's first phase.

The pandemic found the conservative party of ND in power with a strong majority in parliament (158 out of 300 seats), which allowed for quick decisions and legislation. Parliament remained open and functioning but with a reduced number of MPs allowed to be present (up to 25) and parliamentarians kept debating essential legislation with all political parties participating in the debate. Apart from the KKE (Κομμουνιστικό Κόμμα Ελλάδος – Communist Party of Greece), all other parties appeared to be in favour of these initial restrictions (Bourdaras 2020).

The agreement between the government and the opposition parties with respect to the functioning of the parliament also extended to the containment of the pandemic in its first phase. As the crisis escalated and the government imposed a lockdown, the opposition parties agreed with this approach and argued that all efforts should focus on mitigating the effect of the pandemic. Opposition parties only made targeted suggestions in the field of primary care and on the measures taken to address the economic implications of the pandemic. In particular, the leader of the official opposition, A. Tsipras, demanded practical support for the healthcare system, while he also advised the government to provide an additional stimulus package that would help the economy to recover from the effect of the lockdown (Ta Nea 2020b). The social democratic PASOK (Πανελλήνιο Σοσιαλιστικό Κίνημα – Panhellenic Socialist Movement), and the radical left party of former finance minister Yannis Varoufakis, DiEM 25 (Μέτωπο Ευρωπαϊκής Ρεαλιστικής Ανυπακοής – European Realistic Disobedience Front), followed a similar line, while the communist KKE focused on labour rights and on the implications of the crisis for those in economic precariousness. Finally, the small right-wing populist party EL (Ελληνική Λύση – Greek Solution) also focused on the economic implications of the crisis while calling for certain exceptions for the upcoming Easter period (Ioannou 2020).

The above suggestions were very much in line with the government's priorities and proposals, yet the administration had also to consider the existing budget constraints and hence limit the extent of its proposals to less generous measures. Nevertheless, none of the parliamentary parties contested the government's strategy of an extensive and strict lockdown.

Moreover, they all made an effort to halt potential fake news and not to give any support to alternative policies that were based on dubious scientific claims. In this sense, the Covid-19 pandemic served to lower tensions between parties, as it did in the society.

Yet, this conciliatory tone did not last long. Once the focus of the political debate moved to the handling of the pandemic's economic implications around mid-April, political tensions rose. As the government brought additional financial measures, SYRIZA and PASOK accused it of not disclosing whether these would be funded by the country's credit line or the ordinary budget (Tsatsouli 2020). A few days later, the government came under criticism again with respect to the handling of financial assistance. In particular, the government decided to allocate financial aid to certain groups of self-employed professionals on the condition that they would follow online training programmes. The latter appeared to be designed in a haphazard manner, leading opposition parties to question both the way the financial aid would be distributed but also the content thereof. Given the outcry, the government soon decided to change course and distribute the handout without the training-related precondition (Giokas 2020).

Another topic of political contestation had to do with how the government treated private healthcare providers during the early phase of the crisis. In particular, the opposition criticised the government for doubling the compensation that private clinics would receive whenever treating Covid-19 patients. SYRIZA insisted that the government should enrol private clinics and compensate them uniformly. The opposition parties equally levelled criticism with respect to the low level of testing and the high pricing of diagnostic tests in private clinics. They suggested that the government was over-compensating the latter, while also offering very little free testing.

By June and as the restrictive measures had been eased, political tensions escalated even further. The opposition's criticism was articulated along two lines. First, SYRIZA argued that the economic effects of the pandemic were further exacerbated by the government's previous economic failures. The second line of criticism revolved around the management of the communication campaign on Covid-19. All opposition parties accused the government of deciding in a non-transparent manner which media outlets would undertake this campaign and receive the subsequent funding (ANT1 2020). The media campaign played in favour of the government's prevention strategy as it allowed the propagation of a coherent message that emphasised scientific evidence and gave clear sanitary guidelines to citizens.

## Conclusions

This article identified the elements that can explain the successful management of the first phase of the Covid-19 crisis in Greece. The government chose to inform and guide its policies by following closely the suggestions of the relevant experts' committee. By placing a committee of health experts at the forefront of the effort, the government followed a conservative but effective and proactive lockdown strategy, which resulted in limiting the dispersion of the virus. In addition, the public sector, via centralisation and tight coordination, managed to respond effectively by adopting new tools, like the digitalisation of public services. Finally, the government planned a clear communication campaign, based on the above scientific advice. This contributed to high citizen compliance during the first phase of the pandemic. In addition to citizens, the opposition also backed the government's response at least during the containment phase. The low number of deaths and the increase in public trust towards the government suggest that this approach can be labelled as a successful case of virus containment.

Although this rosy picture did not last for very long, it is worth analysing, since it proves that the Greek institutions, political system, and society have the ability to adapt and confront such an emergency. In particular, the article shows that previously overlooked features of policymaking, like the employment of experts, digital tools, and targeted raise-awareness campaigns can bring exponential benefits to the political system and the public. Indeed, some of the policy innovations introduced during this first phase are still in use. A useful exercise would be to identify lessons learned from the eurozone crisis and explore the resilience built into the political and social fabric of Greece. Subsequently, it may be possible to gauge whether the resilience gained during the previous crisis enabled a better management of the Covid-19 pandemic. In addition, further research can be conducted on whether evidence-informed policymaking can lead to higher compliance and to increased levels of trust towards governments.

All in all, the above insights suggest that even countries with low administrative capacity and tight budget constraints can manage major health incidents by employing the advice of experts, acting quickly, and creating an effective and convincing communication strategy. They subsequently speak to how expert knowledge can affect a state's crisis-management effort and under what conditions evidence-informed policies can augment problem-solving capacity during crises.

## The Greek response to the second phase of the pandemic: a brief assessment

As the country successfully exited the first phase, an 'Intervention Mechanism' (Μηχανισμός Παρέμβασης), chaired by the PM and with the participation of the key actors of the first phase, was put into place. This body was composed of some health experts but mainly of close economic and political advisors to the

PM. Following advice from the Covid 19 Observatory, the 'Intervention Mechanism' was responsible for reinstating lockdown measures (Covid 19 Observatory 2020a). This Mechanism aspired to transpose the evidence-informed style of policymaking to the summer months in an effort to take timely decisions with respect to the pandemic's second phase (Mitsotakis 2020c). Nevertheless, as discussed below, it proved less effective than the earlier system of crisis management.

The second phase of the pandemic unravelled from October 2020 onwards. The marginally manageable, yet consistent, pressure on the national health system and the gradual increase in the number of cases, including in the refugee population after the burning of the Moria camp in September, resulted in Greece climbing up the list of countries ranked according to deaths per millions.

While the Greek strategy during the first phase proved successful, it seems that it lacked resilience overtime. The lack of warning country cases, along with the low number of deaths and infections that were recorded during the first phase, allowed the Greek government to postpone restrictions until the second phase was in full swing. The latter choice should also be attributed to the government's newfound focus on the economy. Indeed, economic concerns became much more salient, and economists took a more active role when it came to decisions on confinement (Haldoupis 2020). Given that the tourist industry represents a sizeable revenue stream for the Greek economy, the government tried to keep the country open for as long as possible during the summer/ fall period.

Moving to evidence-informed policies, the long duration of the crisis revealed the limited capacity of the government to shape a resilient and flexible strategy for the medium and long-term. With the emergence of the second phase, the government soon adopted a strict lockdown, following the advice of its experts' committee. In addition, Greece developed great testing capacity compared to the first phase. Yet, as the crisis dragged on, confinement fatigue also increased, leading to lower compliance. This was one of the reasons that the initial strategy proved less effective during the second phase. The experts' committee remained mainly of a medical nature, not involving scientists from disciplines that could offer solutions to compliance and fatigue problems (e.g. behavioural scientists and social psychologists). Indeed, Greece was one of the few countries employing an expert committee solely constituted of medical experts (Ladi, Panagiotatou & Angelou 2021). Having little experience of working closely with experts and convinced by its initially successful strategy, the government did not seem to grasp the benefits of receiving multidisciplinary input that would contribute towards a comprehensive and resilient crisis-management policy. Such lack of multidisciplinary expertise ended up making medical advice less efficient.

Moreover, problems appeared with respect to the communication strategy. While the initial message was based on unanimous expert advice as expressed by Professor Tsiodras, during the second phase the members of the experts' committee would go public, almost daily, expressing their individual views and underlining disagreements within the committee and, occasionally, with the government. The implications of this phenomenon were exacerbated by changes in the televised press conferences. After May 2020 press conferences were held two or three times per week and after a while on an as-needed basis. From autumn 2020 onwards, they were held by a variety of actors, most notably the Minister of Health, other high-ranking government officials, and different members of the experts' committee. Finally, the government's public messaging in favour of restraint and prudence was further undermined by some officials participating in large unofficial gatherings or seeking special exceptions (Smith 2021).

In addition to the above challenges, the government also faced a more polarised political landscape. The opposition parties openly criticised the government's strict lockdown strategy as inefficient. They also vocally objected to the government's choice to legislate on issues that required extensive deliberation (e.g. education reform, labour law) during an emergency period that left little room for such consultations. The increased polarisation together with the lockdown fatigue led to a proliferation of protests that further fed the spread of the virus. Finally, the government's economic capacity to support those most affected gradually decreased, leading to intense political contestation vis-à-vis the post-pandemic recovery.

The prolongation of the crisis also led to the contestation of the government's emergency policymaking approach. At the beginning of the crisis, the government legislated based on a sense of urgency to save lives. This mode of rule worked well as uncertainty was high, and the public had little knowledge about Covid-19. Yet, as the crisis continued, this *modus operandi* was contested. Societal and political actors sought to re-politicise the debate and questioned the decision-making process (whether policies really reflected experts' advice) and the content of the policies (whether a strict lockdown was the optimal policy). In this sense, the initial form of policymaking, i.e. of closely linking expert input with legislation and executive implementation, had to be adjusted to include elements of public deliberation. In this more nuanced process, the Greek state proved less effective compared to the pandemic's first phase.

### Disclosure statement

No potential conflict of interest was reported by the author(s).

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