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# COVID-19 lessons for Moldova: strengthening the country's immunity system in the face of new crises

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*For more than one year, the COVID-19 tests to extreme the limits of the national emergency systems across the world. In this brief, we apply the Integrated Emergency Management analytical framework to review the strategic response of the Moldovan government to the complex and multifaceted challenges that COVID-19 posed. The irresponsible behavior of Moldovan politicians, the negative personal example they gave to the wider public and the political intrusions in the crisis management have been among the key factors hindering Moldova's progress in fighting COVID-19 and its socioeconomic consequences. A number of institutional measures are necessary to safeguard the independence and effectiveness of the emergency management bodies in the face of future crises.*

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## Analytic framework

Across the world, the COVID-19 crisis unfolded as a natural experiment exposing weaknesses and strengths of national systems for disaster management. By doing so, the crisis has been offering many lessons - albeit at huge human and economic costs. This note undertakes an overview of Moldova's strategic response to crisis and a summary of key lessons.

Differently to other crises, COVID-19 manifests itself as a complex one encompassing each and every aspect of social life. While unique in its nature, magnitude and duration, the COVID-19 crisis involves all 'classical' features: 1) an existential and highly disruptive threat; 2) a huge initial surprise; 3) a sequence of cascading and rapidly unfolding ramifications; 4) short lead times and decision times; and 5) need for balanced response in a highly uncertain environment<sup>2</sup>. These features allow a brief analysis along the five key components of the Integrated Emergency Management (IEM) framework<sup>3</sup>:

1. **Assessment**, which encompasses identifying hazards and threats, assessing the likelihood of their materialization and measuring their disruptive impact.
2. **Prevention**, which is quite self-explanatory, albeit rarely possible in its entirety; when prevention is not possible, plans for mitigation and limitation of cascading effects are essential.
3. **Preparation**, an activity which essentially involves planning of actions, training, simulations and drills, essential inventories and stocks checks, allocation of financial resources.
4. **Response**, which is often the key phase in a crisis management, both by intended impact and complexity, as it requires high level of inter-agency coordination.
5. **Recovery**, the final phase which addresses the human, material, natural, economic and other impacts caused by emergency.

In case of diffuse crises like COVID-19, these components rarely unfold in as orderly a fashion as above; instead, they overlap and interact. Risks are assessed continuously at different geographical scales, while the preparatory plans are to be checked against reality and societal response. The effectiveness of the IEM assumes synergy of three managerial levels:

- Operational – the level where 'real' response and recovery work is undertaken;
- Tactical – the level ensuring that operations are coordinated, coherent and integrated;
- Strategic – this level sets goals, gathers feedback and adjusts the strategy accordingly.

<sup>2</sup> Charles Baubin, "OECD Risk Management: Strategic Crisis Management", OECD Working Papers on Public Governance No.23, <https://dx.doi.org/10.1787/5k41rbd1l2r7-en>.

<sup>3</sup> Scottish Government, "Preparing Scotland: Scottish Guidance on Resilience. Philosophy, principles, structures, regulatory duties", Version 1, March 2012, <http://www.oecd.org/governance/risk/Preparing%20Scotland.pdf>.

We lack the professional expertise to assess the operational and tactical responses to COVID-19. By all means, the Moldovan medical personnel, as well as other frontline staff (such as police), deserve full appreciation for their steady effort and commitment. In the following we concentrate on the strategic level of the crisis response. Key errors have been made by Moldovan strategists, not by the doctors. However, it is clear that strategic failures inevitably undermine the effectiveness at lower levels.

## **Discussion of the strategic response to COVID-19 crisis in Moldova**

To begin with, Moldova's emergency legislation is considered adequate and in line with international standards<sup>4</sup>. Despite this, Moldova lacks formal IEM strategy and practice and the concept itself is not yet part of the policy. While Moldova is prone to many hazards of catastrophic nature, there is no comprehensive and systemic mapping of disaster risks. No surprise, the response to COVID-19 has been largely intuitive, and often mimicking what others were doing. We'll turn now to components of the IEM one by one, albeit, as mentioned above, COVID-19 is not the typical case where the components would manifest sequentially, but instead they have been rather simultaneous.

### ***Assessment.***

Before the crisis itself, there was little Moldova could have done realistically to anticipate such a crisis, assess potential risks and get ready for it. Indeed, the COVID-19 has been a great surprise for the world. However, while the great majority of national leaders approached the COVID-19 with due concerns and seriousness, key Moldovan leaders positioned themselves as COVID-sceptics: the-then Moldovan president Igor Dodon stated on 20 of March 2020 that COVID-19 behaves "like a light flu, going through the body without even noticing it"<sup>5</sup>. This certainly contributed to the public attitudes depreciating the risk of the infection in Moldova.

The crisis itself in Moldova evolved in a snowball manner. What began as a sanitary crisis rapidly morphed into an economic one, with yet more psychological, social and political damage still likely to come.

On the one hand, the Moldovan government benefited of real-time data for monitoring the *epidemiological* component of the crisis.

On the other hand, the Government has not been able to satisfactorily measure the associated *socioeconomic* risks for a simple reason – lack of real-time data. Headline macroeconomic, sector-level and social climate indicators - all come with significant delays, giving rise to doubts regarding statistical quality, while the statistical infrastructure proved a bit too rigid to perform under new conditions requiring physical distance and remote work.

While companies hold useful alternative economic data, which can be potentially used for a more up-to-date assessment and for designing policy response (such as weekly data

<sup>4</sup> Association for Participatory Democracy ADEPT, "Report on monitoring of the COVID-19 crisis in the Republic of Moldova", May-September 2020 (available in Romanian language at <http://www.e-democracy.md/files/raport-covid-19-moldova.pdf>).

<sup>5</sup> <https://agora.md/stiri/68570/dodon-coronavirusul-poate-trece-prin-noi-si-nici-sa-nu-simtim-e-ca-o-gripa-video>.

on fuel sales, daily data on electricity consumption, hourly data on telecommunication services), the Government did little to harness them. As a result, the whole package of economic response measures has been lackluster and poorly-targeted<sup>6</sup>. As for the response to social risks of confinement (such as increased domestic violence, petty crime, abuse of substances, psychological distress and so on), it is simply missing.

### ***Prevention.***

With COVID-19 starting on a global scale, the possibility of prevention at the national level is questionable. However, once set in motion, it gathered steam with each new infection case. Preventing escalation and new waves is the key reason why epidemiologists emphasize the prevention measures at early stages of epidemics.

In this regard, Moldova failed lamentably. Besides poor enforcement of the adopted administrative restrictions, another reason has been the highly doubtful strategic decision of keeping to a relatively low level of mass testing<sup>7</sup>, despite a daunting positivity rate in Moldova – 30 percent of total tests taken between 26 of February 2020 and mid-March 2021. The exact reasons for this decision are not known, which in itself reveals another failure of a strategic communication during the crisis. Such a high rate of positivity obviously means that more testing should have been done and more rigid measures for prevention of virus transmission were warranted. In May 2020 the World Health Organization advised a 5 percent threshold of positivity rate for at least two weeks as a minimum criterion for 'reopening'. By all means, as of mid-March 2021, Moldova should have been 'closed' or with very strict measures of individual confinement and territorial lockdowns.

### ***Preparation.***

Preparation should be done before the crisis itself strikes. In this regard, the national disaster management system turned out to be poorly prepared for any nation-wide crisis. With hindsight, the national responses to catastrophic droughts in the recent decade could have been more exemplary.

Among its unexpected positive consequences, the COVID-19 crisis raised awareness of the real social and economic value of the medical profession and the dramatic impact of brain drain. Very poor payment has been the main cause of the exodus: while in Moldova a medical doctor receives an average pay of 400 USD, in the neighboring Romania the same doctor can get up to 4000 USD<sup>8</sup>. Considering the proximity and cultural identity of Moldova with Romania, and dual Moldova-Romanian citizenship of many Moldovans, the

<sup>6</sup> Stas Madan, "How can the economy be relaunched in 2021?", December 2020, Expert-Grup Independent Think Tank and Friedrich Ebert Stiftung, [https://www.expert-grup.org/media/k2/attachments/FES-Masuri\\_anti-criza\\_2020-ENG.pdf](https://www.expert-grup.org/media/k2/attachments/FES-Masuri_anti-criza_2020-ENG.pdf).

<sup>7</sup> Ala Tocarciuc, public health expert, "Concept of testing should be changed", interview on Radio Free Europe, 17 of April 2020, available in Romanian language at

[https://moldova.europalibera.org/a/ala-tocarciuc-\(expert%C4%83-s%C4%83n%C4%83tate-public%C4%83\)-concep%C4%83Bia-de-testare-trebuie-schimb%C4%83-/30559904.html](https://moldova.europalibera.org/a/ala-tocarciuc-(expert%C4%83-s%C4%83n%C4%83tate-public%C4%83)-concep%C4%83Bia-de-testare-trebuie-schimb%C4%83-/30559904.html).

<sup>8</sup> Interview of the Moldovan medical doctor Grigore Tinica, "Doctors in Romania get 10 times the wage of the Moldovan doctors",

<https://deschide.md/ro/stiri/social/74879/Grigore-Tinic%C4%83-Medicii-din-Rom%C3%A2nia-au-salarii-de-10-ori-mai-mari-dec%C3%A2t-cei-din-R-Moldova-Exist%C4%83-speran%C5%A3%C4%83-c%C4%83-%C5%9Fi-aici-ar-putea-s%C4%83-fie-bine.htm>

outflow of Moldovan doctors to Romania has been only a question of time. Between 2014 and 2019 a total number of 3,200 medical personnel left Moldova, i.e. the system lost 8 percent of its personnel in only five years.

The crisis also revealed a core problem related to domestic capacities of production of pharmaceutical, medical and sanitary essentials, as well as very poor management of strategic goods, here including food.

While formal rules for interaction among different organizations are enshrined in the emergency legislation, they were rarely practiced in realistic national drills. Poor interoperability led to utterly anomolous situations when emergency situations were instituted by local public authorities without any consideration of the national policy.

### ***Response.***

Unfortunately, the Moldovan government was not able to provide an integrated response to multiple challenges posed by the COVID-19 crisis. By and large, the epidemiological component of the crisis has been adequately addressed at operational and tactical level, but the overall epidemiological strategy lacks coherence and clarity. As a result, some of the initial decisions were hastily adopted (such as initially closing all retail and then reopening some, or organization of snap partial elections in Hancesti district amid difficult local epidemiological conditions at the early stages of the epidemic), while others have been slowly adopted (such as reintroducing the lockdown, which is imperatively required by current conditions as of March 2021).

The economic and social response package has been even more disordered, giving rise to suspicions of vested interests and corrupt arrangements. Giving 5 percentage points reduction in the VAT rate to the HORECA sector, while leaving other affected economic sectors without comparable fiscal support is only one of the most illustrative cases. In fact, there was not even a unique, national-level, plan of actions for economic response; the National Bank of Moldova adopted its own measures, while the Ministry of Economy, the Ministry of Finance and Prime-Minister's Economic Council tried to outcompete each other rather than to cooperate for adoption of a unique governmental plan. As a result, the support to firms and people amounted to only 0.8 percent of the GDP (the lowest in the region) and only an estimated share of 6 percent of companies benefited of any form of direct or indirect support.

While presidential electoral campaign in 2020 may have deterred adoption of some unpopular yet necessary measures, from our point of view, the most fundamental problem undermining the national response has been the diluted leadership caused by divergent political goals and hidden agendas. To illustrate this point: the national legislation provides that during the period of declared emergency the Commission for Emergency Situations (CES), chaired by the Prime-Minister, is the highest and the only decision-making body responsible for overall strategic coordination. Contrary to this imperative provision, during the period of emergency in 2020 the CES received orders and advice from the Supreme Council of Security (SCS) and from the Unique Center of Command (UCC) – both controlled by then-president of the country. While the SCS is a permanent advisory body,

the UCC is not even foreseen by the national legislation, and has been an ad-hoc invention of the then-president Igor Dodon.

As heavy political figures tried to dominate the picture, the public voice of medical and epidemiological professionals was silenced. While there are indications that behind-the-door discussions were often heavy and that politicians disputed with health specialists, these meetings have not been adequately documented, and there was not enough transparency behind the reasons for adopting this or that policy.

No surprise, then, the Government found it very difficult to implement the anti-crisis measures. The adherence of the population to restrictions has been very poor, medical masks are not universally used, city markets and buses are overcrowded, trust in vaccines is very low, while one quarter of the population seem to be COVID-deniers. Lamentable personal examples of the national leaders contributed to these dismissive popular attitudes: the then-president meeting and giving full hugs to veterans of war; the prime-minister organizing the wedding of his son amid public health emergency restrictions; the public health officials not wearing masks in closed public spaces etc.

### ***Recovery.***

Assessment of this phase is irrelevant, as COVID-19 crisis is yet far from over. Nonetheless, it is obvious that problems affecting the efficiency of planning and response are guaranteed to undermine the recovery phase.

### **How to prepare (better) for future crises?**

As international relations get more complex, the crises become more diverse, while their frequency is set to increase. For Moldova, which grows more integrated in the global economy, a key implication is that its exposure to global threats and hazards will broaden. Moldovan society itself turns more interdependent, which creates new vulnerabilities. The domestic and international mobility of people increases thus facilitating the spread of risk carriers. Urban settlements, especially the capital area, provide home to people resettling from rural areas and thus boosting the demand for and concentration of additional critical infrastructure.

As the exposure to hazards and threats will inevitably increase, the key strategy for maintaining the continuity of life at “normal” levels is to reduce vulnerability and to build resilience against known and unknown threats and hazards. A number of points are worthwhile being emphasized.

***Comprehensive assessment of existing and potential risks is imperative.*** This assessment should be done by a permanent or periodically convening body, of sufficiently high stance in the hierarchy. It can be created anew or the mission can be entrusted to the secretariat of the Supreme Council for Security. The body should adopt a cross-organizational approach to risks evaluation, have access to all relevant technical documentation, while at the same time enjoy a sufficient degree of intellectual freedom and creativity. A formal, comprehensive, periodically reviewed and updated map of risks with detailed technical advice and organization-level recommendations should be the main output of its activity.

***Innovative use of conventional and alternative data is necessary for early warning, effective emergency management and evidence-based policy response.*** Statistical strategy and program of statistical works should be reviewed against the evidence brought forward by COVID-19 crisis, and the statistical procedures should be adapted to function under restrictions. Data sharing agreements should be signed with private holders of useful data. The provisions of the law on protection of personal data should be brought in line with the need of the statistical authorities to access personal data for the sake of sampling and survey. It may sound ridiculous that during lockdown, the national statistical authorities could not undertake telephone-assisted households and labor surveys because they do not have access to the register of cell phone numbers.

***Besides, an integrated information system for management of strategic supplies is warranted.*** The information system should integrate data on stocks available with private and public suppliers, at central, regional and local levels. This will also require legal amendments regarding the commercial trade rules during emergency situations.

***Standard operating procedures (SOPs) should be developed for public and private sector to fit different emergency scenarios.*** COVID-19 has shown that unclear, ambiguous directives may increase the vulnerability amid an ongoing emergency. While normally SOPs are defined for case management in hospitals, the COVID-19 has proven that they are necessary across all economic sectors in order to maintain an acceptable level of economic functionality and security.

***Performance of the emergency management institutions amid COVID-19 crisis should be thoroughly audited against the written rules and procedures.*** The results of the audit should be used to better insulated them from political interferences in the future crises. Politicians should take a step back during emergency situations. They may formally remain in the headlines, but they should be aware of how poor disaster managers they really are. During COVID-19 crisis they too easily resorted to populist decisions undermining the overall crisis management strategy. Institutional framework should be reviewed and secondary legislation be adopted to ensure that professionals are really in charge during emergency.

***Transparent and well-communicated decisions are of key importance for public trust.*** Meetings of the bodies involved in management of future emergencies should be adequately documented / taped / videorecorded. This is very important not only for the sake of transparency and public control, but also as a factor deterring political figures from intruding too much. Public communications guidelines should be developed and shared by all levels (operational, tactical, strategic), messages should be coherent and consistent across all levels.

***Community mobilization should be improved.*** In this regard, emergency management bodies should stand ready to establish partnerships with influential community leaders. During COVID-19 the Government failed to realize that religious organizations, including the two orthodox churches represented in Moldova, could be very useful in convincing the community to abide by restrictions and rules. Failing to do so,

some organizations adopted skeptical attitudes regarding the pandemic and, probably to a significant, yet unknown extent, contributed to spreading the infection.

***Improved international cooperation.*** EU-Moldova Association Agreement may be an opportune framework which Moldova could use, not only for response per se (here including vaccination), but also for learning more advanced practical experience. The Chapter 21 on Public Health foresees in Article 114 that the parties shall cooperate in area of epidemiological surveillance and control of communicable diseases, such as for example HIV/AIDS, viral hepatitis and tuberculosis, as well as increased preparedness for public health threats and emergencies. Moreover, the Chapter 22 on Civil Protection the parties shall cooperate and provide mutual assistance in case of emergencies.