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# **COVID-19**

# **PANDEMIC CRISIS MANAGEMENT**

# **A NON-MEDICAL APPROACH**

**- SECOND INTERNATIONAL THEMATIC PROCEEDINGS -**

**COVID-19**  
protection

UNIVERSITY "UNION - NIKOLA TESLA", BELGRADE, SERBIA  
FACULTY OF BUSINESS AND LAW  
FACULTY OF INFORMATION TECHNOLOGY AND ENGINEERING



Faculty of Business Studies and Law  
Faculty of Information Technology and Engineering  
University “Union - Nikola Tesla”, Belgrade

# **COVID-19 PANDEMIC CRISIS MANAGEMENT A NON - MEDICAL APPROACH**

Second International Thematic Proceedings

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Professor Milan Radosavljević, PhD

Professor Maja Anđelković, PhD

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## MANAGEMENT OF CRISIS CAUSED BY COVID-19 PANDEMIC WITH RESPECT FOR HUMAN RIGHTS

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**Abstract:** *Theoretical background: „In order to mitigate the spread of COVID-19, governments around the world have introduced emergencies, measures restricting individual freedoms, social and economic rights, and global solidarity“. These measures closed schools, workplaces and transit systems, canceled public rallies, introduced mandatory house closures and introduced electronic surveillance. Methods: In the literature analysis, the content analysis method and the comparative method were used, which was also used for the analysis of crisis management in different countries of the world. A descriptive method was used in all segments of the work, as well as a case study analysis in the Republic of Serbia. „Results with conclusions: COVID-19 is an unprecedented global threat and human rights should be at the core of the global response“. States have not always shown an adequate response to the crisis. The results of the research showed that the digital tools and technologies used during the pandemic monitoring were not always ethically correct and caused public distrust. „Governments should enact laws that are proportionate, necessary and non-discriminatory to the most vulnerable members of society and should ensure that laws mitigate the worst effects of the crisis on vulnerable groups and must be open and transparent.“ Global solidarity is essential. The terrible scale of this crisis offers an opportunity to radically reconsider the obligation of states to protect the health system and prepare it for the future.*

**Key words:** *crisis, human rights, pandemic, healthcare system, solidarity, Serbia*

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<sup>1</sup> Ministry of Education, Science and Technological Development, Eb. 451-03-9/2021-14/200020



## INTRODUCTION

Instead of perceiving human rights as restrictions on public health measures, their crucial importance for public health should be recognized through rational, proportionate and responsible building of public trust, and priority should be given to security and protection of vulnerable and marginalized groups.

This paper attempts to answer the question of how human rights are central to three interrelated domains of response to COVID-19:

1. restriction of individual rights to public health protection,
2. exercising the right to health, social security, water, housing and education in the context of the response of the healthcare system and measures of physical removal, and
3. fulfillment of international obligations of cooperation and assistance.

Perceiving human rights at the international level, the authors of this paper attempt to find an answer to how human rights could better support policy responses to COVID-19.

COVID-19 has exposed social and economic inequality, even though human rights are universal, indivisible and interdependent (Vienna Declaration and program of action, 1993). Based on these interrelated rights, it can be concluded that governments should be guided by human rights in what they do, in order to protect those most vulnerable to discrimination and prevent restrictions on certain freedoms in crisis management caused by pandemic. Medical care, public health, social and economic rights as well as global solidarity should be achieved through international cooperation and assistance. (Lugonjić, Arsenijević, 2020)

Due to the fact that the world has become a "global village", crisis situations that occur in any part of the world can no longer be ignored, localized, or approached as a challenge of a local character. Various crisis events, more and more frequently and more and more severely affect both state and political institutions, as well as business, entrepreneurial subjects and individuals. When the World Health Organization formalized the COVID-19 pandemic in March 2020, the challenge that was initially treated as "Chinese" and then as "Italian" soon became global (Mann, Grodin, 1999). In a very short period of time, the local challenge took on the dimensions of a global challenge that completely changed the economic, political and social aspects of human civilization, again leading us to the conclusion that "following incredible and unpredictable events, human history does not follow a pattern." (Vienna Declaration and programme of action, 1993). For that reason, the COVID-19 pandemic cannot be

viewed separately only as a health, economic, social or educational crisis, but, given the impact in each of these social aspects, it must be viewed as a combination of all of them.

## 1. THE NOTION OF CRISIS

Events that happen suddenly and without announcement are called crises. Each individual perceives a crisis event and reacts to it in a different way. The choice of reaction to the crisis event itself usually leads in two opposite directions: towards the solution and from the solution. Crisis events are one or more consecutive unforeseen events that negatively affect an individual or the environment. Some crisis situations can have a fire effect. (Orčić, Orčić, Arsenijević, 2020) They appear imperceptibly in some part of society or organization. If nothing is done or if it is not responded to immediately, they can take on unstoppable proportions with huge consequences. Töpfer states that the crisis can generally be defined as an emerging risk. It has been noticed and evaluated before or was not noticed at all, and thus it appeared completely suddenly. (Siracusa principles, 1984)

A crisis is an unplanned, unwanted event with an uncertain outcome that can jeopardize or completely disable the planned process. The symptoms of a crisis can be different. The causes of the crisis can be various such as market crashes like the oil crisis, recession, wars, migration, and many others. Although the causes are different, in the literature they are divided into external and internal. (Joles, 2020)

Pandemics cause prolonged economic damage. Based on these conclusions, we can assume that the effects of the COVID-19 epidemic could persist for a long time to come. It is also pointed out that the end result of a crisis event is conditioned by the way of individual experience and behavior of an individual in relation to the crisis event, not only in the short term but also in the long run.

Some experts estimate that the direct demographic and therefore long-term socio-economic effects of the COVID-19 pandemic will be “very uneven, not only in Europe and the world, but also within individual countries, depending on epidemiological factors and strategy to combat economic crisis caused by the pandemic. (Kaplan, Fraiss, McFall, 2014) This is especially important considering that analyzes based on previous pandemics have shown that certain long-term economic consequences of pandemics can last for decades or even generations. (Government Gazette, 65:2020)

If the current unwanted crisis event is viewed in a broader historical context, it can be concluded that various crisis events as well as pandemics of global proportions have occurred periodically since the existence of human civilization. We can almost conclude: crisis events are an unavoidable part of the human race. Depending on the severity of the disease itself, the duration of the pandemic, the degree of development of human civilization or individual states, as well as the strategies applied in the fight against the disease and its direct effects, pandemics have shaped future directions of human civilization.

## 2. MANAGEMENT OF CRISIS EVENT

Every crisis takes its course and brings with it also a part of the solution. So, every challenge also carries a potential chance. Almost every crisis that humanity has gone through has carried the germ of radical solutions as well as the potential for a new beginning. A crisis event, although sometimes with the enormous damage it causes, can ultimately result in a positive effect. The effect of a new beginning. New ideas, new higher values initiated by the event itself. It is important to note the fact that each participant in the event perceives it in his own way in accordance with his preferences, ie "intellectual DNA record".

Crisis management is necessary for a successful exit from any crisis situation. Whether it is a crisis caused by human failures or technological failures, conflicts between individuals or groups, misjudgments and decisions, or simply rumors that spread uncontrollably and create panic, an immediate, quick and effective response is needed to prevent the escalation of an unforeseen adverse event. (Orčić, Orčić, Arsenijević, 2020)

It is important to emphasize that there is no ideal way to manage crisis events. The effect of the chosen activity for the purpose of preventive or reactive action as well as resolving the crisis event is as unpredictable as the event itself. However, individual experiences and reactions or management of the crisis process are all conditioned by intellectual DNA.

### 3. RESTRICTION OF RIGHTS THROUGH THE IMPLEMENTATION OF LAWS IN EMERGENCY PROCEDURE

„International human rights obligations do not end in global pandemics. However, many governments have introduced laws restricting travel rights, banning public gatherings, and expanding the use of force against people who do not respect isolation.” (Siracusa principles, 1984)

The International Agreement on Civil and Political Rights sets out the principles according to which the right of an individual to the protection of public health is ensured without restriction or harm. Restrictions on rights must be necessary, proportionate and limited in time, and not arbitrary and discriminatory. (Siracusa principles, 1984)

„The UN Secretary General spoke on several occasions about the importance of respecting human rights, and about the fact that states can respect human rights and the rule of law in their response through the implementation of measures that are proportionate to immediate threats. It is crucial to consider how this human rights balancing act can be used to assess and direct policy responses to public health closures and surveillance.” (Guterres, 2020)

#### 3.1. Restrictions on freedom of movement

„New emergency laws have come into force in many countries, requiring almost all individuals to remain within limited geographical areas or in their homes. In China, in the Wuhan area and Hubei province, about 60 million people were confined solely to their homes.” (Joles, 2020) „Other countries, including India, France, Italy, New Zealand, South Africa, Poland, Serbia, as well as many other countries, have implemented country-wide locking, with the exception of doctors, nurses, pharmacists, traders, government officials and food suppliers.” (Kaplan, Fraiss, McFall, 2014) Governments have enforced this restriction on freedom of movement restrictively, including prison sanctions, large fines, and the like.

Restriction of movement, partially or completely, is repeated with the appearance of new virus attacks. (Government Gazette, 65:2020)

Restriction of movement in such situations is a public health necessity in response to COVID-19, but some of the states use unnecessary and disproportionate

force to implement this measure (e.g. India, Uganda). (Human Rights Watch, 2020; Kwalimwa, 2020)

Other countries have imposed explicit human rights violations in their response to the pandemic, declaring a state of emergency without a clear time limit (Hungary, Serbia). (Quinn, 2020) This has allowed the authorities to have more direct influence on human rights. For example, in Serbia, groups of pensioners, due to a complete ban on movement, autistic children and people with disabilities, as well as many other marginalized groups were affected. (Gonzalez Cabrera, 2020; Human Right Watch, 2020) Russia and Myanmar have introduced long-term prison sentences, imprisoned large numbers of people, and thus increased the prison population, leading to the rapid spread of COVID-19 due to prison overcrowding and poor health care. (Rainsford, 2020)

Migrants and refugees were also affected by the measure. Thailand, for example, has banned the return of its citizens working abroad during a pandemic. (Ganguly, 2020; Mutyambai, 2020)

„Human rights principles provide a clear framework for assessing the legitimacy of such measures. Many human rights may be derogated from or restricted to protect public health, but some, such as the right to life, cannot.” (European Convention on HR; International Covenant on CPR, 2020; General Comment, 29: 2020) Sanctions for breaches of the movement ban should be proportionate to the national threat from COVID-19 and should not be inappropriate. „For example, the High Court in Kenya ruled that curfew was illegal, as well as the excessive use of force in its imposition, finding that the police were responsible for violating the right to life and dignity of people who allegedly violated curfew.” This case is significant because it emphasizes the importance of judicial review of restrictions on rights. (Mutyambai, 2020)

In order to ensure that the measures adopted are not discriminatory and violent, governments must create their policies transparently, engaging vulnerable groups, which will ensure human rights and cooperation in emergencies.

### **3.2. Restriction of privacy through public health surveillance**

„In urgent responses to public health, some states have drafted or relaxed data protection laws in order to monitor those infected to the extent of social exclusion and to facilitate disease surveillance.” (Digital tools for COVID 19, 2020; Ensuring data privacy, 2020) Israel, for example, used the emergency law to track the location

of smartphones, using the national security agency to track potentially infected people. (Fihim, Kim, Hendrix, 2020) Korea has published detailed data on infected people through private applications, alerting users to their proximity, which has led to discrimination against the elderly. „In China, all citizens had to install software on their phones to predict health status, monitor and share locations with the police, which determined whether people could enter public spaces.” (China code APP, 2020)

„In promoting contact tracking through digital tools, governments may exacerbate inequalities because many people do not have modern smartphones that support contact search technology.” (Beaunoyer, Dupere, Guitton, 2020) Thus, when data collected through these applications and other technologies are used to inform decision makers, they may leave out vulnerable groups in policy making. A good example of this is Argentina. The Argentine government has adopted the CuidAR COVID-19 application to facilitate contact search. However, they did not take into account the fact that many people live in informal settlements, that they do not have smartphones, and that these settlements are the most endangered by COVID-19. (Rodriguez-Ferrand, 2020; Silver, 2019; Argentina, 2020)

Enhanced surveillance in health emergencies can be useful in support of social alienation and information efforts for epidemiological research on the contacts of an infected person in response to an epidemic. „Nevertheless, the spread of surveillance technology beyond traditional public health mechanisms increases tensions between individual rights and collective interests.” (Ni Aolain, 2018) „Without adequate safeguards or at least a reduction in the impact on individual human rights (privacy, freedom of movement), oversight poses a risk to human rights. In accordance with the principle of proportionality of human rights law, all COVID-19 surveillance tools must prove their epidemiological necessity, must be proportionate and limited in time. Tools that collect a lot of data without compromising an individual's identity can meet human rights requirements. The governments of Canada, Iceland and Italy have given people the opportunity to give their consent to use the data collection application for research purposes.” (Un special Rapporteur, 2019) It is also very important that governments ensure unnecessary extension of the use of these applications, as well as supervision of private companies so as not to use this measure to make a profit, and that after the pandemic, this measure will be abolished. (Farha, 2020)

„The above examples of restricting human rights in emergencies suggest several important moments in the realization of human rights principles within public health:

- governments must give priority to protecting the most vulnerable people in society;
- initiatives such as distancing and self-isolation will disproportionately affect vulnerable people, including the homeless, migrants, temporary workers and the like.” (Yamin, Habibi, 2020)
- before restricting freedoms, states must be transparent in communicating with science;
- governments must enable public participation in order to build citizens' trust and reconcile restrictions on rights with accountability; (Miljković, Arsenijevic, Trnavac, 2018)
- Governments should ensure that the use of force and coercive measures, such as fines and imprisonment, are restricted in order to implement public health objectives.

#### **4. FULFILLING THE RIGHT TO HEALTH CARE**

„In addition to respecting individual freedoms, states have an obligation to provide adequate medical care in response to COVID-19 based on the right to human health and basic determinants of health, including work, social security, housing, food, water, and sanitation.

As early as 1946, the WHO recognized that the enjoyment of the highest attainable standard of health is one of the basic rights of every human being.” (Yates, 2020) „Subsequently, the right to health is elaborated among other human rights in various international and regional documents. The International Agreement on Economic, Social and Cultural Rights (ICESER) codifies this right as the highest attainable standard of physical and mental health, which means creating the opportunity to ensure access to acceptable and quality health care and to provide a basis for public health, including water, food , housing, education, gender equality.” (Gage, Bauhoff, 2020; UN, 2020)

„COVID-19 has shown that in many countries the health system is unable to withstand a prolonged health crisis. Many countries, including the United Kingdom, Italy, Spain, and the United States, are struggling to respond adequately due to years of health savings. As a result, efforts are being made to provide appropriate diagnostic tests and personal protective equipment to prevent disease transmission.” (Siegfried, 2020; Puras, Mesquita, Cabla, 2020)

„There have been violations of human rights in the field of health, in health care institutions especially towards marginalized groups, such as migrants, displaced persons, racial and ethnic minorities, the elderly, and HIV-positive people. The UN High Commissioner for Refugees has identified thousands of migrants who are at risk of further spread of the infection and other diseases because they are without health care.” (Siegfried, 2020) „Bosnian authorities, for example, transferred thousands of migrants to a remote camp, 25km from the Croatian border, without access to health care.” (Payne, 2020)

„In order to respect the right to health, states must ensure access to appropriate COVID-19 diagnostic facilities and emergency health care through health policies, programs, and practices.” (Payne, 2020)

However, many countries have not been able to operationalize the right to health, have not provided adequate personal health equipment, diagnostic tests, contact search and health service.

„South Africa has introduced a mass free testing program available to all citizens. Countries such as Spain and the United Kingdom have "nationalized" private hospitals to ensure that all citizens have equal access to treatment. However, in countries like the United States, those who do not have health insurance are denied access to treatment or face a ban on using the basic treatment fee against COVID-19, which causes high mortality.” (NHS, 2020; Shadmi, Chen, Dourado, 2020; ILO Monitor, 2020; Meier, Evans, Phelan, 2020; Alon, Doepke, Olmstead Rumsey, 2020)

#### **4.1. Rights relating to the basic determinants of health**

“In addition to the right to health in health facilities, economic and social rights affect public health during periods of physical distancing, including the right to housing, social security, employment, food, and water. Widespread social exclusion highlights existing vulnerabilities within economic systems:

- a large number of people are employed in the service and production sectors that are not subject to social exclusion;
- job insecurity is a threat to continuous income, which leads to social insecurity.” (Wenham, Smith, Morgan, 2020; Gajdobranski, Krmpot, Latković, 2020)

Social exclusion disproportionately affects vulnerable groups, causing them health damage, deepening poverty and the like.



„Women around the world have felt inequality under the influence of COVID-19. Many of them have lost their jobs, have to take care of their families and stay at home, which is based on discriminatory policies and gender norms. National lockdowns are especially important for women who are at risk of domestic violence and cannot shy away from bullies. Domestic violence increased worldwide during the pandemic.” (BBC News, 2020; Službeni glasnik RS 82:2020)

The prevailing political response was to save the economy and individual institutions, in order to enable citizens to respect distancing and merely satisfy their existential needs. Companies have received economic assistance, cheap central bank loans, tax laws have been amended and social security payments have been increased to support employees. Some governments have compensated workers' wages to allow the closure of businesses, as long as necessary. „Spain specifically mentioned constitutional rights when it allocated funds under the "social shield" package, which included a moratorium on mortgages and utilities to people unable to pay, such as the elderly, people with disabilities or people on low incomes. Incentive packages in France, Denmark, the United Kingdom and India did not explicitly mention social rights, nor did they address the plight of vulnerable groups.” (BBC News, 2020)

## **5. INTERNATIONAL OBLIGATIONS: THE OBLIGATION TO PROTECT HUMAN RIGHTS AND ASSIST THE VULNERABLE**

„In order to face the global threat - the COVID-19 pandemic, humanity will need a transition to global solidarity and shared responsibility. International assistance and cooperation can provide access to food, basic supplies of water and medicine. Medical assistance and support is a human rights imperative that will be crucial in overcoming this pandemic.“ (Sekalala, Forman, Habibi, Mason Meier, 2020)

„Low-income countries will face obstacles to mitigating COVID-19, while many rich countries pass isolationist laws and ignore the global emergency. The United Kingdom has passed laws that prevent the export of basic medicines, the EU has limited the export of hospital supplies, and the United States has limited the departure of medical staff.“ (Sekalala, Forman, Habibi, Mason Meier, 2020) International sanctions against Iran, one of the countries hardest hit by this pandemic, have exacerbated the lack of medical supplies and humanitarian aid.

„The Declaration of Human Rights has long recognized the obligation of rich countries to help the poor. By adopting the Universal Declaration of Human Rights, states

have recognized that international cooperation is necessary in the realization of human rights. Through ICESCR, states have committed themselves to international cooperation for the progressive realization of social and economic rights, including the right to health. This commitment is reflected in helping other nations prevent disease.“ (<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>)

Failure to provide assistance to countries in need, deprivation of necessary medical supplies and other necessities, would be very bad for pandemic control. „COVID-19 has shown that all countries are equally vulnerable to the spread of infectious diseases. Recognizing this, some rich countries have made it possible to address the poor directly for help through the United Nations, through the Global Humanitarian Plan for COVID-19.“ (<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>)

„The International Monetary Fund, in cooperation with the WHO, offered to suspend debt collection, in order to support global health.“ At the initiative of Costa Rica, the WHO launched a voluntary fund for intellectual property, for the exchange of technology and knowledge about COVID-19. Several poor countries have gathered around the "People's Vaccine" initiative to ensure that future vaccines are available to all. (<https://ourworldindata.org/covid-vaccinations>)

## **6. CRISIS MANAGEMENT AND SOLIDARITY IN THE EU DURING THE COVID-19 PANDEMIC**

„In this time of crisis, countries, regions and cities across the European Union are helping EU citizens and all those most in need: by donating protective equipment (masks), providing medical teams, cross-border treatment of patients and repatriation of EU citizens.“ (<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>) This is the best example of European solidarity.

„The European Commission provides assistance through the Emergency Response Coordination Center, such as coordinating and co-financing the delivery of personal protective equipment and other assistance, organizing flights for the return of citizens from outside Europe and transporting medical teams between countries.“ (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

„The European Union, through the Union Civil Protection Mechanism, helps coordinate and finance the delivery of medical equipment and related supplies (protective masks, disinfectants and other products) to countries in Europe and elsewhere in the world seeking assistance.“ Let us mention several examples:

(<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

At the beginning of April, European medical teams were sent to Italy, which consisted of doctors and nurses and technicians from Romania and Norway, respectively. The teams were mobilized under the Union Civil Protection Mechanism and coordinated by the EU Emergency Coordination Center.

In early August, an Italian emergency medical team was sent to Azerbaijan, and between June and July, emergency medical teams from Italy, Germany and Lithuania were sent to Armenia.

“The European Union, through the Union Civil Protection Mechanism, helps coordinate and finance the delivery of medical equipment and related supplies (protective masks, disinfectants and other products) to countries in Europe and elsewhere in the world where assistance is needed.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

On April 7 and 8, teams of doctors and nurses and technicians from Romania and Norway were sent to Milan and Bergamo. The teams were mobilized and funded under the Union Civil Protection Mechanism, and coordination was taken over by the EU Emergency Coordination Center. “Austria also offered more than 3,000 liters of disinfectants, and Italy activated the European Union's Copernicus satellite system for mapping health facilities and monitoring activities and public spaces. Several EU member states sent protective equipment (masks, medical overalls, ventilators) to Italy and admitted Italian patients for treatment.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)



Figure 1: ERCC response to the COVID-19 crisis

Source: <https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>

„On March 19, the European Commission established the strategic capabilities of rescEU - a common European stockpile of emergency medical equipment, such as ventilators, protective masks, gloves and laboratory equipment, to help EU countries fight the coronavirus pandemic. The commission finances 100% of the capacity (including ordering, maintenance and delivery costs). They are hosted in several Member States and stocks are regularly replenished. Germany and Romania were the first member states to host rescEU stocks, joined in September by Denmark, Greece, Hungary and Sweden. Host countries are responsible for procuring equipment with the support of the Commission.“ (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

„The Emergency Coordination Center manages the distribution of equipment and ensures that it reaches where it is most needed. On June 2, the Commission proposed to strengthen the rescEU mechanism by 2 billion euros in the period 2021-2027, in order to increase the capacity of the European Union to respond in the event of a new cross-border emergency. Additional financial resources will be used to stockpile strategic medical equipment for emergencies, forest fires, chemical, biological, radiological or nuclear accidents, and other major emergencies. The total budget of the Union Mechanism for Civil Protection will amount to 3.1 billion euros. The Emergency Coordination Center manages the distribution of equipment and ensures that it quickly reaches where it is needed. The Commission assists Member States in coordinating assistance and consular repatriation operations for EU citizens from countries around the world.“ (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

„When a Member State activates the Union Civil Protection Mechanism, the Commission's Emergency Coordination Center will coordinate all actions with the European External Action Service and the Member States. The Commission can co-finance up to 75% of transport costs. EU non-citizens can also benefit from this assistance.“(<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

Since the start of the pandemic, evacuation flights organized by member states have transported more than half a million people to Europe. In addition, more than 82,000 EU citizens from around the world have returned home through the Union's civil protection mechanism.(<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

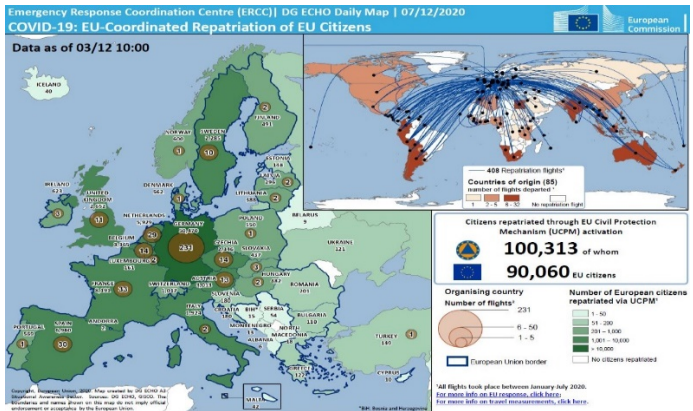


Figure 2: Coordination of the ERCC repatriation of EU citizens

Source: <https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>

### 6.1. Assistance to non-EU countries

Europe continues to play a leading role in the world as a credible partner in development and humanitarian aid. The EU has mobilized more than 38.5 billion euros worldwide to fight coronavirus. “The EU response is based on the approach of the Europe Team and brings together the resources of the EU, its Member States and financial institutions, including the European Investment Bank and the European Bank for Reconstruction and Development, with the aim of supporting all partner countries. The funds are used to respond to emergencies and consequent humanitarian needs, to strengthen the health, water / municipal and food systems, and to mitigate the economic and social consequences of a coronavirus pandemic around the world.

On April 8, the European Commission announced support of approximately 15.6 billion euros in the efforts of partner countries in combating the pandemic.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)



Figure 3. Team Europe Breakdown

Source: [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity\\_sl#rescue](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity_sl#rescue)

On 12 November, the Commission concluded ten guarantee agreements with partner institutions worth € 990 million, an important step by Team Europe in promoting investment in Africa and the EU's neighborhood. “The agreements complement the European Fund for Sustainable Development - the financial part of the External Investment Plan. The agreements are expected to mobilize 10 billion euros in total investment, aimed at boosting economic recovery and strengthening the resilience of African and neighboring countries. The financial support is intended to improve health care, provide loans to small and medium enterprises, expand the renewable energy sector, promote green energy solutions and develop green infrastructure and industry.”(<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

The commission announced on November 24 that, as part of the EU's global response to the coronavirus pandemic, half of the 38.5 billion euros had been paid for emergency crisis care, basic health services, economic recovery and long-term and short-term measures. social support. “As part of the European team's approach, which brings together the resources of the EU, its member states, the European Investment Bank and the European Bank for Reconstruction and Development, a breakthrough has been achieved in three key areas: emergency response and humanitarian needs, strengthening health care, access to clean water and sewerage and addressing the social and economic consequences of the crisis.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

“On December 1, the EU launched a new € 20 million response program from the Europe team to support the preparedness and response capacity of Southeast Asian (ASEAN) partners: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam. The program aims to strengthen their health systems and support awareness-raising activities to help people living in rural and remote areas by transmitting COVID-19 risks, symptoms, and preventative measures.”(<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

“On December 15, as part of Team Europe's accession, € 500 million was awarded to support the global vaccination initiative COVAX, which aims to provide one billion doses of coronavirus vaccine to low- and middle-income countries in Africa, Asia, the Caribbean and the Pacific, on the south, and Europe's eastern neighborhood. The Commission has allocated 100m euros, and the European Investment Bank 400m euros for the participation of low- and middle-income countries in the COVAKS mechanism. Rapidly approved funds were provided by the European Fund for Sustainable Development.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

The initiative will provide access to a safe and effective coronavirus vaccine for at-risk and vulnerable populations and field workers in low- and middle-income countries through the COVAX multilateral mechanism, while enabling self-funded vaccines to be purchased for economies, including the European Union.

“The coronavirus pandemic has caused an unprecedented humanitarian crisis in some of the most critical areas in the world. The EU was among the first to respond in February 2020 to the World Health Organization's plan to respond to the coronavirus in order to meet the most urgent needs of already sensitive countries.”

€ 30 million has been earmarked for responding to the most urgent needs in about 10 countries already affected by the humanitarian crisis. In addition, the European Commission announced on May 19 that it would provide an additional 50 million euros in humanitarian aid. “The new funds will help vulnerable people at risk of a major humanitarian crisis, especially in the Sahel and Lake Chad, the Central African Republic, the African Great Lakes region, East Africa, Syria, Yemen, Palestine and Venezuela, and the Rohingya people.”

Assistance will be provided to the humanitarian needs of vulnerable groups and ensure that humanitarian actors continue to have the opportunity to work their lives saving lives. “The funds will provide access to health services, protective equipment, water and sanitation. They will be deployed through non-governmental

organizations, international organizations, United Nations agencies and the Red Cross and Red Crescent. Here are some examples of EU-funded humanitarian aid for vulnerable groups.”

“In the fight against the coronavirus pandemic, the European Commission has published practical guidelines on how to adhere to EU sanctions when providing humanitarian aid, so that humanitarian and medical aid reaches the people who need it, even when sanctions exist.”

“On 12 May, the Commission published comprehensive practical guidelines for providing assistance to Syria, explaining responsibilities and procedures for providing assistance.” The purpose of these guidelines is to facilitate the activities of humanitarian actors in Syria, direct equipment and help in the fight against the pandemic. They target all actors involved in the delivery of humanitarian aid (EU Member State sanctioning authorities, public and private service providers, such as donors, NGOs, banks) and who must respect existing EU sanctions when providing assistance.

“The Commission expanded the guidelines on October 13 and November 16, which now include separate chapters on Iran, Venezuela and Nicaragua.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

The coronavirus pandemic has posed critical logistical challenges for the humanitarian community. The lack of commercial flights has led to a backlog of emergency care, while needs in many critical areas continue to increase exponentially.

The European Union launched the EU Humanitarian Air Bridge on May 8 to help fight the global coronavirus pandemic, an interim initiative based on a range of air transport services to deliver humanitarian aid and basic means of responding to coronavirus to the most vulnerable countries most affected by air traffic. “Flights over the air bridge transport basic medical equipment, humanitarian cargo and personnel and assist in repatriation flights organized by EU member states. Flights provide an influx of humanitarian aid and facilitate the movement of humanitarian personnel to and from the most vulnerable countries. All flights are funded by the European Union and are performed in cooperation with Member States, humanitarian organizations and recipient countries.”

To date, several tons of medical equipment and medical supplies have been delivered by plane, and medical and humanitarian personnel have been transported to critical areas in Africa, Asia and Latin America.



“As part of the global response to the coronavirus pandemic, the European Commission supports the Eastern Partner countries and announced the redistribution of 140 million euros for the most urgent needs of Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine. The commission will also redirect the use of existing instruments worth up to 700 million euros to help countries during a coronavirus pandemic.” These funds are intended to cover the procurement of medical devices and protective equipment, as well as support to companies and employment.

In the face of the coronavirus pandemic, Ukraine has sought the help of the European Union through the Union Civil Protection Mechanism. Slovakia, Estonia and Poland offered protective masks, disinfectants, blankets and other supplies, and the EU coordinated and co-financed the delivery of this aid to Ukraine. In response to an additional request for help, Denmark sent 50 fans to Ukraine on December 11. “The EU Civil Protection Mechanism also coordinated and co-financed the delivery of disinfectants and personal protective equipment from Estonia and Denmark to Georgia. Moldova received gloves, blankets and disinfectants provided by Austria and Poland under the Civil Protection Union Mechanism, and Albania also received gloves and disinfectants from Austria” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

On April 22, the commission presented a proposal for macro-financial assistance in the amount of 3 billion euros for ten countries in the region and beyond: Albania, Bosnia and Herzegovina, Georgia, Jordan, Kosovo, Moldova, Montenegro, Northern Macedonia, Tunisia and Ukraine. “The proposed assistance is in addition to Team Europe's € 15.6 billion strategy to support partner countries in tackling the coronavirus pandemic. The € 3 billion aid aims to limit the economic consequences of the coronavirus crisis in partner countries. The assistance will be used to implement structural reforms to strengthen economic governance and transparency and to improve the conditions for sustainable growth.”

On September 29, the EU and Georgia signed two financing agreements worth 129 million euros to help Georgia manage coronavirus outbreaks and related economic consequences. Georgia received a 75m-euro grant under the agreement to improve resilience to COVID-19 in support of an economic plan to prevent a crisis and help recover from a pandemic. The EU4 Integrated Territorial Development Program has been awarded € 54 million in grants, especially for the economic development of regions outside the capital.

“On December 9, the commission paid 600 million euros to Ukraine under a coronavirus-related macro-financial assistance program based on an agreed memorandum of understanding. With the help of the EU, it wants to contribute to the macro-financial stability of Ukraine and enable its national authorities to dedicate more resources to mitigating the socio-economic consequences of the coronavirus pandemic.”

“On August 18, the European Investment Fund and Raiffeisen Bank dd Bosnia and Herzegovina signed a guarantee agreement to increase the bank's creditworthiness. The agreement will help support Bosnia and Herzegovina's economic recovery, as it will provide a new 12m euros with improved lending conditions available to companies in the country. The guarantee, which will be provided under the European Program for the Competitiveness of Enterprises and Small and Medium-sized Enterprises (COSME), is part of the loan guarantee scheme for economic support in response to coronavirus.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

“Bosnia and Herzegovina received tents and other accommodation products, gloves, disinfectants and hygiene items provided by Slovenia and Austria under the Union Civil Protection Mechanism.”

On July 19, a team of Lithuanian health workers mobilized through the Union Civil Protection Mechanism was deployed to Armenia. A team made up of volunteers and members of the Lithuanian Coronavirus Crisis Management Team helped their Armenian counterparts fight the coronavirus. To provide further assistance, an emergency medical team of 10 doctors and nurses from Italy was sent on a mission to Armenia on June 26 through the Union Civil Protection Mechanism. The EU coordinated and co-financed the transport of medical teams to Armenia.

On March 30, the European Commission announced emergency aid in the amount of up to 38 million euros for emergency medical measures due to the outbreak of coronavirus for the countries of the Western Balkans. “374 million euros were reallocated from the Instrument for Pre-Accession Assistance for the socio-economic recovery of the region. The countries of the Western Balkans will receive assistance to cover the immediate needs for medical devices and personal protective equipment, such as fans, laboratory equipment, protective masks, goggles, robes and protective clothing, and will support their recovery.”

On July 2, the European Commission amended a regulation supporting countries and regions eligible for the Instrument for Pre-Accession Assistance for Cross-Border Cooperation. The instrument modification will provide flexible and

efficient ongoing support to growing needs in sensitive sectors, such as health and tourism, in response to coronavirus and coronavirus plus investment initiatives. Adapted and more flexible rules contribute to the EU's global response to the coronavirus pandemic organized by the European Commission. This response includes a package from the European team, which provides 800 million euros for the Western Balkans and Turkey.

On June 10, an additional 55 million euros were mobilized from the EU Regional Trust Fund to respond to the crisis in Syria to help fight the coronavirus pandemic for Syrian refugees and vulnerable people in Jordan and Lebanon. These additional funds are part of the EU's global response to the coronavirus pandemic. 20.1 million euros are planned for Jordan, and 34.6 million euros for Lebanon. These countries receive the largest number of refugees in terms of population in the world. "The funds will provide critical and targeted support in key areas such as health, water, sanitation and hygiene. The total assistance from the EU Trust Fund, which has been granted since 2015, amounts to 2.2 billion euros, which is twice the initial target value." (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>)

## **7. REPUBLIC OF SERBIA IN COVID - 19 SYSTEM**

The Government of the Republic of Serbia has adopted three decrees, which form the legal framework for the implementation of state aid measures of 5.1 billion euros. There followed the implementation of the Economic Support Program in order to reduce the negative effects caused by the Covid - 19 virus pandemic. (<https://ras.gov.rs/vlada-usvojila-uredbe-za-sprovođenje-ekonomskih-mera-podrske-privredi>)

The government has adopted a regulation on private sector assistance and financial assistance to citizens in order to alleviate the coronavirus pandemic. Similar measures have been introduced in other countries: part of the employees' salaries will be covered, more favorable loans, constant monitoring to assess the progress of the project. Germany and Sweden have shown that they are very efficient and the money was transferred a few days after the measures were adopted.

The Serbian government also adopted a provision on a one-time financial aid of 100 euros. Therefore, employees with higher incomes have greater opportunities to work from home. People with low income, for fear of losing their job because they are unable (due to the nature of the job) to work from home, report for work even

with flu symptoms. That causes the potential transmission of the virus and it endangers the health of other people.

The knowledge so far in the world regarding the appearance of COVID 19 in the health system shows a symptomatic situation, which in fact we all poorly understand.

The Republic of Serbia is part of the European Union and should accept the proposed measures. It should also adopt the measures implemented by other countries, ie. those which already had preparatory economic and health measures for their population.

COVID-19 protection measures include contact restrictions, social distance as well as digital surveillance. Digital trekking in the EU was already in the process of being accepted. The German Commissioner for the Protection of Citizens' Privacy said a big "No". At the beginning of the pandemic, the British government did not approve the use of video surveillance and face recognition cameras in certain locations. It is now limitedly approved, from the security measures of its citizens in order to preserve the health of the nation.

Unfortunately, there is no guarantee that the information collected will be used for appropriate purposes due to the new circumstances of the pandemic or that this information will be updated accordingly. Discussions regarding the confidentiality of data can be seen in the culture of certain EU countries, but also in Asia. In China, Japan, but in Asia in general, not only doctors but also IT experts are fighting against the virus, where digital surveillance is not viewed with criticism, because the state is viewed with confidence and society is perceived as a collective.

Human life exists from the conception onwards and differs from other living beings by its genetic code. By birth, personal rights are expanded, with new powers and thus all personal rights arise. Personal rights are subjective and based on personal goods:

- the right to life
- the right to health and the preservation of health
- physical and mental integrity, identity, name.

Restriction of personal rights may be adopted without the consent of the citizens of the Republic of Serbia for the purpose of safety of citizens by declaring an epidemic.

Health surveillance should be a measure that expects its citizens to be responsible and aware. Not that the IT sector or the police ever control it. Electronic registration in the Republic of Serbia is on the website [www.e-zdravlje.gov.rs.rs](http://www.e-zdravlje.gov.rs.rs) for both travelers and returnees to the country. It is important that the information is in the system and

that the territorial epidemiologist can react. The police will not control anyone, which was not the essence of this measure. Although at the beginning of the epidemic we had disagreements with the new measures. We had a case of close contact between the police and migrants, as well as non-compliance with restrictions on movement.

One of the identified problems arises between doctors and patients in a new situation:

- recognition of unwanted attitudes (mutual),
- recognition of the way of concluding (zadobijanje izgubljenog poverenja), (Krasulja, Ivannikov, Arsenijević, 2020; Erjavec, Arsenijević, Štarc, 2018))
- we should not punish doctors and health workers due to new changes in the previous way of working (which has worked so far). (Lugonjić, Pappas, Sobolieva, 2020)

In these extraordinary circumstances for us, we are not sufficiently informed or, better said, informed about the quality of the health institution that should have already been established by the work permit itself. Indicators of quality for the institution that is monitored as a whole as well as the branches of medicine (internal medicine, surgery, pediatrics, gynecology with obstetrics) as well as Emergency Medicine are:

- percentage of successful patient care (length of waiting for admission, length of hospital treatment),
- borrowing protocols (in writing) for the care of patients in this case of infectious,
- patient safety - his identification and belonging to the risk group and reduce all this to a minimum.

The thing that we still lack, although it has already been regulated by law, is the existence of the Counseling Center for Voluntary and Confidential Testing (DPST).

The main task of managers in the health system is to reduce the pressure from the individual doctor in the process of new changes. The new role of the manager is to reduce confusion between learned, recognized values and implemented ideas. And to launch new ideas and apply them. (Arsenijević, Jovanović, Radosavljević, 2017)

The entire process of maintaining quality and its improvement is under the constant control of the Institute of Public Health „dr Milan Jovanović Batut“. ([www.e-zdravlje.gov.rs](http://www.e-zdravlje.gov.rs))

The Crisis Team should be an expert team formed by:

- Doctor of Medicine, epidemiology specialist who is the team coordinator,
- Specialist infectologists, pediatricians, general practitioners, internal medicine ... The team should consist of people of profession and trust.

In the end, we have the obligation of immunization, which is already set as a problem in poor communication, reflected in the distrust of our citizens.

In crisis situations, the problems that exist in a society crystallize. In the coming months, we need to think about how to build resilience to the new health scourge and ask ourselves where we have made mistakes in the reforms of the last twenty years and left a significant part of the population without built immunity to economic troubles. (Žarković, 2020)

## CONCLUSION

The world is facing an unprecedented crisis. It is based on a global emergency in public health that is not often seen, demanding a global response with far-reaching consequences for economic, social and political life. Saving lives is a priority.

After the COVID-19 pandemic, there followed a rapid development and application of digital technology for pandemic management. However, these tools should be guaranteed to be scientifically and ethically sound to ensure broad public confidence and adoption. Typological analysis and established frameworks in public health and big data ethics can help governments and other actors identify the complex ethical and legal frameworks in which these digital tools will operate.

Moreover, the indivisibility of human rights, which the pandemic makes clear, also underscores the need for better coordination among communities in the fight for human rights.

Governments must be open and transparent and ensure the participation of all actors to provide for accountability in decision-making.

„Finally, global solidarity is essential and must be integrated into human rights: cross-border funding must be increased and every vaccine must be globally available. COVID-19 points out that human rights are crucial to effective public and global health.” (<https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/crisis-management-and-solidarity>) The dire scale of this crisis offers an opportunity for a radical re-examination of state obligations in the protection of health systems and their preparation for the future through learning from a crisis situation.

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