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COVID-19 Case Study: Strengthening Co-ordination Mechanisms for more Efficient Crisis Management in the Czech Republic

After a brief introduction of the Czech government's response to the health, economic and social effects of the COVID-19 crisis, this chapter examines the institutional and policy frameworks for crisis co-ordination in the central government. It then turns to the legal crisis frameworks for emergency regulations for evidence-based policymaking. The following section discusses the implementation challenges of the crisis management framework. It concludes with a series of recommendations aiming at improving the Czech Republic's governance arrangements on crisis management.

Introduction

The unprecedented scale of the COVID-19 pandemic severely affected societies, economies and governments. While most OECD countries had frameworks for crisis management prior to the pandemic, no country was fully prepared to adequately cope with a crisis of the magnitude of COVID-19. Governments faced complex challenges in responding at the speed and scale needed to help citizens and businesses weather the effects of the crisis while ensuring the provision of essential services. To manage and mitigate the effects of this unprecedented crisis, OECD public administrations had to adapt fast and develop innovative measures and mechanisms: new service delivery models were designed and implemented, emergency regulations and protocols were adopted, new co-ordination mechanisms were created, and innovative ways of working established (OECD, 2021^[1]).

Managing modern crises strategically requires strong co-ordination mechanisms “to help make sense of the unknown” (OECD, 2018^[2]) and ensure efficient and co-ordinated whole-of-government responses. In managing the crisis response and the recovery phases of the COVID-19 pandemic, the institutions composing the centre of government (CoG) – which are the administrative structures supporting the executive (see Chapter 2) – have proven to be key actors (OECD, 2020^[3]).

The Czech Republic had a crisis management structure in place prior to the pandemic with predefined institutional, policy and legal frameworks. In terms of infrastructures, the government activated its central crisis co-ordination and advisory unit, the Central Crisis Staff (CCS), and created other *ad hoc* advisory bodies, such as the Government Council for Health Threats (hereinafter, the “Council for Health”). Yet, the government faced several governance challenges in implementing these frameworks and measures, which limited the impact of its crisis response. In particular, the co-ordination between a predefined co-ordination and advisory body (CCS) and *ad hoc* advisory bodies (e.g. the Council for Health) that were not incorporated into the predefined institutional framework hindered effective co-ordination and decision-making. Additional challenges observed in the response to the crisis included the lack of staff capacity for crisis management in the public administration, the absence of centralised crisis management information systems to support evidence-based responses, the lack of consistent communications with key stakeholders and the general public, and the lack of institutionalised procedures to ensure stakeholder engagement in decision-making processes. Moving forward, the government has an opportunity to strengthen the crisis structure with the Czech National Recovery Plan and its reform agenda to build back better and increase resilience for future shocks. As a result, the Ministry of the Interior is revising the crisis legislation, expected to enter into force in 2025, to strengthen co-ordination and regulatory mechanisms for more efficient crisis management.

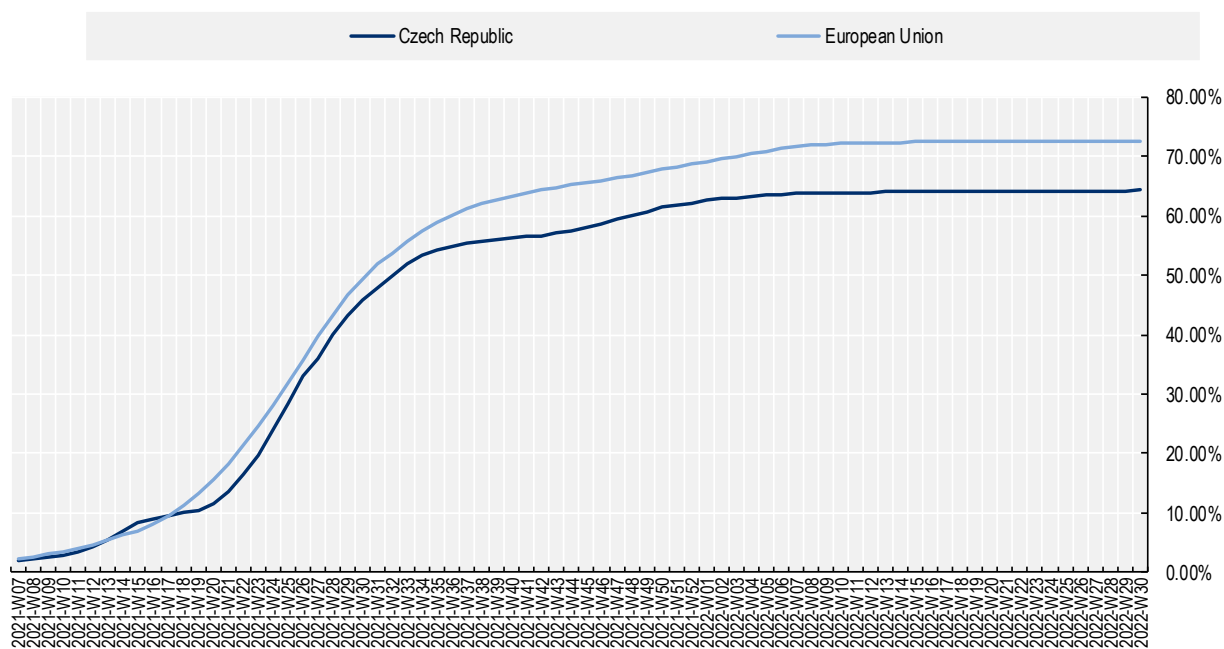
The purpose of this chapter is not to evaluate the Czech Republic’s entire response to the COVID-19 crisis. Rather, it aims to examine the governance and regulatory practices during the pandemic to provide insights on the challenges and opportunities of the crisis co-ordination and regulatory mechanisms, draw comparisons with other OECD countries, and explore ways to strengthen the overall governance framework for crisis management and increase resilience to future shocks. It also aims to provide insights into the reform of the Czech Republic’s crisis legislation. To that end, this chapter will first examine the relevant institutional, policy and legal frameworks in place for crisis management, including the new measures adopted to address the impacts of the COVID-19 pandemic. It will then assess the governance implementation challenges of these frameworks, particularly focusing on the topics covered in the different substantive chapters of the present review. Finally, the chapter will provide actionable recommendations for the government to strengthen co-ordination and regulatory mechanisms for more efficient crisis management. The chapter will also benchmark the Czech Republic’s crisis governance arrangements with the experience of OECD countries in responding to COVID-19. In particular, the recently published OECD report *Evaluation of Luxembourg’s COVID-19 Response: Learning from the Crisis to Increase Resilience* showed the quick activation of an already mature crisis system in the country that was complemented by the development of new governance arrangements (OECD, 2022^[4]).

Snapshot of the government's response to the health, economic and social effects of the COVID-19 crisis

The Czech Republic has been significantly hit by the health, economic and social effects of the COVID-19 crisis. In terms of health effects, from the beginning of the pandemic to August 2022, the country had registered more than 4 million infections and more than 40 500 deaths, the second-highest mortality rate per 100 000 people among OECD countries and the fourth-highest within the European Union (Johns Hopkins University, 2022^[5]).¹

The cumulative uptake of full vaccination of the total population in the Czech Republic reached 64% in August 2022, which is below the EU average of 73% but above other Central Eastern countries (European Centre for Disease Prevention and Control, 2022^[6]) (Figure 7.1). As in most countries, the Czech Republic has been hit by several waves of COVID-19, particularly in the last quarter of 2020 and the first quarter of 2021, with the latest one in the winter months of 2021-22 with the spread of the Omicron variant (WHO, n.d.^[7]). This led the government to implement a series of lockdown and containment measures.

Figure 7.1. Vaccination rate in the Czech Republic and the EU as of July 2022



Source: European Centre for Disease Prevention and Control (2022^[6]).

After several years of robust economic growth, the country's gross domestic product contracted sharply in 2020 to -5.5%, mainly due to the strict lockdown in April 2020 to contain the pandemic. Growth accelerated in 2021, reaching 3.5% with improvements in domestic demand, most notably in household consumption (Ministry of Finance of the Czech Republic, 2022^[8]). However, as for most OECD countries, the recovery in 2022 is slowing due to new challenges of "supply disruptions, rising prices and overall uncertainty related to the Russia's war of aggression against Ukraine" (OECD, 2022^[9]). The unemployment rate in the Czech Republic was low prior to the pandemic at 2% of the labour force in 2019, compared to the EU average of 6.8% and the OECD average of 5.4% (OECD, 2022^[10]). While it faced a slight surge during the pandemic, it has remained comparatively low at 2.5% in 2020 and 2.8% in 2021.

In addition to the direct health and economic impacts, the pandemic touched virtually every aspect of people's lives. The crisis therefore tested governments' capacity to react, adapt and deliver quickly, which is directly affected by citizen's confidence in public institutions. Citizens in the Czech Republic report having less trust in public institutions than in OECD countries. Only 34% of Czech citizens trusted the civil service, compared to 49% across the OECD on average; 14% trusted parliament, compared to 34% across the OECD; and 42% trusted government, compared to 51% across the OECD according to Gallup World Poll (OECD, 2021^[11]). Latest data from the OECD Trust Survey points out to even lower trust levels with 4 citizens out of 10 trusting their national government across surveyed OECD countries, which does not include the Czech Republic (OECD, 2022^[111]). Trust is essential to ensure citizens' support in designing and delivering policies and services during a crisis.

The Czech Republic has largely used monetary and fiscal policies to mitigate the effects of COVID-19. Given the accelerating inflation rates, the Czech National Bank raised the interest rate at several instances between June 2021 and June 2022 reaching 7% in June 2022 (OECD, 2022^[9]). The government implemented a significant number of COVID-specific programmes in 2020, which were mostly extended until 2021 and some until 2022 (OECD, 2021^[12]; Government of the Czech Republic, 2022^[13]). These programmes were designed to help cushion the effects of the pandemic on citizens and businesses. For instance, the COVID-19 "Antivirus" consisted in job retention programmes that were extended several times until June 2022 and the COVID-19 technology programme helped businesses acquire new equipment, technology and facilities to contain the spread of the pandemic (OECD, 2020^[14]). The successive COVID programmes also helped provide guarantees to businesses and entrepreneurs. Programmes were likewise targeted to the most severely hit sectors during the pandemic, including tourism, accommodation and catering, as well as food producers. Citizens and pensioners also benefited from a number of programmes and support measures, including increases in pensions and deferrals of tax, rental and loan repayments (Government of the Czech Republic, 2022^[13]).

The COVID-19 pandemic has been a crisis of unprecedented scale, for which no country was fully prepared

The OECD Recommendation of the Council on the Governance of Critical Risks calls adherent countries to "develop a national strategy for the governance of critical risks" to establish responsibilities for the whole risk management cycle: identification and assessment, prevention and mitigation, preparedness and response, and recovery and reconstruction (OECD, 2014^[15]). Recognising its importance for crisis management, most OECD countries had a national strategy with these characteristics in place as well as institutional leadership designated to co-ordinate the implementation of such strategies across levels of government in the event of a crisis (OECD, 2018^[2]). In fact, data from 2018 show that nearly all OECD countries had established inter-agency co-operation mechanisms to face major crisis events.

Yet, the COVID-19 pandemic showed that no country was fully prepared to face its health, economic and social effects. Evidence from the OECD has shown that, following major disasters, countries had to adjust their crisis management frameworks since "black swan" events, such as the pandemic, show that crisis plans, frameworks and structures while fundamental are not enough to face the unknown (OECD, 2018^[2]). The increased complexity of modern crises in terms of scale, novelty and unprecedented nature, coupled with fast-paced changes driven by the digital and green transitions, represent a crucial challenge for governments in managing the uncertainty surrounding a crisis (OECD, 2018^[2]).

The transversal nature of modern crises requires governments to respond in a co-ordinated and effective manner to multidimensional challenges. This requires the involvement of a wide variety of stakeholders in all phases of the crisis cycle, from different government and public agencies, including the interagency network of emergency responders and other levels of government (particularly subnational governments) to civil society and the private sector. This is why one of the main challenges in managing a crisis is precisely the lack of adequate co-ordination and communication across the government and with

stakeholders (OECD, 2018^[2]). In the face of increased pressure from civil society and the media in responding to a crisis, governments need complementary approaches “to face the unexpected and respond to shocks of an unprecedented nature” (OECD, 2018^[2]). Political leadership is, therefore, crucial to steer and co-ordinate the government response and drive the national strategy for risks in large-scale crises such as COVID-19.

As part of its traditional capacities for strategic planning and co-ordination as well as its proximity to political leadership, the centre of government (CoG) is in a unique position to lead and support crisis management efforts (OECD, 2020^[3]). In fact, the 2017 OECD Survey on the Organisation and Functions of the Centre of Government found that 83% of CoGs assumed some responsibility for risk management, with over a third assuming primary responsibility (OECD, 2018^[16]). The reporting structures of national frameworks for crisis management can also shed light on the traditional role of the CoG in the event of a crisis, depending on the country (OECD, 2020^[3]). In 13 out of 34 cases, the lead institution reports directly to the head of government, while 19 report through a Minister, according to the OECD Survey on the Governance of Critical Risks (OECD, 2018^[2]). The Czech Republic belongs to the second group, as its main crisis management structure reported to the Ministry of the Interior. However, the COVID-19 crisis has also shown an important and sometimes competing role played by the CoG and its co-ordination structures.

The COVID-19 pandemic brought to light the importance of governance arrangements in OECD countries, and especially of the CoG, during a crisis. CoGs and a number of key line ministries performing some of the co-ordination functions of the CoG in OECD countries played a major role in leading the co-ordination efforts and strategic planning of the crisis both at the central and subnational level. They ensured trust in decision-making through the use of evidence, as well as through effective and coherent public communication. This chapter focuses on the governance arrangements in the Czech Republic, and particularly the role of the CoG, key line ministries and the main co-ordinating bodies for the crisis management of the COVID-19 pandemic, and on the regulatory responses provided during the crisis. As shown below, in the Czech Republic, the CoG and the co-ordinating bodies were crucial in implementing the institutional, policy and legal crisis frameworks.

Institutional and policy frameworks for crisis co-ordination at the centre of government and in line ministries

The Czech Republic had a crisis management structure prior to the pandemic with relevant legal, institutional and policy frameworks

Prior to the COVID-19 pandemic, the crisis management structure in the Czech Republic mainly consisted of several building blocks: a legal framework with a series of regulations framing crisis situations; an institutional framework with a working body for the crisis response, a leading line ministry and other *ad hoc* bodies; and a policy framework with crisis, epidemic and pandemic plans as well as crisis management information systems. This section will briefly describe each of these elements then will explore how these were implemented in practice during the COVID-19 pandemic.

The legal framework for crisis management

The Czech Republic has a robust and comprehensive series of regulations for crisis management that were in place before the COVID-19 crisis, the most relevant of which is Act No. 240/2000 Coll., or the Act on Crisis Management (hereinafter, the “Crisis Act”) (Parliament of the Czech Republic, 2000^[17]). Approved in 2000 and in force since 2001, the Crisis Act establishes the obligations of relevant crisis management authorities, including: the central government; ministries and other central administrative authorities; the Czech National Bank; regional authorities and other authorities with jurisdiction over the territory of the region; and municipal bodies with extended powers. It also outlines the specific obligations of relevant

ministries during a crisis: the Ministry of the Interior (MoI), the Ministry of Defence (MoD), the Ministry of Health (MoH), the Ministry of Transport, and the Ministry of Industry and Trade. Authorities are obliged to establish a crisis management office, prepare a crisis plan and designate dedicated staff for the crisis. More broadly, the Crisis Act allows the government to limit individual freedoms and rights during a state of emergency (i.e. freedom of movement, right to assembly, etc.). It also charges the government with establishing a working body to deal with crisis situations and to widely communicate any crisis measure or decision taken. Finally, the act also lays out the rights and obligations of natural and legal persons during a crisis (Parliament of the Czech Republic, 2000^[17]).

Another important regulation is the Constitutional Act of Law No. 110/1998 Coll., of April 22nd 1998 on Security of the Czech Republic. This law most notably provides the framework for declaring a state of emergency “in the event of natural disasters, ecological or industrial accidents, incidents or other dangers which to a significant extent threaten lives, health, property values or internal order and security” (Parliament of the Czech Republic, 1998^[18]). It specifies that the government or Prime Minister can declare a state of emergency for a maximum of 30 days, which can only be extended with the approval of the Chamber of Deputies (Parliament of the Czech Republic, 1998^[18]). Other crisis regulations relevant to the COVID-19 pandemic include, but are not limited to, Act No. 241/2000 Coll., on Economic Measures for Crisis Situations; Act No. 258/2000 Coll., on the Protection of Public Health; and Act No. 372/2011 Coll., on Health Services and Conditions of Their Provision.

The policy framework for crisis management

The policies for a crisis situation in the Czech Republic are mainly outlined in a number of crisis plans and, as relevant to the COVID-19 context, a series of epidemic and pandemic plans that were elaborated before the COVID-19 crisis broke out. Regarding crisis plans, as provided by the Crisis Act, public authorities are required to “prepare a plan that contains a summary of crisis measures and procedures for solving crisis situations” (Parliament of the Czech Republic, 2000^[17]) in areas under its competence. This is also the case in most OECD countries (28), where national strategies for governing critical risks serve functional purposes “to articulate, monitor and evaluate risk management policies, as well as to promote the development of emergency plans further to statutory responsibilities” (OECD, 2018^[2]).

OECD evidence shows that national strategies for critical risks can have different names and can be developed by different government bodies, typically from departments working within the CoG or within ministries with responsibilities for national security (OECD, 2018^[2]). In the Czech Republic, the Crisis Act requires a variety of authorities to prepare a crisis plan, from line ministries and other central administrative authorities, such as the Czech National Bank, to territorial self-governing units, including municipalities, regions and the capital. The Crisis Act also provides for the elaboration of crisis preparedness plans in entities that perform tasks based on these plans and, in particular, those subject to critical infrastructure, which are those whose disruption would have a serious impact on the security of the state, the provision of the basic life needs of the population, health or the economy (Parliament of the Czech Republic, 2000^[17]).

Most OECD countries (29) identify infectious diseases as a potential critical risk (OECD, 2018^[2]). This is also the case in the Czech Republic, as the country has developed a series of epidemic and pandemic plans, the most relevant ones being the National Pandemic Plan and the Model Action Plan for Epidemics – Mass Infections of Persons (hereinafter, “Model Action Plan for Epidemics”). The former was last updated in 2011 following recommendations from the World Health Organization on pandemic influenza preparedness and response after the SARS outbreak in 2002/03 and the H1N1 pandemic in 2009/10; as well as the recommendations from the European Union (EU) on pandemic planning and communication. The Czech National Pandemic Plan, therefore, sets out the procedures and the basic response system in the case of an influenza pandemic to mitigate the expected health, social and economic consequences (Office of the Government, 2011^[19]). Building on the National Pandemic Plan, the MoH developed its own

Pandemic Plan in 2012, which elaborates in detail four key areas: 1) vaccination strategy; 2) communication strategy; 3) activities of public health authorities; and 4) activities of health service providers (Ministry of Health of the Czech Republic, 2012^[20]). In addition, territorial self-governing units (municipalities, regions and the capital) need to develop specific pandemic plans that respond to their regional needs and therefore are more operational than the national and MoH plans. The MoH underlined that the National Pandemic Plan was created to deal with pandemics caused by new variants of the influenza virus. Hence, the epidemiological characteristics of the virus were not aligned with the National Pandemic Plan.

The MoH relied mostly on the Model Action Plan for Epidemics to face the spread of COVID-19. Since the outbreak started, the MoH implemented the plan and updated it several times during 2020-21 to incorporate procedures and experiences gained during the COVID-19 crisis, fully in line with World Health Organisation or European Centre for Disease Prevention and Control procedures.

Ensuring that information systems function in the aftermath of a shock is essential for the response and recovery phases. For that reason, the Czech crisis management information systems constitute another important element of the country's crisis policy framework. As provided in Section 26 of the Crisis Act, crisis management authorities are required to use crisis management information systems when planning and responding to a crisis as well as for ensuring accessibility standards of written and electronic data contained in the crisis plan (Parliament of the Czech Republic, 2000^[17]). Information systems prior to the pandemic were mainly used in planning state material reserves and the supply of critical resources (e.g. ARGIS or KRIZDATA systems) and in disseminating critical information to citizens (e.g. KRIZPORT system) (Vichová and Hromada, 2017^[21]). However, there is no central information system that allows data sharing across the crisis management system and many information systems are specific to each region. Most of the systems used for data exchange during the pandemic were created *ad hoc*. The systems should comply with the following rules:

- transmission of information to superiors, subordinates and crisis management authorities
- technical and programme adaptation for operation in difficult conditions
- security of information with the highest level of secrecy (Parliament of the Czech Republic, 2000^[17]).

These crisis information systems also follow the standards provided in Act No. 365/2000 Coll., on Public Administration Information Systems, which establishes the rights and obligations of administrators related to the creation, use, operation and development of public administration information systems, in addition to Act No. 99/2019 Coll., which regulates the accessibility of websites and mobile applications.

The new crisis legislation and management system currently being developed in the Czech Republic aims to help overcome the low interoperability of the information systems and develop a new crisis management information system to centralise, gather and exchange data in times of crisis.

The institutional crisis framework

Governments cannot manage a crisis alone and require whole-of-government co-ordination for effective crisis response and recovery. As in most OECD countries (33) (OECD, 2018^[2]), the governance arrangements for crisis management in the Czech Republic consist of an inter-agency co-operation mechanism, the Central Crisis Staff (CCS). According to Section 24a of the Crisis Act, the CCS is a working body dedicated to crisis situations whose composition and activities are regulated by statutes and rules of procedure approved by the government (Parliament of the Czech Republic, 2000^[17]).

The latest statutes, dating from February 2022, specify that the CCS is activated by the Prime Minister after the official declaration of a crisis situation, which can be a state of emergency, a state of war, a threat of a crisis or other serious situations concerning the security interests of the country (Government of the Czech Republic, 2022^[22]).

The CCS is mainly tasked with:

- preparing proposals for the government to respond in a crisis situation
- co-ordinating, monitoring and evaluating the measures adopted and implemented by the government, ministries, and other administrative authorities and bodies of territorial self-governing units
- ensuring co-ordination with crisis management authorities at the local, national and international levels
- co-ordinating the activities of regional crisis staff and crisis staff of municipalities with extended competences (Government of the Czech Republic, 2022^[22]).

The CCS is chaired by the Ministry of Defence if the crisis concerns a military threat or by the Ministry of the Interior for other crisis situations. The Secretariat of the CCS is comprised of employees from the MoI. The CCS has a flexible structure composed both of permanent members in crisis times and a changing number of members depending on the nature of the crisis. It generally includes senior public officials of key ministries (e.g. Finance, Health, Transport, Industry and Trade, Justice, etc.), as well representatives from relevant public bodies, such as the State Material Reserves Administration, the National Office for Cyber and Information Security, the State Office for Nuclear Safety, the Government Office, the Fire Rescue Service, and the Association of Regions (Government of the Czech Republic, 2022^[22]). This crisis institutional model based on vertical co-operation, which is activated in the case of a large-scale crisis, is also applied in several OECD countries such as Denmark and France. The other most frequently used model for inter-agency co-operation is typically found in federal countries such as Australia and Mexico, where subnational governments are primarily responsible for managing crises (OECD, 2018^[21]).

The activation of the CCS also entails the creation of thematic expert working groups, which are tasked to provide expert opinions and information to the secretariat. Some expert groups are created regardless of the crisis situation, which relate to crisis communication, material resource security and co-ordinating with regions. Others are *ad hoc* depending on the type of crisis, whether its climate- or health-related (Government of the Czech Republic, 2022^[22]). Finally, the operational functioning of the CCS is regulated by the rules of procedure, which provide technical specifications for the meetings of the secretariat and the expert working groups, including the conditions for participants, recording, minutes and communication with the media (National Security Council, 2022^[23]).

It should be noted that these statutes represent the latest update as of February 2022 and were updated several times during the COVID-19 crisis. To enhance the response to COVID-19, the government changed the statutes during the crisis to allow new figures to chair the CCS and to reduce the number of expert groups, with the abolition of the Expert Group on Communication, and reforming the body's relations with the National Security Council. Many of these changes were later overthrown by a new update of the statutes introduced by the government that moved key elements of the statutes back to the pre-COVID situation. One of the key changes concerned the chairmanship of the CCS. During the pandemic, the government changed the statutes to appoint the deputy Minister of health as chair of the CCS. With the latest update of the status, the responsibilities of the chairmanship of the CCS were returned to the MoI or the MoD. These evolutions created instability in terms of steering the CCS and underlined the importance of having sufficient capacities and convening power to manage the CCS and co-ordinate the overall crisis response.

The context of the health crisis: The key roles of the Ministry of the Interior and the Ministry of Health

Leadership at the national level is essential to drive the implementation of the policies outlined in crisis strategies and plans; achieve policy coherence; and co-ordinate responsibilities between line ministries, subnational levels of government and other stakeholders. Depending on the nature of the crisis, OECD

countries may designate this responsibility to different line ministries, with the leadership falling upon ministries of defence or justice for security risks and upon health ministries for infectious diseases. In the Czech Republic, this falls under the MoI or the MoD (OECD, 2018^[2]). OECD data show that while 58% of countries designated the Prime Minister/President's Office as the body/agency responsible for co-ordinating strategic planning for the COVID-19 crisis recovery efforts, 30% granted this role to other bodies, including the Czech Republic, which designated the Ministry of the Interior and the Ministry of Trade and Industry; 12% designated the Ministry of Finance (OECD, 2021^[1]).

While in the Czech Republic the MoI and the MoD have key leadership roles for any crisis context, the MoH also plays a central role in the context of health crises. The Crisis Act provides the MoI with the overarching objective of co-ordinating crisis management with the following main responsibilities, in addition to playing the role of the secretariat of the CCS:

- unifying procedures for crisis management
- organising briefings and trainings for public officials in crisis management bodies
- assessing the preparedness of line ministries and other central administrative authorities to deal with crisis situations, and assessing regional crisis plans
- preparing a training plan for crisis management authorities
- co-ordinating other tasks to ensure preparedness for solving crisis situations as needed (Parliament of the Czech Republic, 2000^[17]).

These responsibilities are implemented by the General Directorate of the Fire and Rescue Service and by the Security Policies Department within the MoI that both support the CCS when activated. The General Directorate of the Fire and Rescue Service helps co-ordinate and implement operational responses at the central and local levels and has, for instance, supported the deployment of key activities and facilities on testing tracing, transport and vaccine roll-out in the context of the COVID-19 crisis. The Security Policies Department serves as the secretariat of the CCS, is in charge of crisis management in the area of internal security, supports the overall crisis management system in the country on a permanent basis, and co-ordinates the activity and the preparations of the ministry's crisis management plan.

The MoH also played a crucial role in the COVID-19 crisis response. Generally, the MoH has a policy-setting and regulatory role in the Czech health system and manages several healthcare providers. It also oversees a number of subsidiary bodies: the National Institute of Public Health, the Institute of Health Information and Statistics, the State Institute for Drug Control, and the regional public health authorities – all of which gained in importance during the pandemic (OECD/European Observatory on Health Systems and Policies, 2021^[24]). As outlined in the Crisis Act, the MoH ensured the purchase and distribution of the necessary medicines. At the request of regions, it also co-ordinated the activities of emergency medical service providers and acute inpatient care providers. Finally, in accordance with Act No. 241/2000 Coll., on Economic Measures for Crisis Situations, the MoH also decided on the scope of health services provided by providers of acute inpatient care (Parliament of the Czech Republic, 2000^[17]). These responsibilities were exercised and implemented by the MoH during the COVID-19 crisis.

As the main CoG body in the Czech Republic, the Office of the Government played a role in supporting decision-making, steering and implementing policies recommended by the CCS and other line ministries and was charged with discussing the evaluation of approved measures and their possible adjustment during government meetings. Although the Office of the Government was not the main body in charge of crisis management and in preparing the recovery, it centralised the public communication of approved measures, which were mostly made through press conferences and subsequently published on a centralised portal of the MoH (Ministry of Health, n.d.^[25]).

Other line ministries had important responsibilities in the pandemic response. Notably, with the support of the Ministry of Finance, the Ministries of Industry and Trade, Labour and Social Affairs, and Regional Development processed compensation programmes for those affected by the emergency measures. In

interviews during the fact-finding mission, line ministries recognised that during the COVID-19 crisis response, they had enough flexibility to manage certain aspects of the pandemic pertaining to their area of competence. For instance, the Ministry of Education, Youth and Sport helped drive policies for teachers and students, including the creation of a dedicated COVID-19 hotline, providing guidelines for remote teaching and learning, disseminating information about the government measures, and helping distribute medical equipment.

However, public officials across ministries raised the issue that further guidance was needed from the CoG regarding policies and measures as well as communication towards stakeholders, echoing some of the shortcomings in its co-ordination and steering role observed before the crisis (see Chapter 2). Clearer co-ordination between bodies in charge of crisis management, mainly the CCS and the Council for Health, could have been supported by the Cabinet, and possibly the CoG, to avoid overlaps and confusion and streamline decision-making processes.

Declaration of a state of emergency and a state of pandemic emergency in the Czech Republic

Like a number of OECD countries, the Czech Republic declared a state of emergency and prolonged it several times in 2020-21. The first confirmed cases were detected on 1 March 2020. Shortly after, the government declared a state of emergency on 12 March with Resolution No. 194, along with restrictions for citizens and businesses, and declared the closure of borders on 16 March with Resolution No. 203 (Government of the Czech Republic, 2020^[26]). A series of social, health and economic measures followed to mitigate the effects of the crisis, including restrictions on social distancing, public services and education. After several extensions, the Chamber of Deputies voted to maintain the state of emergency until 17 May 2020 (Chamber of Deputies, 2020^[27]). After this date, there was no legal basis for maintaining the government resolutions with emergency measures, as reported by the European Union Agency for Fundamental Rights. Therefore, the MoH introduced other measures to cope with the pandemic based on Act No. 258/2000 Coll., on the Protection of Public Health. These were subsequently challenged in court due to the lack of legality from the MoH to restrict fundamental freedoms and rights under Act No. 258 (FRA, 2020^[28]). On 5 October 2020, the Chamber of Deputies approved a new declaration of a state of emergency which was extended several times until 11 April 2021. Another state of emergency was declared on 26 November 2021 for 30 days.

In parallel, the Czech Parliament adopted Act No. 94/2021 Coll., on Extraordinary Measures during the Epidemic of the Disease COVID-19. This act, known as the “Pandemic Act”, mainly aimed to regulate the new extraordinary measures taken during the crisis which temporarily amended other regulations affecting public life, such as restrictions on individual freedoms and rights, education, health, and employment, among others (Parliament of the Czech Republic, 2021^[29]). The Pandemic Act was effective in February 2021 and terminated in May 2022, date at which the Czech Republic officially ended the state of pandemic emergency (Government of the Czech Republic, 2022^[30]). More *ad hoc* regulations were adopted during the pandemic, including an amendment to the Crisis Act in 2021 as well as the adoption of Act No. 35/2021 Coll., on the Collection of Legal Regulations of Territorial Self-Governing Units and Certain Administrative Authorities. Act No. 35/2021 requires territorial self-governing units, including municipalities, regions and the capital, to publish regulations in a single database. The sub-sections below will further analyse the challenges of the crisis legal framework during the pandemic and the following section will focus on implementing the legal crisis frameworks and emergency regulations for evidence-based policymaking.

The Czech Republic activated the Central Crisis Staff during the pandemic as well as other ad hoc bodies

Overall, evidence from the OECD shows that emergency institutional arrangements to deal with the COVID-19 pandemic broadly fall into four categories: 1) *ad hoc* arrangements; 2) existing structures

adapted to the crisis; 3) temporary structures provided for by crisis management plans, policies or laws on national security; and 4) a hybrid approach, combining two or three of the aforementioned mechanisms (OECD, 2020^[3]). Box 7.1 provides examples of these different approaches in OECD countries.

Box 7.1. Examples of emergency institutional arrangements to deal with the COVID-19 pandemic

Ad hoc arrangements

- **Chile** created an Intersectoral Committee chaired by the president, with the presence of the Minister of health and undersecretaries of all government portfolios, which is tasked with anticipating the next steps and co-ordinating measures to protect the population. **Australia** established a National Cabinet consisting of the Prime Minister, the state premiers and chief Ministers of territories, and is advised by the Australian Health Protection Principals Committee led by the chief medical officer and the National Co-ordination Mechanism based in the Home Office. The Cabinet helped accelerate and co-ordinate the decision-making process, including at the local level, and was maintained after the crisis.

Existing structures adapted to the crisis

- The National Security Council of **Belgium**, chaired by the Prime Minister and composed of the Deputy Prime Ministers and the Minister-presidents of the regions, was charged with COVID-related decision-making. The decisions were then concretised by other units and co-ordinated by the National Crisis Centre located in the Federal Public Service Interior (equivalent to the Ministry of the Interior).

Temporary structures provided for by crisis management plans, policies or laws on national security

- The Cellule Interministérielle de Crise in **France** was convened by the Prime Minister to co-ordinate the action of all the ministries pertinent to the crisis and was led by the Prime Minister's cabinet director. The French government has also made extensive use of specific "defence cabinet meetings", which help to bring in a core restricted set of Ministers and the highest level officials to take important decisions. France also adapted its Council for Defense and National Security to cover pandemic-related topics and later created a sub-Council on Health to manage the effects of the pandemic, articulate government responses to the health crisis and handle the required health measures.

Hybrid approach

- In the **United States**, the government convened the White House Coronavirus Task Force led by the vice-president to manage testing, protective equipment supplies and mitigation efforts while also mobilising the President's Management Council, co-ordinated by the Office of Management and Budget, with agency deputy secretaries as chief operating officers.
- In **Lithuania**, the government adapted the existing Emergency Situations Operations Centre, which was headed by the health Minister according to the Law on Civil Protection. As a result, it established an Emergency Situations Committee headed by the Prime Minister. The committee is mandated to help the government, the Emergency Situations Commission and the Head of Emergency Situation Operations Centre manage a state-level emergency.

Source: Adapted from OECD (2020^[3]).

Like many OECD countries, the Czech Republic took a hybrid approach. First the government activated the existing dedicated structure, and, due to the health-related nature of the crisis, changed the statutes of

the CCS in order to appoint the deputy Minister of health as chair, instead of the Minister of the interior (ČTK, 2020^[31]). After two weeks, the chair of the CCS was replaced by the Mol for the duration of the crisis. The current statutes again reflect that only the Mol or the MoD can chair the CCS in times of crisis.

In addition to the CCS, the Czech Republic also activated or created a number of thematic institutional bodies and informal groups that played important co-ordination and advisory roles during the crisis. To cope with the unprecedented complexity of the COVID-19 pandemic, most OECD countries – including the Czech Republic – created new co-ordination instances (77%) and increased the number of stakeholders in co-ordination meetings (73%) (OECD, 2021^[11]). As provided by the Crisis Act, five expert groups were created to provide expert advice and information to the CCS Secretariat on the following themes: 1) communication, which was abolished shortly after the crisis started and reactivated with the latest statutes; 2) material resource security; 3) co-ordinating with regions, which are mandatory regardless of the crisis; 4) IT support; and 5) legislative drafting and interpretation of extraordinary measures, which were based on the needs of the crisis. In addition, local crisis mechanisms were also activated at the regional and municipal levels (Parliament of the Czech Republic, 2000^[17]).

In the context of the COVID-19 pandemic, the government created another *ad hoc* advisory body: the Council for Health. This body, under the purview of the Office of the Government, was established by Government Resolution No. 813 in July 2020 to advise on the government's strategic approach in responding to the health risks of the COVID-19 pandemic (Government of the Czech Republic, 2020^[32]). The council was chaired by the Prime Minister and vice-chaired by the Ministers of the Interior and of health; other members included the Secretary of defence, the Commissioner for IT and digital, a representative of the Association of Regions and of health insurance companies, and an expert in the field of epidemiology (Government of the Czech Republic, 2020^[33]).

Importantly, the Council for Health was in charge of creating and supervising the Central Management Team, a working body focusing on the “Smart Quarantine” measures for the duration of the health emergency (Government of the Czech Republic, 2020^[34]). According to the Central Management Team's statutes, Smart Quarantine refers to the “gradual reduction of the area-based measures adopted by the government of the Czech Republic [...] and the adoption of adequate centrally managed measures [...] targeting areas of increased virus spread” (Government of the Czech Republic, 2020^[35]). The Central Management Team is chaired by the chief hygienist, and its members are two representatives of the Ministry of Health and two from the Army, among other non-permanent members from different ministries (Government of the Czech Republic, 2020^[34]).

Other *ad hoc* bodies were activated during the pandemic and usually focused on addressing specific aspects of the crisis. These included notably the Expert Working Group for Pandemics at the National Security Council, led by the Minister of Health; the Working Group for Impacts of COVID-19 into Psychic Health created by the Council of Government for Support of Mental Health; the Working Group of the Minister of Interior for Support during Emergencies, which aimed to provide information to the public and improve co-ordination across ministries; and the Commission for dealing with the incidence of serious infectious diseases, known as the Central Epidemiology Commission.

Other bodies also contributed to the responses to COVID-19, particularly the National Economic Council (NERV) on specific crisis-related economic measures. Founded in 2009 as an expert advisory body to seek solutions to the effects of the 2008 financial crisis, it was suspended in 2013 due to a government transition. Its activities resumed in May 2022 to propose economic measures, public investments and systemic reforms in response to the economic problems related to the COVID-19 pandemic, increasing energy prices and the effects of the Russian invasion of Ukraine. The National Economic Council has proposed to return to fiscal sustainability by reducing public expenditure and increasing tax revenues through a set of specific measures. The latest proposals include, among others, decreasing future expenditure on pensions, strengthening the efficiency of public administration, diminishing unemployment benefits, increasing the taxation of personal income or rising property taxes (NERV, 2022^[36]).

While some of these bodies have a wider remit than COVID-19, other agencies and institutes were created to provide strategic guidance on topics specific to the pandemic. In the Czech Republic, this was the case with the creation of the National Institute for Pandemic Management created by the MoH in early 2022. Headed by the chief epidemiologist, the institute's main objective was to issue expert recommendations and opinions for the Central Management Team and, thus, the MoH. There were also other expert groups headed by known experts in the field in the following areas: Analytical Group; COVID-19 Epidemiology and Prevention; COVID-19 Laboratory Diagnostics; and COVID-19 Treatment and Clinic (Ministry of Health of the Czech Republic, 2022^[37]).

The mandate overlap between the CCS and the Council for Health hindered effective decision-making

Although OECD evidence has shown that leadership and co-ordination from the centre are essential for crisis responses, countries have often struggled in this regard. The multiplication of mechanisms to manage, co-ordinate and provide advice to the government to respond to the COVID-19 crisis, while useful for gathering and sharing information and expertise as well as for taking policy decisions, also created several governance challenges, including on the internal co-ordination between those bodies and across levels of government. This created gaps and overlap and weakened policy coherence (OECD, 2020^[3]).

In the Czech Republic, the mandate overlap between the CCS and the Council for Health was a key challenge, as both shared the overarching aim of providing advice and recommendations to the government on the pandemic response. The CCS provided co-ordination across ministries and advice, but the Council for Health also provided advice. Although the CCS helped the government respond to the crisis, the creation of the council was intended to focus solely on health-related issues (pandemic or similar health-related risks) from a strategic point of view. In practice, however, the two bodies' competing advice to the government and its consequences for effective decision-making was one of the main challenges in the country's response to the pandemic. As such, the collaboration between predefined co-ordination and advisory bodies (CCS) and other *ad hoc* advisory bodies (e.g. the Council for Health) created issues and inconsistencies in supporting decision-making.

This challenge was raised by Czech line ministry responses to the OECD questionnaire prepared for this review, which revealed that the two main challenges for the government response to the pandemic were the lack of co-ordination to articulate policy responses across the government (63% of respondents) and the lack of unified narrative/communications across the government with the public (75% of respondents).² This was also confirmed by several stakeholders during the fact-finding mission, who noted that the parallel existence of both advisory bodies led to competing advice to the government, confusion for line ministries, as well as distrust from citizens who heard different narratives from the government. For instance, suggested measures that were not approved collectively by the CCS were sometimes submitted in parallel to the Council for Health by its members, creating parallel and conflicting decision-making channels and undermining the work of both bodies.

Recognising this challenge, the new government later abolished the Council for Health in December 2021 and its subsidiary body, the Central Management Team (Government of the Czech Republic, 2021^[38]). All crisis management authorities were incorporated into the structure of the CCS, which became the government's only working crisis management body.

To further improve co-ordination and advice to the government in times of crisis, the Security Policies Department of the Office of the Government has developed a new figure in the crisis management framework: the national security advisor. The creation of this position has already been approved by the National Security Council and the government resolution No. 1078 (21 December 2022). This new figure has been appointed by the resolution No. 1103 (21 December 2022), and is embedded within the Office of the Government, holds the position of secretary of the National Security Council and is appointed and dismissed by the government at the proposal of the Prime Minister. The national security advisor is

accountable for the co-ordination of the security and defence policies; providing support to the Prime Minister and the government on national security and cross-cutting issues, such as economic security or hybrid threats; and representing the country in international fora on related issues.

This new figure could also support the co-ordination with the National Security Council, the CCS and the government in times of crisis by being a permanent staff of the CCS. As the link between the CCS and the Cabinet, formally secured by the chair of the CCS who was both a member of the National Security Council and the Cabinet, did not prevent co-ordination issues during the COVID-19 crisis, this set-up aims to ensure that the government effectively considers the CCS' advice. As such, to avoid co-ordination issues in the management of crises, the national security advisor could represent a single point of contact, or co-ordinator within the government, that is also embedded within the CCS framework and endorses the proposals from the crisis unit. To face the COVID-19 crisis, a set of countries followed a similar approach appointing crisis management co-ordinators within the centre of government (Box 7.2).

Box 7.2. Examples of co-ordinators within the centre of government for crisis responses in COVID-19 times

In **Italy**, the head of the Department of Civil Protection, within the Prime Minister's Office, was designated as special commissioner for the COVID-19 emergency on 31 January 2020, later renamed extraordinary commissioner for the implementation of health measures to contain the COVID-19 pandemic. His initial role was to co-ordinate the various administrations involved and manage the funds allocated by the Council of Ministers for the emergency and was later extended to leading the vaccination campaign. A similar organisation had already been implemented for the SARS pandemic in 2003. This temporary role was abolished in March 2022 after the roll-out of the vaccination campaign.

Similarly, in **Argentina**, Article 1 of Decree 287/2020 designated the chief of the Cabinet of Ministers to co-ordinate different public sector jurisdictions and organisations to implement the measures and policies recommended by the national health authority to face the COVID-19 emergency. To that end, the chief of the Cabinet acted as co-ordinator of the General Co-ordination Unit of the Comprehensive Plan for the Prevention of Public Health Events of International Importance. The health emergency was set to last until 31 December 2022. As of December 2022, the chief of the Cabinet of Ministers was still co-ordinating the response across different jurisdictions and organisations of the public sector (Government of Argentina, 2022^[39]; 2021^[40]).

In **Latvia**, the Law on National Security sets out the conditions for convening the key operational level co-ordinating body during a state of emergency, in this case the Crisis Management Council chaired by the Prime Minister. Following the state of emergency, the director of the State Chancellery was appointed the head of the Inter-institutional Co-ordination Management Group set up on 10 July 2020 by the Prime Minister to articulate the government's response to COVID-19. This was a temporary, time-bound structure provided for in national security laws.

Source: OECD (2020^[3]).

The CCS has been mobilised for a second crisis due to the war in Ukraine and the government is working on reforming its structures and rules of procedures with the crisis legislation reform. The war, considered a refugee crisis in the Czech Republic, implied for a short period of time the need to tackle multiple crises at the same time for the CCS. However, the overlapping times were *de facto* limited, with two meetings per week, one relative to the COVID-19 crisis and the other regarding the war of aggression against Ukraine. While the Ministry of Defence could have taken back the lead considering the war context and the uncertainties of the situation, the management and secretariat of the CCS have remained under the MoI. As pointed out by stakeholders during the interviews with the OECD, the CCS has been activated for

almost two years, which challenges its capacity to operate in an *ad hoc* mode and might call for more stable resources.

While several policy measures were put in place to cope with the pandemic, the lack of government preparedness limited their impact

In many OECD countries, crisis preparedness proved to be lacking when navigating the unexpected. In 2018, the OECD had found that two-thirds of OECD countries conducted horizon-scanning exercises to forecast the environment in which future risks and threats could occur (OECD, 2018^[21]). Yet, a 2022 OECD report analysing the lessons from government evaluations of COVID-19 responses found that “pandemic preparedness was generally insufficient, particularly in light of the major human and financial costs associated with global health crises similar to the COVID-19 pandemic” (OECD, 2022^[41]).

This was also the case in the Czech Republic. The existing epidemic, pandemic and crisis plans had limited effects on the effectiveness of the government’s response to the COVID-19 crisis. The National Pandemic Plan was deemed incompatible with the nature of the COVID-19 crisis as it had been created to manage a pandemic caused by a new variant of the influenza virus, according to the MoH. The MoH reported that it followed the Model Action Plan for Epidemics. The MoH had already communicated about this plan with the regions in March 2019 and was assured that all the regions had developed it. The Model Action Plan for Epidemics was also updated by the MoH three times during the crisis. These plans remain by nature generic documents intended to serve as a baseline for the government response to emergencies and need to be adapted at all levels of government before and during times of crisis. Most stakeholders from the central level the OECD met with during the fact-finding mission noted that the different plans did not respond to the needs of the moment and were not used in practice in the context of COVID-19. Despite the existing frameworks, the lack of preparedness for this specific crisis (crisis management plans, structure and protocols) was highlighted as one of the key challenges by more than a third of line ministries in a survey carried out by the OECD in the context of this project.³

It is worth noting that the government took a series of policy measures and initiatives that helped assess and mitigate the multiple effects of the crisis. Many of these measures were driven by digital innovation and collaboration with the private sector and citizens. At the same time, many IT systems and solutions in place before the crisis were not ready and prepared to help manage, gather and collect data and information across the administration and with citizens. An example is the Smart Quarantine project, which was first launched in late March 2020 as a contact tracing application for regional hygiene stations to prevent COVID-19 among citizens. It was developed between the government, national ICT companies and citizens (Government of the Czech Republic, 2022^[13]). The government then launched the 2.0 project, with a new Emergency Operations Centre Department placed in the MoH reporting directly to the chief hygienist to analyse threats that have a potential impact on public health and propose solutions (Ministry of Health of the Czech Republic, 2020^[42]).

Other digital-led innovation measures as part of the Smart Quarantine project include the digital COVID certificate “Tečka”, which enables loading, managing and presenting digital COVID certificates on mobile devices (Ministry of Health of the Czech Republic, n.d.^[43]), and eMask “eRouška”, with more than 1.7 million downloads, a contact tracing app that informed people if they had been in contact with an infected person (eRouška, n.d.^[44]). These and other measures are presented in an easy-access guide using simple language on the Portal for Smart Quarantine Tools and Citizen Vaccination (Ministry of Health of the Czech Republic, n.d.^[45]). While these measures helped the government mitigate some of the health and social effects of the crisis, in practice, the lack of preparation for ICT support resulted in improvisation and inadequate management of these tools. Many of these measures, for example, arrived late in the pandemic, encountered technical problems or were not communicated enough with all members of society, which limited their potential impact.

Legal crisis frameworks and emergency regulations for evidence-based policy making

Evidence-based policymaking during a crisis

During a crisis, it is to be somewhat expected that the “usual rules” do not apply. The simple reality is that decisions need to be taken quickly to prevent the situation from deteriorating. That said, decisions taken during crises should not be devoid of evidence-based policymaking principles. There are two main reasons for this. First, quickly incorporating any available information into expedited decision-making processes can help reduce the risk of regulatory failure. Second, the magnitude of the impacts emanating from crises tends to be highly significant and far reaching, so monitoring and evaluation are essential to ensure that emergency regulations work as they are intended.

Designing crisis regulations

Nearly half of all OECD countries, including the Czech Republic, have exceptions to conducting regulatory impact assessments (RIAs) (see Chapter 3) where regulations are introduced in response to an emergency (OECD, 2021^[46]). Nevertheless, the COVID-19 pandemic highlighted some operational flexibilities across countries’ regulation-making processes to help ensure that decisions were informed by evidence wherever possible (Box 7.3).

Box 7.3. Examples of flexibility in evidence-based decision-making for crisis proposals

Canada adjusted its regulatory impact assessment (RIA) requirements for COVID-related proposals. Proposals could be developed using adjusted analytical requirements, including cost-benefit analysis and the small business lens analysis. These could be based on qualitative and quantitative data, but the requirement to monetise impacts was relaxed. In addition, proposals could be recommended for exclusion from the one-for-one rule. The **United Kingdom** provided a summary of impacts document in support of its initial response to the COVID-19 pandemic. **Finland** reported that open consultation was often conducted before introducing COVID-19 response measures, but that a shorter time frame for such stakeholder engagement applied. Several OECD countries used similar built-in exemption mechanisms, including **Korea, Luxembourg, New Zealand** and **Switzerland**.

Source: OECD (2021^[46]).

OECD research undertaken during the COVID-19 pandemic indicated two key challenges that made achieving the above objectives difficult. The first was the lack of detailed and reliable information on the spread of the virus. The second was tracking the effectiveness of containment measures to slow the spread of the disease and decrease the enormous strain on healthcare systems (OECD, 2020^[47]).

A related challenge to the information deficit faced during a crisis is clearly communicating the available and reliable evidence. Providing transparent, timely and effective information is a critical means of ensuring that administrations retain sufficient credibility and trust in the eyes of the public. Research has suggested that distortion of information, particularly if seen as deliberate, is a sure way to squander it (OECD, 2020^[48]).

Managing the public discourse of information may be more difficult in countries with pre-existing levels of low trust in the effectiveness of the state. Lower levels of trust will accordingly make it more challenging to obtain voluntary compliance from citizens, whether these relate to lockdown measures or surveillance/tracking apps. In addition, the pandemic has been coupled with an “infodemic”, with rising levels of misinformation (and disinformation) relating to the pandemic, requiring governments to act swiftly.

The communication difficulties are likely to be compounded where citizens perceive that there were errors made in the early handling of the COVID-19 pandemic (OECD, 2020^[48]).

The Czech Republic passed the Pandemic Act along with a number of measures and regulations through extraordinary procedures

The Parliament of the Czech Republic promulgated the Pandemic Act on 26 February 2021. It gave wide-reaching powers to the Ministry of Health to put in place so-called “extraordinary measures” for facing COVID-19 or the risk of its recurrence. The Pandemic Act defined 13 broad categories of extraordinary measures ranging from restricting public transport and ordering the use of protective equipment to testing employees and other workers to detect the presence of COVID-19.

The Pandemic Act covered a range of other provisions, including:

- co-ordination between the Ministry of Health and various health service providers
- co-operation with the crisis management authorities
- fines for corporate and natural persons for non-compliance with extraordinary measures
- permitting judicial review of extraordinary measures
- potential liquidated damages claims.

Extraordinary measures introduced needed to have regard to the current epidemiological analysis, the current COVID-19 situation and the specific rate of risk associated with the defined activities. The provision should ensure that any extraordinary measures were based on the available information and analysis, consistent with the general principles outlined above.

The Ministry of Health established a series of advisory bodies to comply with the requirements. The bodies comprised a clinical group consisting of various medical experts; a Central Management Team made up of IT specialists, statisticians and co-operating ministries responsible for preparing draft measures; as well as a series of expert groups for testing, vaccination, intensive care and patient transport as outlined in responses to the OECD project questionnaire.

The Ministry of Education, Youth and Sport noted close co-operation with expert stakeholders such as universities, the Czech Academy of Sciences and epidemiologists. The stakeholders provided data and analysis and were directly involved in preparing draft measures.

The information and analysis needed to be made public on the Ministry of Health’s website and, in addition to the factors above, included an overview of the degree of threat to the population, statistical data on the management of the pandemic (including vaccination rates), as well as general information on the extraordinary measures introduced. Several ministries reported that decision-making was nevertheless hampered by data fragmentation, as well as the availability, timeliness, reliability, scope and robustness of data, and that its use in practice could have been improved according to feedback shared by line ministries in the OECD questionnaires. Ministries also expressed in the questionnaire difficulty to “cut through” with their communication messages due to both misinformation and disinformation.

All extraordinary measures created were required to be reviewed by the Ministry of Health (or the Regional Hygiene Station, as applicable) at least once every two weeks from their issuance. The Pandemic Act required that the review consider the grounds for the original issuance, effectively ensuring that the review considers the current evidence base to establish whether retaining the extraordinary measure was still justified. The government was required to submit a report to the Chamber of Deputies on the measures taken, including information on the review of measures, at least once every two weeks.

The extraordinary measures issued by the Ministry of Health usually did not go through the standard legislation-making process. Most of these measures were not submitted for government approval through the electronic system eKlep (see Chapter 2), which meant that other ministries did not have the opportunity

to comment on them. According to a local source, many of these drafts were changed until the very last moment before their approval (Dobiášová, 2021^[49]). While according to the Pandemic Act, the Ministry of Health was obliged to consult all other ministries (which, according to the procedural rules should be done through eKlep) and obtain the approval of the government, these consultations only formally took place at individual government sessions.

A Regulatory Impact Assessment usually did not accompany the process of drafting extraordinary legislative measures. In addition, control over the legal quality of such measures was very limited and the standard procedure of checking accordance with other legislation by the Legislative Council of the Government (see Chapter 2) was skipped. This resulted in many of these measures later being overturned by the Supreme Administrative Court due to insufficient legislative quality as well as conflicts with other legislation (Zrást, 2021^[50]). Another argument used often by the Supreme Administrative Court against the MoH's extraordinary measures was that the explanatory memorandum providing justification of these measures and impact assessment were insufficient and mostly missing. It was, therefore, unclear on which data, analyses or documents the ministry was basing its decision. The Pandemic Act nonetheless requires a thorough justification in case of extraordinary measures. In that regard, the expert working group on legislation of the CCS could help ensure that extraordinary measures in crisis times still comply with requirements and do not conflict with other laws to mitigate the risk of measures being overturned by the Supreme Administrative Court.

While at least some of the advisory bodies mentioned above were consulted for many of the extraordinary measures, there was usually no time for broader consultations with the general public. While this is understandable due to the need to act quickly, combined with the often lacking justification of these measures in the explanatory memoranda, this might be one of the reasons why the public usually reacted negatively to these new measures with a limited willingness to comply. Such justifications should be the primary source of information for the regulated subjects as well as for the media on the reasoning behind limiting their rights. Indeed, the MoH noted in its responses to the OECD questionnaire that a major challenge was citizens' reluctance to adhere to preventive barrier measures in the long term and the lack of confidence in the newly created vaccines. This might be partially caused by poor communication on the reasons behind these measures and their potential benefits in fighting the pandemic, which might have taken place as part of a partial impact assessment, had this been carried out. The Pandemic Act contained a 12-month sunset clause, which ensured that the operative provisions relating to the issuance of extraordinary measures ceased to exist, consistent with general best practice (OECD, 2020^[51]). However, it should be noted that not all OECD countries included such clauses in their COVID-related laws (OECD, 2021^[46]).

Monitoring, reviewing and evaluating crisis regulations and responses

Monitoring and evaluation are both central tenets of the regulatory policy cycle (OECD, 2012^[52]). Monitoring is crucial in ensuring that governments correctly implement regulations and deliver the intended outcomes. Evaluations provide an opportunity to establish whether regulations remain fit for purpose, noting that both external and internal factors can change over time and dramatically affect the efficiency of the regulations (OECD, 2020^[51]).

Several OECD governments undertook evaluations of their COVID-19 measures despite the reprioritisation of various activities. In part, this reflects the reality that decisions were taken in haste without a strong evidentiary basis. It also reflects the fact that the magnitude of impacts of many COVID-19 measures was far reaching, so it was important for governments to establish both whether results were as originally intended and to ascertain whether there were unintended consequences.

The OECD collated governments' evaluation experiences of various measures during the first 15 months of the pandemic. Its research focused on three key areas of the risk management cycle: 1) preparedness;

2) crisis management; and 3) response and recovery. The overall assessment of the evaluations undertaken was that:

- Pandemic preparedness was generally insufficient, particularly in light of the major human and financial costs associated with global health crises similar to the COVID-19 pandemic.
- Governments took swift and massive action to mitigate the economic and financial effects of the pandemic but should carefully monitor the longer term budgetary costs of these measures.
- Trust requires transparency, not only through frequent and targeted crisis communication but, more importantly, by engaging stakeholders and the public in risk-related decision-making (OECD, 2022^[41]).

While many business assistance schemes were rapidly implemented and timely overall, their efficiency and relevance were more limited. Evaluations stressed that governments had to adapt the objectives and modalities of these schemes often to account for changes in restriction measures or to respond to initial design failures and better target those in need. As a result, some evaluations mention that these changes blurred messages about businesses' eligibility and therefore diminished the effectiveness of the measures (OECD, 2022^[41]).

Analytical capabilities appeared to have been lacking in the Czech Republic, especially in the CoG, to prepare policies and regulations based on evidence and data in immediate response to the COVID-19 crisis, particularly on scientific evidence, the analysis of development trends of the pandemic, and impact assessments of potential measures and regulations. These analytical capabilities are particularly critical in times of crisis to inform and support the preparations of fast-paced government responses based on the "best available" evidence. This lack of capacities in times of crisis echoes a wider gap in evidence-based policymaking in the Czech Republic that can also be observed in normal times and calls for strengthening analytical capacities in the Office of the Government and the line ministries to support the provision and analysis of information in strategy and policymaking as well as sharing them across the government (see Chapter 3).

Conducting evaluations for risk management policies and post-disaster is crucial to incorporate lessons learnt into crisis preparedness and resilience planning and improve the design and implementation of public policies. Twenty-one OECD countries declared that their government used the results of post-disaster evaluations to revise their risk management policies (OECD, 2018^[2]). During the COVID-19 pandemic, most OECD countries (11/18) responding to a survey conducted at least one evaluation on each of the key stages of the risk management cycle (OECD, 2022^[41]).

In the Czech Republic, as per the Crisis Act, the CCS is tasked with evaluating government actions during a crisis (Parliament of the Czech Republic, 2000^[17]). To revise its risk management policies, the country conducted several evaluations regarding the government's crisis response. At the end of 2021, the MoI conducted its own assessment of relevant bodies involved in the crisis response, including the Fire and Rescue Service and the Security Policies Department. Similarly, evaluations were performed by the MoI with the purpose of preparing a new crisis management legislation that should be presented to the government by the end of 2023. These evaluations were reportedly carried out with the involvement of the CCS, but their results were not published nor approved by the government and remained internal documents, thus failing to share and provide a whole-of-government perspective.

The Supreme Audit Office also conducted a series of economic evaluations focusing on the government's crisis response. It included, for instance, the effectiveness of the funds spent on information support for anti-epidemic activities (SAO, 2022^[53]). However, no national, formal whole-of-government evaluation of the government's entire crisis management system has been released at this stage to provide a shared assessment of the practices and gaps observed during the COVID-19 crisis management. No independent evaluation has been released either, as was done by Sweden, which created the independent Corona

Commission (Box 7.4). This does not support an effective, transparent, shared whole-of-government dialogue on revising governance structures and protocols.

Box 7.4. The Corona Commission of Sweden

In June 2020, the Swedish government appointed a dedicated, independent commission to evaluate the actions of the government, administrative agencies, regions and municipalities in response to the COVID-19 pandemic. Named the “Corona Commission”, it submitted a final report in February 2022 which concluded that, although Sweden came through the pandemic relatively well, the government’s response to the pandemic was slow and lacked leadership, pointing to failings in the role played by different agencies, and in the overall co-ordination and communications. The report also highlighted the need for better disease prevention and control measures that are rooted in evidence and data, rather than advice, recommendations and voluntary measures. Ultimately, the commission’s evaluation provided the Swedish government with valuable insights into what aspects of its crisis management structure need to be reformed. The report was also made publicly available.

Source: Sweden’s Corona Commission (2022^[54]).

Implementation challenges of the crisis management framework

The practical implementation of these legal, institutional and policy crisis frameworks during the COVID-19 pandemic faced a series of challenges. This section relates these challenges to the topics covered in the different chapters of this review. Crises can be opportunities for transformation and reform to strengthen the crisis structure to build back better and increase resilience to future shocks. Governance and co-ordination mechanisms are at the core of these efforts.

Information and data collection and analysis during the crisis was a transversal challenge for the CoG and line ministries, impeding agile and informed decision-making

A key element to facilitate inter-ministerial co-ordination and evidence-based decision-making during a crisis is efficient information, data collection and analysis. Lessons from the COVID-19 pandemic proved that information and data can save lives, but for that to happen, safeguards, tools and mechanisms must be put in place to ensure that information continues to be available. In the Czech Republic, information and data were a central challenge for the public administration during the crisis. In fact, 50% of line ministries responding to the OECD survey pointed to difficulties in collecting information and evidence (health, scientific, other) to support emergency decisions as one of the main challenges of the pandemic response.⁴ The OECD report *Evaluation of Luxembourg’s COVID-19 response* underlined that Luxembourg exhibited strong inter-ministerial co-ordination, co-operation with local actors and public communication in its management of the crisis (OECD, 2022^[4]). The OECD recommends strengthening the provision of evidence and scientific advice to the government and line ministries. On the other hand, in the Czech Republic, stakeholders mentioned during the fact-finding mission a lack of information in the early stages of the pandemic. Although the government managed to produce a number of systems to centralise information and portals to publish it, external stakeholders reported difficulties using and analysing information and data. Civil society organisations and experts interviewed by the OECD pointed to a lack of usefulness and to the delayed publication of health data on the government portal regarding the pandemic, which slowed down the proper assessment of the situation.

In this context, the MoH managed to develop an information system portal with live information and data related to the pandemic (i.e. availability of intensive care beds, ventilators, beds, medical staff, etc.). To do so, a specialised group, the Office for Medical Information and Statistics, created a dashboard and coordinated with subnational governments that had most of the information and data. After three months, the system was in place and information was updated daily with visuals and infographics (Ministry of Health, n.d.^[25]). The aim is that the portal will also serve other emergencies. Although data are also available in an open format, stakeholders during the fact-finding mission mentioned that navigating and using it was challenging. Another challenge was the mistrust of the data from citizens and the media. More importantly, an evaluation from the Supreme Audit Office found that the MoH “did not prepare information support for dealing with epidemic situations [...], did not define the needs for ICT development in the healthcare sector [...] and did not monitor and evaluate the effectiveness and economy of spending” (SAO, 2022^[53]).

Despite this system, the challenge of information and data collection and analysis was key and remained an issue throughout the crisis for two main reasons. Interlocutors pointed out a lack of culture and system of information sharing across ministries. Although the existing crisis management information systems provide a baseline for sharing and standardising information, stakeholders during the fact-finding mission mentioned that this is not followed in practice. Information and data collection within the government too often remains informal and decentralised in each ministry and in subnational governments, even more so during a crisis. In practice, ministries and other public institutions tend to work independently, building their own data and statistics and using different sources of information. The second challenge was more technical in nature. Once the government made efforts to collect information and data during the crisis, it faced technical difficulties centralising and standardising information to facilitate its analysis for informed decision-making. Different formats and a lack of data comparability (in terms of scale, time frame and geographical scope) on COVID-19 were reported by stakeholders the OECD met with and made the analysis more challenging for ministries and civil society (Munich, 2020^[55]). The lack of a platform for sharing data across ministries raises additional concerns about the interoperability of the information across the crisis system. For instance, Luxembourg developed a fast monitoring system for infectious diseases, named Qlik, which helped information gathering, monitoring and sharing to support more acute policy responses. However, the system was incompatible with other information systems in Luxembourg (OECD, 2022^[4]).

There is thus an opportunity to strengthen the existing crisis management information systems and, in parallel, build technical capacities for public officials and set standards that facilitate the interoperability of information and data across the crisis system. To improve the decision-making process in times of crisis, within the new crisis legislation, the General Directorate of the Fire and Rescue Service is working on developing a new crisis management information system to centralise, gather data and enhance evidence-based decision-making. In addition, the Czech Republic could follow the example of Mexico City, which developed in a collaborative way a protocol to ensure information is available in times of crisis to improve transparency (Box 7.5).

Box 7.5. The Mexico City Protocol to Access Information in Times of Crisis

Following an earthquake in 2019 and the COVID-19 pandemic in 2020, the government of Mexico City decided to create a protocol to access information and increase transparency in times of crisis. In sum, it outlines the minimum actions for transparency in emergency situations, by bodies subject to the access to information law, oversight bodies, and people and communities in each stage of a risk situation: prevention, reaction and recovery. These actions can include digitalising documents, identifying which information should be published and disseminated during the emergency, and how to monitor and evaluate emergency access to information actions.

To create the protocol, the government conducted an open and participative process.

- First, it carried out six co-creation tables with multiple stakeholders to co-design a preliminary draft of ideas, proposals and definitions to be included in the protocol.
- Second, in collaboration with the National Centre of Disaster Prevention and external specialists on risk management, the content for the protocol was elaborated. For this stage, three co-creation tables with multiple stakeholders were encouraged to revise the content in a collaborative way and agree on a final document.
- Third, once the protocol was launched, a toolkit was co-elaborated with stakeholders to help different actors implement it.

The protocol is written in plain language and reflects the different needs of all sectors of society. It is also adaptable to any crisis context and provides recommendations to avoid circulating fake news during a crisis.

Sources: INAI (2020^[56]); INFOCDMX (2021^[57]).

Lack of a coherent communication strategy coupled with the spread of misinformation and disinformation impacted the uptake and trust of government decisions during the crisis

Crisis communications proved to be instrumental in disseminating and supporting information on the implementation of health measures and recovery policies. In large-scale crises such as the COVID-19 pandemic, clear communication and transparency in decision-making have a direct impact on citizens' trust in government (OECD, 2018^[2]). In this regard, OECD evidence showed that CoGs helped ensure the coherence of government messages both internally and *vis-à-vis* the public and civil society, reaching specific segments of the population and facilitating dialogue with citizens to develop policies and services adapted to their needs and expectations. However, 58% of CoGs identified crisis communication as the most relevant communication challenge (OECD, 2021^[58]).

Moreover, the lack of a coherent communication strategy also fuelled the spread of misinformation and disinformation. Disinformation, in particular, defined as false information knowingly shared to cause harm, was a key challenge for OECD countries, affecting governments' responses by undermining trust, amplifying fears and, at times, leading to harmful behaviour (OECD, 2020^[59]). Ultimately, co-ordinated multi-stakeholder efforts are needed to tackle disinformation during a crisis, with clear public leadership. In that context, strategic and transparent communication should be among the first lines of action for public institutions at all levels (OECD, 2020^[59]). As found by the OECD, "guaranteeing openness in decision-making by ensuring that public communication is regular, transparent, compelling and based on audience insights is fundamental as governments work on catching citizens' attention in a crowded media ecosystem" (OECD, 2022^[41]).

Yet, the lack of unified narrative and communication across the government with the public in the Czech Republic was the most relevant challenge during the COVID-19 pandemic, according to line ministries responding to the OECD survey (75% of respondents).⁵ A variety of stakeholders from the public sector and civil society confirmed this finding during the fact-finding mission, pointing to a general lack of co-ordination to centralise information and messages for the public. This was a challenge first for internal communication and reporting processes, which, as mentioned above on information and data, hindered effective cross-government co-operation.

In the Czech Republic, the CoG had a permanent crisis communication team to fight disinformation. Although the CCS had an expert group for crisis communication, it was cancelled for a certain period before being re-established. The overlap of mandates across bodies, for instance between the CCS and the Council for Health, resulted in conflicting messages to the public regarding the government's capacity for crisis management. Although individual efforts were made by ministries, with sector-level plans for crisis communications, this only resulted in more confusion and distrust from citizens.

Taking the lessons from the COVID-19 pandemic, the Czech Republic is currently building a crisis communication strategy with specific protocols and standards for all public bodies in the case of a crisis to create a clear framework for strategic crisis communication. The country could streamline its crisis communication framework also building on the communication strategy employed in the ongoing refugee crisis. To ensure the coherence of government messages both internally and with citizens, the MoI is implementing and producing centralised materials to share with line ministries. This helps ensure that all ministries use the same materials and videos relative to the refugee crisis *vis-à-vis* the public. To achieve this in a co-ordinated and effective manner, a system of contact points in ministries allows disseminating prepared materials through a network of communicators within the government. Although a wide variety of crisis communication frameworks exist, Costa Rica's communication decision tree and Switzerland's diversification of communication channels provide additional useful examples in this regard (Box 7.6).

In the case of Luxembourg, communication was quick and relied on a wide variety of channels from the written press, social networks, radio and television to print and signage. Strong leadership in communications and messaging was shown with the government spokesperson endorsed by the Prime Minister and the Minister of health (OECD, 2022^[4]).

Box 7.6. Communicating during a crisis: Examples from Costa Rica and Switzerland

Costa Rica's crisis communication decision tree

Costa Rica's crisis communication decision tree represents a systematic approach to disseminating messages to the population by elaborating structures and protocols to be adapted based on the nature of the crisis. Its purpose is to create a unified process and regroup management and communication resources so that the Ministry of Communication can quickly and effectively respond to relevant adverse events or major media crises that alter the government's functioning and image. The tree is constructed as follows:

1. Initial response

The initial response depends on the type of crisis. Crises are divided into two types:

- Disaster or emergency, political, financial and environmental crises: The initial response is to activate the Crisis Committee.
- Legal, personal and sexual crises: The initial response is to conduct an office meeting between the Minister and the director of communication. Following the meeting, the Crisis Committee is activated.

2. Elaborating a plan

The second step is to elaborate a crisis communication plan, by defining messaging, formats, communication products and a designated team.

3. Actions

The third and final component involves specific communication actions:

- informing the co-ordinators
- designing the team that will take the lead in managing the crisis and distributing tasks
- creating a team communication channel (e.g. WhatsApp group)
- executing previously set products and formats
- monitoring crisis communication actions.

Diversifying communication channels during a crisis in Switzerland

The Swiss government used various external communication channels to inform its citizens about the situation and infection control measures. In addition to frequent press conferences by the Federal Council and experts, the federal administration used poster campaigns, web pages, social media and the “ALERTSWISS” app to disseminate information. For example, during the highest alert level, the Federal Council gave three press conferences per week, complemented by press briefings with specialists every other week.

The evaluation by the Swiss Federal Chancellery concludes that using a variety of communication channels allowed the government to reach a large portion of the population and was particularly effective.

Sources: OECD (2021^[58]); adapted from inputs shared by the government of Costa Rica to the OECD 2020 Survey “Understanding Public Communication”; the Crisis Communication Plan, Ministry of Communication, October 2019 (OECD, 2022^[41]); and Swiss Federal Chancellery (2020^[60]).

The lack of institutionalised procedures for citizen and stakeholder engagement in decision-making processes in COVID-19 responses hindered buy-in

A whole-of-society effort is critical to cope with the crisis’s long-term health, economic and social consequences. Co-ordination across government, policy areas, and levels of government and with civil society is thus essential to the response and the recovery efforts (OECD, 2020^[3]). In fact, an analysis from OECD evaluations showed the importance of engaging stakeholders and the public in risk-related decision-making (OECD, 2022^[41]). Data from the OECD show that most member countries conducted consultations with stakeholders for designing strategies for the response to the COVID-19 crisis (20 countries), for the recovery period (18 countries) and for campaigns to inform stakeholders about the design of these strategies (19 countries) (OECD, 2021^[1]).

This was not the case in the Czech Republic, which did not develop any stakeholder participation process in the COVID-19 response and recovery phase (OECD, 2021^[1]). As found in Chapters 1 and 2, the Czech government has a number of advisory and working bodies (PPOVs, for the Czech acronym, hereinafter “consultative bodies”), some of which aim to engage citizens and specific groups in policy advice, particularly the councils under the Office of the Government’s Department for Human Rights and Protection of Minorities. Evidence collected for this review suggests that the functioning of the consultative bodies depends very much on the political will of the administration that is in power and on the profile of their members. Moreover, no consultative body is dedicated to crisis management. The CCS expert groups include external stakeholders; these only relate to experts in certain thematic areas. Their involvement is

indeed crucial as it helps increase reliance on scientific and technical expertise in decision-making to mobilise evidence to inform policy responses related to the pandemic and its aftermath (OECD, 2020^[3]).

However, there is also a need to involve citizens and civil society organisations in the response and recovery strategies to increase buy-in and trust, which are essential for implementing emergency and recovery measures in crisis contexts. For example, the use of national dialogues in Finland allowed individuals to give feedback, voice concerns and ask questions directly to high-ranking public officials, in turn providing the central government with a better understanding of stakeholders' expectations for the crisis (Box 7.7).

Box 7.7. Finland's national dialogues

In March 2020, in response to COVID-19, the Finnish Ministry of Finance, the civil society organisation Dialogue Academy and the Timeout Foundation joined forces to launch the Finnish national dialogues. They aimed to engage with and listen to citizens on how they were handling the crisis and to understand their needs. The initiative also aimed to include a range of actors in organising these dialogues. Over 80 organisations and actors came together, including civil society organisations, municipalities, government offices, foundations and individuals.

Between April and June 2020, 162 dialogues took place, with over 1 100 participants actively contributing to the discussions. Ultimately, the goal of the discussions was to increase the mutual understanding of the different participants. Particular attention was given to ensuring the inclusion of minorities and vulnerable groups, whose voices might not be as prominent as other demographics. Through this partnership, the government was able to reach a wide range of groups, including prisoners, sex workers, relatives of mental health patients, teachers, social workers, children, the elderly and pensioners. The dialogues were all documented and used to build a comprehensive overview, which was published on the Ministry of Finance's website.

Sources: OECD (2021^[58]); https://avoinhallinto.fi/assets/files/2020/11/Policy_Brief_1_2020.pdf.

Digitalisation of public services improved greatly during the crisis, but further efforts are needed to ensure digital inclusion while continuing to simplify and digitalise administrative procedures

The COVID-19 crisis has accelerated the digital transition of governments as they needed to continue delivering seamless services to citizens and sharing information and data, including under lockdown and containment measures. While the pandemic has accelerated online activity, the scope and speed of the ongoing digital transformation have varied greatly across segments of the population, some of which have yet to fully reap its benefits. Among the inequalities exposed by the COVID-19 pandemic, the digital divide has emerged as a key factor threatening the effective, responsive and accessible delivery of public services in OECD countries.

In the Czech Republic as well, the crisis has supported the digitalisation of the government and of public services. This trend supports the digitalisation efforts carried out in the administration as part of the PAR. According to Eurostat, the percentage of the total population using online public services increased from 54% in 2019 to 68% in 2021, which is higher than the EU average of 58% (Eurostat, 2022^[61]). Other tools developed or adapted during the COVID-19 pandemic include the citizen portal, as well as the digitalisation of thematic policy sectors, such as in social services, health and education. This also reflected the new government's priorities to place the digital transformation at the core of the public administration reform and to appoint a Deputy Prime Minister for digitalisation in the Office of the Government to steer the

digitalisation agenda. Moreover, the European Union's Digital Economy and Society Index (DESI) assessment of the Czech Republic also identifies that, although basic digital skills are higher than the EU average (60% compared to 54%), there is scope for improvement (DESI, 2022^[62]).

Yet, despite this progress, according to findings from OECD interviews, the digital divide that persists continues to present barriers for different groups to access online public services. Both government and civil society stakeholders underlined that the digital divide is exacerbating inequalities in terms of age, income and geographic location. Further efforts are thus needed to ensure digital inclusion for all segments of society while continuing the simplification and digitalisation of administrative procedures.

Lack of staff capacity from the public administration affected the government's crisis response

The COVID-19 pandemic accelerated the transformation of public services and civil servants' activities and their ability to deliver services digitally and interact with citizens. The widespread use of new digital tools, greater flexibility in using remote and hybrid working, and increased staff mobility were features of many administrations in the Czech Republic, as in all other OECD countries. During the first wave of the COVID-19 pandemic in the first quarter of 2020, 19 out of 25 (76%) OECD countries saw over half of their civil servants working remotely, and most expected increased remote working in the years to come. This figure was higher in the Czech Republic, with 70% of civil servants working remotely (OECD, 2021^[1]).

While the public administration managed to adapt fast, several stakeholders recognised the lack of staff capacity, both human and financial, from the public administration as a relevant challenge that impeded the government's response during the pandemic. In line with the findings from Chapter 6, as part of the efforts to strengthen recruitment and career development policies, there is an opportunity to improve the skills and competencies that public officials need to adequately face crisis situations. Future policies and procedures surrounding remote working might also need to be redesigned to ensure the smooth functioning of the administration while maintaining the achievements of the teleworking policies during the crisis.

Recommendations

Based on the lessons learnt during the pandemic as well as the crisis related to the influx of refugees from Ukraine, the MoI updated the CCS' statutes in 2022 and is preparing a revision of the crisis legislation. The proposal should be presented to the Czech government by the end of 2023, then will be submitted to parliament, and is expected to enter into force in 2025. The following recommendations provide an evidence base for reforming the crisis legislation to strengthen co-ordination and regulatory mechanisms for more efficient crisis management.

- Reinforce the institutional and policy frameworks for crisis co-ordination:
 - Ensure wide consultation of all government and external stakeholders in updating the national crisis plan and framework as is currently done by the MoI to ensure faster and more robust responses to future crises, health or non-health related, and involve the new national security advisor for guidance and support; evaluate the use of the Model Action Plan for Epidemics during COVID-19 by consulting all regions and stakeholders involved in preparing them since 2019 and those that used them during the COVID-19 crisis and by adapting them to increase their use in the case of future pandemic (MoH).
 - Within the national crisis plan, ensure a better articulation of the roles, mandates and responsibilities of relevant actors during a crisis, such as line ministries and other central administrative authorities, including the Czech National Bank and territorial self-governing units. This includes a wide range of roles in co-ordinating government measures, advising on

specific topics related to the nature of the crisis, implementation responsibilities, communicating, and collecting and sharing data. The articulation could be supervised through the CCS to ensure a co-ordinated approach, which could also help actors at all levels and in all sectors exchange good practices on individual crisis plans, identify capacity gaps and ensure preparedness for future shocks.

- Empower the crisis management capacities in the CoG for more leadership in times of crisis and ensure that advice from the CCS is effectively taken into account by the government in crisis times through the national security advisor. The CCS' regulations could be strengthened to reinforce its integration in the decision-making processes, for instance by establishing an effective link with the Office of the Government. As the link between the CCS and Cabinet secured by the chair of the CCS and the National Security Council did not prevent inconsistencies and co-ordination issues during the pandemic, the national security advisor could help support the co-ordination with the CCS and the Cabinet and ensure that its proposals are examined by the government and endorsed, as it is the case in a number of OECD countries (including Italy, Latvia, Luxemburg and New Zealand) (OECD, 2020^[3]). In this regard, this new figure, with the support of his/her staff, should be placed both within the Office of the Government and the CCS to support a better link with the Prime Minister's agenda and facilitate faster decision-making.
- Strengthen the crisis legal framework and emergency regulations for evidence-based policymaking:
 - Base crisis legislation on all available evidence to try to mitigate risks of regulatory failure, provide a sound justification for its need, and help communicate regulatory objectives to affected citizens and businesses. For example, the CCS could implement and supervise a response plan review process to ensure that plans are kept up to date and that lessons learnt from previous crises are all incorporated into response plans on an ongoing basis.
 - Where crisis legislation did not follow standard law-making processes, make explicit provisions in the crisis legislation to collect data and then be subject to monitoring and evaluation of its effectiveness and efficiency.
 - Support independent, national evaluation of the overall crisis response of the government and other public players and make the results publicly available. Release the evaluations prepared by the Mol and ensure they are shared at least across the government.
 - The government could build on its risk assessment capabilities to identify future risks beyond those similar to COVID-19. Strengthen the role of scientific evidence in decision-making by implementing a permanent system of scientific advice to the government and drawing up a roster of national experts from different disciplines and organisations to improve evidence-based decision-making.
 - Develop protocols and processes for collecting data on relevant outcomes and essential services to be better prepared for future crises.
 - Strengthen the analytical capacity of the CoG in normal times and in times of crisis to increase the quality and pace of analysis in preparing emergency regulations, measures and policies. The creation of the VAU in the Office of the Government can support the increase in analytical capabilities and the model can be replicated in line ministries.
 - Strengthen the CCS expert working group on legislation's capacity to enforce that extraordinary measures in crisis times still comply with the regulatory requirements and do not conflict with other laws to avoid the potential overturn of measures by other bodies.
- Continue efforts to build a more robust crisis management information system that provides clear frameworks and standards for information and data sharing across ministries and that ensures

interoperability with adequate technical and human resources for more efficient evidence-based policymaking during a crisis.

- A single government portal to share and monitor information should be established in times of crisis, or an existing one should be designated to build the capacity to support fast data collection and sharing at all levels. Any new portal needs to be compatible with the Czech Republic's current IT systems and be developed in consultation with the MoI's chief architect and the relevant digital stakeholders in the country.
- Data protection and sharing protocols need to be adapted to ensure they can be used and shared for relevant analysis, actions and monitoring, particularly in times of crisis.
- Finish reinforcing the framework for strategic crisis communication that is currently ongoing with clear protocols and standards for all public bodies in case a crisis occurs.
 - Having clearly defined roles for disseminating the government's messages through a high-level spokesperson endorsed by the Prime Minister can support the government's leadership, coherent voice and communication.
 - Strengthen the strategic public communication resources of the Prime Minister's Office to support this role.
 - Strengthen transparency in crisis management by clarifying to citizens the responsibilities of each crisis management body, sharing the main measures adopted by the CCS with the public and extending two-way crisis communication with citizens to more channels.
 - Develop capacity to prepare toolboxes and communication materials in the event of a crisis for citizens and the different government levels and institutions as is being done by the MoI on the refugee crisis; transpose the model to other types of crises led by the Office of the Government and supported by the MoI.
 - Ensure that an omni-channel approach for delivery is developed to reach all demographics by using digital and non-digital channels, such as television, social media, government websites and newspapers.
- Institutionalise participatory mechanisms and engage a wider range of stakeholders in the crisis decision-making process to increase buy-in and trust in government response:
 - Consider creating in support of the national, regional and municipal CCS a permanent expert group to consult civil society at all levels during a crisis to be supported by digital and non-digital mechanisms. Co-create working groups attached to the crisis units (CCS) with experts from academia and civil service users during times of crisis.
 - Involve civil society and local actors (municipalities, police forces, schools, etc.) and non-governmental stakeholders early in the management of the crisis.
 - Set up consultation forums to develop mechanisms for citizen participation in crisis management, for instance by involving public service user associations or representatives of certain vulnerable sectors of society in the expert group (that could be led by the CCS) and in online consultations, and by creating consultation forums with individual citizens when updating crisis plans and during times of crisis. Consultation (albeit possibly more limited during a crisis) with affected citizens and businesses should clearly provide the rationale and policy objectives sought to be achieved, in an effort to help boost voluntary compliance.

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Notes

¹ According to the mortality analyses based on data from the John Hopkins University Coronavirus Resource Center, as of August 2022, the Czech Republic had the second-highest mortality rate per 100 000 people among the 38 OECD countries, after Hungary, and the fourth within the 27 European Union member countries after Bulgaria, Hungary and Croatia. Mortality per 100 000 people represents a country's general population, with both confirmed cases and healthy people (Johns Hopkins University, 2022^[5]).

² The survey was elaborated in the framework of the Public Governance Review of the Czech Republic. Percentages are calculated based on the responses received by eight government public bodies, including: the Ministry of the Interior – General Directorate of Fire and Rescue Service of the Czech Republic; the Office of the Government; the Ministry of Education, Youth and Sport; the Ministry of the Environment; the Ministry of Health, the Ministry of Industry; the Central Crisis Staff; and the Ministry of Labour and Social Affairs.

³ See Note 2.

⁴ See Note 2.

⁵ See Note 2.



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