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[1] Report / Open Research Data Pilot / Websites, patents, filling, etc. / Demonstrator / Ethics / Other
[2] Public / Confidential, only members of the consortium (including the Commission Services)

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Table of contents

Introduction

To understand the development of the Covid-19 pandemic in Slovenia and the response of the population to the crisis, it is crucial to understand the political changes that happened simultaneously with the beginning of the pandemic. The first case of Covid-19 was detected on 3rd of March 2020. The epidemic was declared on 12th of March 2020, resulting in a sudden and major lockdown, lasting till 14th of May, when Slovenia was the first European country at the time to declare the epidemic to be over.

The new political coalition took office on March 13, 2020, soon after the first cases of Covid-19 were reported in Slovenia. The new government changed the current way of managing the epidemic: the heads of the main public institutions were replaced, including those involved in epidemic management (e.g. the director of the National Institute of Public Health) as well as all the main representatives for communication about the pandemic with the public. There was widespread public belief that the government was exploiting the epidemic to introduce undemocratic forms of government, which led to a series of anti-government protests beginning in the spring of 2020 and continuing into the present.

As many participants of vulnerability assessment emphasized, the Covid-19 measures in Slovenia were soon primarily perceived as being formulated to protect the personal interest of politicians involved in the new government and not as a science-based, targeted measure to control the pandemic. Many different criticisms against these measures (such as lack of planning, communication grounded in the rhetoric of fear) need to be therefore understood in the context of a specific political situation in Slovenia.

Overall, the "first wave" of the epidemic in Slovenia was therefore widely considered as a government success in terms of controlling the new disease itself. Summer 2020 that followed, was marked with low infection rates. Later, however, the Covid-19 situation worsened, and in December 2020 Slovenia had the most Covid-19 related deaths per million in the world. Currently the vaccination rate is still low (54 % of the population), compared to most other European countries.

At present, Slovenia is among the countries with most cases of Covid-19 and a high number of deaths due to Covid-19 (on November 18th all confirmed cases: 391.677; died: 5001).

Description of work

The Vulnerability Assessment was conducted in two locations, which were chosen considering their different characteristics. The capital of Slovenia, Ljubljana, was chosen as a location with an urban character, whereas the other location of Murska Sobota and its surroundings was situated in a more rural area in northeastern Slovenia, bordering Austria, Hungary and Croatia.

The data were collected between February and July 2021 by conducting vulnerability assessments with 214 individuals (109 in Ljubljana; 105 in Murska Sobota and surroundings). Participants were chosen on the basis of vulnerabilities identified during previous research conducted in Slovenia, but also included those who might have become vulnerable during the pandemic. A variety of people were included, with different educational, social, cultural and ethnic backgrounds. Among them were: elderly, youth (over 18 years), students, people who lost their jobs or their income dropped, self-employed, people who work in sectors, especially affected by the pandemic and the lockdowns, foreign workers, single parents, people with chronic illness, people with mental health issues etc. Special attention was put on the participants who are usually omitted from quantitative research, such as the members of Roma community, the homeless, illegal drug users, HIV+ people, sex workers, undocumented migrants, asylum seekers and other most vulnerable and marginalised members of society.

Summary and key findings

1. Institutional care and total institutions as a source of vulnerability during the pandemic

Collected research material makes it obvious that during the pandemic, many problems were related to total institutions (psychiatric hospitals, prisons and correctional facilities, asylum homes, residential care homes etc.) and to the institutionalization of people. These residential institutions became a hotspot for infection during the pandemic as well as deprived their residents of contact with outside society.

Many of the issues found were pre-existing but worsened considerably during the pandemic. The most crucial were: lack of professional staff (including doctors, nurses), lack of funding, lack of quality care for users/residents, not enough or not adequate space. Other problems were completely new: the institutions responded to the fear of infection spreading in two totally opposing strategies: either locking the residents in and closing off all outside contacts or a mass ad-hoc (unplanned) release of residents and inmates from institutions without provided support (from prisons, hospitals, detention centers).

2. Restricted access to public spaces and services during lockdowns

Especially during full-lockdowns, a pressing issue was the availability of public spaces and services where the most vulnerable take care of their basic needs (e. g. public restrooms, soup kitchens, social centers etc.). In general, for most people we spoke to, not just the most marginalised, the inability to get to and use public services was a key problem. The institutions specifically mentioned encompass: healthcare institutions (on all levels), educational institutions (kindergartens, schools, residential schools for children with special needs), social services (e.g. homeless shelters, soup kitchens, NGOs working in the field of mental health), cultural institutions and public transport.

Accessing healthcare institutions was very difficult in the case of most non-urgent conditions. Already long waiting lists for medical checkups and procedures became even longer (or were cancelled); some healthcare institutions were unresponsive (phone calls and emails) and at the same time were not available in person.

3. Work conditions and income changed due to the pandemic

Due to the pandemic and the related government control measures, for one third of the participants, the conditions of their work or their workplace changed. Moreover, almost half of the participants reported a change in their income: the majority earned less or significantly less. This drop was in most cases experienced by participants in precarious employment situations such as self-employed in the service sector, freelancers in tourism, gastronomy, culture, art and entertainment and also part-time workers, especially students. On the basis of collected material, increased precarity was present in sectors that experienced long-lasting and debilitating restrictions due to the pandemic and the preventative measures. Moreover, many female participants described a reimposition of traditional gender roles due to long periods of working-from-home. Long lockdowns and distant work caused loneliness and made it worse. They negatively affected social connections (with friends, colleagues), which was particularly problematic for single participants and/or those living alone.

Due to the government rhetoric used during the lockdown periods the participants felt that a gap between supposedly essential and non-essential (and consequently worthless and unimportant) work was implied. People employed in sectors, defined as essential by the policymakers, were legally ensured the conditions to be able to work, such as childcare, while kindergartens were closed for all others. Furthermore sectors such as education, culture,

tourism, entertainment etc. were experiencing extensive and longer closures and/or limitations to their regular work. People working in these neglected sectors felt their work was devalued and misunderstood.

A few participants that contracted Covid-19 and experienced long lasting effects, reported the symptoms interfering with their work and even requiring a long absence.

4. Difficulties with or inability to follow the Covid-19 control measures

The material, collected through fieldwork, indicates that most of the identified vulnerabilities in the interviews are not a result of the epidemic itself, but of the epidemic management and the Covid-19 control measures. The participants pointed out various aspects of government pandemic-control measures : some emphasize the ad-hoc way the measures were created and implemented and lack of coherent, transparent planning; the others felt that the official communication rhetoric was the key problem (and the interconnected distrust that ensued); many interlocutors see the pandemic control measures as a proof that the pandemic is just an excuse to introduce undemocratic forms of governance. As preventative measures were often planned without consulting the key stakeholders in a particular sector or impacting a particular social group, they were in practice impossible to follow and had to be subsequently changed and amended. Consequently, many interlocutors indicate increasing distrust of the government, its competence and intentions, which impacts how they understand and if they follow the government's orders and recommendations regarding the pandemic (e. g. vaccinations, mask wearing).

Many participants found it very hard or impossible to respect the Covid-19 control measures, as they did not have the ability to do so (e.g social distancing and staying at home for the homeless or those residing in residential institutions and crowded housing).

Policy recommendations

1. Based on performed vulnerability assessments, a complex intersection of vulnerabilities could be observed that were not possible to interpret under the concept of vulnerable groups, but as an intertwining of a variety of different vulnerabilities. Ethnographic material collected clearly exhibits that vulnerability should be understood as a relational phenomenon (that is produced in the relationship between the individual and the wider social, cultural and economic environment) and also as a process that varies from one person to another, changing in different life periods and in different circumstances.

Recommendation: due to the identified complex intertwining of vulnerabilities it is recommended to move beyond the concept of ˝vulnerability group˝ – therefore policies should be based on a more complex understanding of the intersections of vulnerabilities.

2. The research material demonstrates that pre-existing vulnerabilities were exacerbated due to the ongoing pandemic. On the basis of a comparison between the findings of previous qualitative research of vulnerabilities in health in Slovenia (Frakaš-Lainščak et al. 2015; Huber et al 2020) and Covid-19 vulnerability assessment it is clear, that the already present vulnerability factors (poverty, social isolation, inadequate living and housing condition) were intensified during the pandemic and its negative effects for the most marginalised populations in Slovenia further increased.

3. From the collected material it is also clear that most of the identified vulnerabilities in the interviews are not a result of the epidemic itself, but of the epidemic management strategies and the Covid-19 control measures implemented. Through the ethnographic material it is evident that most of the research participants just roughly mentioned their

vulnerabilities created or exacerbated by the pandemic itself, however they emphasized numerous negative aspects of government-created measures, meant to control the pandemic.

Recommendation: it is necessary to clearly differentiate between the vulnerabilities, caused by the epidemic itself and those, caused by the measures, implemented to control the epidemic and create policies accordingly.

4. The material indicates that many participants of our research were openly critical of the Covid-19 control measures implemented in Slovenia during the Covid-19 pandemic. Emphasis was on the way the measures were drawn up, as experts and relevant stakeholders were in most cases not consulted; they were excluded from the process of both drafting the measures and the planning on how to implement them. Consequently, these inconsistent and uncoordinated changes and corrections of the pandemic control measures particularly affected the vulnerable. Furthermore, most official communication was grounded in the rhetoric of fear – not trust, which, as indicated in the research, affected the pandemic management negatively.

Several policy recommendations are proposed in relation to the aforementioned issues:

- The pandemic control measures that are based on a one-size-fits-all model are not appropriate, since they do not take into account the diversity of the population that is living in Slovenia (e. g. ethnic and religious minorities; people without legal status; foreign-language speakers and others). It is recommended that the measures take into account the heterogeneous and diverse population.
- The strategy for pandemic management should be more comprehensive and inclusive, in cooperation with the representatives of vulnerable populations.
- The communication with the public should be encouraging, positive and should be based on trust and respect. It should focus on solidarity-building, community-building and inclusiveness.

5. Based on the vulnerabilities discovered in relation to the institutionalization of people, the inaccessibility of public services and the lack of adequate housing for socially underprivileged, the following policy **recommendations are proposed**:

- encourage and enable deinstitutionalisation,
- improve accessibility of public institutions and services; with an emphasis on ensuring the public (non private) health care services.
- provide adequate housing conditions for the most socially underprivileged persons.

6. Many new vulnerabilities are appearing due to the pandemic and Covid-19 measures. These new vulnerabilities are especially present among young people who experience a complex intertwining of anxieties that are not only psychological, but socially, politically, economically and culturally determined (they face collective pessimism and lack of vision for the future).

In order to address these new vulnerabilities **it is necessary to:**

- involve social scientists, who understand both heterogeneity and political, economic and social dimensions of vulnerability in strategy making and implementation of epidemic-control measures,
- emphasize the role of qualitative research and analysis (not only quantitative, statistic research) to better understand the consequences of pandemic.

Conclusion

Covid-19 vulnerability assessment provides valuable findings that supplement already known locally relevant vulnerability knowledge and provide actionable information. As the progression of the current pandemic-related events seem to indicate, further research is needed to follow the local development and changes in vulnerability.