

## **A CRITICAL CONTRIBUTION TO THE DISCUSSION ON THE STRATEGY OF THE REPUBLIC OF SERBIA IN MANAGING THE FIRST PHASE OF COVID-19 EPIDEMIC**

**Summary:** COVID-19 pandemic is a relatively new and complex phenomenon and every attempt to predict its further course and consequences (not restricted just on the health and economic aspect, but with impact on every other aspect in everyday life) is significantly limited by uncertainties. As the global threat that confronts almost every state on the Earth, every one of them has a task to choose a strategy for preventing virus transmission and mitigating negative consequences, or the approach for managing COVID-19 outbreak. Moreover, every state has to attach importance to the risk management, and primarily to its crucial phase – the risk assessment (all-inclusive process of risk identification, analysis and evaluation) - as a precondition for appropriate decision making in terms of risks and uncertainties. By analysis of the response on the emerging crisis in the Republic of Serbia, or the managing the first phase of the pandemic, the author aims to identify omissions and oversights, with the goal reflected in using the potentials, capacities and resources of the Republic of Serbia in order to choose the most effective and the most adequate response. Furthermore, beside the assessment of implemented approach, the author implicates possible potential that different approach could have regarding the care of the most vulnerable categories of people, but also the urgent need for the-whole-society response and dominant role of the local communities in the response on the crisis. In the conclusion, despite obvious complexity and inherent uncertainty, the correction of the certain measures with the continuous evaluation and upgrading the existing ones could possibly mitigate negative consequences. But, the mentioned would call for the pragmatist approach, for which implementation is necessary to previously meet criteria that are challenges for the most states today (a high level of the trust in state authorities, existence of system able to act simultaneously with the changes in dynamic environment etc.).

**Key words:** COVID-19, crisis management, risk assessment, local communities

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## **Introduction – risk assessment**

Today, more than ever, the epidemic of infectious diseases represents an all-pervading risk and threat to the entire social and state order. Its consequences are not limited only to the health and economic dimension, but also to all other aspects of everyday life, making the crisis "existential" (Keković, 2020). As a relatively new, complex phenomenon, any attempt to more accurately predict the course of the COVID-19 epidemic and its consequences is significantly limited by uncertainty. One thing is for sure, as a global threat that faced and is facing an increasing number of countries around the world, each country has the task to decide on a strategy to prevent the spread of infection and mitigate the consequences, primarily in accordance with specific circumstances, their own capabilities, institutional structure, but also the "mentality" of the people. The choice of strategies is quite wide, from emphasizing preventive or repressive measures, from restrictive bans on movement to focusing on raising awareness of individual and collective responsibility, etc. (especially bearing in mind the non-binding nature of WHO recommendations (Bjelajac and Filipović, 2020: 396). Some countries have already achieved quite satisfactory results by implementing certain strategies, others have made initial "expensive" mistakes, but it is certain that there is no single solution that would guarantee the desired outcomes applicable to each country. In other words, if they do not manage primarily their own abilities and capabilities (their own degree of vulnerability, but also risk tolerance), and accordingly do not organize their actions in the fight against the epidemic, any attempt to "copying" someone else's experience will prove futile. Finally, this does not necessarily mean that the strategies themselves cannot be changed over time and adjusted to the new circumstances.

Despite the lack of consensus regarding the conceptualization of the terms "emergency", "crisis" and "disaster", or the lack of consensus regarding their clear terminological demarcation, and by analogy with the definition expressed in the Law on Disaster Risk Reduction and Emergency Management (2018), we will say that in the situation with the current COVID-19 epidemic we can talk about the risk of catastrophe (in the sense of a biologically caused phenomenon "whose consequences endanger the safety, life and health of many people, ..., and whose occurrence and the consequences cannot be prevented or eliminated by regular action of the competent bodies and services"). Regardless of the choice of terms, the key point of each of the concepts is risk. Risk management ("a combination of the probability that a disaster will occur over a period of time and with certain negative consequences") is commonly defined as "a set of measures and activities carried out to implement disaster risk reduction policy, as well as administrative, operational and organizational skills and capacity for their implementation" (Zakon o smanjenju rizika od katastrofa i upravljanju vanrednim situacijama, 2018).

Each state (at the national, provincial and local, or strategic, tactical and operational level) must attach appropriate importance to risk management, primarily its essential phase - risk assessment - and as a prerequisite for valid decision-making in

conditions of risk and uncertainty. Risk assessment implies "determining the nature and degree of risk of potential danger, endangered conditions and consequences that may endanger human life and health, environment and material and cultural goods" (Zakon o smanjenju rizika od katastrofa i upravljanju vanrednim situacijama, 2018), or a comprehensive process of risk identification, analysis and evaluation.

A relatively short period of time elapsed from the appearance of the first person when the presence of the virus was confirmed on the territory of RS, until the declaration of the state of emergency. Therefore, it is not justified to claim that RS was late in making this decision. However, what level of readiness she was in relation to the further development of events, that is, what steps she then took based on her own risk assessment, is a completely different question. When analyzing the measures taken since the first confirmed case, it is important to keep in mind the following- whether the adopted measures are uniformly and consistently applied on the entire territory of RS (national, provincial and local level), whether clear, precise and standardized protocols have been adopted everywhere and for everyone (especially at the operational and tactical level), whether material, technical and human resources meet the requirements of protocols and procedures, whether and how reporting on the implementation of measures is carried out (temporally and spatially), how control and supervision of the implementation of measures is performed, and, in particular, whether taken measures, but also in general, the "strongholds" of the strategy in the fight against the epidemic are harmonized with the current circumstances, whether they are aimed at achieving the planned short-term goals (operational and tactical goals), or are primarily focused on expected long-term "scenarios" (strategic goals) .

The crucial challenge for every country facing an epidemic, apart from the initial choice of strategy (sit tight, do nothing; principled approach, pragmatist approach (Boin, 2020)), is the timely adoption of appropriate measures. As important as it is to choose the most optimal possible strategy and the entry into force of the selected measures, it is equally important to "hit the right timing", the moment in which their implementation will lead to the expected positive effects to the greatest possible extent. Speaking about the choice of strategy for overcoming the crisis/catastrophe, from the initial implementation of the strategy of "expectations" without concrete measures taken (and due to underestimation of the threat), the position was radically changed with a strategy aimed at minimizing harmful consequences for life and health population, through some of the most rigorous measures.

On the other hand, in relation to the time criterion of all implemented measures in the first phase of epidemic management, it is clear that the delay in their adoption results in the largest number of manifested harmful consequences. Unfortunately, as in the case of the number of patients, the mistakes made follow the exponential growth (Potkonjak-Lukić, Stojanović, 2016: 111), and by connecting to each other, they can, in the end, jeopardize the survival of the entire society (state). However, despite the obvious complexity and inevitable uncertainty, correcting certain measures with continuous evaluation and, accordingly, "upgrading" the current ones, can mitigate the potential negative consequences, but it would mean choosing a pragmatic approach, for the application of which it is necessary to satisfy some of

the conditions that pose a challenge for most current states (high degree of trust in state authorities, existence of an extremely organized system capable of taking action as soon as possible, almost simultaneously with changes in the environment, etc.).

### **Omissions made in the first phase of risk management**

Starting from the fact that in deciding on the adoption of measures it is necessary to follow a certain "chronology" in the sense that the initial measures relate to prevention, predicting the near future and thus strengthening the state's preparedness to respond, and that based on this short-term planning (already according to the phases - prevention, readiness, response, recovery), it is clear that the emphasis should be continuously on the current situation and in line with protection measures and measures to prevent the spread of infection, while long-term planning, clearly, should also be continuous present, but in the background (within the framework of strategic decision-making). Therefore, we should never allow the engagement of a significant part of resources for the needs of long-term forecasting goals (long-term, strategic goals) and potential "scenarios", if that would mean neglecting primary response measures and thus creating "space" for omissions and shortcomings due to sequence of events in the near or distant future (goals at the operational and tactical level). In this regard, from this perspective, the dominant focus on the procurement, for example, of respirators in the moments of the first infected cases, when it was necessary to focus most of the attention on concrete measures to prevent further transmission of the virus, is debatable.

This can serve as an illustration of the omission made in the risk assessment phase, in connection with the selection of the most acceptable strategies for treating the identified risks. In particular, it can be assumed that, due to inadequate risk assessment, there are no guidelines for adequate decision-making (based on the results of risk analysis) on risk treatment priorities. Risk treatment refers to "the manner of dealing with identified, high and very high risk, in terms of determining activities to take preventive measures to reduce risk, i.e., preparation for readiness and training of forces and entities to respond to protection and rescue from certain dangers and based on disaster risk assessment "(Zakon o smanjenju rizika od katastrofa i upravljanju vanrednim situacijama, 2018).

It is therefore necessary to keep in mind that there must be a certain order in the implementation of these measures, since the "skipping" of some of the stages limits the planned positive effect of the others. Some presumed model of action of any state at the moment when the appearance of infected persons is assessed as "risky" near its territorial borders would require the strengthening of precautionary measures and readiness to respond to the threat if it manifests itself. This would specifically mean that with the appearance of infected persons in the immediate vicinity, measures of enhanced control at border crossings will be introduced, in order to avoid "importing" the infection into the national authorities. The optimal model at this level of action can be the way Taiwan behaved after the first infected

cases were reported in nearby China<sup>1</sup>. Enhanced control measures certainly start from an appropriate protocol for dealing with persons coming from "crisis" areas, which must be standardized and strict. As the incubation period of the virus is individually subject to differences, and it has a fairly wide range, the emphasis should certainly not be on superficial systematic examination, body temperature measurement and similar procedures, but on imposing strict measures of mandatory self-isolation for each individual, regardless of his current health condition or fact of staying within or outside the areas in which the cases have been confirmed. For these needs, it was necessary to provide solutions in advance that would contain all the relevant information regarding self-isolation measures, and actions in case of manifestation of characteristic symptoms for this infection. With the addition of basic personal data and the signature of that person and the official, situations like many in which certain persons claim that they were not familiar with the mentioned measures and that they were not presented to them at all, would be completely avoided.

Even before the appearance of the first infected person in the RS, it was necessary to ensure (and given that it was clear that the "import" of the infection must occur in the near future) that all officials employed in the workplace that bring them into contact with persons that come in RS from abroad, be familiar with appropriate personal protection measures and equipped with appropriate equipment. Consistent implementation of protection measures by persons employed in these jobs would completely eliminate (or at least reduce to a minimum) the "introduction" of infection among them (unlike the situation with the garrison of the First Brigade of the Serbian Army). In the case of Serbia, was the omission made due to the lack of appropriate protocols and procedures, inconsistent implementation of measures by employees (and notification of those persons entering the RS, but also personal protection measures) or those persons who entered the RS, it is not of particular importance at this time, but the fact is that such omissions and accompanying adverse events could have been almost completely avoided through the consistent implementation of the above. In other words, it is either the lack of precise "operational instructions" on how to act in the current circumstances, meaning precise and clear procedures, standards and protocols, or the lack of institutional and organizational conditions for consistent application of regulations, or the non-implementation of measures and procedures (which, again, could have been prevented by the existence of adequate supervision and control over their implementation). Of course, the possibility of "intertwined" influence of the above must not be ruled out, especially if we take into account the interdependence of different risks and their sources.

Along with the continuous implementation in practice of precisely defined appropriate preventive measures in relation to persons coming to the territory of the RS, it was necessary to adequately approach the implementation of control measures for persons in self-isolation. This type of control (regardless of whether it is isolation due to the risk of disease or isolation in case of confirmed infection) has been approached in different ways in different countries, but the example of Montenegro,

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<sup>1</sup> More details: <https://jamanetwork.com/journals/jama/fullarticle/2762689>

which at a certain point made a decision on public disclosure of the names of all persons in isolation (in this case, due to the risk of being infected)<sup>2</sup>. Although such treatment can be assessed as stigmatization of the mentioned persons, there is no doubt that an approach like this in practice leads to significant positive effects, at least in the way that other people familiar with this data can avoid contact with persons in isolation in case they violate these measures (which is more than common in practice). Similar effects could be achieved by simpler procedures, again with the risk of being assessed as discriminatory, but, on the other hand, with potentially significant effects in the fight against the spread of infection (therefore, justified to achieve its ultimate goal - protection of human health and life).

One of the possible ways would be at some point to start creating a database that would contain data (basic personal data) on all persons entering the territory of RS, and which would be continuously updated until the moment of complete closure of borders. These data would then be sorted according to the criterion of place of residence (municipality/settlement), and distributed to the competent police administrations (and from there, in accordance with the specific circumstances and police stations). The police officers would then visit the addresses of the persons to whom the measure of obligatory isolation was determined in order to control whether it is respected, and during the first visit, in a certain way, they would mark the area where the person in question carries out isolation. One of the most banal possibilities for marking the space (apartment, house, etc.) could be marking with a "yellow ribbon" in the same way as the persons in charge of performing inspection work in cases of determining violations in the activities for which they are in charge. Implementation of this measure would not require special efforts, and would potentially have a double effect on preventing violations of isolation measures - by affecting the consciousness of persons in isolation and by influencing the awareness of the environment that could make contact with this person if he commits an offense. Finally, significant efforts and greater engagement of resources needed to be directed in order to control violations of this prohibition, regularly and continuously, equally for all persons, both by telephone checks and personal visits of police officers, based on a previously created database.

## **Evaluation of the results of the implemented measures**

The RS response to the first phase of the COVID-19 epidemic, taken as a whole, leads us to several conclusions. Given the nature (restrictiveness) of the adopted measures and the scope of their action, it seems that when adopting the measures, the logical sequence (in the context of crucial spheres of social life) was not respected, both with the mentioned chronological one. We believe that at the same time with the cessation of educational institutions, a complete ban on gatherings in public places should have been introduced (primarily referring to destinations for recreation and leisure), but we also suggest that, along with the introduction of

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<sup>2</sup> More details: [www.rtcg.me/koronavirus/crnagora/273705/azuriran-spisak-osoba-u-samoizolaciji.html](http://www.rtcg.me/koronavirus/crnagora/273705/azuriran-spisak-osoba-u-samoizolaciji.html)

curfew, as one of the original measures significantly reduced many of the problems that accompany the current situation, it was necessary to ban the operation of all retail outlets except those engaged in the sale of food products, pharmacies, as well as banks and post offices. In a situation where the introduction of a 24-hour curfew is being considered, it is completely unfounded that the majority of the population works, only within the framework of part-time work.

So, as a product of the measures that were in force at the time, we have a situation in which, within part-time work, the majority of the population works, thus inevitably coming into contact with a significant number of people, within different types of organized transport (due to the cessation of public transport) is in contact, in a physically smaller space (usually passenger cars) with other persons, a situation in which closed retail outlets of various types, with more or less respect for measures, in a significantly shorter time period (usually until 3 pm) a huge number of people "circulate" in order to satisfy more or less vital life needs, and then, from 5 pm, it is ensured that there are no people in the public space. In what way, in what number and in what conditions the population stays indoors during the curfew (on weekdays from 5 am to 5 pm, and on weekends from Friday from 5 pm to Monday until 5 am (with certain variations)) is extremely debatable.

One thing is for sure - there is no type of control of this kind, and the psychological impact of isolation during curfew, especially on weekends, and above all by emphasizing the introduction of a 24-hour movement ban leads to the activation of the social need to bring otherwise separated family members "under one roof". We must also not neglect the abuse of the basic goal of the curfew by persons who organize gatherings of any kind in their homes at that time. Therefore, it is clear that the ban on movement by introducing an "extended" curfew in practice cannot provide the positive effects that a ban on contacts would have (except for the necessary ones). As the control of the ban on contacts (except in public places) cannot be properly implemented for obvious personnel, material and other reasons, the conclusion is that the focus of the fight against the spread of the infection should be to influence citizens' awareness of the importance of protection measures, especially a social distance.

In summary, without going deeper into the analysis of already implemented (or not implemented) measures and procedures, as essential recommendations for a more efficient response in order to prevent the spread of the infection in RS, but also to mitigate the already existing and very probable side effects in the first phase of epidemic management, implementation of the following measures is suggested: to prohibit the work, above all, of all sales facilities except those primarily engaged in the sale of food products and pharmacies, as well as all other companies and legal entities whose core business is not considered vital for the survival of society and the state in the current epidemic; reorganize the work of the health sector, police, social protection services and other relevant institutions in accordance with the territorial dimension, with focus on the level of the local community (local self-government unit, municipality or settlement, but in accordance with spatial distribution and population density) as primary level of protection, and to regulate official measures and policies accordingly; make available in one place all relevant notices,

information, procedures and recommendations, in a way understandable to every citizen, with accompanying explanations of each of the prescribed measures and recommendations.

This is especially important since each conducted research/study provides new data that often appear as contradictory to previously accepted, and which, consequently, in the absence of adequate explanation of the reasons for changing measures and procedures may lead to weakening public confidence in their correctness. In this regard, conflicting information "served" to citizens by various experts through the media (with examples of "for and against" claims of wearing a protective mask), as well as general, inaccurate and ambiguous claims, may adversely affect citizens' commitment to compliance measures. The mentioned especially if we have in mind the lack of media literacy of citizens "as a skill of resisting media manipulations in global society" (Milenković, 2020: 563), and since a person cannot constitute his own meaning and purpose if he does not provide complete and accurate information about events beyond his scope (Bjelajac, Filipović, 2018: 13). Let us add the need to make the most of existing databases and statistical records, on the basis of which the application of fairly simple computer programs, in various ways, can provide a basis for further action for more successful prevention (in terms of preventing the spread of infection and reducing the scope of complications in the treatment of patients) and responding to problems in health, social, psychological and other spheres of everyday life.

### **A change in the approach for protection of vulnerable categories**

In regard to the current circumstances and the achieved results of the applied measures, we believe that there are grounds for assuming that the application of a radically different strategy in the first phase of epidemic management would contribute to better results in the long run. The focus of the applied strategy is, on the one hand, on the prohibition of movement (complete - older than 65 years and partial - other population) and on the other, on the replacement of home isolation of asymptomatic and patients with mild clinical picture with isolation in specially equipped rooms (like Hall 1 of the Belgrade Fair and others). At the same time, it is important to keep in mind the following data: RS was still at the bottom of the list of countries in the wider region in regard to the number of tested persons; in RS was "worse" than most countries in the region in terms of mortality rates caused by this virus; even in the period of the obvious tendency of "leveling" the curve of the sickness, there was the appearance of destructive potential, and above all the sickness of the health staff, hospitalized patients, users of nursing homes and the like; the recent application of "broader" testing indicates an increased presence of persons positive for this virus, without symptoms, etc.

Based on all the above, assuming that conducting "mass" testing in the full sense of the term, would strengthen the aforementioned tendency, there would be a high degree of probability that the capacity intended for the admission of these persons (asymptomatic and with a milder clinical picture) will be filled in a short period

of time, which could potentially call into question the expediency of the whole strategy. On the other hand, after the initial ban on the movement of persons over the age of 65 and the appeal to adhere to self-isolation measures, no additional concrete measures were taken in relation to them. We consider disputable primarily two facts - first, that there was no insight into the real possibilities for conducting (self) isolation of these persons (and due to the lack of appropriate control and supervision), and second, that only persons over 65 are considered endangered persons, and not those that essentially represent persons with the highest risk of developing more serious complications (and thus lethal outcome), i.e. persons with associated diseases (according to experts, first of all those with associated diagnoses of hypertension, diabetes, chronic obstructive pulmonary disease and other significant cardiovascular diseases), including immunocompromised individuals.

These data, viewed through the prism of the then result (especially the number of "seriously ill" and dead), suggest that changing the focus from the isolation of asymptomatic individuals and those with a milder clinical picture to the appropriate isolation of at-risk categories of citizens would achieve several significant goals. First, appropriate conditions would be provided for "real" isolation of high-risk persons, control and supervision over the same, but also timely and continuous control of their health condition. Furthermore, they would be exempted from the possibility to come in contact with an infected person, by going to the procurement of basic food and medicines (either within the framework of part-time work for those under 65, or in the terms provided for the elderly) or by going to health institutions for any other reason, post offices, banks, etc. Third, it would be possible to achieve a more significant degree of "collective immunity", the by so-called silent immunization of the majority of the healthy population. Finally, the need for mass testing would be reduced.

The implementation of this strategy would not imply the abolition of preventive measures, but it would certainly contribute to their "relaxation" to a certain extent. Also, it would not require significant resources, since it would only replace the object of protection, i.e. the person who would be placed in the spaces provided for isolation. For confirmed cases that do not require hospitalization, mandatory self-isolation measures in their homes would still be in place, but this would drastically reduce the threat of spreading the infection among the most vulnerable categories. With the introduction of some additional measures (ban on all activities except those vital for the survival of the nation), increased hygiene measures by introducing the obligation to wear protective equipment when entering any closed facility, greater availability of disinfectants and increased disinfection of space, etc.), and correcting some that were already in force (changing the duration of curfew to a period from 20h in order to avoid mass gatherings of people in the mentioned closed spaces in a shorter period of time, switching to different ways to meet certain vital needs of citizens at the local community level which would reduce the need to gather a larger number of people in a limited space, etc.), we believe that this strategy would prove to be the optimal way to fight the epidemic.

## **A-whole-of-society response**

Apart from the prism of the chosen strategy and measures for the fight against the epidemic and mitigation of its consequences, it seems interesting to look at the current situation through the selection of the bearers of all more or less significant activities that respond to this crisis. In the specific case of RS, it is obvious that even the operational tasks of the lowest level are mostly kept at the national (possibly, provincial) level. However, this is a phenomenon whose unfavorable consequences, to a different extent, are definitely suffered by all citizens, and a phenomenon that necessarily requires the participation of the entire society in the implementation of measures to combat it (and since the final outcome depends on this to the greatest extent), a situation like the current one necessarily requires not only a state, but a-whole-society response. In that regard, the government should primarily have the role of coordinator. On the one hand, the measures adopted by the state government in all areas of public and social life should be the result of the views of the expert public, above all, medical, but also others (in the field of defense, internal affairs, economy, social and psychological protection, etc. ) depending on the specific problems to be solved. On the other hand, society as a whole (including citizens individually, but also various non-governmental and civil society organizations in general, as well as state bodies - health sector, police, army and others of the highest importance that meet vital needs for the survival of a society) represents specific entities that implement the prescribed measures.

Examples from practice, but also concrete experiences of other countries in the fight against the epidemic, show that in situations of threats to the security of an entire nation, it is required to include all available capacities in preventing harmful consequences, as well as in mitigating those that have already occurred. Involving society as a whole in the implementation of appropriate activities does not mean diminishing state power at the expense of civilians, but, on the contrary, expanding it by delegating a significant part of responsibilities and obligations to lower levels, which ultimately reflects the strength and stability of a state. In a situation where the majority of the population is severely limited in performing regular work duties, but also in all other contents of normal daily life, all persons whose knowledge, skills and abilities, but also resources (material, infrastructural, transport and others), could potentially contribute to the elimination or mitigation of some of the many problems that the current situation brings with it, should be used to the maximum, for the common good. Also, it should be additionally promoted to "switch" to different modes of work, primarily electronically, in all areas of social life, which would, among other things, accelerate the already started process of digitalization of the "public sector", or the transition to e-government.

In that regard, the authorities are expected to clearly define the obligations and responsibilities of each of the mentioned elements, to coordinate their work, but also to precisely determine the mechanisms of reporting on implemented measures and procedures, their evaluation, and control and monitoring of each individual's

work. Only when each segment of the state and society is precisely and clearly acquainted with its obligations and responsibilities, but also with "enhanced" measures to control their actions (as required by the situation), and prescribed sanctions for their violation, can the participation of society as a whole be expected in responding to a crisis caused by an epidemic like COVID-19. However, the above is only a precondition for involving all members of society in preventing the spread of the infection, but also mitigating the various consequences that inevitably occur in times of crisis like this. Therefore, it is suggested to raise awareness of all relevant entities (starting from the strategic level, the Government and ministries) on the importance of crisis communication, and the need to adequately prescribe and standardize all procedures, as well as communication between all entities involved in crisis management.

Complex crises such as the actual epidemic in most countries of the world further expose and make apparent structural deficiencies and shortcomings in various public sectors. First of all, the institutional structure and the ability to cope with the obligations arising from the crisis are being tested. As a limited number of people (holders of the highest state functions) are neither physically capable nor specialized in solving various problems that continuously arise and whose consequences are most directly conditioned by the speed of reaction, in conditions of pronounced uncertainty (significantly higher than usual) and "pressure" as a natural reaction to the fear of potential (even very probable) destructive consequences for the supreme social value, the necessity of the mentioned delegation of responsibilities and obligations, horizontally and vertically, in all those aspects of fighting the epidemic where it seems justified and realistically feasible is obvious.

### **The role of the local community**

As already indicated, the strategic level of decision-making has opted for a strategy of overcoming the crisis situation, which implies "concentrating" the largest number of functions at that level, which is supported by the adoption of extremely rigorous measures and occasional application of "intimidation" strategy. We are of the opinion that potentially the most fruitful would be to focus on the level of the local community (local self-government unit / municipality / populated place) in accordance with the specific capacities (material, personnel and others) that each of them possesses. This already has a legal basis embodied in the principle of the primary role of local communities and the principle of gradual use of forces and resources, which implies that local governments "have a primary role in disaster risk management and support all relevant state and provincial institutions", that "forces and means from the territory of the local self-government unit are used first in protection and rescue, and when those forces and means are not sufficient, the competent authority ensures the use of other forces and means from the territory of the Republic of Serbia, including the police and the Serbian Army when necessary" (*Zakon o smanjenju rizika od katastrofa i upravljanju vanrednim situacijama*, 2018). However, along with the existence of a normative-legal basis for such an approach,

in practice the situation is significantly different, with a pronounced focus on the national level as a framework for the implementation of most activities.

This would practically mean providing conditions for all key aspects of action in the crisis to be organized, implemented and controlled at the local level. Some of the reasons for the greater effectiveness of this type of organization are the "familiar environment" which in various ways contributes to reducing fear among citizens, but also the possibilities of control and supervision, and the possibility of maximizing the primary level of health care, existing police administration / station, their data bases, and the support and assistance of other relevant institutions and services, as well as the fact that local actors "know best the local context in which they manage, while citizens perceive them as the most direct representatives of government" (Paraušić, 2020: 463). In particular, placing emphasis on the local level, based on already established trust, encourages the motivation of the residents of that area to greater participation in the implementation of protection measures, but also volunteering. Furthermore, the "familiar environment" enhances internal control by the citizens themselves regarding persons who violate the prescribed measures. The sense of belonging (inevitably more pronounced at the local than at the national level) has a positive effect on aspects of psychological and social protection, and the orientation of citizens towards each other at the local community level would contribute to greater care for each other, especially vulnerable categories.

On the other hand, the local government is far better acquainted with the community, the usual "functioning" of its citizens, potential risks and threats and individual characteristics in general, which in this case require more or less effort to create conditions for, as much as possible, its normal functioning. By engaging "local" capacities in various ways, the difficulties that citizens face in such circumstances could be prevented, from checking the availability of basic foodstuffs, supply of protective equipment and disinfectants, introduction of "shopping" regimes that would relieve retail facilities and pharmacies, by delivering basic needs for vulnerable categories of the population, increased control of social security of vulnerable categories, psychological stability of the population and more. For example, at the local level, persons could be hired to deliver basic necessities and medicines to the elderly and sick during the curfew, on a weekly basis, persons who would (with previously met formal conditions) deliver to the home addresses pensions, but also other forms of financial benefits (child and parental allowances, assistance for the care of the sick, etc.), persons who would help single parents of small children (or those who are alone with the child/children due to the absence of a spouse to perform work duties) in procurement of basic foodstuffs, persons who would check the supply of retail facilities and pharmacies on a daily basis, etc.

Viewed from the perspective of the national level, the above certainly exceeds the possibilities of a narrow circle of holders of the highest state functions to conduct and control the mentioned actions. However, viewed from the perspective of the local level, it does not require significant efforts or resources other than those that normally operate. Moreover, leaving these responsibilities to each individual local level would enable the political leadership and the expert public to primarily deal with issues of national importance in the fight against the epidemic, of course

with continuous supervision of the functioning of local communities. To the extent that it would be possible to act in the event of any deviations in trends (violations of measures, infected persons, etc.) in one local community by introducing more restrictive measures to a particular community,

An example of such a positive practice is certainly the city of Sabac, which by relying on the benefits of greater engagement of its own resources, organization in accordance with its own needs and capabilities, and creating better conditions to implement and respect the prescribed measures on its territory, made its citizens feel "calm", as much as the circumstances allow, to identify and solve problems that arise in a timely manner, for the Health Center, hospital and laboratory to be adequately prepared and ready to respond, to take appropriate care to implement personal protection measures (mandatory wearing of protective masks and gloves when entering closed facilities, hand disinfection at the entrance / exit, disinfection barriers for footwear disinfection in front of all larger facilities, disinfectants continuously available to citizens in all major streets, supplying endangered categories with a significant number of free protective masks, etc.), which, finally, resulted in a small number of infected persons in this territory<sup>3</sup>.

## Conclusion

Starting from the selection of protected values, it is clear that RS is opting for the protection of both nominal and non-nominal ones (especially the international reputation of Serbia). This is one of the reasons for choosing a management strategy that keeps its vital activities at the strategic level (within the framework of action, first of all, of political leaders), with the application of rigorous measures or "intervention" in all spheres of social life. This strategy, like any other, brings with it advantages, but also disadvantages. Speaking of advantages, it is clear that in this way, by concentrating decision-making at the strategic level, the "space" for the manifestation of unwanted and unintended consequences that have arisen as a result of decision-making by a wider circle of subjects is reduced. However, in order to realize the full potential that the application of this strategy offers, it is necessary to respond to several challenges. First of all, it is necessary to "ensure" compliance with the measures adopted in this way, to "ensure" control and supervision over the application of standardized and precise procedures and protocols. The challenge, of course, is the limited possibilities of harmonizing actions with the new changes in a very dynamic environment. This requires a high degree of readiness of all relevant entities and especially their developed coordination. Ensuring adequate crisis communication is implied.

On the other hand, speaking about the risk management process itself, we believe that a significant part of the negative consequences could potentially have been reduced (if not eliminated) if the risk assessment had been approached in a fully appropriate manner. In this regard, as a condition for proper risk management, it is

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<sup>3</sup> More details: [www.sabac.tv](http://www.sabac.tv)

necessary to know as fully as possible all relevant circumstances that could potentially have effects that are important for the further course of the situation. In conditions of uncertainty and insufficient and incomplete information, this specifically means that it is necessary to provide conditions for continuous monitoring of changes in the environment and timely response to them. Finally, it is necessary to keep in mind the necessity of determining the reliability of the risk assessment and its sensitivity to very specific conditions and circumstances. By properly calculating the probability of realization of the threat and calculating the probability of the consequences of a negative event, taking into account the existing degree of vulnerability and criticality, and the fact that threats can be combined (by both external and internal factors), it is assumed that the result would be significantly more positive. Finally, it is suggested to present all relevant risks on an integrated risk map, which would contribute to the transparency and systematic nature of risks, including more adequate communication with other levels of decision-making (tactical and operational) (Z. Keković, G. Glišić, N. Komazec, 2009). All of the above, taking into account the existing shortcomings, both institutional and organizational, material and technical, as well as insufficient coordination between relevant entities and insufficient cooperation with the non-governmental and private sector.

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## КРИТИЧКИ ПРИЛОГ ДИСКУСИЈИ О СТРАТЕГИЈИ РЕПУБЛИКЕ СРБИЈЕ У УПРАВЉАЊУ ПРВОМ ФАЗОМ ЕПИДЕМИЈЕ COVID-19

**Сажетак:** Епидемија COVID-19 представља релативно нову и комплексну појаву, те је сваки покушај предвиђања њеног даљег тока и последица до којих доводи (а које нису ограничене на здравствену и економску димензију, већ утичу и на све друге аспекте свакодневног живљења) значајно ограничен неизвесношћу. Као глобална претња са којом је суочено и суочава се све већи број земаља широм света, пред сваком је задатак да се определи за стратегију спречавања ширења заразе и ублажавања наступајућих штетних последица, односно приступ управљању епидемијом COVID-19. Свака држава мора придати одговарајући значај управљању ризицима, а превасходно његовој суштинској фази – процени ризика (свеобухватном процесу идентификације, анализе и евалуације ризика) – као предуслову ваљаном доношењу одлука у условима ризика и неизвесности.

Анализом одговора Републике Србије на наступање кризе, односно управљања првом фазом епидемије, у раду се настоје уочити евентуални недостаци или начињени пропусти, а са циљем, у што је могуће већој мери, искоришћавања потенцијала, капацитета и ресурса Републике Србије ради најефективнијег и најадекватнијег одговора. Такође, осим оцене досадашњег приступа, сугерише се и евентуални потенцијал који је могао имати другачији приступ у погледу заштите „рањивих“ категорија, али и ургентна потреба за општедруштвеним одговором и примарном улогом локалне заједнице у одговору на насталу кризу.

Коначно, упркос очигледној комплексности и неизбежној неизвесности, кориговање одређених мера уз континуирано евалуирање и, с тим у складу, „надограђивање“ постојећих, могу ублажити потенцијалне негативне последице, но, то би значило одабир прагматичког приступа, а за чију је примену неопходно претходно задовољити неке од услова који представљају изазов за већину држава садашњице (висок степен поверења у државне ауторитете, постојање изузетно организованог система способног да у најкраћем року ступи у акцију, готово истовремено са променама у динамичком окружењу и слично).

**Кључне речи:** COVID-19, управљање кризом, процена ризика, локална заједница

