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Dealing With COVID-19 in Czechia: Why Social Policies and Epidemiological Policies had Different Dynamics

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The COVID-19 pandemic sent shockwaves throughout the world. Even though the Czech Republic has less stable state structures and a less consolidated party system than its West European counterparts, during the first wave, the country actually performed better than most West European countries in terms of infection rates, death rates, and economic growth. During the second wave, however, the country's position radically dropped. Despite its increasing health problems, its social policies still performed rather well and managed to keep unemployment at comparatively low levels. How can we explain these differences between erratic performance on the health side and comparatively solid performance on the social policy side? Our study explains why traditional social policies basically remained path dependent, while epidemiological policies dealing directly with fighting the spread of COVID-19 did not. Our explanation combines sociological and rational choice institutionalism and links them with the concepts of repeated games and bounded rationality.

Keywords: Covid-19; post-communism; institutional theory; bounded rationality

Introduction

The COVID-19 pandemic presented one of the most significant challenges to policymakers of this new millennium, while explaining the development of social policies during the pandemic poses a challenge to social policy scholars.

One might think that a post-communist country like the Czech Republic, with less stable state structures and a less consolidated party system than its West European counterparts, would face especially great difficulties in dealing with the crisis. Yet, at least during the first wave, the Czech Republic actually had *better* results than comparable West European countries in terms of infection rates, death rates, and economic growth. This period was marked by great cooperation between the government and opposition in agreeing on both social policy and epidemiological policies, and their cooperation was reinforced by their reliance on an expert committee. During the second wave, however, the situation in the country worsened, as the government hesitated to listen to experts and re-implement certain epidemiological measures to deal with the outbreak, such as requiring people to wear masks in public places. Yet, despite the increasing health problems and decreasing cooperation on the epidemiological side, the country still fared relatively well on the social policy side, as government and opposition continued a relatively high level of cooperation and managed to keep unemployment and poverty at comparatively low levels.

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How can we explain this difference between erratic performance on the health side and comparatively solid performance on the social policy side?

Even though we are studying only one country, in a sense we are applying the comparative methodology known as 'method of difference'. In our study, the cases are as similar as possible (the same country, the same government, the same crisis), but the outcome is different. Our article contributes to the general discourse on neo-institutional theory by showing how the two approaches, i.e. sociological institutionalism and rational choice theory, can be fruitfully combined.

We take a neo-institutional approach to explain these outcomes, so our article sheds light on how different institutions have different institutional dynamics and, thereby, shows how institutions have a great influence during crises. Our study explains why traditional social policies (such as labour market policies, paid sick leave, etc.) basically remained path dependent, while epidemiological policies dealing directly with fighting the spread of COVID-19 did not. Our explanation combines sociological and rational choice institutionalism and links them with the concepts of repeated games and bounded rationality.

This article proceeds with a discussion of the political context, followed by the theoretical framework and a presentation of our methodology. Afterwards, it discusses the country's social policies, before analysing the politics behind the anti-COVID-19 health measures.

The political context

Czechia presents a critical case for examining the role of policy legacies and the ability of welfare states to accommodate crises. As a post-communist country that underwent a transition to a democratic state, a market economy, and also lived through the division of Czechoslovakia into two new separate states, one might expect its institutions to be weak. This is especially the case because, as a newly consolidated democracy, the party system has also been unstable. It has many parties disappearing from parliament (for example, the Civic Democratic Alliance, Freedom Union, Public Affairs, the Republicans, the Greens) and new ones entering (for example, Top 09, ANO, the Pirates, Freedom and Direct Democracy). Yet, its social policies remained stable. The government did introduce temporary layering measures, but they were in line with the country's policy legacies and were able to keep unemployment and poverty to a rather low level. This also makes it even more interesting to investigate why epidemiology policies fared much worse, especially after getting off to a good start. The Czech case can help us better understand the different types of institutional dynamics that lead to different outcomes even within the same country.

In a parliamentary system based on proportional representation, it is common for coalition governments to form. In the Czech case, when the pandemic broke out, the centrist-populist ANO party had been in power in a minority government with the Social Democrats. ANO was the largest party with almost 30 per cent of the votes and 78 members of parliament out of 200, while their coalition partner, the Social Democrats, only had 7 per cent of the vote and 15 members of parliament. This minority government could rule because the Communists (with 8 per cent of the vote and 15 MPs) tolerated them. Including the Communists, the government held 108 out of 200 seats. With the exception of the rightwing populist SPD (with 11 per cent of the votes), the opposition parties were centrist or centre-right, more pragmatic, and willing to cooperate with the government during an emergency for the best interests of the country. This included the liberal-conservative Civic Democratic Party (11 per cent) and TOP 09 (5 per cent), the libertarian Pirates (11 per cent), the Christian Democrats (6 per cent), and the technocratic STAN (5 per cent) (volby.idnes.cz, 2017; Morgowitz, 2018).

To deal with the pandemic in 2020, the government re-established the National Economic Council of the Government (NERV), which had existed from 2009-2013, to deal with the financial crisis. The committee included well-respected specialists, three of whom had ties to the centreright opposition, which made it easier for the opposition to support the committee.

Theoretical framework

We begin by first discussing previous research as to when policies are path dependent and whether they remain path dependent under crises. Then, we will discuss sociological and rational choice approaches to discuss why policymakers might or might not take advantage of political openings that could allow for path divergence.

Previous research: can we expect path dependency during crises?

Much of the research on historical institutionalism concludes that once policy regimes are established, countries tend to continue down that path, making incremental changes in which they add 'layers' to existing policies rather than changing the actual policies (e.g., Thelen, 2004; Streeck and Thelen, 2005; Mahoney and Thelen, 2010), but rarely implement radical changes that would cause them to change paths. There have been two basic approaches to path dependency: sociological institutionalism and rational choice institutionalism (Campbell, 2004). The rational choice explanation has been that once institutions are established, it is extremely difficult to change them, as they create groups of people who benefit from these institutions and have vested interests in keeping them (the rational choice explanation; e.g. Pierson, 2000). Rational choice theorists see this in terms of repeated games. If one breaks the rules of the game, one will be punished (North, 1990). Moreover, if institutional rules break down, it leads to high transaction costs, as new rules must be negotiated (Shepsle, 1989). As long as the system does not break down as all sides continue cooperating in the repeated games, the policymakers and politicians have an incentive to keep on the same path (e.g., Binmore, 2006; Dal Bó and Fréchette, 2011). Yet a window of opportunity can emerge during a crisis, as one group sees a chance to utilise the situation to their advantage and deviate from the game by introducing some measure that will increase their popularity at the expense of the others.

The sociological institutional explanation is that institutions create norms of behaviour and policies legacies (Weir and Skocpol, 1985) that encourage policymakers to think about problems and solve them in a certain manner, which seems the most *logically appropriate* given these legacies (the sociological-institutional explanation; e.g. March and Olsen, 1989). Consequently, most new policy measures make adjustments to the existing institutional arrangements rather than radical changes in the institutions. Nonetheless, 'exogenous shocks' (i.e., Pierson, 2000; Katznelson, 2003) can give rise to 'critical junctures' (Collier and Collier, 1991; see also Burchardt, 2020; Schmidt, 2020) that allow policymakers to introduce far-reaching changes that set countries down different trajectories of development, after which they are likely to continue following the same path. A worldwide pandemic, such as COVID-19, is precisely the kind of event which, according to this theory, could constitute an exogenous shock, as it represents a health crisis that originated outside of Europe but then spread throughout the continent.

In contrast to the critical juncture approach, some social policy scholars have claimed that during periods of economic instability, policies often remain path dependent (e.g., Béland *et al.*, 2021). Similarly, Moreira and Hick (2021: 262) claim that policies remain path dependent during times of uncertainty, because people stick to what they know best, so governments avoid unknown policy alternatives.

So far, path dependency combined with incremental change has been the most common argument for describing how governments dealt with COVID-19 during the first wave of the pandemic (e.g., Capano, 2020; Greve *et al.*, 2021; Hick and Murphy, 2021). This is documented in a study of the Nordic countries (Greve *et al.*, 2021), continental and South European welfare states (Cantillon *et al.*, 2021; Moreira *et al.*, 2021), a study of liberal Australia (Ramia and Perrone, 2023), and a study of labour market reforms in Europe (Pavolini *et al.*, 2022). A global study of healthcare policies during the pandemic found a high degree of path dependency (Bali *et al.*, 2022).

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Studies of post-communist countries have also pointed to a high degree of path dependency (e.g., (e.g., Aidukante et al., 2021; Dugarova, 2023; Sirovátka et al., 2024). Most of the measures introduced involved layering and were only temporary, with the exception of *Kurzarbeit* schemes (Sirovátka et al., 2024). In comparing Russia to Finland, Dugarova (2023: 385–6) emphasises the role of policy legacies as well as other institutional factors, noting that during crises governments tend to fall back to approaches that they are familiar with, 'while introducing some new elements to reinforce support to prioritised segments of society within their welfare models'. Toplišek et.al. (2022) show that the post-communist countries, which they studied (Estonia, Slovakia, and Slovenia), basically carried out path-dependent reforms that followed their institutional policy legacies.

However, little research has been done on path dependency for epidemiological policies. Chazel (2024) finds that the stringency of lockdowns was related to trust: the higher the level of trust in government, the less stringent the lockdowns. The author does not take up the issue of path dependency. Nonetheless, previous studies have shown that social democratic welfare states tend to have higher levels of trust (e.g., Rothstein, 2001). This comparatively high level of trust leading to high levels of vaccination could partially explain why they had less severe lockdowns than the Central European countries.

Our approach

We can combine both sociological institutional and rational choice approaches by seeing Covid-19 policies as an issue of bounded rationality. If a policy game is repeated many times throughout history, then strong institutional norms and policy legacies develop (Opp, 2013). These norms bind their rationality to entice them to continue cooperating with other parties and state bureaucrats, who are entrenched in these policies, as the actors involved are likely to develop similar preferences. In this sense, the boundedness of rationality determines what logic is 'appropriate' (Mouritsen, 1994). When new policy fields emerge where the policy game has not yet been played or not much played, policy legacies do not have time to develop, which makes policymakers less bounded in their rationality and, therefore, more likely to engage in politicking.

In the case of epidemiological policies for fighting COVID-19, in the beginning, the expert committee in Czechia played the role of the arbitrator that could promote cooperation between opposing groups. The expert committees, however, could only induce the actors to continue cooperating as long as all the major political groups calculate that it is in their interests. When the regional elections were approaching, the prime minister calculated he could gain a strategic advantage by ignoring the expert advice and discontinuing the cooperation game. In both cases – social policy and epidemiological policy – the policymakers are logical, but in the first case, their rationality is much more bounded by the institutional norms that have developed over time and create strong policy legacies. Thus, we advance neo-institutional theory by explaining why some policy areas are more path dependent than others.

Concerning measures for dealing with the pandemic, policy legacies did not exist, so policymakers' rationality was less bounded. Even if some ministry officials might have written some contingency plans, they were not well known, and none of the policymakers whom we interviewed were aware of such plans and therefore, were not influenced by them. Consequently, there was no policy tradition to guide policymakers as to what kinds of measures they should take to avoid the spread of infectious diseases, although previous legislation in 2000 and 2006 did set up a broad framework for enacting vaccination requirements (http://www.advocatius.sk/rozsudokesLp-vavricka-a-ostatni-v-Ceska-republika-/). In accordance with rational choice theories of repeated games, as long as the government cooperated with the opposition, there was little debate over epidemiological policies, but once the government stopped playing the cooperation game, all the parties – including the minority coalition partner in government – started advocating different policies in order to gain electoral advantages by differentiating themselves.

Methodology

This single-country study comes close to what Thomas (2011: 515) calls '[d]isciplined configurative case studies, where established theories are used to explain a case'; but it also has elements of what the author calls '[h]euristic case studies wherein new causal paths are identified' in that we combine two approaches in a novel manner, which are usually not used together: sociological and rational choice institutionalism. However, as already noted, in a sense we are conducting a comparative study using the method of difference. The basic conditions are the same: we are studying policies undertaken in the same country, in the same period, under the same government. Nonetheless, the outcome is different. The two types of policies have different outcomes. Social policies were path dependent and kept poverty and unemployment at rather low levels. Meanwhile, by contrast, epidemiological policies were not path dependent and both infection rates and death rates, while low during the first wave, became among the highest in Europe during later waves.

This study is mainly based on a literature review of available governmental sources and other published sources, but it also relies on semi-structured interviews with those involved in policymaking. This includes interviews with twelve people, ranging from former ministers and ministry officials to members of the expert groups and NGOs. We transcribed all the interviews and translated them into English.

The documents included the laws that were enacted to see which policy measures were passed. We searched the Newton media archives to complement our interviews with citations that political leaders made and to get information about public protests as well as discussions of the main policy measures. For the interviews, we wanted to get a wide perspective, so our thirteen interviews ranged from former ministers and ministry officials to members of the expert groups and NGOs.

To get information on possible divisions between the coalition partners, we interviewed politicians from both ANO and the social democrats. We also interviewed politicians from opposition parties to get their perspective. To ascertain the influence of expert groups, we also interviewed six representatives of NGOs that were involved in lobbying to see what kind of influence they might have had and to get their views on how policymaking occurred. Since the most important expert group was NERV, we interviewed two of its most prominent members. The co-authors of this paper have numerous contacts with policymakers, NGOs, and experts, which we could utilise in finding willing interviewees. The interviews were semi-structured, so we had a predetermined list of questions to ask and then could ask follow-up questions.

We asked seven groups of questions, including priorities in pandemic-related social policy measures; the most important actions that were taken; the knowledge gained from international experiences; emergency or long-term measures undertaken; the effectiveness of the measures; possible long-term benefits of measures undertaken; and recommendations in case a new pandemic would emerge. We transcribed all the interviews and translated them into English. All the interviewees were aware of the purpose of the interviews and signed consent forms, and we have kept them anonymous.

Findings: Explaining the policy dynamics

Social policy reforms

The general pattern was for the Czech government to propose measures that amounted to 'layering' (e.g., Thelen, 2004), in the sense of adding extra benefits to already existing ones or extending benefits to groups that previously had been excluded. These kinds of adjustments basically kept the country on the same path of social policy development. The country has a Bismarckian policy legacy going back to the 1800s, although during the communist era, some universalist elements were added, and in the transition to a market economy, some liberal

elements were added (Cerami, 2006, 2009; Inglot, 2008; Saxonberg, 2014). Over a century of repeated cooperation games bounded the rationality of policymakers and created a certain logic of appropriateness, in which policymakers and the opposition perceived it most appropriate to mostly make only temporary incremental changes. Even the one permanent change (the short-time work scheme) was based on copying a German reform, which shows the power of their Bismarckian policy legacy and how the repeated cooperation games bounded their rationality so that they did not seriously consider borrowing from liberal or social democratic countries. Thus, we have a situation in which the pandemic was exogenous and brought about a crisis, which theoretically created a critical juncture. Yet, neither the government nor the opposition considered taking advantage of this possible critical juncture to propose radical changes that would send the country down a different path.

One of the most important social policy measures concerned sick leave. In March 2020, shortly after the first COVID-19 cases were known in the Czech Republic, the government introduced the short-time work scheme (SWT; see below), which paid employers the costs of the sickness benefit (which was 60 per cent of the daily base amount) that employers were to pay to their employees if the government imposed a quarantine. One year later, the government also adopted an 'isolation allowance', which entitled employees, who are quarantined or isolated from their employer, to receive an additional top-up above the sickness benefit, which amounted to CZK 370 (nearly 16€) per day for up to 14 days (MLSA, 2022; Act No. 182/2021 Coll.), see Table 1. One of the primary reasons for this was so that people would not be afraid of staying at home when sick or having COVID-19, for fear of losing their income. This was a supplement to the 60 per cent of their gross wages they were already entitled to. This reform is a type of layering, which expands existing schemes and was only temporary, so it did not lead to path divergence.

As this measure followed the country's policy legacy, it was not controversial and gained the support of the opposition, who only suggested adjustments. For example, MP Olga Richterová (of the Pirate Party) criticised the Government for neglecting the self-employed who are not obliged to participate in the compulsory sickness insurance scheme for employers. Consequently, when quarantined, they were not eligible for any sick pay if they were not already participating in the insurance scheme (Chamber of Deputies of the Czech Republic, 2021: 18–19). The Christian Democrats agreed with this criticism (Chamber of Deputies of the Czech Republic, 2021: 25–26). Nonetheless, no opposition members of parliament objected to the sickness benefit top-ups.

Another important issue was the benefits parents received when staying home to take care of sick children. All parties agreed the benefits should be increased, although the opposition supported increasing the caring allowance from 60 to 80 per cent of the daily assessment rate and increasing the range of the age of the child for which the parent could receive benefits. A member of parliament from the then ruling ANO party explained the government's opposition to the increase in an interview for this study: 'If you raise sick leave to 80 per cent... it exceeds then one's net income' – which is because there is no tax on benefits in the country, so somebody receiving 80 per cent of their salary tax-free would get more money than if they had received the normal salary but had to pay a tax on it.

The government also added a new caregiver's allowance for self-employed persons who were not previously eligible. The benefit level was CZK 424 (ϵ 16.30) per day, which decreased to CZK 400 (ϵ 15.40) in October 2020 (Sirovátka, *et al.*, 2021). Once more, this represents temporary layering rather than path divergence, so the only disagreements with the opposition were on some specifics.

Subsequently, with basic agreement from the opposition (Chamber of Deputies of Czech Republic, p. 174–179), the Chamber of Deputies adopted an act that for the case in which schools were closed down, giving parents who stayed home to take care of their children 70 per cent of the daily base amount, which was still higher than before pandemic (Česká správa sociálního zabezpečení, 2022). Yet again, this amounts to layering and keeping within the country's policy legacy.

Table 1. Czechia: Contents/substance and timing of the key social policy measures

Policy measure	Before pandemic	March/April 2020	October 2020	February/March 2021	June 2021	November 2021
Epidemiologic measures	General acts on vaccination, and quarantine	From 9 March until 17 May state of emergency: closure of schools, public events and businesses if there is infection risk, masks obligatory, restrictions of free movement	From 5 October new state of emergency, more stringency	From 26 February harsh lockdown (including duty of testing employees, ban on moving to another county) Vaccination starts	Vaccination rate 48.3%	From 25 November new state of emergency Terminated by 1 March Vaccination rate 63.9% (Dec)
Sick pay	60% of salary 66% after 30 days 70% after 60 days			Top up of CZK 370/16Eur per day two weeks	terminated	
Shor-time work	Only temporary (after financial crisis, discretional and linked to vocational training)	80% of salary (ceiling of CZK 39 thousand/1.5 thousand Eur per month when closed on government order) 60% of salary (ceiling of CZK 29 thousand/ Eur if limited demand for production/services)	100% (ceiling of CZK 50 thousand/1,923Eur per month)		Permanent measure 80% of salary (ceiling of 1.5 times of average wage)	
Care allowance	70% of daily base 10 days Children up to 15 years	80% of daily base when schools closed New entitlement for self- employed lump sum 16.30 per day (CZK 424)	70% of daily base Self-employed: 400 CZK per day (EUR 15.20)		Terminated	
Social assistance/ income support	Only support through minimum income scheme (means- tested)	New bonus for self- employed CZK500/19 Eur daily		CZK1,000 daily/38 Eur if income drops by 50% and more	Terminated	

Source: Authors.

Another form of layering was to expand the group of people who were eligible for benefits. Thus, the government passed a law to provide a compensation bonus for self-employed persons and partners in limited liability companies. The bonus was also for persons employed under a contract that is limited to carrying out specific tasks (Law 159/2020). This rule was extended twice as laws 461/2020, 95/2021, and 519/2022). Nonetheless, the benefit levels differed among the three laws. In the first law, it was CZK 500 per day (about 210) for all subjects, and after the amendment effective from 7 August 2020, it was reduced to CZK 350 per day (about 150) for those with limited employment contracts for carrying out specific tasks. No eligibility thresholds were established. In the third law, it doubled to 1000 CZK (about 420), and for those without regular employment contracts, it was 500 CZK under the condition that the income of eligible persons/self-employed drops by at least 50 per cent. Once again, the governmental proposals faced little opposition as this form of layering remained within the country's policy legacy.

A member of the social democratic ČSSD, who at the time of the pandemic had been a deputy minister, said in an interview for this study that in the early stages of the pandemic, the opposition was

very constructive in passing measures Some of those things went less well because the opposition had a different view on some of the parameters. That is to say, for example, the level of the percentage of sick pay, because they had a right-wing view of it and not a left-wing view of it, so they were trying to reduce the level of support. In the end, it turned out that there was some agreement, and they [the measures] were voted through.

In other words, all the discussions were about the degree of layering as both the government and opposition stuck to the country's policy legacy.

The one area where a reform took place that could be considered somewhat path divergent is the issue of introducing Kurzarbeit (short working time), which the government copied from Germany and introduced a bill to set the wage subsidy paid by employers to employees at 60-100 per cent of salaries for the reduced working time, with a certain ceiling. In this situation, employers get 60 or 80 per cent of the wage costs reimbursed by the state. If there is a quarantine and the government orders closure of the company, employers get 80 per cent compensation from the state with a ceiling of CZK 39,000 (1,500€); since October 2020, it increased to 100 per cent, with a ceiling of CZK 50,000/1,923€, in the case reduced production or services the employers get 60 per cent compensation with a ceiling of CZK 29,000/1,115€ (Sirovátka et al., 2024). As part of its Bismarckian policy legacy, we can point out that already during the financial crisis, Czechia looked to Germany and borrowed the *Kurzarbeit* idea, but the government then only made it temporary. Without the Bismarckian policy legacy, it is just as conceivable that the Czech government would look at the Scandinavian reforms rather than German ones, but the legacy going back to the 1800s bounded their rationality (see, for example, Saxonberg, 2014). During the pandemic, the Czech government reintroduced Kurzarbeit, it and made it permanent in June 2021. The Employment Act now includes a short-time work scheme providing 80 per cent of wage costs to employers in the case of reduced working time due to various crises. In order to be applied in a crisis situation, the measure has to be activated by a government decision (MLSA, 2021).

Social policies implemented during the pandemic contributed to restoring economic performance and protecting jobs, as GDP only declined in one year (2020, by 5.5 per cent) but increased by 3.8 per cent in 2021. Meanwhile, the unemployment rate remained below 3 per cent in both years and the inflation rate was below 4 per cent. The price for this successful performance was the increase of year-to-year government debt from nearly zero in 2019 to more than 5 per cent both in 2020 and 2021 (see Figure 1).

In summary, all the measures undertaken were path dependent and amounted to layering, which led to a situation in which the opposition parties cooperated with the government and the discussions between the government and opposition often only dealt with small differences of

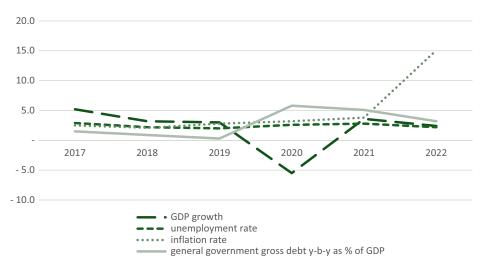


Figure 1. Economic performance Czechia 2017–2022. *Source:* Czech statistical office

degree. After many decades of cooperative games, policy legacies developed that shaped the thinking of policymakers both within government and among the opposition. Thus, the logically most appropriate actions in the view of all sides were to keep the basic institutions intact and add temporary layers.

Epidemiological measures

Initially, consensus on epidemiological measures was even stronger than on social policies, supported by a technocratic Central Crisis Staff (CCS) that included cross-party experts and representatives from trade unions and NGOs. With no established policy legacy, both government and opposition relied on expert advice and avoided partisan conflict. However, during the second wave, Prime Minister Babiš began ignoring the CSS and his own health minister, fearing restrictive measures would cost electoral support. This shift prompted the opposition to abandon cooperation and criticise government policies. As local and regional elections in 2020 approached, expert influence waned, and both sides prioritised political gains over evidence-based measures.

One of our interviewees, who is still a current member of NERV and comes from an NGO background, described how Babiš began to ignore expert advice during his time as Prime Minister in 2020:

Unfortunately, with Babiš and NERV, I couldn't fully express my frustration with the prime minister. His main issue was an aversion to certain concepts originating from abroad. If he ever heard a term like 'rescaling', it would irritate him to the point that any further discussion became impossible. So, we had to tread carefully and avoid using such language.

Government policy gradually diverged from expert advice as frequent changes in health ministers and CCS chairs eroded both institutions' credibility. In March 2020, the CCS chair was appointed, but by September he replaced the health minister, who resigned after his stricter proposals were rejected. Babis then merged the two roles, weakening CCS independence. Between September 2020 and May 2021, three more ministers/chairs took office: one resigned after breaking antiepidemic rules, another was dismissed for policy disagreements with the prime minister, and the third resigned following a media scandal. Ultimately, the original September 2020 minister returned to the post.

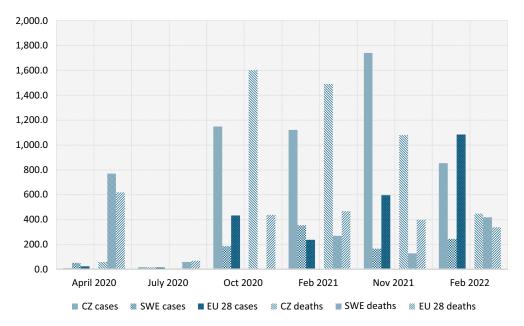


Figure 2. New cases (per 1 million), deaths (per 100k). Seven days rolling average Czechia, Sweden, EU 28. *Source:* Authors, data compiled from https://www.statista.com/statistics/1102896/coronavirus-cases-development-europe/

The results during the first wave, when all sides cooperated, were also quite good by international standards. Even though this article only deals with Czechia, some comparisons with other countries on infection rates and death rates can provide a marker to indicate how well Czechia performed relatively speaking, since there were no benchmarks as to what would be a 'high' or 'low' level of infections and death rates. However, it is beyond the scope of this article to explain the reasons for the differences in these outcomes. A comparison to the EU average shows Czechia having lower infection and death rates during the first wave (see April and July, 2020 in Figure 2) but much higher rates than the EU average for the second (October, 2020 and February, 2021) and third waves (November, 2021 and February, 2022).

The radical change likely stemmed from Babiš's fear that new restrictions before the October 2020 elections would hurt his party; with weak epidemiological policy legacies and his tight control over ANO, he could exert far greater influence than a mainstream leader (Saxonberg & Heinisch, 2024). Why this radical change? One likely reason is that Prime Minister Babiš hesitated to reintroduce measures in the late summer and rejected the advice of expert groups because he was afraid restrictions would hurt his party in the upcoming local and regional elections on October 2, 2020.

By late spring 2020, most restrictions were lifted, and life seemed normal again. When cases rose in August, Health Minister Adam Vojtěch proposed expanding mask mandates, but Prime Minister Babiš rejected the plan, leading to Vojtěch's resignation (Löblová, 2020; Mortkowitz, 2020). Just before regional elections, experts again urged immediate measures, warning of massive case growth, yet the government delayed restrictions for three weeks (Löblová, 2020). Dr. Rastislav Maďar also resigned after Babiš overruled the advisory group's mask mandate proposal (Kottasová, 2021). As Babiš politicised the issue, expert influence collapsed, members resigned, and opposition parties began openly criticising government policy.

Babiš explained his behaviour:

In the past, we did not interfere with epidemiologists in a fundamental way. But we are at a stage where we have to protect people and at the same time do our best to return to normal.

We do not want to paralyse social, cultural, sporting, and economic life (*Deník Právo*, 12 September 2020).

Once Babiš abandoned cooperation, even coalition partners competed, further weakening expert groups as he sought to distinguish ANO from the social democrats. A former ČSSD minister noted that advisory bodies soon disintegrated into political tools, leaving only ad hoc consultations with experts, while the minority party struggled to push costly proposals through government.

In game-theoretical terms, the equilibrium that existed during spring 2020, when all sides agreed to cooperate, dissipated. The turning point came when Babiš abandoned cooperation in autumn 2020. This gave the opposition parties incentives to criticise him ahead of the regional (2020) and parliamentary (2021) elections, accusing him of prioritising politics over health. Weeks before the regional vote, opposition leaders denounced his chaotic approach; TOP09 chair Markéta Pekarová Adamová even called for his resignation (iRozhlas.cz, 2020). The opposition's main demand was a return to expert-led policymaking.

In a situation in which opposition parties were no longer bound by the cooperation equilibrium, it was to their advantage to play on the population's growing discontent, so that by the October 2021 parliamentary elections, the political discourse had changed. Now, the main opposition parties emphasised a return to normalcy and supported easing restrictions while emphasising the need to vaccinate people. The three largest centre-right parties formed a coalition called SPOLU, meaning 'together', and stated:

SPOLU rejects blanket bans and wants to return the situation in the Czech Republic to what it was before the pandemic. It supports the 100 per cent vaccination of at-risk groups and the highest possible vaccination rates overall to achieve collective immunity and minimise the risk of new mutations (Teraz.sk, 2021).

An MP from ANO also mentioned a shift in the opposition's narrative during the COVID-19 pandemic, once the initial cooperation equilibrium ended. This person stated an interview with us:

At the beginning of the pandemic, there was a sense of urgency, and everyone was focused on the same goals. But as time went on, priorities began to diverge. Opposition MPs started to question the severity of the situation, and debates arose around measures such as school closures and mask mandates. The prime minister and the minister of health had advisory groups, but ultimately, they [the ministers] were the ones making the decisions.

The politicisation of the pandemic deepened rifts within the coalition, particularly between Prime Minister Babiš (ANO) and Labour Minister Jana Maláčová (ČSSD). As the junior partner losing popularity, the social democrats sought to distance themselves from ANO, heightening tensions. This was evident in October 2020 when Maláčová, unaware of a live microphone, called Babiš a 'devil'(*dabel*) (e. g. Landsman, 2020), though she later apologised. She also clashed with the finance minister, an ANO-supported independent.

As one social democrat politician explained in an interview for our study:

Frankly, there were also personal antipathies between the secretary of labour and the secretary of the treasury. It was like there were two political parties fighting over these measures, wanting to help people, and it was a question of who could do it better. I think the Ministry of Labour and Social Affairs managed things much better than others.... Within the ANO movement, the measures went through as if on a whim, but anything that the Social Democrats put forth became a huge problem, and every sentence of the regulation was debated extra in the government.

The social democrats were in a weak position, holding only fifteen seats compared to ANO's seventy-eight (volby.idnes.cz, 2017; Morgowitz, 2018). With Babiš tightly controlling his party (Groszkowski, 2017), he dominated policymaking, while the ČSSD increasingly joined the opposition in criticising epidemiological policies. This infighting, along with the politicisation of the pandemic, likely contributed to the opposition's 2021 electoral victory.

Conclusion

Our article shows that in the Czech case, the country basically stuck to the same path for social policy measures and only made small adjustments. This supports previous research showing that during the pandemic, most countries introduced measures that were consistent with path dependency as policymakers stuck to their countries' policy legacies. Moreover, these incremental layering-type reforms were mostly temporary. This is in accordance with the assumption by sociological institutionalism that institutions create norms and bind the rational choices of actors through the repeated games that these policies are based on, so that given these norms and traditions, certain reforms are more logically appropriate than others for policymakers. When it comes to dealing with the pandemic, by contrast, no such policy legacy existed. Thus, their rationality was much less bounded by institutional norms as they were not involved in many repeated games in this area. When the second wave began in the middle of August 2020, the prime minister rejected the advisory bodies' recommendation to re-implement restrictions. The policy and political consensus was broken and the issue became highly politicised. This induced the political parties to try to maximise their votes by departing from the previous consensus and trying to profile themselves.

By comparing these two examples of social policy and epidemiological measures, we can see that the less institutions are developed, the more likely political actors are to act strategically in accordance with rational choice institutionalism. Further studies of other countries could help us better understand the interaction of cooperative games and institutional norms.

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