

# HOW NOVEL CORONAVIRUS HAS SHAKEN PUBLIC TRUST IN DECISION-MAKING INSTITUTIONS: COMPARATIVE ANALYSIS OF SELECTED EUROPEAN UNION MEMBERS

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*Since its first outbreak in December 2019, the novel coronavirus has spread rapidly around the world, affecting all countries and becoming a global crisis. As of August 2021, more than 220 million people have been infected and more than four million people have lost their lives to COVID-19 disease. Many countries around the globe have taken very strict and unprecedented measures to limit the further spread of the novel coronavirus and reduce the number of hospital cases and deaths. The aim of this paper is to analyse and discuss the public health measures in selected member states of the European Union related to the spread of novel coronavirus and the outcomes of these measures, focusing on public confidence in policy-making institutions. We use publicly available data on this topic and test the hypothesis that high levels of public trust in decision-making institutions are directly correlated with compliance with the public health measures and restrictions adopted by these institutions to limit the spread and consequences of the novel coronavirus.*

**Key words:** trust; political institutions; public health policies; coronavirus; European Union.

## 1 INTRODUCTION<sup>2</sup>

The unstoppable and extremely rapid spread of the novel coronavirus in the first half of 2020 presented an unprecedented challenge to all governments of the world. Looking at the timeline of events from today's perspective, we see that the first case of infection with a new, unknown disease was reported by China to the World Health Organization on December 31, 2019. The World Health Organization designated SARS-CoV-2 as public health emergency of the international concern; on March 11, 2020, it declared a global pandemic. In the

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first three months of 2020 alone, the virus spread rapidly across the globe, causing severe illness among those infected and claiming the lives of hundreds of thousands. The social isolation instituted by the government's total lockdown measures served to contain the transmission and spread of the novel coronavirus but had a tremendous impact on individual and societal mental health, quality of life, as well as the economy, standard of living, and welfare.

Because the virus has spread so rapidly throughout the world, leaving deaths in its wake, having long-term consequences for people's mental and physical health, endangering lives, altering individuals' lifestyles, affecting basic activities such as education and health, limiting human rights and affecting interpersonal relationships, affecting the psychological state of individuals as well as society, it was necessary to act and respond quickly and simultaneously. COVID-19 pandemic represents a universal threat that crosses physical, temporal and social boundaries and requires a joint response by countries, international and non-governmental organizations. At the outset of the pandemic, countries shared information, learned from each other, and coordinated their responses (Mintrom and O'Connor 2020, 206; Goodman et al. 2020), but this synchronicity quickly proved extremely fragile; more so, countries quickly became competitors in procuring protective equipment. Malešič (2021, 67) therefore concludes that we have witnessed the nationalization of various policies and the erosion of international mechanisms and instruments to respond to the crisis, which has led to various paradoxes.

The European Union, for which the COVID-19 crisis is the third major crisis in the last decade, has also failed to provide a common, unified response. Brglez and others (2021, 82) claim that it took the European Union more than three years after the economic crisis to agree on a unified response to potential future economic crises, while common solutions to the migrant crisis are still not fully defined. The European Union also failed to strategically address the novel coronavirus crisis, instead focusing on day-to-day measures to contain the virus, thereby (once again) disappointing its citizens and member states who were left to fend for themselves. Thus, European Union member states adopted various strategies to limit and prevent the spread of the novel coronavirus, as well as measures to address the COVID-19 crisis. Individual countries have had varying degrees of success in dealing with this crisis. Some governments were able to strategize quite quickly, adopt public health measures to address the crisis, and successfully communicate the policy framework to the public. On the other hand, some heads of state quickly became targets of sceptics, conspiracy theorists, and their political opponents. Thus, in some countries, the COVID-19 health care crisis quickly became a political crisis, in which, on the one hand, the reckoning between the ruling party/coalition and the opposition intensified, which, on the other hand, increased distrust, doubt and disobedience among citizens.

In this paper, we use publicly available data to analyse the public health measures taken by different member states of the European Union to contain the spread of novel coronavirus and assess how these measures have affected the proportion of infected and ill people. The latter will be compared with the level of trust in the main political institutions of each country. The aim of this article is therefore to examine the relationship between the evolution of trust in the decision-making of political institutions and the outcomes of the COVID-19 pandemic in selected member states of the European Union. In doing so, we test the hypothesis that high levels of public trust in decision-making institutions are directly correlated with compliance with public health measures and restrictions adopted by these institutions to limit the spread of the novel coronavirus and the associated public health consequences.

We selected six European Union member states as units of study. We compared Slovenia with all four neighbouring countries (Italy, Hungary, Croatia, Austria) for several reasons, including a similar political system, a common political history and political culture, and geographical proximity to list just the few. We have also included Sweden in the comparison, as Sweden was one of the few European Union member states that took a different approach to dealing with the pandemic; approach that was based on recommendations rather than closures and restrictions (Kavaliunas et al. 2020, 599). Timeframe of the analysis are the first and second waves of the epidemic COVID-19 in the period from early spring 2020 to late spring 2021.

## 2 PANDEMIC GOVERNANCE AND TRUST IN KEY DECISION-MAKING POLITICAL INSTITUTIONS

In dealing with and managing crisis situations such as the novel coronavirus pandemic, a policy narrative framework is extremely important for at least two reasons. First, a clear policy framework reduces ambiguity and thus challenges policy implementation, but it cannot ensure effective implementation. The latter depends on structural issues or the capacity of the system. In other words, if certain resources are not allocated to the establishment of a public health response, the pandemic cannot be successfully addressed, no matter how good the policy narrative. Second, an effective framework for action increases the likelihood that citizens will correctly interpret and support the public policies and actions implemented. The latter is essential for policy implementation and compliance. At the operational level, it is important that leaders provide accurate, timely and credible information across the hierarchy of decision-making and crisis response, as well as to citizens and communities involved in crisis management in different settings (Boin and 't Hart 2010, 360). Based on the analysis of political leaders' responses, Mintrom and O'Connor (2020, 209) formulate the following four recommendations:<sup>3</sup> 1) convincing accounts of what is happening, why it is happening, and what can be done about it; 2) building a broad coalition of support for the policy actions to be taken and minimizing opportunities for conflict; 3) fostering trust and collaboration among key actors and groups whose actions are relevant to managing the crisis; and 4) empowering individuals and communities to make informed decisions about crisis management in their respective jurisdictions.

The lack of a clear framework for action leads to doubt and ambiguity in the messages that political leaders try to convey, leading to varying degrees of confusion among citizens. With a virus as contagious as the novel coronavirus, complacency and deviant behaviour by a small number of citizens leads to the rapid spread of the virus with disastrous and often fatal results.

Because of the high virulence of the novel coronavirus, it was necessary to take rapid action, which inevitably had a major impact on people's daily lives. Many political leaders issued emergency powers in their jurisdictions to enforce social distancing and lockdown measures, which was a serious violation of social norms. For this reason, it was necessary to create a clear political narrative simultaneously with the legalization of measures, which some political leaders

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<sup>3</sup> It should be added, however, that new crisis situations will challenge other behavioral patterns of political leaders.

succeeded in doing much better than others.<sup>4</sup> Those politicians who failed to enforce an effective political narrative among the population quickly became targets of a blame game, which led to disregard for the measures taken to combat the novel coronavirus and a decline in citizens' support for and trust in policymakers. Indeed, Haček and Brezovšek (2014, 3) explain that the trust we have in the representatives of a particular institution generates trust in the institution as a whole. However, the consequences of mistrust in political institutions - especially in crisis management - can be fatal.

Gamson (1968, 42) argues that trust in political institutions is important because it serves as a creator of collective power, enabling government to make decisions and commit resources without resorting to coercion or seeking the explicit consent of citizens for every decision. When trust is high, governments can make new commitments based on that trust and, if successful, increase support even further. A virtuous spiral is created. On the other hand, if trust is low, governments cannot govern effectively, trust is further eroded, and a vicious cycle is created (Muller and Jukam 1977). Trust is particularly important for democratic governments because they cannot rely on coercion to the same extent as other regimes. Trust is therefore essential for representative relations (Bianco 1994). In modern democracies, where citizens exercise control over government through representative institutions, it is trust that gives representatives the latitude to set aside short-term concerns of the electorate while pursuing long-term national interests (Mishler and Rose 1997, 419). Trust is necessary for individuals to voluntarily participate in collective institutions, whether political or civic. However, trust is a double-edged sword. Democracy requires trust, but it also requires an active and vigilant citizenry (Haček 2019, 420) with a healthy scepticism of government and a willingness to suspend trust when necessary and assert control over government by replacing the current government.

We begin our discussion by examining the level of trust in (political) institutions in selected European Union member states. Three time periods have been included in the analysis, namely (a) the period before the novel coronavirus pandemic (autumn 2019), (b) the period of the novel coronavirus pandemic outbreak (summer 2020), and (c) the period of the second wave of the novel coronavirus pandemic (winter 2020/2021).

Based on the publicly available data presented in Table 1, two clusters of countries can be observed. The first cluster consists of countries whose populations have increased trust in all three major political institutions (namely government, parliament and political parties) at the national level from before the novel coronavirus pandemic to the last measurement during the second wave of the pandemic (Sweden) or whose percentage of trust has remained unchanged (Croatia and Italy). The second group includes countries with a downward trend in public confidence (Austria, Hungary and Slovenia), with Slovenia showing the largest decrease in public confidence.<sup>5</sup> It should be added that the increase or decrease in public trust is influenced by various factors, one of which is certainly the change of government that we have recently experienced in both Croatia and Slovenia.

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<sup>4</sup> Differences are also pronounced among relatively wealthy countries that had well-functioning health systems prior to the COVID-19 pandemic (Mintrom and O'Connor 2020, 207).

<sup>5</sup> Trust in political parties fell by 7 per cent, in parliament by 11 per cent, and in government by 12 per cent.

TABLE 1: TRUST IN POLITICAL INSTITUTIONS (TEND TO TRUST; IN PER CENT)

	NATIONAL GOVERNMENT			NATIONAL PARLIAMENT			POLITICAL PARTIES			EUROPEAN COMMISSION		
	2019	2020	2020/21	2019	2020	2020/21	2019	2020	2020/21	2019	2020	2020/21
Austria	50	59	38	54	58	44	33	41	32	49	49	43
Croatia	15	24	22	16	21	22	12	14	12	50	51	48
Hungary	48	46	39	45	42	38	30	25	24	62	58	62
Italy	25	29	26	27	26	27	15	13	16	44	33	45
Slovenia	31	25	19	26	22	15	14	12	7	39	44	52
Sweden	56	62	62	66	72	69	30	43	39	63	64	60

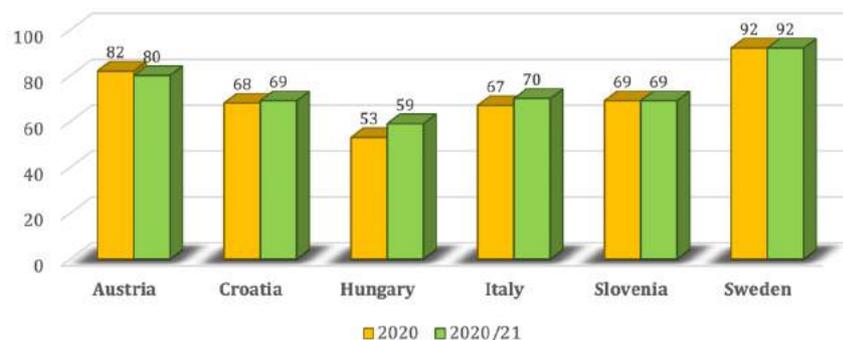
Sources: European Union (2019); European Union (2020); European Union (2021a).

On the other hand, in Slovenia, confidence in the European Commission has increased slightly, while in Austria, Croatia and Sweden we have seen a slight decline. After the first wave of the COVID-19 pandemic, Italians and Hungarians trusted the European Commission slightly less than before the COVID-19 crisis, but during the second wave, confidence returned to pre-pandemic level.

Furthermore, there is additional data available on the confidence of citizens of selected countries in the European Union. In response to the question "Thinking about the EU's response to the coronavirus pandemic, to what extent do you trust or not the EU to make the right decision in the future?" we see the highest percentage of trust among Hungarians (76 per cent in the 2020 summer survey and 77 per cent in the 2020/21 winter survey). Increased confidence in the European Union's decisions regarding the new coronavirus pandemic can also be seen in Italy (increase from 50 to 60 per cent) and Sweden (increase from 68 to 69 per cent). However, in the remaining three countries, we found a decrease in confidence in both measurements of public trust. Croatia, which has a quite high percentage of trust in European Union pandemic decisions, lost two percentage points (from 73 to 71 per cent); in Austria, the decline was four percentage points (from 50 to 46 per cent); Slovenia again saw the largest decline, by five percentage points (from 61 to 56 per cent).

In addition to public trust in key decision-making political institutions, we also examined public trust in health and medical personnel (see Figure 1) who were involved in both the design of pandemic response efforts and the management of victims infected with novel coronavirus during the pandemic. At first glance, health and medical personnel in all selected countries enjoyed a much higher level of trust compared to most of the key political institutions. However, we also note that trust decreased slightly only in Austria between the first and second waves of the novel coronavirus pandemic; in other countries, trust levels remained the same or even increased slightly. Among the selected European Union countries, trust in health and medical staff is lowest in Hungary, followed by Croatia, Slovenia and Italy; in Austria, and especially in Sweden, trust is actually very high.

FIGURE 1: TRUST IN HEALTH AND MEDICAL STAFF (TEND TO TRUST; IN PER CENT)



Sources: European Union (2020); European Union (2021a).

With the help of comparative analysis, we can establish the following facts. First, trust in the main political institutions is highest in Sweden, followed by Austria, Hungary, Italy and Croatia; the lowest trust in the main political institutions is perceived in Slovenia. Second, in both countries (Sweden and Austria) where trust in health and medical staff is highest, trust in key political institutions is also the highest. And third, in all six countries studied, a higher proportion of citizens have trust in medical personnel than in the main political institutions.

The following chapter highlights some of the public health policies adopted and implemented by the leaders of the European Union member states studied during the first and second waves of the novel coronavirus pandemic and discusses them in terms of outcomes reflected in the proportion of people infected and mortality rates.

### 3 PUBLIC HEALTH POLICIES AND THEIR OUTCOMES

During the first and second waves of novel coronavirus, European policymakers had to adopt various public health measures to contain the spread of the coronavirus. These measures ranged from public health policies (mandatory protective masks, mandatory social distancing, closure of non-essential businesses, restriction of public gatherings, closure of primary and secondary schools) to fewer general policies, such as orders to stay at home and lockdowns of all public life. Some policies were only in place for a limited period of time, such as orders to stay at home, while others, such as the requirement to wear masks indoors, were (and still are in some instances) in place for a longer period of time (see Table 3 for some examples).

TABLE 2: COMPARISON OF NOVEL CORONAVIRUS RELATED PUBLIC HEALTH POLICIES IN SELECTED EUROPEAN UNION MEMBER STATES

	NATIONAL STAY HOME ORDER	MANDATORY MASKS ALL SPACES	CLOSURES OF NON-ESSENTIAL SHOPS	LIMITATIONS/BAN ON PUBLIC GATHERINGS	CLOSURES OF PRIMARY/HIGH SCHOOLS
<b>Austria</b>	yes	yes	yes	yes/yes	yes/yes
<b>Croatia</b>	no	yes	partial	yes/no	yes/yes
<b>Hungary</b>	yes	yes	yes	yes/yes	yes/yes
<b>Italy</b>	yes	yes	yes	yes/yes	yes/yes
<b>Slovenia</b>	yes	yes	yes	yes/yes	yes/yes
<b>Sweden</b>	no	no	partial	yes/yes	no/yes

Source: European Centre for Disease Prevention and Control (2021).

We can see in Table 2 that even among our relatively small sample of six European Union member states, there are large differences in various health policies, such as comprehensive nationally imposed house arrest orders, with some countries not imposing this restriction at all (Croatia, Sweden) and relying only on the recommendations, while others (Austria, Italy, Slovenia, Hungary) have enacted massive orders that span half of the calendar year and also include additional partially or regionally imposed home stay orders. Massive differences between European Union member states also exist in the closures of primary schools, which is a significant interference with fundamental human rights; we can observe that some countries refused to close primary schools even for a single day (Sweden), while others (Slovenia, Hungary) introduced massive closures extending well over half of the entire school year. The same applies to the ban on public gatherings, although Croatia, Sweden and Italy have adopted much milder public gathering bans compared to Slovenia, Austria and Hungary.

TABLE 3: COMPARISON OF TOTAL DURATION OF SELECTED NOVEL CORONAVIRUS RELATED PUBLIC HEALTH POLICIES IN SELECTED EUROPEAN UNION MEMBER STATES BETWEEN JANUARY 2020 AND END OF JUNE 2021 (IN DAYS)

	COMPREHENSIVE NATIONAL STAY HOME ORDER	CLOSURES OF PRIMARY SCHOOLS	BAN ON ALL MASS GATHERINGS
<b>Austria</b>	127 (+ 111 partial)	64 (+ 64 partial)	340
<b>Croatia</b>	/	56 (+ 38 partial)	70
<b>Hungary</b>	53 (+199 partial)	120 (+ 46 partial)	265
<b>Italy</b>	56 (+229 partial)	35 (+ 7 partial)	95
<b>Slovenia</b>	47 (+176 partial)	192 (+ 14 partial)	276
<b>Sweden</b>	/	/	94

Source: European Centre for Disease Prevention and Control (2021).

In later stages of novel coronavirus pandemic, European leaders also met regularly to share strategies and coordinate joint European Union efforts to contain the spread of the virus and support health systems. These focused on testing strategies and the use of rapid antigen tests, mutual recognition of tests, the introduction of vaccination, a common approach to travel restrictions and other public health measures, and the introduction of vaccination certificates (European Council 2021). Although European Union member states took similar approaches and implemented similar, albeit slightly different, public health measures to combat COVID-19 disease, the results of these measures appear to have little to do with the actual consequences of the disease (see Table 4). We have shown that Croatia and Sweden have implemented the least stringent measures to control COVID-19 in our group of six European Union member states, although both countries have neither the most confirmed COVID-19 cases nor the most confirmed COVID-19 deaths; Sweden is rather special case, as it has selected very specific strategy of dealing with the pandemic from the start. The largest proportion of confirmed COVID-19 cases relative to the total population is in Slovenia (12.2 per cent), which has implemented much more stringent and especially more permanent measures; the largest proportion of confirmed deaths relative to the total population is in Hungary, which has lost 0.31 per cent of its population to COVID-19 disease, more than twice as much as Sweden, which has, however, implemented extensive bans and closures to combat the coronavirus pandemic.

TABLE 4: COMPARISON OF COVID-19 DISEASE CONSEQUENCES IN SIX EUROPEAN UNION MEMBER STATES

	COVID-19 CONFIRMED CASES (until end of May 2021)	COVID-19 CONFIRMED CASES AS % OF TOTAL POPULATION (until end of May 2021)	COVID-19 RELATED DEATHS (until end of May 2021)	COVID-19 CONFIRMED DEATHS AS % OF TOTAL POPULATION (until end of May 2021)	LARGEST SHARE OF INFECTED POPULATION AS % OF TOTAL POPULATION	COVID-19 TESTS PER 1M POPULATION (until 20 August 2021)
<b>Austria</b>	644.815	7,11	10.603	0,12	0,85 (16 Nov 2020)	8.068.394
<b>Croatia</b>	356.181	8,74	8.026	0,20	0,62 (12 Dec 2020)	600.303
<b>Hungary</b>	652.433	6,77	29.733	0,31	2,83 (13 Apr 2021)	671.440
<b>Italy</b>	4.217.349	6,99	126.129	0,21	1,35 (22 Nov 2020)	1.347.754
<b>Slovenia</b>	253.722	12,20	4.375	0,21	1,17 (10 Jan 2021)	684.515
<b>Sweden</b>	1.072.959	10,55	14.520	0,14	1,85 (31 Dec 2020)	1.134.299

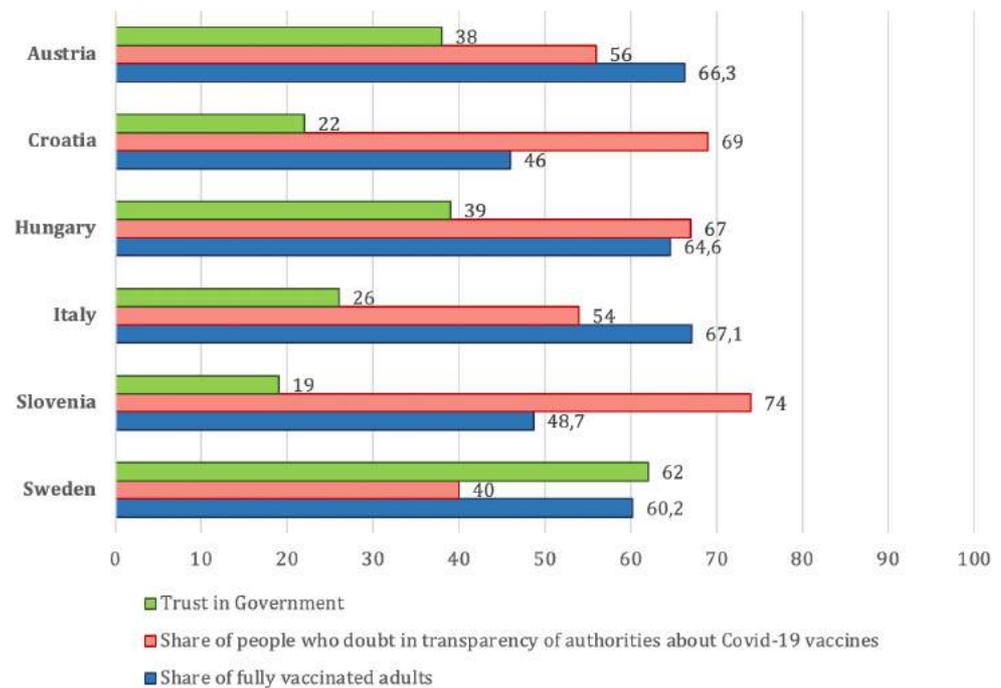
Source: Worldometer (2021).

We can also see that the COVID-19 disease was not equally intense in all countries at the same time, with peaks in different time periods and with much different

intensity. It is obvious that we cannot directly connect the implementation of novel coronavirus related public health measures to the disease outcomes in the different countries, as the reality is much more complex and depends on additional important variables, such as the overall quality and efficiency of the national health system, as well as the more quantitative variables like the number of COVID-19 tests performed in each European Union member state. Focusing only on the latter, we can clearly see (Table 4) that there are huge differences in testing in our small sample, from Austria, where the average citizen was tested a whopping eight times by 20 August 2021, to Croatia, with thirteen times fewer tests completed compared to Austria.

COVID-19 vaccination started in the European Union towards the end of December 2020, but member states are still affected by the pandemic, as new variants of the novel coronavirus have evolved, and vaccination is still not unilaterally accepted by everybody as the most effective way to control COVID-19 disease. Slovenia stands out negatively in this regard, as it has the largest proportion of anti-vaccinationists and sceptics who don't believe in the effectiveness of coronavirus vaccines of any country in the European Union. No other population in the European Union is as sceptical about vaccines as Slovenians (European Union 2021b).

FIGURE 2: SHARE OF TRUST IN GOVERNMENT, DOUBT IN TRANSPARENCY ABOUT COVID-19 VACCINES AND SHARE OF FULLY VACCINATED ADULTS IN SIX EUROPEAN UNION MEMBER STATES (IN PER CENT)



\* Share of fully vaccinated adults against COVID-19 as of August 15, 2021.  
Sources: European Union (2021a); European Union (2021b); Statista (2021).

The data presented in Figure 2 suggest a correlation between trust in government and the proportion of sceptics regarding the transparency of those responsible for developing the COVID-19 vaccine. In both Slovenia and Croatia, trust in government is low and the proportion of population who doubt that those responsible are sufficiently transparent about the COVID-19 vaccine is high. Consequently, this is reflected in the proportion of fully vaccinated adult citizens, which is lowest in these two countries (46 per cent in Croatia and 49 per cent in Slovenia, as of August 15, 2021). At the other end of the scale is Sweden, where

trust in government is the highest of all countries analysed and the proportion of sceptics about the COVID-19 vaccine is the lowest.<sup>6</sup>

Interesting examples are Austria and Hungary, which have a relatively high proportion of doubters about the transparency of those responsible for the COVID-19 vaccine, but still have relatively good adult vaccination rates. The reason for this may be the high level of confidence in the safety of the vaccine in both countries, with 72 per cent of Hungarians and 70 per cent of Austrians agreeing with the statement "I believe that vaccines licenced in the European Union are safe" (European Union 2021b).

At this point, we would also like to highlight Italy, which was one of the first countries in Europe to face the COVID-19 crisis and one of the first to suffer the brutal consequences of a new coronavirus disease, after the partial collapse of the health system in spring 2020. We note that public trust in the Italian government is rather low, but we see that Italy still has a high proportion of vaccinated people. This may have been helped by the COVID-19 vaccination strategy, with which 58 per cent of Italians are satisfied after all (European Union 2021b); at the same time, 77 per cent of Italians believe that the safety of COVID-19 vaccines licenced in the European Union is not in question. Moreover, we found that Italians' confidence in the decisions of the European Commission and the European Union regarding the COVID-19 pandemic has increased.

#### 4 CONCLUSION

The new coronavirus pandemic affects all the members of the European Union, because COVID-19 is a highly contagious disease, with new, even more contagious and deadly variants emerging every few months. Policy makers were faced with the difficult task of making decisions and taking measures to contain the unknown disease and convince citizens to consider these measures, as in many countries the health care system was in danger of collapse due to the large number of infected patients and the spread of the coronavirus among medical personnel. In countries where trust in political decision-making institutions is generally high, these measures have been received and accepted by citizens without much scepticism, while in countries where trust levels are lower, the same or very similar measures have increased doubts and distrust of political institutions, political parties and political leaders. For example, in Sweden, where trust in political institutions is very high, policy makers have adopted a relaxed approach based on expert recommendations, but as a result Sweden still did not record the highest number of infections or deaths in our small sample of countries. On the other hand, we can point to Slovenia, which has the lowest trust in political institutions of all six countries studied and whose policies on COVID-19 were much stricter and lasted longer, but still has the highest proportion of infected citizens relative to the total population. Of course, this raises the question of the egg and the hen, i.e., whether stringent and long-term policies have increased distrust in political institutions and whether distrust in political institutions and political leaders has challenged the policies that have been implemented.

European Union failed to take quick and effective decisions at the beginning of the new coronavirus pandemic, leaving member states in a state of uncertainty

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<sup>6</sup> As many as 77 per cent of Swedes believe that COVID-19 vaccines approved in the EU are safe (European Union 2021b).

and self-initiative. After several months, European Union succeeded in developing a common approach to facilitate the deployment of protective and medical equipment, coordinate testing strategies and make COVID-19 vaccines available throughout Europe. We confirmed the inversely proportional correlation between trust in government and the proportion of scepticism regarding the development and the implementation of the COVID-19 vaccine.

Based on the (rather limited) analysis, we can conclude that the initial assumption about the relationship between the degree of trust in decision-making institutions and the public health measures and restrictions taken by these institutions to limit the spread and consequences of the novel coronavirus may prove to be justified. Nevertheless, we are fully aware that for a definitive confirmation, more comprehensive analyses should be carried out, which would include a complex picture of different social phenomena that have changed drastically with the emergence of COVID-19 disease and its consequences.

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## KAKO JE NOVI KORONAVIRUS ZATRESEL ZAUPANJE JAVNOSTI V ODLOČEVALSKE INSTITUCIJE: PRIMERJALNA ANALIZA IZBRANIH ČLANIC EVROPSKE UNIJE

*Od svojega prvega izbruha decembra 2019 se je novi koronavirus hitro razširil po svetu, prizadel vse države in postal globalna kriza. Do avgusta 2021 je bilo okuženih več kot 220 milijonov ljudi, več kot štirje milijoni ljudi so izgubili življenje. Številne države po vsem svetu so sprejele zelo stroge ukrepe, da bi omejile nadaljnje širjenje novega koronavirusa ter zmanjšale število bolnišničnih primerov in smrti. Namen tega prispevka je analizirati in obravnavati javnozdravstvene ukrepe v izbranih državah članicah Evropske unije, povezanih z omejevanjem in preprečevanjem širjenja novega koronavirusa, ter rezultate teh ukrepov. Pri tem uporabljamo javno dostopne podatke in preverjamo hipotezo, da je visoka stopnja zaupanja javnosti v institucije odločanja neposredno povezana z upoštevanjem in spoštovanjem javnozdravstvenih ukrepov in omejitev, ki so jih te institucije sprejele za omejevanje širjenja in posledic novega koronavirusa.*

**Ključne besede:** zaupanje; politične institucije; politike javnega zdravstva; koronavirus; Evropska unija.