

Estonia: Empowering the Executive

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Introduction

From February 2020 to May 2021, two waves of COVID-19 can be identified in Estonia: one peaking in spring 2020 and the second one in spring 2021. By the end of May 2021, the nation of 1.3 million had lost 1,258 people to the virus, while the total number of confirmed cases stood at 129,668. These numbers remain comparably low in the European context. The Government, led by centre-left Centre Party, reacted relatively rapidly to the initial virus outbreak. For the first time since the restoration of Estonia's independence in 1991, an emergency situation (as stipulated in the Emergency Act) was declared on March 12, 2020, two weeks after the first case was reported. A total lockdown was never introduced but a variety of crisis measures were launched, which, depending on the virus situation, were either stepped up, eased, or lifted. Such measures included closing schools, banning public gatherings and cultural activities, and restricting movement across borders. Crisis management was facilitated by Estonia's smallness, enabling wide testing and quick localization of single breakouts. Importantly, the country's advanced digital society allowed for the governance system to continue to operate. Altogether, the initial outbreak of the virus was relatively effectively contained, although the concentration of power in the hands of the executive deformed normal patterns of governance. The emergency situation was terminated on May 18, 2020; risk levels were reduced and restrictions were gradually relaxed.

The health situation worsened sharply again in autumn 2020, and the second wave of the pandemic hit the country much harder in terms of the number of cases and deaths. However, an emergency situation was not declared this time around and the Government was hesitant at first to implement harsh measures, but a significant rise in infection rates led to new restrictions in December amid concerns about the ability of the medical system to cope. The Russian-speaking part of the country, Ida-Virumaa, where compliance with crisis measures were systematically low, was practically locked down due to unprecedented case numbers. Schools were closed across the nation, and the government was criticized for imposing universal measures which ignored great differences in the regional spread of the virus. January 2021 saw the collapse of the Government over corruption investigations. The new coalition cabinet, led by the liberal Reform Party, appeared reluctant to impose harsher containment measures. Total lockdown was avoided, and the emergency situation was never re-declared, although soaring incidence rates prompted wider containment measures again in March and April.

Patterns of Governance

One of the smallest countries in the EU in terms of population, Estonia is a parliamentary democracy with centralized power and vertical dispersion of authority. The constitution follows the principle of separation and balance of powers. Legislative power is vested in the 101-member unicameral Parliament (Riigikogu), executive power is exercised by the Government and judicial power by the courts. Estonia has a multi-party system, and coalition governments are the norm. The Government is led by Prime Minister, who is the chief executive. The President, appointed by the Parliament, is the Head of State, but has a largely ceremonial role with limited powers. Issues concerning local life are decided and managed by 79 local governments.

In general terms, the COVID-19 crisis management was aided by Estonia's broad experience with digital governance and society. Estonia is a global frontrunner with its highly developed e-governance and e-health systems. 99 per cent of public services are available online and the shares of e-government users are among highest in Europe (European Commission 2020). Internet voting is widely used in general elections. E-governance infrastructure enabled state institutions to continue functioning despite the drastically changed circumstances. A well-functioning digital health system helped manage the acute crisis and avoid major administrative problems. New digital initiatives were added, e.g., online sick leave applications, virtual health care, and digital contact tracing, which reduced pressure on health care workers and helped contain the spread of the virus. Courts also continued their regular operation. People were asked to submit appeals electronically or in written form, and hearings were often held digitally. Overall, there were no major changes in the efficiency of the governance system.

The pandemic facilitated the concentration of power in the hands of the executive, although increased powers were also granted to certain state agencies, most notably to the Health Board. The latter is a governmental agency in charge of health care and health protection, and played an important role in surveillance, prevention, and control of the coronavirus, as well as in risk analysis. Still, the pandemic primarily reinforced the prominence of the executive. The Government took the lead in crisis management, and, on the one hand, the strong central capacity enabled the execution of rapid, decisive action which helped contain the spread of the virus in the early phases of the crisis. On the other hand, this empowered the Government compared to other actors, such as the Parliament, the opposition, local municipalities, and civil society actors. This was justified in the context of extreme uncertainty during the emergency situation in spring 2020. The latter, under the Emergency Act, may be declared for resolving an emergency caused by a natural disaster, catastrophe or spread of a communicable disease, and grants additional powers to the Government to be able to react quickly and effectively. However, once the emergency situation is lifted, the Parliament – the highest directly elected body – should be included in the decision-making process and provide horizontal accountability in the form of institutional checks and balances (e.g., Engler et al. 2021). In practice, the legislature remained passive throughout the entire pandemic period, which, in turn, limited the role of opposition in scrutinizing the work of the executive. Normal parliamentary procedures were hampered, allowing the Government to enforce restrictions and regulations without legislative oversight and any end date. Often, decisions were announced with very short notice, leaving no time for societal debate. Courts and interest groups did not challenge government actions either. In this respect, the political response to the health crisis did not follow existing patterns of policy-making.

The distorted patterns of governance enabled the Government to push through legislative proposals that extended beyond the immediate needs of the pandemic and that undermined liberal democratic norms. The most controversial initiatives were introduced in spring 2020 and included amendments to the Aliens Act, one of the two major legislative acts in Estonia that regulates immigration. The amendments, which were introduced within the framework of the Emergency Act, significantly curbed the rights of non-EU nationals in Estonia, e.g., by revoking the visas and residence/work permits of foreign workers in case of unemployment and by restricting student mobility from outside the EU. The amendments are permanent and did not change when the emergency situation was terminated. The initiative was led by and helped promote the anti-immigration agenda of the far-right populist coalition member Conservative People's Party of Estonia (EKRE). Hence, the governing parties overstepped their authority and used the legislative process to advance their ideological goals.

For populists, the pandemic opened up a window of opportunity to strengthen authoritarian tendencies (see also Lührmann et al. 2020; Engler et al. 2021).

As a member of the European Union (EU) since 2004, Estonia did not tackle the COVID-19 crisis in isolation. The country belongs to the Eurozone and is a net beneficiary of EU funds. Levels of public support for the EU are high. The initially slow and piecemeal response to the virus outbreak by the EU and the lack of coordination among member states (e.g., Alemanno 2020) meant that Estonia developed its own approach to limiting contagion, leaning on the World Health Organization's (WHO) guidelines on testing, tracing, and isolating. In the initial stage, the EU's role in helping manage the health crisis in Estonia was largely limited to promoting joint purchases of medical equipment and coordinating travel restrictions, especially given that the coronavirus shock hit many other parts of Europe much harder. Although containment measures remained largely nation-centric, the economic policy response was more centralized. As the economic consequences of the pandemic unfolded, Estonia benefitted from the EU's recovery plan, which the Government primarily channeled towards health care and social protection as well as digital and green transitions. Other EU-coordinated fiscal measures included temporary state aid, support for mitigating unemployment risks, and help to the agricultural sector. Patterns of multilevel governance were also visible when it came to the vaccination strategy, with the EU taking the lead in securing vaccine supplies and facilitating their distribution. In summer 2021, Estonia, alongside other member states, adopted the EU digital coronavirus certificate.

Between De-politicization and Politicization

COVID-19 became a political issue in Estonia very soon after the first cases were detected. The level of politicization increased very quickly once the emergency situation was declared in March 2020, which is unusual, given that in many other countries, the virus outbreak evoked a “rally-round-the-flag” effect (The Economist 2020). Populists in Estonia downplayed the severity of the virus at first, although the Government's focus generally remained on curbing the contagion and adopting containment measures. Politicians immediately adopted ownership of the issue of public health. Compared to any other actors, politicians – first and foremost, those in Government – were associated with the issue in news coverage. Limited institutional checks and balances compared to normal times meant that the executive was presented as being entitled to adopt extraordinary measures to protect public interest. However, the Government also relied on scientific expertise. Early on in the crisis it convened a Scientific Advisory Board, consisting of virologists, doctors, statisticians and psychologists, whose role is to collect and analyze scientific information, assess the epidemiological situation and provide recommendations on coronavirus measures. Such a system has highlighted the importance of scientific knowledge, but also enabled the executive to avoid political accountability in various phases of the crisis.

As the virus was successfully contained by the summer 2020 and restrictions were eased or removed, the COVID-19 issue also temporarily lost salience. However, the second and a more extensive wave in the fall of 2020 brought public health back to the center of the political debate, forcing political parties to position themselves more clearly on the issue. The suddenness of the health crisis meant that there was no previous issue ownership at stake (Bobba & Hubé 2020:10). Still, it was mainly the populists who mobilized around the coronavirus topic and whose pursuit of political polarization has been the most explicit. EKRE promotes a socially conservative public discourse, which is unexpected in a highly secular and innovative society such as Estonia, although in line with broader trends of cultural populism in the region (Ehin & Talving 2020). The party's political style is explicitly

confrontational and frequently illiberal in content, targeting minorities, migrants, and women. Crucially, its numerous scandals and conflicts reduced government effectiveness and took away from its ability to focus on managing the health crisis. During its time in the governing coalition, EKRE made use of the opportunities provided by the crisis for traditional populist claims, such as tough border control (see also Bobba & Hubé 2020:11). From that perspective, the pandemic opened an opportunity for conservatives to introduce policies in line with their core ideologies and election promises (see also Albertazzi & McDonnell 2015:3). When the Government fell in January 2021, removing EKRE from office, the party significantly stepped up its provocative discourse. It resumed its role as a vocal opposition force, criticizing the Government's health policy approach, participating in demonstrations against coronavirus measures, and even calling for civic disobedience by refusing to abide by mandatory restrictions, which it labelled violations of freedom. Siding itself with anti-maskers and anti-vaxxers, EKRE repeatedly discounted science in pursuit of its political objectives. Thus, the pandemic also added new claims to the populists' agenda, such as the limitation of public freedoms and support for conspiracy theories (Bobba & Hubé 2020:11).

Elite cues have a major effect on how the public views a topic (e.g., Bolsen et al. 2014; Druckman et al. 2013). The role that parties played in politicization and polarization of COVID-19 influenced public attitudes, amplified partisan divides, and encouraged individuals to follow political elites over experts. In Estonia, the pandemic was primarily politicized by EKRE, prompting its supporters to doubt the health risks, and adhere less to social distancing, mask wearing and vaccination protocols. These patterns were reinforced by overall trends whereby conservatives are generally more distrustful of mainstream media (e.g., Lee 2005) and scientific knowledge (e.g., Gauchat 2021), and more likely to believe in conspiracy theories (e.g., Min 2021). The skeptics were mostly active online, e.g., on Facebook and web forums, but a few anti-restriction and anti-vaccination demonstrations also took place. Whilst protest activity was largely peaceful in nature, a couple of incidents of verbal and also physical attacks against leading health experts occurred, demonstrating that conspiracy theories may sometimes go hand in hand with violence.

However, COVID-skepticism was not only associated with a conservative worldview and affinity with the radical right. Estonia's society has long been characterized by an ethnic divide, a legacy from the Soviet occupation that defines the conflict structure. In May 2021, 16 per cent of Russian-speakers said that the severity of the virus has been exaggerated (7 per cent among Estonian-speakers), 40 per cent said that existing restrictions are too harsh (26 per cent among Estonian-speakers), and 29 per cent signaled their reluctance to get vaccinated (14 per cent among Estonian-speakers) (Turuuringute AS 2021). Ethnic Russian and/or Russian-speaking residents make up approximately 1/3 of the Estonian population. The largest Russian-speaking geographical area is Ida-Viru County, the most North-Eastern part of the country. The region is home to the country's oil shale industry, which provides valuable jobs for the local population, but employment rates and income levels are still below national average. Ida-Viru County has been the epicenter of coronavirus cases throughout the pandemic (Terviseamet 2021), but its population was reluctant to follow recommended measures. Although the non-compliance with government interventions may partly be attributed to socioeconomic and health inequalities (e.g., Kondan et al. 2021), it also has to do with lack of political trust. Political trust is a necessary precondition for social compliance. Suspicion or negativity towards the political mainstream may lead to developing views opposite to the political authority, e.g., on the severity of the threat, and to ignoring or resisting restrictions (Weinberg 2020; Jennings et al. 2021). Thus, lower levels of compliance among the Russian-speakers may be related to distrust in Estonia's media and state institutions, low levels of political participation and general dissatisfaction with government action. The ethno-linguistic cleavages are exacerbated by the existence of different

'information spaces' and exposure of the Russian-speakers to Russian disinformation and propaganda (e.g., Foster 2021). Throughout the crisis, Estonian Government made efforts to reach Russian-speaking target groups and ensure that COVID-related information is available in both Estonian and Russian, but vaccination rates among the Russian-speaking community still remained significantly below that of ethnic Estonians.

Policy Responses

Estonia's containment policy has gone through various phases. The initial response was swift and strong: a state of emergency was declared on March 13, 2020, public gatherings were banned, including sports and cultural events; schools and universities were closed. Border control was restored with health checks at every crossing and entry point, and only permanent residents and their relatives, along with transport workers, were allowed to enter the country. To contain an outbreak on Estonia's largest island, Saaremaa, the country's Western islands were closed to all but residents. Social distancing measures were introduced. The emergency remained in place until May 18, 2020. In taking decisions about restrictions and measures, the Government relied on recommendations of a Scientific Advisory Board set up in March 2020; it also financed large-scale survey studies designed to detect the spread of the virus among the population. Overall, Estonia's containment policy in the first half of 2020 appears to have been effective: infection rates were very low by June, and the share of population who had been diagnosed with COVID-19 in the first half of 2020 was relatively low at 0.2 per cent (Rüütel et al. 2020:7).

The main policy instruments used in the first half of 2020 were nodality and authority (Hood & Margetts 2007): the Government issued executive orders and launched a massive information campaign propagating sanitary norms and rules, communicating health-related messages, and justifying restrictions. The spokespersons included politicians, officials, scientists, and doctors. A 24/7 hotline was established and a chatbot providing COVID-related information in Estonian, Russian and English was set up and integrated into several public websites. Overall, the information campaign seems to have met its objectives: according to Government-commissioned surveys conducted in spring 2020, over 80 per cent of Estonia's residents said that they believed that they followed all official guidelines. However, compliance with guidelines dropped significantly in the summer when the emergency situation had ended and infection rates had been brought down (Turuuringute AS 2020).

Efforts to contain a new surge of the virus in the second half of 2020 were not as successful. The relaxing of social distancing measures over the summer, along with schools reopening and people returning to work, led to high infection rates in the last quarter of 2020. By March 2021, Estonia's infection rates were among the highest in the world (ERR 2021). The ineffective policy response can be attributed, in part, to an unexpected change of government in January 2021. After the Centre Party was declared a suspect in a corruption case involving real estate development, the Centre-led coalition government resigned (BNS/ERR 2021). The pro-market Reform Party at the helm of the new government was initially hesitant to reinstate restrictions that would hurt the economy, but due to rising numbers of cases had to exercise authority and close restaurants, gyms and museums and ban public events in mid-March. By late spring, the situation had improved to the point where gradual reopening became possible.

The pandemic was a major shock for Estonia's health policy, revealing limited organizational capacities and shortcomings in crisis preparedness and management. Being a small state, Estonia is not able to maintain a specialized crisis regulation apparatus; it has a broad-based crisis regulation policy that requires cooperation among multiple actors. The Health Board had very limited experience with pandemics. It lacked staff and resources to meet the demands placed on it when the virus began to spread. Shortly after the virus reached Estonia, the Health Board came under heavy criticism for allowing a local volleyball team on the island of Saaremaa to host a team from Milan. The game, attended by about 1,400 people, resulted in a major COVID-19 outbreak and led to Estonia's Western islands placed under quarantine. In late March, Estonian Defense Forces field hospital was deployed at Saaremaa in order to meet increased demand for intensive care and hospital beds. Across Estonia, testing capacity was very limited in the early stages of the crisis. Until April 8, 2020, only individuals at heightened risk had access to testing. Mass testing was delayed partly because of shortages of lack of protective equipment for medical staff. The Health Board was also criticized for less-than-optimal crisis communication and for the delay in creating effective digital systems for recording and reporting statistical data on cases and hospitalizations.

In this context, organization and treasurer emerged as important types of policy tool used by the Government (Hood & Margetts 2007). The Health Board set up a crisis center in late January 2020. A medical chief, responsible for coordinating the work of health care institutions during the state of emergency, was appointed in March. Funding to the Health Board, the Health Insurance Fund, the hospitals and infectious disease laboratories was stepped up significantly in 2020 (BNS 2020). Overall, the capacity of the Estonian state to respond to the crisis improved considerably over time: mass testing was introduced, contact tracing was improved, protective equipment was supplied, and vaccination of priority groups started in December 2020. By May 1, 2021, a quarter of Estonia's residents had received at least one dose of vaccine. Starting May 17, vaccination was extended to all adults and large vaccination centers were opened. Despite progress in testing, tracing and vaccination, a variety of controversies and conflicts, culminating in the resignation of several senior Health Board officials have had a negative impact on public perceptions of the Health Board and Estonia's crisis management system as a whole. The Board's public image received a major blow when it was discovered in June 2021 that a rise in temperature of the Health Board's cold store had destroyed €3 million worth of medicines, including COVID-19 vaccines. The situation was described by Prime Minister Kaja Kallas as an "unbelievable mess" (BNS 2021).

In terms of economic policy, the Estonian authorities relied on treasurer-type policy tools, introducing a number of measures to mitigate the economic impact of COVID-19. In sectors most affected by restrictions, such as catering and accommodation, employers could apply for wage subsidies (Laurimäe 2020). The Government also allocated funding to measures designed to pre-empt or mitigate the liquidity problems of companies. The state-owned financial institution Kredex provided extraordinary loans and guarantees to enterprises affected by the outbreak. Extraordinary loans and guarantees were also provided to projects of 'national importance'. However, funding under these extraordinary support measures – amounting to almost one billion euros in 2020 – came under scrutiny and heavy criticism. In late 2020, the National Audit Office found that the objectives and criteria for allocating crisis loans and guarantees were vague, especially in terms of defining what constitutes 'a project of national importance' (Simson 2020). Allocating tens of millions of euros to major companies, such as shipping company Tallink or real-estate development Porto Franco according to questionable selection criteria led to significant criticism in the media, including suspicions that the government rewarded friends, loyalists and party donors. Suspected corruption

and fraud related to the loan provided to the Porto Franco development was one of the factors that led to the resignation of the Estonian government in January 2021.

Conclusions

The political response to the coronavirus pandemic interrupted normal policy-making and empowered the central government vis-à-vis the other actors. Parliament, which in normal times provides institutional checks and balances, remained passive in the health crisis. Increased powers were granted to state officials and health experts, blurring the lines of political accountability. The pandemic also fostered illiberal tendencies that were already present. With weaker democratic safeguards than usual, the Government implemented policies, e.g., in the area of migration, that surpass the immediate needs of the pandemic and are at odds with liberal democratic norms. Political parties politicized the issue of COVID-19, bringing health policy to the center of a heated public debate. Positions on virus containment and management coincided with and reinforced existing societal cleavages and divisions. The pandemic also underscored Estonia's longstanding ethnolinguistic divide. The country's Russian-speaking residents are characterized by lower socioeconomic status and levels of political trust, which, combined with being exposed to Russia's COVID-diplomacy, translated into modest vaccination rates and lower levels of social compliance.

Taken together, the two governments that were in office from February 2020 to May 2021 and were involved in tackling the two coronavirus waves that unfolded during that period, were successful in that the number of total cases and death rates remained comparatively low in the European context, and the economic consequences of the pandemic were moderate. The mitigation of the crisis was aided by Estonia's advanced digital society, which enabled for the system of governance to continue to operate. However, the health crisis undermined the functioning of democratic processes by empowering the Government and weakening other democratic institutions. It brought to surface social and economic inequalities and highlighted the weaknesses in the health as well as the economic system. It also revealed shortcomings in crisis preparedness and management, and painfully accentuated Estonia's dependence on neighboring countries and international networks. Finally, the COVID-crisis left the society ideologically polarized, reinforcing old and generating new lines of conflict, giving rise to patterns that will structure Estonia's politics and policy-making for years to come.

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