

## PUBLISHING AGREEMENT

This is an agreement under which you, the author, assign copyright in your article to Informa UK Limited registered in England under no. 1072954 trading as Taylor & Francis Group, Registered Office: 5 Howick Place, London, SW1P 1WG (hereinafter "Taylor & Francis") to allow us to publish your article, including abstract, tables, figures, data, and supplemental material hosted by us, as the Version of Record (VoR) in the Journal for the full period of copyright throughout the world, in all forms and all media, subject to the Terms & Conditions below.

Article (the "Article") entitled:	Italy, the sick man of Europe: policy response, experts and public opinion in the first phase of Covid-19
Article DOI:	10.1080/13608746.2021.1940582
Author(s):	Vicentini Giulia, Maria Tullia Galanti
To publish in the Journal:	South European Society and Politics
Journal ISSN:	1743-9612

### STATEMENT OF ORIGINAL COPYRIGHT OWNERSHIP / CONDITIONS

In consideration of the publication of the Article, you hereby grant with full title guarantee all rights of copyright and related rights in the above specified Article as the Version of Scholarly Record which is intended for publication in all forms and all media (whether known at this time or developed at any time in the future) throughout the world, in all languages, for the full term of copyright, to take effect if and when the Article is accepted for publication in the Journal.

### ASSIGNMENT OF PUBLISHING RIGHTS

I hereby assign Taylor & Francis with full title guarantee all rights of copyright and related publishing rights in my article, in all forms and all media (whether known at this time or developed at any time in the future) throughout the world, in all languages, where our rights include but are not limited to the right to translate, create adaptations, extracts, or derivative works and to sub-license such rights, for the full term of copyright (including all renewals and extensions of that term), to take effect if and when the article is accepted for publication. If a statement of government or corporate ownership appears above, that statement modifies this assignment as described.

I confirm that I have read and accept the full Terms & Conditions below including my author warranties, and have read and agree to comply with the Journal's policies on peer review and publishing ethics.

Signed and dated:

*Giulia Vicentini* 08/06/2021

THIS FORM WILL BE RETAINED BY THE PUBLISHER.

# Italy, the sick man of Europe: policy response, experts and public opinion in the first phase of Covid-19

By Giulia Vicentini and Maria Tullia Galanti

## Abstract

Italy was the first Western country to be dramatically overwhelmed by Covid-19, the first country outside of China to implement lockdown measures and the most affected country in the world in terms of victims until mid-April 2020. This article aims to sketch the evolution of the first phase of the Covid-19 crisis in Italy and demonstrates that the health crisis moved forward hand in hand with some typical shortcomings characterizing the Italian political, administrative and institutional system. The incremental reaction by the unprecedented M5S-PD coalition government has shown the huge difficulties in facing the most serious challenge since the end of WWII, with the institutional system already afflicted by its scarce capacity and the economy still recovering from the 2012 crisis.

Keywords: Public policy; state capacity; pandemic; public health crisis management; policy response, incrementalism; Conte government; centre-regional relations.

In 2005 *The Economist* described Italy as ‘the real sick man of Europe’, referring to the country’s structural and political difficulties in promoting reforms capable of relaunching economic growth. From then onwards, this became a recurring cliché in the international media. Similarly, the scientific literature associated this definition with the characteristics of the Italian political and socio-economic systems and their (negative) effects on its capacity to adapt and respond to pressures and external crises (Cotta&Verzichelli 2007, Pasquino 2020, Moschella&Verzichelli 2021).

In March 2020, Italy was the first Western country to be dramatically overwhelmed by Covid-19, the first country outside of China to implement lockdown measures and the most affected country in the world in terms of contagions and victims. Thus, the 'sick' status finally assumed a 'literal' meaning. The images of rows of trucks taking away hundreds of coffins from the city of Bergamo (Lombardy) as graveyards had no more space circulated around the world, as did the drama of over-crowded hospitals in northern Italy.

This unexpected crisis found fertile ground in a country still affected by pre-existing shortcomings, which may have impacted the speed and strength of the policy response. First, the economy was still recovering from the 2012 crisis, which among other things had involved years of serious cuts to the public health system (Neri & Mori 2017). Second, the country's administrative system is largely considered ineffective (Di Mascio & Natalini 2014), while the distribution of competences between the various levels of government ultimately brings to an increased institutional conflict between the central and the local levels (Baldi & Profeti 2020). Third, the political stage was characterised by extreme electoral volatility, party system de-institutionalisation (Emanuele & Chiaramonte 2020) and a growing level of personalisation (Garzia 2017) and polarisation, reflecting the weaknesses of political parties and the government (Newell 2020a).

The first aim of this paper is to single out some 'crisis explanatory factors' by investigating the relationship between the pre-existing Italian political and institutional context and the policy response to the Covid-19 emergency. Second, we seek to evaluate the management of the health crisis by the Italian government and to assess the main political effects of Covid-19 in the short to medium term. Temporally, our analysis is focused on the first phase of the Covid-19 crisis, specifically on an approximately six-month period between January and June 2020.

The paper is structured as follows: the first section is devoted to the country background, namely the level of crisis preparedness and the evolution of the pandemic in the country. The second section focuses on the policy response: first, we look at the government's reactions to contain the spread of infection and its dramatic social and economic aftermath; second, we analyse the (unprecedented) role of experts in driving the government's choices and the 'narrative' of the epidemic presented to the Italian public; third, we focus on the interactions and disputes between the national government and regional authorities in the management of the crisis. Then, the third section deals with the political response, i.e. with the political debate in terms of government-opposition conflict and negotiations within the governing coalition, and with public opinion dynamics relating to the reactions from the media and citizens to anti-covid measures. Finally, in the conclusion we summarise the main findings and discuss how far the experience of the first phase in Italy has differed from the subsequent phases.

## **Country background**

### ***Crisis preparedness and state capacity: a perfect storm scenario?***

The literature on crisis management highlights that in the case of an emergency, the preparedness of the system is helpful in striking a fast and effective response (Boinet *al.* 2005). Accordingly, a brief overview of the characteristics of the Italian health, administrative and political system before the onset of the Covid-19 crisis is necessary to better interpret what came next.

First, the Italian national health system has been progressively decentralised since the 1970s (and after the end of the 1990s), with the distribution of powers and resources (political, managerial and fiscal) from the national to the regional level (Terlizzi 2019). Although the Ministry of Health maintains a role in financing the system and in setting

general principles, the regions organise and deliver all the services and have progressively acquired autonomy in spending and (partially) taxation. This decentralisation has progressively led to different levels of performance among regions and, most notably, to different regional healthcare models in terms of the organisation of services based on hospitals versus territorial public health, as well as in terms of protocols and operational response (Mapelli 2012). Most importantly, the austerity policies adopted in response to the 2008 economic crisis entailed an overall block on the hiring of medical personnel (doctors and nurses in particular) whose financing still depends on the central government, and a tendency to a ‘differentiated federalism’, in which the more ‘virtuous’ regions enjoy greater spending autonomy than their more ‘vicious’ counterparts (Neri&Mori 2017). Furthermore, the Italian healthcare system did not have any recent experience with epidemics or pandemics: even though an ‘influenza pandemic plan’ had been approved years earlier (Ministero della Salute 2007), it has never been updated or implemented. Moreover, the governmental body dealing with risk management, the Department of Civil Protection, had considerable experience and expertise in the management of natural catastrophes, but never with a sanitary emergency (Capano 2020).

Second, austerity affected the (already) scarce Italian state capacity (World Bank 2020; Di Mascio&Natalini 2014). Cutbacks on personnel in public administration have undermined reforms aimed at dealing with the rigidities and inefficiencies derived from a legalistic administrative culture and this ultimately resulted in frequent implementation gaps in several policy domains.

Finally, the country was facing a situation of extreme political weakness following the failure of the first ‘entirely populist’ government in the history of the Italian republic (Bressanelli& Natali, 2019), which had supported by an unprecedented coalition between the main party in Parliament, the M5S (Movimento Cinque Stelle – Five Stars Movement) and

the rightist party Lega (League). In summer 2019 the Lega leader Matteo Salvini decided to break the alliance and the Prime Minister (PM) Giuseppe Conte –a lawyer and academic completely extraneous to politics up to the year before– was forced to resign. In order to avoid early elections (and a prospective defeat against a newly united centre-right coalition) the M5S was finally able to embark on a second Conte government thanks to the ‘unnatural’ alliance with the former ‘enemies’ of the centre-left PD (Partito Democratico – Democratic Party) plus two smaller parties. Yet, the PD and the M5S had divergent views on the main economic issues and the coalition was further weakened by the internal divisions and leadership crisis of the M5S. Furthermore, as the government counted on an unstable majority of only a dozen members of parliament (MPs) in the second chamber, it depended on the unconvinced support of the small centrist party IV (Italia Viva – Italy Alive), founded by the former PM Matteo Renzi (Newell 2020a). Finally, many components of the executive didn’t have any previous governmental experience (Capano 2020), including the PM and the 41-year-old Minister of Health Roberto Speranza, the only government representative of the small left-wing party LEU (Liberi e Uguali – Free and Equals).

In such a context, the already limited political capacity of the Italian government in terms of decision making, policy formulation and implementation (Capano&Pritoni 2016) diminished further. Moreover, beyond political and social factors, many scholars (Perone 2021) have underlined that Italy also presented some problematic demographic, urban and environmental conditions (i.e. the oldest population in Europe, a high residential density and a high level of pollution, especially in the most industrialised areas in the north of the country). Consequently, it was easy to anticipate a ‘perfect storm’ scenario when the Covid-19 emergency exploded in Italy.

### *The evolution of the pandemic in Italy: the first phase*

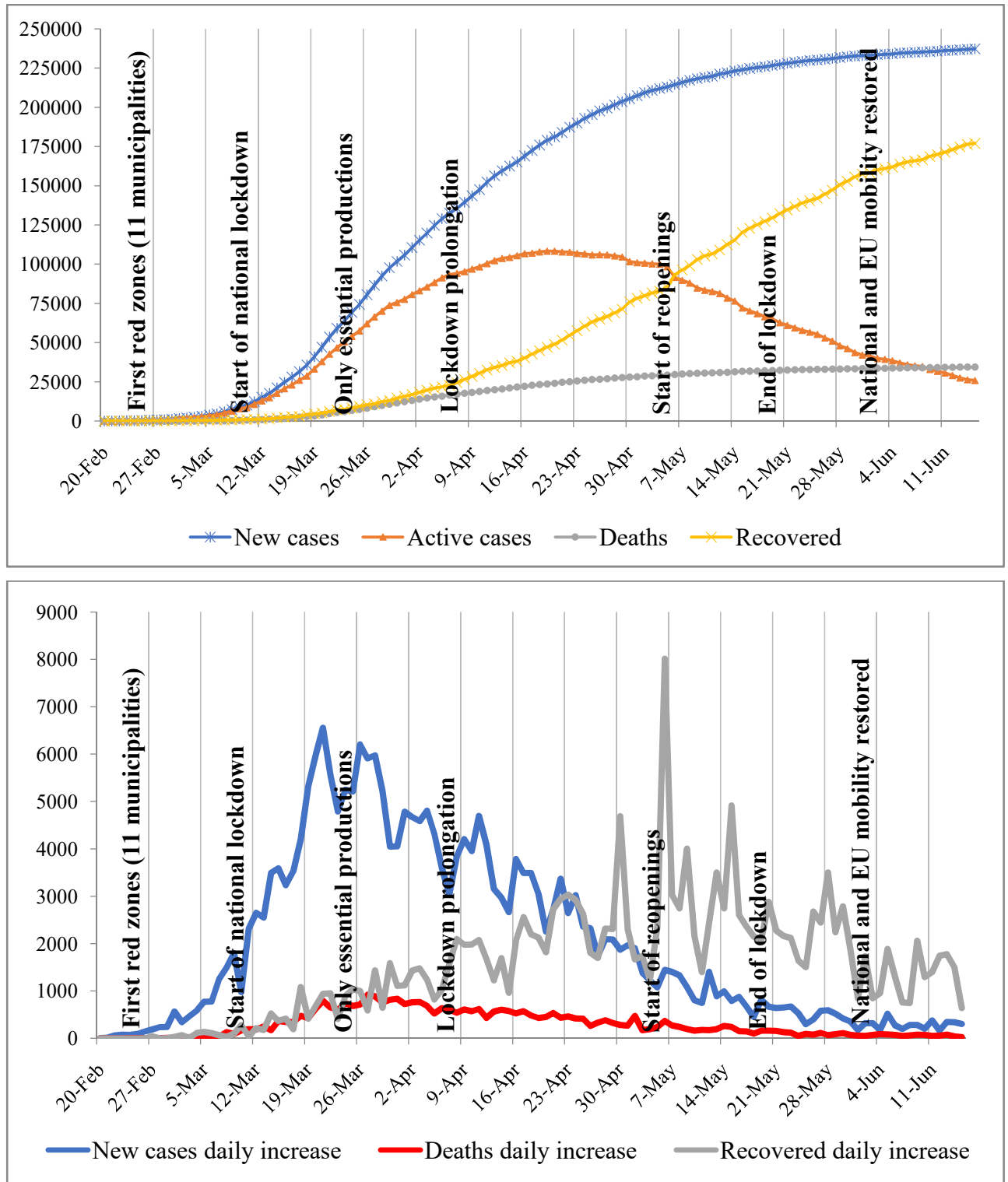
The first two cases of Covid-19 in Italy –two Chinese tourists– were confirmed and immediately hospitalised in Rome on 30 January 2020. In the following weeks, while the virus was spreading in other Asian countries and a few cases of contagion were confirmed in other European Union (EU) member states, both experts and Italian authorities reassured the public that the situation was under control. The dynamic changed on 21 February, when 38-year-old ‘Patient No. 1’ was finally tested and confirmed in Codogno, Lombardy. Notably, the decision to test the patient for covid was taken against the protocol in force at the time, which did not allow patients who apparently had no contact with the Chinese cluster to be swabbed. Subsequently, extensive screenings and checks were performed on anybody who had possibly been in contact with or near the infected subject. Within two days, the registered number of infected people in Lombardy exceeded 200 and the government established isolation and lockdown protocols for the first ‘red zones’. However, these were insufficient to contain the exponential spread of the virus, especially in some Regions of the country such as Lombardy, Veneto, Piedmont and Emilia-Romagna.

On 9 March –when the government announced the national lockdown– cases numbered about 10,000 and deaths touched 500, with more than half of the cases recorded in Lombardy. As shown by figure 1, by the end of March the exponential increase in cases and deaths had rapidly made Italy the most affected country in the world, with more than 10,000 victims, while in China they had officially stopped at about 3,300.

On 31 March, after more than three weeks of lockdown, the government announced that the pandemic had reached its peak in the country. In the following days, the curves of both cases and deaths showed a slow but continuous decrease, somewhat relieving the pressure on national hospitals and intensive care units in particular.<sup>1</sup> Meanwhile, a number of public prosecutor’s offices across the country (but mostly in Lombardy) started investigations

concerning the inefficiencies and violations of protection measures against Covid-19 in various retirement homes, where the virus killed thousands of people (ISS 2020).

**Figure1.** The evolution of the pandemic in Italy (20 February-15 June)



Source: authors' own elaboration from official ministerial data (<http://www.protezionecivile.gov.it/>)



At the beginning of May, the number of deaths had passed the significant threshold of 30,000, with almost 220,000 people infected. Yet, the daily increase in active cases had become negative since mid-April, as the (daily) number of those who recovered exceeded new contagions. At the end of the period considered (15 June), intensive care units had almost emptied, while active cases were below 26,000 and in continuous decline. The daily increase in cases was zero or lower than ten in most regions but Lombardy, which clearly remained ‘the sick man of Italy’ for the entire first phase of Covid-19, as shown by table 1.

**Table 1.** Covid-19 distribution by region on 15 June 2020

REGION	Total cases	Cases/ Pop*	Total deaths	Deaths/ Pop*	Total test	Test/ Pop*	Intensive care	Hospita- lised	Deaths/ Cases
Lombardy	91,917	914	16,457	164	899,278	8,939	94	2,018	18%
Piedmont	31,061	707	4,012	91	369,294	8,407	28	517	13%
Emilia Romagna	28,084	630	4,207	94	410,984	9,216	13	188	15%
Veneto	19,220	392	1,978	40	817,064	16,649	1	38	10%
Tuscany	10,188	272	1,088	29	293,683	7,847	16	31	11%
Liguria	9,887	632	1,525	97	127,913	8,172	2	87	15%
Lazio	7,958	135	811	14	299,590	5,079	37	304	10%
Trentino A.A.	7,060	664	756	71	180,651	16,997	1	13	11%
Marche	6,762	440	997	65	121,620	7,907	0	18	15%
Campania	4,837	83	430	7	241,380	4,134	2	58	9%
Apulia	4,516	111	534	13	148,627	3,657	2	56	12%
Sicily	3,458	68	280	6	180,327	3,566	4	30	8%
Friuli V.G.	3,296	271	343	28	161,945	13,297	1	15	10%
Abruzzo	3,279	248	456	34	91,700	6,935	3	71	14%
Umbria	1,436	162	77	9	82,235	9,251	1	9	5%
Sardegna	1,363	82	132	8	69,134	4,182	0	12	10%
Valle d'Aosta	1,191	939	144	113	16,650	13,122	0	7	12%
Calabria	1,162	59	97	5	82,392	4,193	1	17	8%
Molise	439	141	23	7	19,125	6,160	0	0	5%
Basilicata	401	70	27	5	35,233	6,177	1	0	7%
Total Italy	237,515	392	34,374	57	4,648,825	7,666	207	3,489	14%
Italy vs. others**	7	29	4	6	7	27	25	n.a.	3

Source: <http://www.protezionecivile.gov.it/> and <https://www.worldometers.info/coronavirus/>

Notes: \*Cases/deaths/tests per 100,000 inhabitants \*\*The number refers to the rank of Italy with respect to all the other countries in the world.

## **The policy response**

### *The government's management of the crisis: from risk normalisation to incrementalism*

Just like most other Western countries, the dynamics of the reaction to the Covid-19 crisis in Italy began (in January 2020) with a substantial underestimation of events in China, resulting in what has been called 'the normalisation of the risk', i.e. a cognitive attitude minimising the perils of the pandemic on the presumption that such events could not happen in Italy (Capano 2020).

On 30 January the Minister of Health Speranza reported to the Italian Parliament about Covid-19, explaining that the General Assistant Director of the WHO (World Health Organization) recognised Italy as 'the most attentive and equipped' among Western countries (Ministero della Salute 2020, p.5). On the same day, the first two cases in Italy were confirmed. In response, the Italian government suspended all direct flights to and from China, introduced thermal scanners and temperature checks on international passengers and declared a 'state of emergency' with a duration of six months.<sup>2</sup> The same act empowered a specific governmental branch, the Department of Civil Protection, which in turn appointed the brand-new CTS (Comitato Tecnico Scientifico- Scientific and Technical Committee) to deal with the health emergency (see following section). Nevertheless, at first these were mostly symbolic and bureaucratic actions (not implying any specific policy or allocation of funding) to show the public that the government was seriously considering the problem, in compliance with the WHO's acknowledgement that the Covid-19 outbreak was a public emergency of international concern. However, even though the new prevention protocols and the secret Health Ministry plans for the 'worst-case scenario' had been arranged in the previous days (Guerzoni 2020), the quick spread of the virus in northern Italy during the last days of February demonstrated that it had started circulating much earlier and that local and national authorities, hospitals and doctors had been taken by surprise.

Accordingly, what came next was a slow, incremental response to the fast-moving crisis, consisting of several small steps before a complete lockdown (Capano 2020). On 23 February, the PM issued a decree imposing the quarantine of more than 50,000 people from 11 municipalities (so-called red zones, namely geographical areas where the level of risk is highest), ten in Lombardy and one in Veneto. The Italian military and law enforcement agencies were instructed to secure and implement the lockdown, with penalties for violations ranging from a small fine to three months' imprisonment. Due to the initial scarcity of tests available, the CTS resolved that swabs could be performed only on symptomatic patients, contrary to the practice in other countries and the opinion of other national experts. In addition, a quarantine of two weeks was established for those who had been in close contact with an infected person and for people coming back from China and the new Italian red zones. Limitations on commercial activities and the closure of schools as well as cultural, sporting, religious and social activities (but not lockdown or mobility limitations) were also established for so-called yellow zones (those with a lower level of risk), including the rest of Lombardy, Veneto and Emilia-Romagna. At the beginning of March, the Italian government imposed a shutdown of all schools and higher education institutions nationwide for two weeks, also deciding that all sporting events in the country would be played behind closed doors (see table 2).

**Table 2.** Policy response: List of national Italian government measures in relation to Covid-19 (31 January-15 June 2020)

<b>Government acts</b>	<b>Main content</b>
31/01/2020 Cdm deliberation	State of Health Emergency until 31 July 2020; stop direct flights from China
4/02/2020 Note of Pcm	Guidelines for health surveillance in airports, thermal scanners and temperature checks on international passengers

23/02/2020 Decree Law 6	First red zones: isolation and lockdown of 11 municipalities in Northern Italy
05/03/2020 Law 13	Conversion into law of Decree-Law 23/02/2020, with updates
25/03/2020 Dpcm	School closures and prohibition of public gatherings in six northern Regions
1/03/2020 Dpcm	Italian territory divided into three areas: red zone (11 municipalities); yellow zone ((Lombardy, Veneto and Emilia-Romagna: cultural, social, sport events, religious services suspended; schools, theatres, clubs and cinemas closed; commercial activities reduced); rest of Italy (no particular limitations)
2/03/2020 Decree-Law	Economic support for the population of the ‘red zone’
4/03/2020 Dpcm	Shutdown of all schools and universities nationwide for two weeks, sporting events behind closed doors until 3 April
8/03/2020 Dpcm	Lockdown of the whole of Lombardy + 14 other provinces in Veneto, Emilia-Romagna, Piedmont and Marche
9/03/2020 Dpcm	Lockdown for the entire country (go out only for reasons of necessity: work, medical and serious family reasons)
11/03/2020 Dpcm	Closing of all commercial and retail businesses except those providing essential services
17/03/2020 Decree-Law 18, <i>Cura Italia</i>	Allocation of 25 billion euros to strengthen the national health system against Covid-19 and support workers, families and industries during the lockdown
22/03/2020 Dpcm	All non-essential production and industries halted
25/03/2020 Decree-Law 19	Regional governments allowed to impose additional restrictive regulations in their own territory; higher fines for the violation of the restrictive measures; possibility of reducing or suspending public and private transport
1/04/2020 Dpcm	Lockdown extended until 13 April
8/04/2020 Decree-Law 22	New procedures to conclude the school year and the Matura in case schools are not able to restart their activities by 18 May
8/04/2020 Decree-Law 23, <i>Decreto liquidità</i>	New economic stimulus plan intended to unlock €400 billion of state-guaranteed loans to companies + interventions concerning health and labour and prorogation for administrative and processual deadlines
10/04/2020 Dpcm	Prolongation of the lockdown until 3 May, ‘symbolic’ reopening of bookstores and baby clothing shops; appointment of Colao’s ‘task force’ in charge to provide advisory activity to the government with regard to the progressive re-opening of production sectors
24/04/2020 Law 27	Conversion into law of Decree-Law 17/03/2020 <i>Cura Italia</i> , with modifications
26/04/2020 Dpcm	From 4 May people allowed to move within the regional borders to visit close kin; moving within or outside the Region is allowed for work or medical reasons, as well as for return to the place of residence; reopening of public parks; manufacturing, construction, estate agencies and wholesale trade allowed to restart their activities
30/04/2020 Decree-Law 28	National platform to trace infected people by <i>Immuni</i> app for mobile phones (downloaded on voluntary basis)
10/05/2020 Decree-Law 29	Replacement of provisional prison with home detention agreement because of Covid-19 emergency

10/05/2020 Decree-Law 30	Start of sierological tests for specific sample of people; new provisions concerning privacy and use of personal heath data for Covid-19 monitoring and statistical studies
12/05/2020 Dpcm	Composition of the expert task force changed with integration of five women
16/05/2020 Decree-Law 33	Freedom of movement within regional borders and reopening of all activities from 18 May (leaving to regions the discretion to decide specific closures); inter-regional mobility and international mobility allowed from 3 June; cinemas, concerts and theatre events allowed from 15 June (provided that social distancing can be maintained)
17/05/2020 Dpcm	Implementing provisions for Decree-Law 33
18/05/2020 Dpcm	Modifications to Dpcm 17/05 with regard to Covid-19 management in penal institutions
19/05/2020 Decree-Law 19 <i>Decreto Rilancio</i> (former April-Decree)	55 billion euros to support enterprises, families and workers: funds for the heath system, Civil Protection, renewal of social safety nets + emergency income ( <i>reddito d'emergenza</i> ) for families most in need, funds to stabilise school teachers and 1.4 billion for universities, bonus for holidays in Italy, 6 months regularization for migrant workers
22/05/2020 Law 35	Conversion into law of Decree-Law 19, 25/03/2020, with modifications
05/06/2020 Law 40	Conversion into law of Decree-Law 23, 8/04/2020, with modifications
06/06/2020 Law 41	Conversion into law of Decree-Law 22, 8/04/2020, with modifications
11/06/2020 Dpcm	Implementing provisions for Decree-Law 19: sporting events and competitions allowed behind closed doors; reopenings of cinemas, theatres, concert halls, community and fitness centres

Source: authors' own elaboration from <https://www.governo.it/it/coronavirus-normativa>.

Notes: The table only reports legislative acts and emergency acts issued by the Prime Minister (Dpcm). Actually the government as a whole (including the various Ministries and the government agencies) produced almost 300 acts between January and mid-June, with the Health Ministry and Civil Protection accounting for half of the cases (Capano 2020). Moreover, in June 2020 80% (165) of the implementing acts concerning anti-Covid measures (especially economic measures such as *Cura Italia* and *Decreto Rilancio*) still had to be adopted (Openpolis 2020a,b).

Yet, the curve was rising so quickly that the risk that medical facilities would be overwhelmed became real and required a complete reframing of the emergency, so as to force the government to opt for a quicker and stronger reaction (Capano 2020). On 8 March the PM announced lockdowns throughout Lombardy plus 14 other provinces in Veneto, Emilia-Romagna, Piedmont and Marche. This was the most aggressive response taken in any country beyond China until that moment, involving more than 16 million people from one of the

wealthiest area of Europe. A few days later, the lockdown was extended across the entire country.

On 11 March, when the WHO officially declared Covid-19 a pandemic, Conte announced a further tightening of the lockdown, with the closing of all commercial and retail businesses except those providing essential services. On 17 March the government allocated 25 billion euros to strengthen the national health system against Covid-19 and to support workers, families and industries during the lockdown. Meanwhile, police controls and sanctions to prevent people from leaving their homes for unnecessary reasons were intensified. Nevertheless, interpretations concerning free movement limits were not univocal. Accordingly, on 20 March further regulations banned open-air sports and individual running, except in close proximity to one's residence, and all parks, playgrounds and public green spaces were closed. Two days later, following pressure from trade unions, medical professionals and regional and local administrators, the government also halted all non-essential production and industries, notwithstanding the opposition of Confindustria (General Confederation of Italian Industry), the main pressure group supporting entrepreneur's interests.

Thus, a month passed from the discovery of the first clusters to the imposition of the complete lockdown (25 March), an incremental response that is also an indicator of the government's low political capacity but also a sign of a certain subjection towards the major economic interests of the country, which were clearly lined up against the complete lockdown and consequent block of production for most of Italian enterprises (Capano 2020). However, exceptions also remained, as several industries (including many of those in Lombardy) could waive this regulation by self-certificating their 'essentiality' to keep working.

Many measures (such as the purchase of appropriate protective equipment for health workers) faced implementation problems. The confusion caused by the continuous issuing of

new, sometimes repetitive, and sometimes conflicting directives during the dramatic weeks of March 2020 was exemplified by the fact that the government's self-certification form, which each citizen had to bring with them whenever they went outside, was changed four times in under twenty days.

Nevertheless, the passing of time also allowed the government to redress the balance in its policies towards a more proactive and centralised approach. Facing the health emergency remained the primary concern even after the peak was overcome at the end of March, as the hospitals in northern Italy were still dramatically overwhelmed. Accordingly, the lockdown was extended, initially until 13 April and then to 3 May. The forthcoming economic emergency also started to be considered more attentively. On 6 April the government announced a new and unprecedented economic stimulus plan. However, this so-called April decree only saw the light in mid-May, still needing 92 additional ministerial regulations to be fully implemented, due to the complexity of Italian law-making, the long negotiations between government partners and difficulties in finding economic coverage. Similarly, many payments and unemployment benefits provided by the economic measures already adopted were subject to considerable delays because of political and bureaucratic restrictions. The collapse of the website of the National Social Security Institute (INPS) on the first day it was made available (2 April) for applications for individual subsidies is telling in this regard.

At the same time, the Italian government started long and difficult negotiations with the EU institutions, calling for extraordinary recovery measures, and these efforts finally brought some results. The initial offer was a controversial agreement for a condition-free loan of 37 billion euros through the European Stability Mechanism, to support the health system. Of the governing parties, PD and IV were in favour of it, but the main government party M5S was against<sup>3</sup>, and finally the loan was not requested. Instead, the final EU agreement on the

Recovery Fund was presented as a huge success, since Italy obtained more than 170 billion euros, half in the form of loans and half as non-repayable grants.

On 26 April, Conte announced the long-awaited new decree on reopenings, intended to start uniformly across the entire national territory on 4 May. Expectations for the end of the lockdown were initially disappointed: people were allowed to move within regional borders just to visit close relatives; only manufacturing, construction, estate agencies and wholesale trade were allowed to restart their activities. However, following a substantial decrease in cases and deaths, the definitive end of the national lockdown was only postponed for two weeks. On 18 May freedom of movement within regional borders was finally restored and all commercial activities could reopen across the entire country. Inter-regional and international mobility was also restored from 3 June, although many foreign countries maintained restrictions on Italian travelers. Further reopening occurred in the following weeks, such as cinemas, theatres and sporting events behind closed doors. Nonetheless, contrary to many other European countries, the reopening did not include nurseries, schools and universities.

### ***The role of experts: uncertain science and inconsistent communication***

Although Italian public opinion is generally supportive of science (Bucchi&Saracino 2020), evidence-based policymaking has always been quite negligible (Dente 1995; Capano 2020, 329). In the so called First Republic (1948-1992) different experts and policy advisers were traditionally connected to the mass political parties as the *domini* of the Italian political system (Lippi 2012, 102-103). After the breakdown of the old party system in 1992, the policy advice system became increasingly fragmented and politicised (Di Mascio&Natalini 2016). More recently, dynamics regarding experts, politicians and public opinion over health issues have proven particularly controversial. Well before the actual crisis, doctors and virologists advocating compulsory vaccination were strongly resisted by a widespread ‘no



vax' movement and by several individual policymakers in the former M5S-Lega government, thereby pitting populist 'common sense' against the complex scientific arguments of experts (Casula&Toth 2018). Suddenly, the spread of Covid-19 brought scientific expertise into the spotlight and, most importantly, provided an opportunity for the appointment of different experts to several task forces and scientific committees in various policy domains(Galanti&Saracino 2021). Meanwhile, at the media level, the Italian scientific community of virologists, epidemiologists and infectivologists started to be constantly consulted on information broadcasts from February, often offering contradictory warnings about the seriousness of the new virus (Ruiu 2020, p.1011).

At the institutional level, this multiplication of experts occurred rapidly but incrementally, with different timings and strategies across central and regional governments. At the central level, even before the spread of the contagion, the brand new CTS –mainly composed of ministerial personnel from different departments (e.g. Health, Defence, Infrastructure)– was intended to provide strategic guidance and non-binding advice with regard to anti-covid measures. At the local level, some regions started to create their own CTS, with very different strategies in terms of the number of external health experts appointed. For example, Lombardy nominated an impressive number of 150 experts and stakeholders, while Veneto appointed a more limited number of experts who anticipated a strategy for the mass testing of the entire population (including asymptomatic subjects) as early as February (Macciò 2020), thus setting a very different model for testing from that recommended by the experts at the national level.

At the national level, the appointment of advisors rapidly increased, but their impact on the different policy domains (except from health) remained incidental (Galanti&Saracino 2021). On 10 April, the PM appointed a new task force to plan operations after the lockdown: the Economic and Social Experts Committee (ESC), also called the 'Colao Commission' after

the name of its chairman, a former Vodafone chief executive officer. On 18 April, the composition of the CTS was integrated by a higher number of experts in the medical sector and by the main stakeholders in the health system. In mid-May, further experts were added, mainly in response to accusations of gender bias in the government's appointments of experts. The same kind of gender-sensitive integration occurred in the ESC, which reached a final membership of 21, mostly academics, alongside a few managers and professionals. The ESC ultimately delivered its proposals for economic and social recovery in early June, but they received a lukewarm reaction from government parties and scarce attention from the media.

As for containment policies in health, neither governmental nor external experts publicly sought drastic containment measures until the beginning of March, perhaps contributing to the normalisation of the risk in the eyes of the public and national and regional authorities. Only when the national lockdown was finally implemented did the entire Italian scientific community align on the need to stay at home and maintain social distancing. Nevertheless, in preparation for the first re-openings (expected to start from May 2020), contradictory views and different diagnostics emerged along with the mediatisation of expertise and increased numbers of experts and task forces at the various territorial levels.<sup>4</sup>

All things considered, the health advisers proved quite influential in driving the decisions of the central government in the acute phase of the crisis, but were less considered or even contradicted thereafter. At first, the national CTS and the ISS (Istituto Superiore di Sanità – National Institute of Health) followed the WHO guidelines. These were ambiguous about the importance of masks in preventing transmission, delayed the declaration of the pandemic until 11 March, and waited until mid-April to underline the importance of the so-called 3Ts (test, trace and treat), thus contributing to the tendency in Italy to normalise the risk and adopt an incremental approach (Capano 2020). However, thereafter the CTS became

the most prudent adviser in the crisis, advocating a complete lockdown and fiercely opposing the non-gradual strategy for reopening demanded by important interest groups (Confindustria) and members of the governmental coalition (Renzi, see section 3.1).

At the same time, the debate among health experts inside and outside government has remained lively during the entire first phase (and later), especially regarding the use of tests, which were actually administered by the regions at the local level. In fact, the contradictions emerging in the debate have puzzled public opinion (Bucchi&Saracino 2020). Simultaneously, the opacity of the procedures and the initial inaccessibility of the documents of the various task forces have weakened the transparency of the process, while negatively affecting accountability (Openpolis 2020).

Though all the governments facing the pandemic have called upon experts before taking dramatic decisions, the chaotic and over-abundant use of experts observed in the Italian case might also be connected to the lack of experience of most of the ministers in the second Conte government. In this regard, it is significant that, with the notable exception of the CTS, none of the other task forces proved to be influential in the first phase of the crisis (Galanti&Saracino 2021). All in all, this over-abundant use of experts surely offered several opportunities for policymakers to either shift the blame onto experts in cases of unpopular decisions, or to claim credit in cases of successful initiatives.

### ***The impact of the state structure: regionalism vs. centralisation***

The Italian Constitution defines the country as a “multi-level polity” (Longo&Mobilio 2016, p.2) with different intermediate bodies between the state and the local level –including municipalities, metropolitan cities, provinces, and the regions. Legislative power is shared between the central state and the Regions, which have exclusive legislative jurisdiction over some policy issues and concurrent jurisdiction over others, such as health and labour. In

practice, when a health issue is on the government agenda, some types of decisions must be negotiated among the state and the regions, while others can be taken autonomously by the local governments. Nonetheless, the legislative power of the 21 Regions (five of which have special statutes) is subject to certain constitutional limitations, the most important of which is that regional acts may not conflict with national interests (Bolgherini 2014, p.198). The State-Regions Conference and its articulations –such as the Conference of the Regions– are the institutional venues where most of these negotiations take place. This contributes to a weakly cooperative regionalism that negatively affected the management of the crisis and policy implementation (Baldi&Profeti 2020).

As far as crisis management is concerned, the declaration of the state of emergency empowered the central government and brought about the creation of the crisis unit of the Department of Civil Protection and several crisis units coordinated by regional presidents, with very different timings and compliance in terms of organisation (i.e. small and bureaucratic units versus large and representative units). Most importantly, the concurrent jurisdiction over health between the state and the regions made the decision-making process slower (owing to the need to negotiate the content of the decisions) and ultimately uncertain, given that each region could adopt more restrictive regulations than those approved by the national government. This produced an incredible number of (sometimes contradictory) norms at the national and local levels over crucial issues such as the use of masks, restrictions on movement and the administration of tests. Furthermore, it complicated the implementation of measures like the distribution of medical equipment and unemployment benefits.

Looking at results, the models of healthcare in the regions (Mapelli 2012) helped differentiate outcomes in terms of capacity to contain the spread of the contagion. Different observers have attributed the successful strategy of the Veneto region in stopping the spread of the virus during the first phase both to the early decision to mass test the population

already in early February 2020 and to the organisation of the regional healthcare system focused on territorial medicine and community care. By contrast, the centralised organisation of healthcare services in Lombardy –a renowned model of excellence centred on the importance of hospitals and residential care units– turned out to be a terrible fuse for the explosion of the contagion, as symptomatic patients with symptoms filled the hospital emergency rooms (Pisano et al. 2020).

Second, during the first phase of the Covid crisis, the functioning of conventional institutional venues for coordination between the state and the regions, such as the State-Regions Conference, was uneven and ultimately ineffective (Baldi&Profeti 2020). In particular, frictions between the central government and the regions (especially between the PM and the Lega President of the Lombardy Region) emerged several times during official press conferences from the very start of the crisis, with mutual accusations about the responsibility for decisions that may have affected the spread of the contagion. A paradigmatic case was the failed establishment at the beginning of March 2020 of red zone status in one of the most affected areas in the country, namely the cities of Alzano and Nembro in the province of Bergamo, Lombardy. Weeks later, the media reported mutual recriminations between the national government and the Lombardy leadership about who had the responsibility to declare the red zone. The case was finally put under the spotlight of the courts in June 2020 after numerous accusations by the relatives of Covid-19 victims (Sarzanini 2020).

In this regard, the crisis inevitably triggered some political clashes between the national government and the regions administered by the centre-right. For instance, there was a tug of war between the Minister for Regional Affairs, Francesco Boccia (PD) and the centre-right President of the Calabria Region, Jole Santelli, concerning a regional ordinance that allowed bar and restaurant activities to recommence earlier than the dates established by

national decrees. Ultimately, the Minister successfully asked for the intervention of the Regional Administrative Courts (TAR) to stop Santelli's ordinance, even if a few days later a new government decree allowed for the general reopening of all commercial activities in Italy.

At the same time, dialogue between the central government and the regions in the State-Regions Conference seemed appeased, while the internal debate at the Conference of the Regions was lively. In particular, the virtual meetings of the representatives of all the regions were frequent, often producing a cohesive position against the government's decisions regardless of each region's political allegiance, such as in the case of the recruitment of doctors, or in the definition of the rules for re-openings concerning industries and commercial activities. In this regard, another episode is particularly telling: on 16 May 2020, the PM anticipated the content of an impending regulation concerning the reopening of several activities, which had not been discussed with the regions themselves. After a night of tough negotiation with the regions, the regulations were amended, and the institutional crisis was resolved (Custodero 2020a). Not by chance, the President of the Republic invoked national unity and the need for 'fair institutional collaboration' between the state and the regions in several public discourses thereafter.

## **The political response**

### ***Institutional dynamics: same old polarisation?***

The Italian political system is known for being highly polarised and fragmented (Sartori 1982; Cotta&Verzichelli 2008). The pivotal positioning of the M5S –which refused to be framed within the left-right division and was indeed able to ally with Lega first and PD thereafter– implied that the traditional ideological cleavage has more recently been accompanied by a sort of populist versus anti-populist cleavage able to drive sudden and

unpredictable changes in coalition dynamics, which nevertheless has not reduced the level of confrontation between political actors (Newell 2020a). On the eve of the Covid-19 crisis, the relationship between government and opposition forces was accordingly extremely adversarial, but tensions were also present within the governing parties.

At the end of January, when Covid-19 was still considered a ‘Chinese problem’, it simply became one of dozens of contentious issues for Italian political forces. Lega leader Salvini rode the issue to support his general claim for border defence, stating that the contagion could arrive in Italy through migrant boats coming from Africa. After the two Chinese tourists tested positive, he sought to ‘close any access by air, land and sea’ (Custodero2020b). On the other side of the political spectrum, many voices were raised against Salvini’s political manipulation of the Covid-19 crisis and later for fueling episodes of intolerance towards Asian tourists and Chinese residents. In fact, a number of initiatives were organised in order to convince the population not to fear the Chinese communities living in the country: the centre-left Mayor of Milan Giuseppe Sala organised a traditional breakfast with citizens in the local Chinatown (Dazzi 2020), while the President of the Republic visited a school in a multiethnic district in Rome attended by a large number of Chinese students (Lupia 2020).

Nevertheless, when the first clusters were discovered in Lombardy and Veneto, the opposition voted with the government for the establishment of the first red zones (see Table 3). Furthermore, different political leaders united in opposing the image of Italy as an ‘infected country’: on 27 February the PD party chair Nicola Zingaretti joined a crowded aperitif with sympathisers in the centre of Milan to support the campaign promoted by Mayor Sala ‘*Milano non si ferma*’ (‘Milan Doesn’t Stop’). The same day, Salvini invited the government to reopen all commercial and leisure businesses. A few days later, the other right-wing leader Giorgia Meloni (FdI, Fratelli d’Italia - Brothers of Italy) released a reassuring

promotional video to invite foreign tourists not to give up their Italian vacations, while the M5S Foreign minister Di Maio promoted a campaign to defend products ‘Made in Italy’. Similarly, all political forces criticised limitations on Italian people travelling abroad.

This normalisation of the risk by political forces was forced to change in the following days. On 7 March, Zingaretti announced that he had tested positive for Covid-19, followed by the President of Piedmont, Alberto Cirio (Lega) the day after. When the country was put under lockdown, the opposition publicly supported the decision in the name of ‘national unity’ (Segatti 2020). Contrary to what he had said a few days earlier, Salvini declared: ‘For weeks I’ve been saying that everything has to be closed, let’s close before it’s too late... the entirety of Europe has to be closed and turned into a red zone in order to avoid trade wars’ (Mari 2020).

In the following weeks, all political forces hurried to support the ‘Stay at Home’ campaign and the ‘heroic’ work of medical staff all around the country. Nevertheless, the opposition was not really involved in the decision-making process and new political clashes emerged on economic measures to counter the crisis, as much as the centre-right unanimously voted against the March economic decrees. Meloni even accused the government of using ‘methods of communication typical of a totalitarian regime’ (Newell 2020b: 110) because of Conte’s massive media presence, while the entire opposition denounced as defeatist the government approach of asking for EU support. In fact, the initially low level of solidarity seen at the European level provided fertile ground for eurosceptic leaders such as Salvini and Meloni and further increased Italian citizens’ dissatisfaction with the EU (Circap&SWG 2020; Newell 2020b). The negotiations with EU institutions also created skirmishes among the government parties, with the M5S heavily lined up against the possible recourse to the ESM, contrary to PD and IV.



In April 2020, new political conflicts exploded in view of the re-opening. Salvini was among the first to ask for the end of lockdown: first of all he proposed reopening the churches for Easter, but this was rejected by both his centre-right allies and Vatican institutions (Mari 2020). Successively he supported the requests of the Lega presidents of the northern regions and major economic interests to return to work, but obtained more support from the IV leader Renzi than from his allies in the centre-right camp, Silvio Berlusconi (leader of Forza Italia) and Meloni. Finally, after Conte's announcement of 26 April, Salvini threatened protests in the streets against the overly slow implementation of reopening, stimulating criticism from the rest of the centre-right as well. Two days later, Meloni's party organised a flash mob against the government in front of the Palazzo Chigi in Rome without involving their allies (Il Messaggero 2020). The following day, 70 Lega MPs symbolically occupied the two parliamentary chambers, declaring that they would remain locked in Parliament until the government guaranteed the reopening of all productive sectors. However, both Berlusconi and Meloni distanced themselves from the initiative (La Stampa 2020) and just two days later Salvini decided to stop the occupation. Nonetheless, apart from these different strategic and communicational approaches, the centre-right coalition remained cohesive in opposing the new government's acts within and outside the Parliament. The opposition's unity was officially sealed by a joint demonstration against the government on 2 June and its refusal to participate in the States General, a consultation with stakeholders organised by the PM in mid-June 2020 to discuss a post-covid recovery plan (see table 3).

On the government side too there were different points of views concerning reopening: Renzi accused Conte of having an interest in prolonging the emergency situation in order to secure his political survival and maintain full authority. The IV also threatened to support the opposition's motion of no confidence against the M5S Minister of Justice, who was attacked by the opposition for enabling the house arrests of Mafia bosses because of the Covid-19

emergency in jails. Nevertheless, despite various caveats, the IV unanimously voted in favour of all the government’s decrees concerning anti-covid measures. In fact, rumours suggested that Renzi intended to prompt Conte’s dismissal in favour of a national unity government, possibly led by the former President of the European Central Bank, Mario Draghi. This solution was supported by large industrial groups and mainstream newspapers (Ajello 2020), but Renzi did not find enough political backing to force a government crisis until February 2021.

Table 3. Parliamentary votes on anti-Covid-19 measures (lower Chamber)

Acts	In Favour	Against
23/02/2020 Decree Law 6 <i>Red zones</i>	462: All groups	2: Misto
05/03/2020 Law 13 <i>Red zones</i>	462: All groups	2: Misto
17/03/2020 Decree-Law 18, <i>CuraIt.</i>	229: LeU, M5S, PD, IV, Misto (6)	123: FdI, FI, Lega, Misto (7)
25/03/2020 Decree-Law 19	241: LeU, M5S, PD, IV, Misto (5)	166: FdI, FI, Lega, Misto (2)
24/04/2020 Law 27 <i>Cura Italia</i>	229: LeU, M5S, PD, IV, Misto (6)	123: FdI, FI, Lega, Misto (7)
22/05/2020 Law 35 <i>conversion DL 19</i>	241: LeU, M5S, PD, IV, Misto (5)	166: FdI, FI, Lega, Misto (2)
05/06/2020 Law 40 <i>Decreto liquidità</i>	269: LeU, M5S, PD, IV, Misto (?)	193: FdI, FI, Lega, Misto (?)
06/06/2020 Law 41 <i>schools&amp;Matura</i>	245: LeU, M5S, PD (63), IV, Misto (4)	122: FdI, FI, Lega, PD (1)

Source: <https://www.camera.it/>

Notes: the number in parenthesis indicates the votes in favour or against for each parliamentary group. If there are no numbers in parenthesis it means that the group has voted unanimously in favour or against. Political parties: LeU (Liberi e Uguali – Free and Equals); M5S (Movimento Cinque Stelle – Five Star Movement); PD (Partito Democratico – Democratic Party); IV (Italia Viva – Italy Alive); FdI (Fratelli d’Italia – Brothers of Italy); FI (Forza Italia – Go Italy), Lega (League); Misto (group of non-aligned MPs). Most of the acts issued during the crisis are not reported in this table because they were in the form of Dpcm (Decreto della Presidenza del Consiglio dei Ministri), namely administrative acts that do not require the conversion in law by the Parliament, differently from Decree-Laws.

That said, it is clear that the crisis did not encourage collaboration between political actors (apart from in the first weeks before and after the lockdown), but considering the pre-existing high level of conflict we can probably maintain that it did not exacerbate polarisation either (Segatti 2020). Furthermore, the ‘schizophrenic’ communication of the various Italian political leaders during the first phase of the emergency may be explained by the constant quest for political visibility and the parties’ incapacity to develop coherent long-term strategies (Emanuele & Chiaramonte 2020). Although personalisation of politics is not a new

phenomenon in Italy (Garzia 2017), the Covid-19 crisis has further encouraged this trend. In fact, political parties have largely disappeared in terms of the visibility of their leaders, particularly compared to the constant media presence of the PM Conte who, not by chance, was not affiliated to any party. In this regard, De Luca (2020) recognised that Conte's 'half-populist leadership' was accompanied by a 'careful and thoughtful use of the media', as each new government act was introduced by a prime ministerial press conference and/or live coverage on social media, enabling him to communicate an image of reliability, political competence, empathy, reassurance and personal sharing, thereby helping him to increase his popularity (Vassallo 2020). This is exemplified further in the following section.

### ***Societal dynamics: an unexpected 'rally around the flag'***

In situations of collective danger for a country (e.g. wars, natural disasters) it is normal to expect public opinion to rediscover some forms of patriotism and possibly gather around the government (Baker&Oneal 2001; Healy&Malhotra 2009). Despite the clichés about Italian society being scarcely cohesive, intolerant of regulation and inclined to accuse public authorities when things go wrong, the pandemic has progressively triggered a generalised acceptance of anti-covid measures and this kind of 'rally around the flag' dynamic (Segatti 2020).

In February, opinion polls suggested that trust in the government and in PM Conte was below 40 per cent, which even so was the highest approval rate among the various political leaders of the moment and also greater than the average level of trust in the previous governments led by Renzi, Letta and Gentiloni (Circap&Swg 2020). Until the beginning of March –in line with the above-mentioned normalisation of the risk by politicians and experts– the Italian media and the majority of citizens underestimated the problem, while people emptying the supermarkets or stocking up on masks and hand sanitisers were ridiculed

on social media and satirical shows. In the following weeks, public awareness of the magnitude of the emergency progressively increased, thanks also to the U-turn on the issue by the Italian scientific community and the media. In fact, the choice to extend the lockdown to the entire country was endorsed by almost 90 per cent of the population, while 80 per cent even agreed that stricter regulations should be applied if the situation did not improve (Ixè10/03; Termometro politico 13/03).<sup>5</sup>

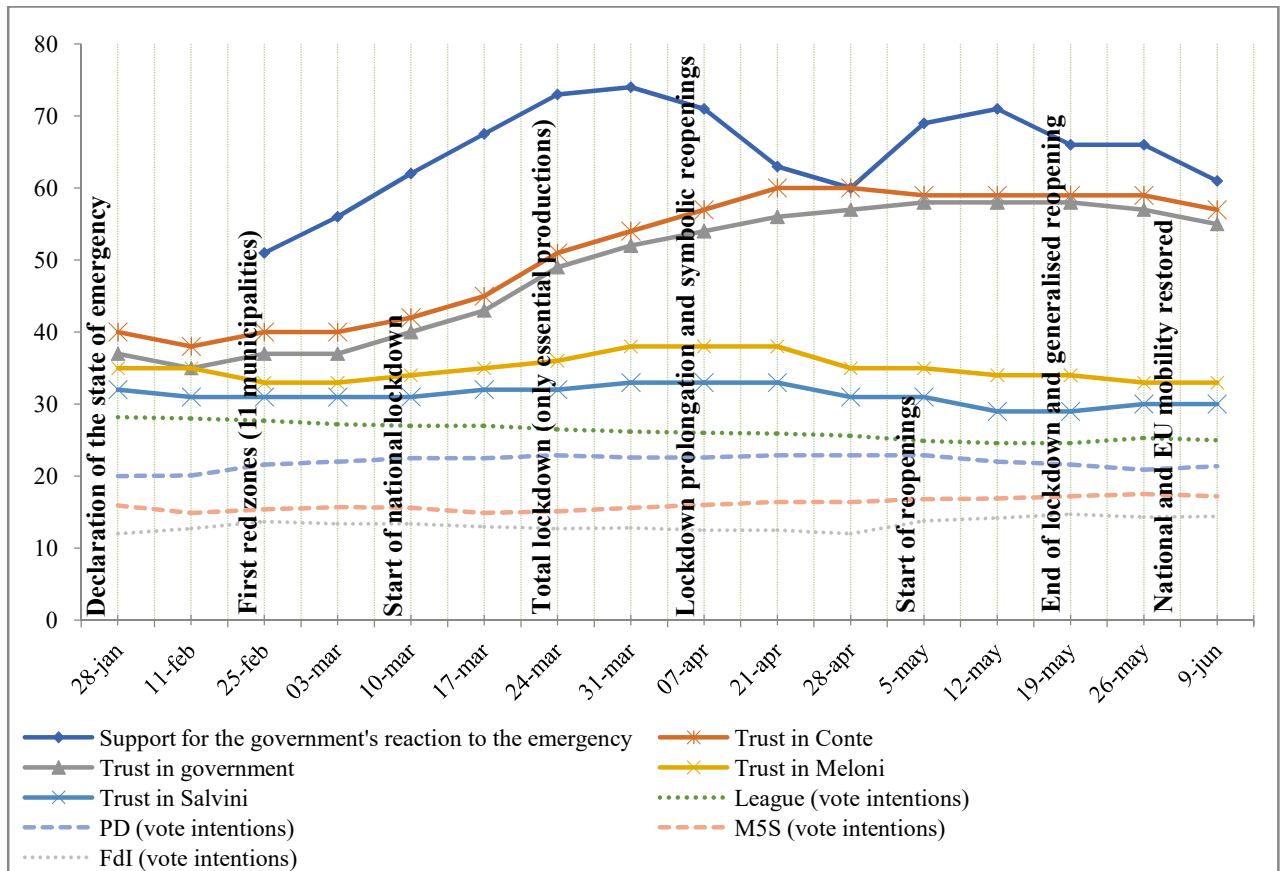
This situation translated into a patriotic and community reaction to the emergency: the images of people singing from their balconies, waving Italian flags and clapping their hands for the ‘heroes’ working in hospitals circulated around the world. Celebrities from all fields initiated a massive media campaign to encourage citizens to stay at home, while ‘transgressors’ became the intended victims and scapegoats of social media and TV shows. The motto ‘*andrà tutto bene*’ (‘Everything will be fine’) was obsessively repeated on the media, while the ‘Italian model’ of reaction to Covid-19 was portrayed as an example to be followed abroad, where –in the view of Italian public opinion– governments were underestimating or even hiding the problem.<sup>6</sup> In fact, the choice of both the government and the national media was to be as transparent as possible in data communication and crisis ‘storytelling’, in order to raise citizens’ awareness about the importance of respecting the lockdown and maintaining social distancing.<sup>7</sup> In this respect and in contrast to other countries, ‘fake news’ did not have such a strong impact during the first phase of the crisis. Furthermore, in this first phase, a large part of public opinion embraced the call by trade unions and medical professionals for a total lockdown, against the opposition of the industrial sector.

By the end of March 2020, support for the government and the PM had increased about 15 percentage points compared to the pre-crisis period and about 70 per cent of people declared that they appreciated the government’s management of the emergency (Ixé&Demos

2020; Newell 2020b). Polls also reported a huge level of support (between 90 and 77 per cent) for containment measures such as preventing movement from one municipality to another, the obligation to stay at home, the closing of non-essential productive and commercial activities and the use of any means (apps, drones, army) to control transgressors and track individual movements (Emg 2020, 26/03). Similarly, more than 80 per cent of respondents supported the government's decision to extend the lockdown beyond 3 April (Emg 2020, 26/03) and the same percentage endorsed the subsequent prorogation until 3 May (Demopolis 2020, 17/04). Interestingly, Segatti (2020) has noticed that the increase in the government's popularity started long before citizens had the chance to evaluate the efficiency of the anti-Covid measures undertaken, showing a latent disposition to obey the authorities and to renounce their own personal liberties in exchange for security, just as in cases of international crises.

In turn, negative feelings about the adversarial behaviour of the opposition during the emergency increased, reflected in the dwindling popularity of the centre-right leader Salvini (Atlante Politico 2020, p.87), also due to his contradictory messages and lower media exposure (Vassallo 2020). At the same time, neither the M5S nor the PD seemed to gain much advantage from the growing popularity of the government (see figure 2). This further confirms the importance of personalisation mentioned in the previous section. In fact, regardless of party/coalitional affiliation, also those regional presidents who were recognised as reacting effectively to the first phase of emergency –Luca Zaia (Veneto, Lega), Vincenzo De Luca (Campania, centre-left) and Nello Musumeci (Sicily, centre-right)– faced a huge leap in the polls compared to the pre-crisis period, while the Lega President of the most affected region (Lombardy), Attilio Fontana, experienced a decline of 16 percentage points (Demopolis 2020, 17/06).

**Figure 2.** Trust in government and in political leaders during the first phase of the Covid-19 pandemic in Italy and voting intentions for the four main parties (%)



Source: authors' own elaboration from polls by Istituto Ixè S.r.l for Cartabianca (Rai3)  
<http://www.sondaggipoliticoelettorali.it/>

Of course, the PM's popularity varied considerably according to political self-placement (Segatti 2020) and party preferences, with voters of the governing M5S and PD extremely satisfied while supporters of the opposition parties, Lega and FdI, were much more sceptical. Proportionally however, centre-right voters' trust in Conte during the crisis increased more than that of the government parties' supporters (Circap&Swg 2020). Similarly, variations emerged by geographical area: unsurprisingly, respondents from less affected regions were more supportive compared to people from more badly hit northern areas. Most importantly, the government's popularity has been associated with economic

insecurity: the more a person considered his/her economic situation had worsened since the onset of the Covid crisis, the less he/she was likely to support the government (Segatti 2020).

In any event, with the amelioration of the health emergency, Italians started to request fewer restrictions. However, after 4 May, some surveys observed a growth in the percentage of respondents wanting to see the restrictions increased (Vezzoni et al. 2020). Although 80 per cent supported the general reopening of 18 May, more than 60 per cent feared a new increase in cases and the risk of a new lockdown, while a similar percentage did not agree with the return to complete freedom of movement among the regions and entry from abroad from 3 June and were not satisfied with the measures adopted by the national and regional governments to trace and isolate cases (Demopolis&Emg 2020, 19/05).

In any case, the end of lockdown in mid-May 2020 also implied a re-appropriation of participation spaces and a progressive recommencement of public protests by opposition forces and various sectors of civil society affected by the crisis: school workers, taxi drivers, precarious healthcare personnel and workers in the entertainment and cultural industries, as well as Covid-19 ‘negationists’ from radical right and marginal populist movements. In this regard, with the (first) health emergency (provisionally) overcome and the dramatic effects of the economic crisis just beginning to be felt, discontent towards the Conte government and the management of the crisis progressively increased.

### **Conclusions: ‘sick man’ or bad luck?**

The article sketched the evolution of the first phase of the Covid-19 crisis in Italy in order to assess the possible relationship between the health crisis and political, institutional and societal dynamics. Was Italy a ‘sick man’ even before March 2020 or it just happened to be the first Western country to be badly hit by the pandemic?

The findings confirm that the legacy of the economic crisis (which also implied many cuts to the health system), the pre-existent weaknesses affecting the institutional and administrative system and the political volatility (together with some social and demographic characteristics) anticipated a ‘perfect storm’ scenario at the onset of the crisis. Furthermore, our analysis has confirmed a low-capacity response by the Italian government, as much as the incremental progression towards a complete lockdown occurred approximately one month after the discovery of the first clusters. Problems were also linked to the unprecedented but relatively uninfluential use of experts, the inefficient coordination between the different territorial levels of government and the usual Italian political polarisation.

Actually, the scarce preparedness and the initial normalisation of the risk were common to most Western governments worldwide and also ascribable to the contradictory indications of scientific experts and the WHO. Moreover, the strictness of the Italian anti-covid measures during the first phase of the pandemic—which encountered a non-obvious compliance by the Italian people—was praised and imitated by many other countries. In fact, the (first) lockdown seemed to have reached the desired outcome in the onset of summer 2020. The health system appeared better prepared for an eventual second wave, with the number of intensive care beds having significantly increased during the first emergency phase and expected to double by the end of the year thanks to new government funding (Capano 2020). The Conte government could also boast the commitment to unprecedented financial support from the EU. Nonetheless, what came next demonstrated that the ‘storm’ has not ended and Italy was still ‘sick’.

### **What’s next?**

At the end of the period considered in this study (mid-June 2020), the epidemiological situation in Italy was apparently under control. After a summer with light limitations, the



situation quickly got worse with the restarting of all working activities and the reopening of schools in September, as in many other countries around the world. A new differentiated system by regions was implemented in autumn 2020, dividing the country into red, orange, yellow and white zones according to the level of risk which had to be evaluated weekly. A curfew from 10 p.m. to 5 a.m. was applied for the entire country (since November 2020 until mid-May 2021). All Italian regions experimented new periodical lockdowns, which mostly affected restaurants, bars and commercial activities, while people were allowed to move around the country for work reasons. Still, the number of new cases and deaths remained incredibly high and hospitals were overwhelmed again in most of the regions, much more homogeneously than in the first phase. As expected, the ‘rally around the flag’ effect did not hold in the medium-long run. Intolerance towards closures and personal and collective episodes of disobedience to the rules has multiplied, often encouraged by opposition political forces. Furthermore the Italian management of the mass vaccination campaign during the first months of 2021 has shown many deficiencies, beyond the obvious responsibilities of EU institutions for the delays in the supply by big pharma. Various setbacks occurred to the regional platforms intended to organise the reservations, while many Regions set different criteria to identify priority groups with respect to the State’s guidelines, creating confusion and institutional conflicts. Meanwhile, scepticism increased about M5S-PD government’s capacity to face the health and economic crisis and implement the Italian Recovery Plan to get EU funds. Thus, although the PM Conte had personally maintained a (declining but still) quite high level of popularity, he was not able to survive the government crisis initiated by IV in February 2021. In the words of the former centre-left PM Massimo D’Alema, ‘the most unpopular man (Renzi) throw out the most popular one (Conte)’ (Cappellini 2020), and it further exacerbated political conflicts and citizens’ annoyance. Yet, the subsequent rapid formation of the new Draghi government –supported by all political forces but FdI and a few

individual MPs from M5S and LeU– demonstrated that political and social opposition to the previous government had become widespread. However, although Draghi was welcomed as a ‘saviour of the homeland’ by the public opinion, the long-awaited ‘change of pace’ was neither immediate nor striking. In fact, the ministerial reshuffle was only partial (i.e. the Minister of Health Speranza kept his place, as well as other previous Ministers), showing the will not to dismantle most of the anti-covid measures adopted by the Conte government. Actually, in order to suit the new centre-right coalition partners, Draghi immediately replaced the Special Commissioner for the emergency, and some changes occurred in the composition of the CTS. Still, vaccinations proceeded quite slowly at least up to April 2021, measures for immediate economic recovery continued to have implementation problems, reopening were delayed notwithstanding the Lega’s pressures.

Luckily, since the end of April 2021 the epidemiological situation in the country was slowly improving and progressive reopening have been implemented, just like one year before (when vaccines were not available). Still, Italy remains one of the countries most dramatically affected by Covid-19 in the world, with more than 125,000 deaths in late May 2021 since the beginning of the pandemic. Up to now, not much has been done to face the structural problems that contributed to earn Italy the ‘sick man of Europe’’s label much before the pandemic. Thus, only time will tell whether the change of government –towards a more ‘consensual model’ based on the controversial rhetoric of ‘the rule of the best’, wherein competences counts more than ideological positioning– the continuation of the vaccine campaign and most of all the prospect of receiving an unprecedented amount of money from EU in exchange of structural reforms will finally cure Italian ‘sickness’.

---

<sup>1</sup> Between mid-May and the first days of April 2020 the number of people hospitalised in intensive care units because of Covid-19 doubled from 2000 to 4000. Considering that the total places available in Italy (to cure any kind of critical patients, non only covid-patients) was around 5,000, it means most of the hospitals (especially in Northern regions) have no chance to accept other urgencies.

---

<sup>2</sup>This is a governmental act that allows the government to directly approve regulations to face emergencies such as natural catastrophes.

<sup>3</sup> Both the 2013 and 2018 M5S manifesto proposed the dismantling of ESM and of the ‘Troika’, seen as the main responsible of austerity policies imposed to eurozone Southern countries.

<sup>4</sup>Journalists estimated an overall number of 15 task forces and 450 ‘experts’ appointed during this period by different Ministries (Perrone 2020).

<sup>5</sup> The website <http://www.sondaggipoliticoelettorali.it/>, managed by the government’s Department for Information and Publishing, collects the various polls published in national or local newspapers and/or presented on TV information programmes. All the poll data presented in this section were collected by the most important Italian survey institutes (Ixé, Emg, Demos, Demopolis, Tecné etc.) and refer to CATI and/or CAWI analysis with a representative sample of at least 1,000 people.

<sup>6</sup>According to a survey (Emg 2020, 10/04), the absolute majority of Italians were convinced that the government was facing the emergency better than all other countries in the world, while only 11 per cent felt that its performance was inferior.

<sup>7</sup>Every day at 6 p.m. from the end of February until the end of April, the Chief of Civil Protection –from time to time accompanied by an ‘expert’ from the CTS– held a TV press conference intended to present the daily data concerning the number of new cases, hospitalisations, deaths and recoveries.

### **Notes on Contributors:**

Giulia Vicentini is currently research collaborator at the Department of Social, Political and Cognitive Sciences, University of Siena. She has been post-doc fellow at the University of Trento (2014-2016), Scuola Normale Superiore in Florence (2016-2018) and University of Bologna (2018-2020). Her research interests deal with party politics, candidate and leadership selection, higher education policies and political elite.

Maria Tullia Galanti is associate professor at the Department of Social and Political Sciences, University of Milan. Her research interests deal with entrepreneurship, leadership, advice in public policy, with a focus on education policies, urban planning and local public services.

## References

Ajello, M. (2020) 'Conte, ipotesi governissimo Draghi dietro lo scontro tra premier e Renzi', *Il Messaggero*, 2 May.

Baker, W.D. & Oneal, J.R. (2001) 'Patriotism or Opinion Leadership? The Nature and Origins of the "Rally 'Round the Flag" Effect', *Journal of Conflict Resolution*, vol.45, no.5, pp.661–687.

Baldi, B., & Profeti, S. (2020) Le fatiche della collaborazione. Il rapporto stato-regioni in Italia ai tempi del COVID -19, *Rivista Italiana di Politiche Pubbliche*, 3/2020, pp. 277-306, doi: 10.1483/98731

Boin, A., 't Hart, P., Stern, E., & Sundelius, B. (2005) *The Politics of Crisis Management: Public Leadership Under Pressure*, Cambridge University Press, New York.

Bolgherini, S. (2014), 'Can austerity lead to recentralisation? Italian local government during the economic crisis', *South European Society and Politics*, vol,19, no.2, pp.193–214.

Bressanelli, E. & Natali, D. (2019) 'Introduction', *Contemporary Italian Politics*, vol.11, no.3, pp.208-219.

Bucchi, M. & Saracino, B. (2020) 'Scared, Supportive and Confident in Science (but a little confused by expert communication) Trends and changes in the perception of the pandemic: the new data from the Science in Society Monitor', available online on: <https://sagepubs.blogspot.com/2020/04/italian-citizens-and-COVID-19-one-month.html?m=1>

Capano, G. & Pritoni, A. (2016) 'Mirror, Mirror on the Wall, Who is the Most Reformist One of All? Policy Innovation and Design Coherence of the Renzi Government', *Contemporary Italian Politics*, vol.8, no.3, pp.289-302.

Capano, G. (2020) 'Policy Design and State capacity in the COVID-19 Emergency in Italy: If you are not prepared for the (un)expected, you can be only what you already are', *Policy and Society*, DOI: 10.1080/14494035.2020.1783790

Cappellini, S. (2020) 'Governo, D'Alema: "Non si manda via l'uomo più popolare del Paese per volere del più impopolare"', *La Repubblica*, 6 January.

Casula, M. & Toth, F. (2018) 'The yellow-green government and the thorny issue of childhood routine vaccination', *Italian Political Science*, vol.13, no.2, pp.104-114.

Custodero, A. (2020a) 'Coronavirus, Salvini: "Il governo ha perso tempo. Chiudere accessi via aria, terra e mare". Conte: "Non era possibile bloccare subito i voli"', *La Repubblica*, 31 January.

Custodero, A. (2020b) 'Fase 2, nella notte accordo Stato-Regioni su Dpcm. I governatori erano insorti: "Rischio caos normativo"', *La Repubblica*, 17 May.

Dente, B. (1995) *In un diverso stato. Come rifare la pubblica amministrazione italiana*, Il Mulino, Bologna.

Circap& SWG (2020) ‘Gli effetti del COVID-19 sulla politica italiana’, *Rivista il Mulino*.

Cotta, M. &Verzichelli, L. (2007), *Political Institutions in Italy*, Oxford University Press, Oxford.

Cotta, M. &Verzichelli, L. (2008) *Il sistema politico italiano*, Il Mulino, Bologna.

Dazzi, Z. (2020) ‘Il sindaco Sala a Chinatown contro la psicosi coronavirus: "Speriamo si riaprano presto i voli, qui per portare solidarietà"’, *La Repubblica*, 8 February.

De Luca, M. (2020) ‘The Italian Style: Giuseppe Conte’s ‘half populist’ leadership during COVID-19’, LSE blog.

Di Mascio, F. &Natalini, A. (2014) Austerity and public administration: Italy between modernization and spending cuts’, *American Behavioral Scientist*, vol.58, no.12, pp.1634-1656.

Di Mascio, F.&Natalini, A. (2016), ‘Ministerial advisers between political change and institutional legacy: The case of Italy’, *Acta Politica*, vol.5, no.4, pp.517–538.

Emanuele, V. & Chiaramonte, A. (2020) ‘Going out of the ordinary. The de-institutionalization of the Italian party system in comparative perspective’, *Contemporary Italian Politics*, vol.12, no.1 pp.4-22.

Figari, F. &Fiorio, C.V. (2020) ‘Welfare Resilience in the Immediate Aftermath of the COVID-19 Outbreak in Italy’, *Euromod working paper series*, EM 06/20, April, available online at: <https://www.iser.essex.ac.uk/research/publications/working-papers/euromod/em6-20.pdf>

Galanti, M.T. &Saracino, B., (2021) Inside the Italian Covid-19 task forces, *Contemporary Italian Politics*, DOI: 10.1080/23248823.2021.1916858

Garzia, D. (2017) ‘Party transformation, leadership change and closeness to parties: the case of Italy, 2013’, *Contemporary Italian Politics*, vol. 9, no. 1, pp. 30-43.

Guerzoni, M. (2020), ‘Coronavirus, “Da gennaio c’è un piano segreto: troppo drammatico per dirlo”’, *Corriere della Sera*, 21 April.

Healy, A. &Malhotra, N. (2009) ‘Myopic Voters and Natural Disaster Policy’, *American Political Science Review*, vol.103, no.3, pp.387-406.

Il Messaggero (2020), ‘Fase 2, Flash mob di Fratelli d’Italia a Palazzo Chigi, Meloni: “Non resteremo a guardare”’, 28 April.

ISS (2020), ‘Survey nazionale sul contagio COVID-19 nelle strutture residenziali e socio-sanitarie, Epidemia COVID-19, Aggiornamento nazionale: 05 maggio 2020’. available online at: <https://www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-survey-rsa-rapporto-finale.pdf>

ISTAT & ISS (2020) 'Impatto dell'epidemia COVID-19 sulla mortalità totale della popolazione residente primo quadrimestre 2020', available online at: [https://www.istat.it/it/files/2020/06/Rapp\\_Istat\\_Iss\\_3Giugno.pdf](https://www.istat.it/it/files/2020/06/Rapp_Istat_Iss_3Giugno.pdf)

La Stampa (2020), 'La Lega occupa il Parlamento, Salvini: "Basta autocertificazione e ripresa delle attività come nel resto d'Europa"', 30 April.

Lippi, A. (2012), *La politica degli intellettuali*, Acireale-Roma, Bonanno editore.

Longo, E., & Mobilio, G. (2016). Territorial government reforms at the time of financial crisis: The dawn of metropolitan cities in Italy. *Regional & Federal Studies*, vol.26, no.4, pp.509–530.

Lupia, V. (2020) 'Visita a sorpresa del presidente Mattarella in una scuola di Roma. La preside: "Siamo una scuola simbolo di convivenza"', *La Repubblica*, 6 February.

Macciò, A. (2020) 'In Veneto nessun piano tamponi. Ci hanno salvato i miei reagenti', *Il Corriere del Veneto*, 25 May

Mapelli, F. (2012) *Il Sistema Sanitario italiano*, Il Mulino, Bologna.

Mancosu, M., Vassallo, S., & Vezzoni, C. (2017) 'Believing in conspiracy theories: Evidence from an exploratory analysis of Italian survey data', *South European Society and Politics*, vol.22, no.3, pp.327-334.

Mari, L. (2020), "Chiudere tutto, anzi no". Salvini e il COVID-19, la confusione del leader leghista sulla gestione dell'epidemia', *La Repubblica*, 16 April.

Ministero della Salute (2007) 'National plan for preparedness and response to an influenza pandemic', available online at: [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_511\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_511_allegato.pdf)

Ministero della Salute (2020) 'Informativa urgente del Ministro della Salute Roberto Speranza sulle iniziative per prevenire e contrastare la diffusione del nuovo coronavirus', 30 January, available online at: [http://www.salute.gov.it/imgs/C\\_17\\_notizie\\_4033\\_0\\_file.pdf](http://www.salute.gov.it/imgs/C_17_notizie_4033_0_file.pdf)

Moschella, M. & Verzichelli, L. (forthcoming) 'L'Italia, l'Europa e il Recovery Fund. Contesto, attori, dibattito', *Rivista Italiana di Politiche Pubbliche*, 3/2021

Neri, S. & Mori, A. (2017) 'Crisi economica, politiche di austerità e relazioni intergovernative nel SSN. Dalla regionalizzazione al federalismo differenziato?', *Autonomie Locali e Servizi Locali*, vol.40, no.2, pp.201-220.

Newell, J.L (2020a) 'Italian politics: resisting the right-wing populist tide in 2020', *Contemporary Italian Politics*, vol.12, no.1, pp.1-3.

Newell, J.L. (2020b) 'Italian politics in 2019 and their legacy: reactions to the coronavirus', *Contemporary Italian Politics*, DOI: 10.1080/23248823.2020.1753315.

Openpolis (2020) ‘Coronavirus, chi decide durante lo stato di emergenza’, available online at: [https://www.openpolis.it/wp-content/uploads/2020/04/Report\\_Coronavirus\\_Le-mappe-del-potere.pdf](https://www.openpolis.it/wp-content/uploads/2020/04/Report_Coronavirus_Le-mappe-del-potere.pdf)

Pasquino, G. (2020), *Italian Democracy: How It Works*, Routledge, London.

Perone, G. (2021) ‘The determinants of COVID-19 case fatality rate (CFR) in the Italian regions and provinces: An analysis of environmental, demographic, and healthcare factors’, *Science of The Total Environment*, vol.755, no.142523.

Perrone, M. (2020) ‘15 task force per combattere il virus: ripartenza a rischio caos’, *24 Plus* (supplement of *Il Sole 24 Ore*), 19 April.

Pisano, G.P., Sadun, R., & Zanini, M. (2020) ‘Lessons from Italy's response to coronavirus’, *Harvard Business Review*, 27 March 2020.

Ruiu, M.L. (2020) ‘Mismanagement of Covid-19: lessons learned from Italy’, *Journal of Risk Research*, pp.1-14.

Sartori, G. (1982) *Teoria dei partiti e caso italiano*, Sugar&Co, Milan.

Sarzanini, F. (2020) ‘Zone Rosse Alzano e Nembro, tre ore di interrogatorio per Conte’, *Corriere della Sera*, 12 June.

Segatti, P. (2020) ‘La popolarità del governo Conte’, *Rivista il Mulino*, 9 June.

Terlizzi, M. (2019) *Health System Decentralization and Recentralization: Ideational and Institutional Dynamics in Italy and Denmark*, Palgrave Macmillan, London

Toth, F. (2014) ‘How health care regionalisation in Italy is widening the North–South gap. HealthEconomics’, *Policy and Law*, vol.9, no.3, pp.231-249.

Vassallo, S. (2020) ‘Il miracolo di Conte: ha convinto la sinistra’, *Quotidiano Nazionale*, Analisi Cattaneo-SWG, 15 May.

Vezzoni, C., Ladini, R., Molteni, F., Dotti Sani, G.F., Biolcati, F., Chiesi, A.M., Guglielmi, S., Maraffi, M., Pedrazzani, A. & Segatti, P. (2020), ‘Investigating the social, economic and political consequences of the COVID-19 pandemic: A rolling cross-section approach’, *Survey Research Methods*, vol.14, no.2, pp.187-194.

World Bank (2020). Worldwide governance indicators. Available online at: <https://info.worldbank.org/governance/wgi/>