



Provision of resources necessary for curbing the spread of COVID-19 in state and municipal institutions

Case study report

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Why did we carry out this case study?

In 2020, Latvia, like the rest of the world, was affected by the COVID-19 pandemic, the conditions caused by which required the ability of institutions to respond quickly, intensify coordination of their activities and cooperate with each other.

Faced with difficulties in providing institutions with personal protective equipment and disinfectantsⁱ necessary for the control of COVID-19 outbreak, the Cabinet of Ministers appointed the State Centre for Defence Military Sites and Procurement (hereinafter referred to as the Centre) subordinate to the Ministry of Defence to take over the management of crisis-related state material reserves and to carry out centralised procurement in accordance with the volume of goods specified in the list of priority institutions and needsⁱⁱ on 2 April 2020. For safeguarding the purchase of goods intended for this purpose, the Centre was allocatedⁱⁱⁱ funds for the centralised purchase of goods necessary for epidemiological safety of 39,692,946 euros, wherefrom there were 35,740,115 euros spent in 2020 and 3,952,831 euros repaid to the state budget. Also in 2021, the Ministry of Defence continues centralised procurement of goods necessary for epidemiological security. In 2021, the State Centre for Defence Logistics and Procurement subordinate to the Ministry of Defence has been allocated funds of 14,688,106 euros for the implementation of this task (information as of 1 March 2021)^{iv}.

The financial audit “On the accuracy of the annual financial statement of the Ministry of Defence for 2020” has performed included inspections on the use of funds allocated to the Centre and centralised procurements of reserves of personal protective equipment and disinfectants. An interim report was prepared on the findings of the inspection^v, which concluded that there was no sound clarity on the amount of resources required for epidemiological security to be procured for the needs of priority institutions during the first emergency. The abovementioned confirmed that institutions were not ready for the situation caused by COVID-19 in terms of the provision of resources necessary for epidemiological security in Latvia, as elsewhere in the world.

When continuing inspections of the actions of institutions with state budget funds during the state-declared emergency, the State Audit Office has carried out a case study on the provision of personal protective equipment in state and municipal institutions necessary for curbing the spread of COVID-19. As the information on the needs provided by each individual institution was of great importance in determining the amount of personal protective equipment to be procured centrally, we researched the opinion of line ministries and local and regional governments on the biggest challenges in planning and providing resources for epidemiological safety during our case study.

While studying the situation, we have used the latest information on COVID-19 crisis management provided in the documents of international organisations^{vi}. Coordination issues among different levels of public administration have been recognised as crucial in COVID-19 crisis management and mitigating the consequences. Although one has acknowledged that the abilities of nations to prepare for the COVID-19 pandemic was limited^{vii}, there are countries that have been relatively more successful in curbing the spread of COVID-19. The World Bank’s review of institutional mechanisms to ensure unified coordination at the governmental level^{viii} in curbing COVID-19 highlights New Zealand’s good practice in targeted and coordinated action by the government and state institutions. As our case study addresses the issue of the provision of personal protective equipment necessary for epidemiological security, we have drawn attention to the practice of New Zealand authorities in ensuring the availability of funds and managing material reserves^{ix} as one of the major issues for epidemiological security.

With this case study report, we wish to draw the attention of the government, state and municipal institutions to the findings that should be taken into account in the implementation of COVID-19 control measures or in the context of similar events in the future when coordinating the provision of necessary resources. The case study is a compilation of facts on issues of public concern summarised as soon as possible, without drawing conclusions or making recommendations.

Summary: what lessons have we learned in providing the resources needed for epidemiological security?

The COVID-19 crisis management and mitigation issues recognise the importance of coordination among different levels of public administration. Being aware of the continuing spread of COVID-19 and the overall scale of the pandemic around the world, international organizations have gathered information on the approach taken by national governments to the COVID-19 situation in several documents.

Following the information analysed in surveys and studies by the World Bank^x, the European Committee for Democracy and Governance^{xi}, the Organisation for Economic Co-operation and Development (OECD)^{xii}, and the European Court of Auditors^{xiii}, we have drawn a major conclusion that the COVID-19 pandemic is a real challenge for all countries because the lack of knowledge and data on the COVID-19, especially at the outset of the pandemic, and the extent and speed with which the response to the pandemic should have occurred was a challenge for all governments and state institutions.

Given the scale of the COVID-19 pandemic, even the best-prepared governments did not have enough comprehensive plans to deal with the crisis. One has acknowledged that, unlike the preparation for natural or other disasters, the chances of preparing for the COVID-19 pandemic were limited^{xiv}. Therefore, the ability of governments to deal with the situation in “**real time**”, the ability to be **flexible**, to respond **quickly** and to come up with emergency measures are of great importance^{xv}.

The key to overcoming the COVID-19 pandemic and the ensuing recovery period is effective governance at all levels of government, both central and local, thus boosting public confidence in public administration^{xvi}. Studies have shown a link between the level of trust in government and health indicators, as governments with a lower level of trust may have difficulty in implementing restrictive measures^{xvii}.

During the COVID-19 pandemic, the actual functioning of existing crisis management systems was tested for the first time in all countries of the world. As the situation is unique and unprecedented and existing disaster and crisis management plans did not “work” in all cases, the countries also set up new coordination mechanisms.

No government, industry, or institution alone would be able to deal with COVID-19 crisis management. Multilevel, multidisciplinary **coordination** and **cooperation**, as well as **centralised** support, are becoming important factors in overcoming the COVID-19 crisis^{xviii}.

The availability of personal protective equipment is one of the issues to be addressed during the spread of the COVID-19. In addition, the use of personal protective equipment is crucial not only for healthcare professionals who are subject to increased risk and direct contact with infected people during

treatment, but also for other sectors to curb the spread of COVID-19, such as providing social care, in educational establishments, and society as a whole.

The State Audit Office draws attention to the following aspects based on the case study on the planning of personal protective equipment in state and municipal institutions necessary for curbing the spread of COVID-19. However, they may be related to the approach taken in the future in the management of crises of the scale of current COVID-19 pandemic.

The role of central institution (government)

Unified, centralised solutions are more effective in curbing the COVID-19 pandemic, as well as the role of the central institution (government) is important. One requires purposeful action of government institutions when arranging and coordinating the implementation of the adopted decisions in practice.

In the early stages of a crisis and when it escalates (e.g., a recurrence of the infection), centralized crisis management, unified practical support, and detailed guidance on expected actions and actions by central authorities are crucial.

Having completed audits on the procurement of personal protective equipment in the healthcare, defence, and home affairs sectors, the State Audit Office concluded^{xix} that the institutions responsible for disaster management did not have sufficient **understanding of the principles of planning state material reserves** during the first emergency^{xx}. In fact, information on the availability of personal protective equipment at the disposal of state institutions was not managed and an effective system for forecasting the demand for personal protective equipment was not established.

Although the State Fire and Rescue Service (SFRS) started to maintain a list of priority state institutions and needs to limit the spread of COVID-19 since 27 March 2020, information on the priority needs of state institutions has been constantly changing until the end of the emergency. The types of goods and the volume of purchases were not clearly defined, which, in its turn, complicated the work of procurers, and procurement did not proceed in the most efficient way possible in all cases^{xxi}.

The opinion provided by line ministries and local and regional governments and summarised in this case study on the provision of resources necessary for epidemiological security indicates the challenges faced by state institutions in planning and providing the resources necessary for epidemiological security. Some of them coincide with the findings of previous inspections performed by the State Audit Office^{xxii} (lack of goods in the market, rapid price increase, challenges in assessing the conformity of goods quality, etc.). However, there are problems that the views expressed by ministries and local and regional governments revealed in particular, such as difficulties in managing goods that are not on the daily agenda of local and regional governments, issues of expiration date and storage of goods, application of public procurement regulations, etc.

The responses provided by local and regional governments and ministries evidence a decentralized approach to the measures to mitigate the COVID-19 in terms of resource planning, adequacy, and provision of needs, as that is the responsibility of each local or regional government and each state institution^{xxiii}. For determining the amount of personal protective equipment for centralized procurement, the information on needs provided by each individual institution was of great importance. However, when there was a lack of timely, clear, and uniform guidelines for resource planning, then the state institutions could prepare the information following different principles and be inaccurate.

It would be important for state and municipal institutions that centralised state resources and support be provided to a greater extent and in a more timely manner. Although guidelines published by the competent authorities (the SFRS, Centre for Disease Prevention and Control, etc.) on the action required by the authorities for curbing the spread of COVID-19 were available, they were only a general guide to an epidemiological safety situation that was new even to healthcare professionals and required specific healthcare-related knowledge. The challenges for state and municipal institutions related to the unpredictability of the spread of COVID-19 infection and the need for state institutions to find solutions individually. In particular, in the early stages of the COVID-19 crisis in the spring of 2020, the authorities faced difficulties in taking effective epidemiological security measures due to the **lack of such specific knowledge**.

In most cases, the main challenges for state and municipal institutions were related to the **lack of information and common understanding**, limited opportunities to purchase the right type and quality of goods and delays in delivery, etc., which could be avoided through **centralized crisis management**. Despite those challenges, no critical situations were allowed in the institutions, but it resulted in a significant additional burden. In its turn, the opinion on the responsibility of a head and employees of each institution in the spread of COVID-19^{xxiv} indicates that the understanding of the cooperation mechanisms among the central government, political leadership, and institutions, etc. necessary to limit the spread of the COVID-19 is still developing in Latvia.

In the context of overcoming the COVID-19 crisis, the OECD review recognizes that coordination between central government, regional and local authorities is the first step in an effective response. Uncoordinated action at different levels of government can lead to collective risks, such as shifting responsibilities and conflicting responses. In countries where municipalities have a high degree of autonomy, the response is likely to be fragmented.

The Territorial Impact of COVID-19:
Managing the Crisis across Levels of
Government, OECD 2020

When the initial stage of the COVID-19 outbreak was overcome and the emergency ended on 9 June 2020, the laws and regulations came into force^{xxv} defining the types and volume of goods to be purchased centrally, as well as concepts related to the process of providing personal protective equipment, such as “institutions involved”, “supply coordinator”, and “list of priority institutions and needs”.

As the laws and regulations^{xxvi} do not determine the criteria for determining the involved institutions, do not specify the responsibilities of the supply coordinator and so on, the understanding of the institutions differed, for example, there were local and regional governments where all the institutions on the territory of that local or regional government were considered the involved institutions while other local and regional governments determined the involved institutions themselves “from above” or were included in the list of priority institutions on the initiative of the institutions themselves. It could have affected centrally provided support with the resources needed for epidemiological security to all institutions that needed it.

Lessons learnt or recommended action henceforth

- *Bearing in mind that no government, industry, or institution alone would be able to deal with COVID-19 crisis management, common and centralised solutions are more effective in curbing a pandemic. During a crisis, the public expects effective action from systems and measures designed to support the public, such as civil protection mechanisms, a reserve system, etc. When the latter do not work, public confidence is eroded, which, in its turn, might affect the implementation of restrictive measures.*
- *A decentralised approach (even to the institutional level) does not work, especially in the early stages of a pandemic and in the event of an outbreak. Centralized support for the provision of the resources needed for epidemiological security must be more timely and comprehensive.*
- *One should note that during the COVID-19 pandemic, the intervention required by the government should not be linear, but variable depending on the evolution of the crisis caused by the pandemic. In the early stages of an emergency and at the time when morbidity rates are rising, the role of the central authority (government) must be predominant. In their turn, local authorities have more opportunities to implement specific and locally adapted policies in other time.*
- *Although the country has introduced a decentralised approach to the implementation of civil protection measures (as in the case of Latvia), the identified example of good practice shows that success in limiting the spread of COVID-19 was determined by factors such as rapid response and purposeful reorganization from decentralised to centralised management. For example, the Ministry of Health of New Zealand played a crucial and strong role in managing the situation of COVID-19, including taking over the responsibility for managing personal protective equipment reserves from regional authorities.*

Cooperation among the institutions of different levels of public administration

Managing the prevalence of COVID-19 infection requires coordinated action and cooperation among state and municipal institutions. Cooperation among different levels of institutions and local and regional governments is crucial in curbing the COVID-19 pandemic. A clear division of responsibilities is a precondition for swift and purposeful action.

The spread of COVID-19 infection is a public health situation that requires intensified public health measures and coordinated action by the institutions involved.

Managing the prevalence of COVID-19 infection requires **coordinated action and cooperation among state and local and regional governments**, but the Ministry of Health responsible for epidemic management focused only on the personal protective equipment needs of the healthcare sector and did not have information on personal protective equipment needs in other sectors of public concern^{xxvii}.

All over the world, the COVID-19 crisis has highlighted the key role of local authorities (local and regional governments) in ensuring the level of governance that is closest to a community. Although the organization of healthcare is a national competence, in the circumstances caused by the COVID-19 pandemic, local and regional governments faced increased public demand for healthcare services and the purchase of goods needed to limit the spread of COVID-19 directly. In the context of a pandemic, local and regional governments in particular needed to respond urgently to provide basic

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services, care for vulnerable people, and mitigate the effects of the crisis in their territories^{xxviii}. Therefore, uniform assistance provided in the country or its coordination by central institutions to local and regional governments is essential.

When drafting this report, we clarified the model of co-operation among local and regional governments in the case state institutions were located on the territory of cooperating local and regional governments (for example, state social care centres, state educational institutions, state medical institutions), *id est*, whether local and regional governments cooperated with those institutions in planning and purchasing personal protective equipment and disinfectants. The answers provided show local and regional governments chose different approaches.

The majority of local and regional governments have indicated that there is no co-operation with state institutions located in the territory of local and regional governments and they are subordinated to their ministries, for example, the Ministry of Welfare coordinates the supply of state social care centres with personal protective equipment and disinfectants.

However, some of the answers provided also indicate other types of cooperation experience, for instance, a local or regional government takes care (collects needs, takes interest, etc.) of institutions on its territory even if they are state institutions and the needs of those state institutions are also on the agenda of the local or regional government. For example, how it is organized in the cooperation territory of Krāslava, in cooperation with Krāslava and Dagda Regions, and so on.

The institutions or sectors initiated the collaborative solutions themselves that emerged during the COVID-19 pandemic. The report prepared by the Organisation for Economic Co-operation and Development (OECD)^{xxix} notes Latvia's example of close co-operation among eight local and regional governments in South Kurzeme to address both the spread of COVID-19 and the consequences of the crisis better. Thanks to joint efforts and sharing of supplies, the local and regional governments of South Kurzeme managed to provide free personal protective equipment for the seniors of their regions.

Each institution is responsible for providing institutions with personal protective equipment. When the availability and supply of personal protective equipment in the market was declining and became more expensive, procurement was difficult for each institution and mutually competitive.

The multifaceted nature of the COVID-19 pandemic creates competing and conflicting needs for institutions and society as a whole, such as the acquisition of resources to contain the pandemic, etc. One can tackle that problem by setting **priorities** and setting up effective **coordination** mechanisms. The choice of appropriate coordination mechanisms may vary from country to country and will depend on the level of development of the countries, the capacity of the government, etc. For reducing competition in the fight for resources, in the exceptional circumstances caused by COVID-19, one recommends to promote **cooperation** among different levels of public administration, for example, in organising procurement, using e-government tools, etc.^{xxx}.

For example, border closure and quarantine measures will be more effective if the Ministry of Interior and the Ministry of Health work together. There should also be close co-operation between the Ministry of Education and the Ministry of Health when closing schools. Local and regional governments must also work closely with central authorities^{xxx1}.

In our case study, we have explored the practice of New Zealand institutions in ensuring the availability of personal protective equipment and managing material reserves^{xxxii} in detail as one of the issues crucial for epidemiological safety. The World Bank's review of institutional mechanisms for

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containing the COVID-19^{xxxiii} highlights, in general, the best practice of New Zealand and progress in containing the COVID-19. New Zealand's success was due to the development of **a plan**, the **understanding of the role of** each institution, and the **readiness** of all those involved **to act quickly** in the face of the onset of the COVID-19 pandemic^{xxxiv}. Coordinated action by the government and the state institutions has enabled New Zealand to curb the spread of COVID-19 successfully. The initially rapid increase in the prevalence of COVID-19 in New Zealand was eliminated completely within one month and they returned to normal daily life and economic activity.

Lessons learnt or recommended action henceforth

- *To facilitate mutual co-operation of state and municipal institutions in conducting procurements in order to prevent fragmented (“each for oneself”) reaction, to coordinate actions be performed in crisis, to reduce the burden in conducting procurements, and to exclude mutual competition for limited resources.*
- *Even in a situation where crisis and disaster management plans are not working, a plan with a clear division of responsibilities and the readiness of the authorities responsible for swift and decisive action are factors that can positively affect a country's ability to deal with a crisis as large as COVID-19. The best practice of New Zealand exemplifies it.*
- *A system of state material reserves established in the country and capable of real operation is an important resource in overcoming the crisis. Information on the availability of personal protective equipment, i.e., how much reserves institutions have, must be managed and a system for forecasting demand in times of crisis must be established.*
- *For government centres to coordinate curbing of the COVID-19 pandemic successfully, setting up a command centre for policy-making, decision-making, and high-level monitoring is not enough because safeguarding operational coordination by monitoring action plans and achieving their objectives through inter-institutional coordination, providing practical support, etc. is important.*
- *When analysing the experiences of different countries, the common elements that have not facilitated effective coordination in times of crisis are: (1) complicated mechanisms; (2) creation of new structures with similar (duplicate) functions and responsibilities with existing structures. The latter hinders coordination at both sectoral and governmental levels; (3) the establishment of new good practices, centres of excellence and institutions and the introduction or transfer of coordination mechanisms (e.g., supply structures, etc.) to another sector or institution. Based on existing institutions, the mechanisms already in place function better.*

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- ⁱⁱ Cabinet Order No 157 “Amendments to Cabinet Order No 103 “On declaring the emergency” of 12 March 2020” of 2 April 2020 (valid until 9 June 2020).
- ⁱⁱⁱ Order No 144 of the Ministry of Finance “On allocation of funds” of 29 April 2020, No 183 of 27 May 2020, and No 233 of 3 July 2020.
- ^{iv} Cabinet Order No 18 “On allocation of financing from state budget program “Contingency Funds”” of 11 January 2021; No 114 of 24 February 2021.
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- ^{vii} Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” World Bank Governance Global Practice, November 2020.
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- ^{ix} Report by the Controller and Auditor-General of New Zealand “Ministry of Health: Management of personal protective equipment in response to Covid-19” <https://oag.parliament.nz/2020/ppe>.
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- ^{xi} European Committee on Democracy and Governance, Strasbourg, 27 November 2020 DEMOCRATIC GOVERNANCE AND COVID-19 report Adopted by the CDDG at its 12th meeting.
- ^{xii} OECD “The territorial impact of COVID-19: Managing the crisis across levels of government” 10 November 2020 <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>.
- ^{xiii} Review of the European Court of Auditors No 01/2021: The EU’s initial contribution to the public health response to COVID-19” <https://www.eca.europa.eu/lv/Pages/DocItem.aspx?did=57722>.
- ^{xiv} Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” World Bank Governance Global Practice, November 2020.
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- ^{xvi} European Committee on Democracy and Governance, Strasbourg, 27 November 2020 DEMOCRATIC GOVERNANCE AND COVID-19 report Adopted by the CDDG at its 12th meeting.
- ^{xvii} OECD “The territorial impact of COVID-19: Managing the crisis across levels of government” 10 November 2020 <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>, figure 22, p. 77.
- ^{xviii} OECD “The territorial impact of COVID-19: Managing the crisis across levels of government” 10 November 2020 <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>, p. 75.

^{xix} Letter No 8-2.3.1e/1046 of 7 September 2020 by the State Audit Office to the Prime Minister “On the proposals of the State Audit Office having completed audits regarding the purchase of personal protective equipment and disinfectants necessary for overcoming the crisis caused by COVID-19”.

^{xx} From 12 March 2020 to 9 June 2020.

^{xxi} <https://lrvk.gov.lv/lv/revizijas/revizijas/noslegtas-revizijas/aizsardzibas-ministrijas-izveidota-iepirkumu-sistema-un-covid-19-ierobezosanai-arkartejas-situacijas-perioda-veiktie-iepirkumi>

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^{xxiii} Section 4.14 and Subsection 4.14.¹ (valid from 2 April 2020 to 9 June 2020) of Cabinet Order No 103 “On declaring the emergency” of 12 March 2020 (valid until 9 June 2020).

^{xxiv} <https://www.lsm.lv/raksts/zinas/latvija/petravica-covid-19-izplatiba-socialas-aprupes-centros-ir-pansionatu-vaditaju-un-darbinieku-atbildiba.a386203/>

^{xxv} The Law on managing the spread of COVID-19 and Cabinet Regulation No 380 “Regulations regarding the resources required for ensuring epidemiological security in institutions included in the list of priority institutions and needs” of 9 June 2020.

^{xxvi} Cabinet Regulation No 380 “Regulations regarding the resources required for ensuring epidemiological security in institutions included in the list of priority institutions and needs” of 9 June 2020 and Section 25.3 of the Law on managing the spread of COVID-19.

^{xxvii} The interim report “Supply process of personal protective equipment (protective masks and respirators) in the healthcare sector” (2 July 2020) of the State Audit Office <https://www.lrvk.gov.lv/lv/revizijas/revizijas/noslegtas-revizijas/individualo-aizsardzibas-lidzeklu-aizsargmasku-un-respiratoru-piegades-process-veselibas-resora>.

^{xxviii} *European Committee on Democracy and Governance, Strasbourg, 27 November 2020 DEMOCRATIC GOVERNANCE AND COVID-19 report Adopted by the CDDG at its 12th meeting. (25-27 November 2020, by videoconference).*

^{xxix} *OECD “The territorial impact of COVID-19: Managing the crisis across levels of government”, <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>; Stoyanov, A. (2020), *Pandemic Brings Latvian Municipalities Closer Together*, <https://www.themayor.eu/en/pandemic-brings-latvian-municipalities-closer-together> (accessed on 10 June 2020).*

^{xxx} *OECD “The territorial impact of COVID-19: Managing the crisis across levels of government” 10 November 2020 <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/> and Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” *World Bank Governance Global Practice, November 2020 <https://openknowledge.worldbank.org/bitstream/handle/10986/34786/Driving-the-COVID-19-Response-from-the-Center-Institutional-Mechanisms-to-Ensure-Whole-of-Government-Coordination.pdf?sequence=1&isAllowed=y>.**

^{xxxi} *Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” *World Bank Governance Global Practice, November 2020 <https://openknowledge.worldbank.org/bitstream/handle/10986/34786/Driving-the-COVID-19-Response-from-the-Center-Institutional-Mechanisms-to-Ensure-Whole-of-Government-Coordination.pdf?sequence=1&isAllowed=y>.**

^{xxxii} Report by the Controller and Auditor-General of New Zealand “Ministry of Health: Management of personal protective equipment in response to COVID-19” <https://oag.parliament.nz/2020/ppe>.

^{xxxiii} *Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” *World Bank Governance Global Practice, November 2020 <https://openknowledge.worldbank.org/bitstream/handle/10986/34786/Driving-the-COVID-19-Response-from-the-Center-Institutional-Mechanisms-to-Ensure-Whole-of-Government-Coordination.pdf?sequence=1&isAllowed=y>, p. 27.**

^{xxxiv} *Jana Kunicova “Driving the COVID-19 response from the center. Institutional mechanisms to ensure whole-of-government coordination” *World Bank Governance Global Practice, November 2020 <https://openknowledge.worldbank.org/bitstream/handle/10986/34786/Driving-the-COVID-19-Response-from-the-Center-Institutional-Mechanisms-to-Ensure-Whole-of-Government-Coordination.pdf?sequence=1&isAllowed=y>, p. 27.**