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COVID-19 and European Multi-Level Democracy

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Introduction: The Post-Vaccine Phase

The COVID-19 pandemic that hit Europe in early 2020 radically reshaped the political agenda at all levels of Europe’s multi-level system within a matter of weeks. It continued to overshadow all other public concerns throughout 2021. The single most important development that distinguished the second year of the pandemic from the first was that, from early 2021, COVID-19 vaccines became widely available and were rolled out throughout Europe. Early hopes that vaccination might offer full protection against infection were soon dashed. However, the availability of vaccines propelled governments to reorient policy from strict containment to approaches that meant ‘learning to live with the virus’. This shift was not linear. Partly driven by the emergence of new COVID-19 ‘variants of interest and concern’, policy changes and reversals were frequent. But during 2021, restrictions on individual and civil liberties justified on public health grounds became complemented by the reliance on vaccination as the chief means to combat the pandemic. Vaccination meant that public policies became increasingly differentiated between the (fully) vaccinated and the non-vaccinated (for details, see Hale et al., 2022), often provoking intensive protest. The year 2021 was also when the full political and institutional implications of the pandemic became ever more apparent, as the long-term nature of the fight against COVID-19, with its ever-changing variants, sunk in, economic and social costs escalated, and initial emergency measures at EU and national levels became routinized, normalized and, in some instances, institutionalized.

Throughout 2021, political scientists continued to engage intensively with the fast-moving pandemic-related policy, institutional and political developments, building on an early wave of empirical work conducted in the first weeks and months of the pandemic (for a review, see Goetz and Martinsen, 2021). Empirical inquiry into this post-vaccine phase of COVID-related governance is still very much ongoing. At the risk of over-accentuating shifts in research foci, one can discern several trends that partly reflect the post-vaccine reality. Initial work in public policy was strongly focused on public health. The diversification of policies from public health to those addressing the economic and social fallout of the pandemic has been reflected in work that seeks to trace the wider scope of policy responses triggered by the pandemic. An early focus on how regional, national, EU and multi-level institutions shaped political and policy responses has become complemented by work that seeks to understand how Europe’s multi-level architecture is being reshaped. In writing on pandemic politics, contestation of, and protests against, public measures designed to contain the pandemic have emerged as important themes. Following an initial ‘rally round the flag’ effect and evidence of high public trust in public policy-makers, system support seems to have become strained (Bor et al., 2021).
This review focuses on the intertwined multi-level and democratic implications of the pandemic, as it progressed into its second year, and on political science scholarship that has sought to describe, explain and make sense of policy, institutional and political responses and consequences. Given its transboundary nature, it was clear from the outset that the pandemic called for co-ordination across regional, national, EU and international levels. The inadequacy of existing European multi-level institutions to respond effectively was readily apparent from the onset of the pandemic and there were calls for rapid far-reaching reforms, for example in the form of a European health union. Academic observers have taken different views on both the extent to which the pandemic has changed the institutional balance and power relations between the EU and its member states and on its democratic implications. Disagreements are evident between crisis accounts that suggest an incremental ‘failing forward’ logic of integration, on the one hand, and studies of European ‘emergency politics’, on the other. The ‘failing forward’ argument regards crisis-driven institutional change in the EU multi-level system as inherently insufficient to provide rapid and effective functional responses (Jones et al., 2016, 2021). EU institutions tend to be little prepared when faced with sudden crises due to the thresholds of intergovernmental bargaining. When a crisis hits, the incompleteness of previous institutional responses becomes apparent. Member states are forced to the negotiation table to re-examine existing institutions, but disagreements prevent more than lowest common denominator outcomes. Thus, ‘failing forward’ is a repetitive, incremental institutional response.

By contrast, ‘emergency politics’ accounts see the institutional impact of crises as more profound, albeit in highly problematic ways (Kreuder-Sonnen and White, 2022; White, 2019, 2022). When major challenges arise, urgency can be cultivated, exploited and made to serve political ends (Kreuder-Sonnen and White, 2022, p. 954). Politics of ‘the last resort’ may propel – or force – actors into unprecedented agreements, and put normal rules of procedure and ordinary decision-making on hold. It sets aside usual democratic processes and controls (Schmidt, 2022). Decisions taken in the emergency mode are consequential, since they are capable of creating novel and lasting institutional outcomes. In particular, European emergency politics shift power from the national to the supranational level. Next to multi-level shifts, emergency accounts also engage directly with the democratic implications of this mode of policy-making: emergencies empower ‘technical executives’ and experts at the expense of democratically elected actors (Kreuder-Sonnen and White, 2022, p. 956; Schmidt, 2022, p. 980; White, 2019, p. 2).

In the following, we first address major developments along the vertical and horizontal axes of the multi-level system, before turning to key democratic challenges of post-vaccine politics, focused on democratic performance, democratic quality and democratic support.

I. Vertical Institutional Dynamics

Much research on the institutional impact of the pandemic on the EU has concentrated on the domains of health and the economy (see, for example, Becker and Gehring, 2022; De la Porte and Heins, 2022; De la Porte and Jensen, 2021; Deruelle and Engeli, 2021; Fabbrini, 2022; Forman and Mossialos, 2021; Rhodes, 2021). In both domains, we see vertical institutional shifts of powers and responsibilities towards the EU, with the
Commission taking centre stage. Whereas 2020 was the year of game-changing decisions, such as the agreement on the Next Generation EU funds, and of novel EU powers, in 2021 the decisions had to be implemented and the new powers used, while executive action at all levels became exposed to intense public scrutiny and contestation.

When struck by the pandemic, the EU’s weak capabilities, dispersed authority and limited budget in health security stood out (Forman and Mossialos, 2021). With catastrophic health news beginning to emerge first in Italian Bergamo, followed soon by fears that the US would monopolize coronavirus remedies and that member states would outcompete one another in the race for vaccines, the need for a pan-European response was soon acknowledged (Becker and Gehring, 2022; Deutsch and Wheaton, 2021). In retrospect, the decision-making speed is notable. Already in June 2020, the European Commission was endowed with the novel power of collective vaccine procurement and member states had approved a supranational vaccine plan (Becker and Gehring, 2022; Rhodes, 2021). On 21 December 2020, the Commission and the European Medicines Agency (EMA) authorized the first COVID-19 vaccine. Throughout 2021, another four vaccine authorizations followed suit. On 6 May 2021, the Commission presented its COVID-19 therapeutics strategy to complement the vaccine strategy and to deal with the long-term effects of the infection. Also in 2021, the Commission developed the EU Digital COVID Certificate, which entered into force by 1 July and became interoperational across EU borders.

Given that member states had traditionally guarded their health sovereignty closely, this upshift in EU powers is notable and demonstrates that under emergency rule, a recalibration of political authority can occur rapidly and on a scale that would previously have been considered highly improbable (Tesche, 2022; Vollaard et al., 2016; Vollaard and Martinsen, 2017).

However, as a concomitant, the Commission also came under increasing scrutiny for its actions. Soon after the major decision to let the Commission directly purchase vaccines and the provision of a considerable budget to do so, the Commission’s abilities became subject to severe criticism. The objection was that the inexperienced Commission had chosen the wrong strategy, aiming for lower prices rather than speedy delivery of vaccines and thus fell behind the US and the UK. Also, at the end of 2020, the EMA was fiercely criticized for being too slow in the approval of COVID-19 vaccines. On 2 December 2020, the UK approved the BioNTech/Pfizer vaccine, followed shortly after by the US and Canada. EMA’s approval came just three weeks later, but the Commission and the agency had already lost the game for public approval. Their claim to carry out a more thorough authorization procedure did not resonate in the midst of public critique (Deutsch and Wheaton, 2021). The following year became no easier. Early 2021 was marked by severe supply shortages and delays in delivery (Becker and Gehring, 2022). Again, the Commission was subject to condemnation, this time for not having secured enough vaccines and for unfair distribution between its member states (De Gruyter, 2021; Deutsch and Wheaton, 2021). In the spring of 2021, there was public criticism of severe production problems and of the relatively slow vaccine roll-out in the EU, which fell notably behind the US, the UK and Israel.

By May 2021, the EU had apparently caught up. The Commission had set up a vaccine procurement task force, funded in part by a new BioNTech/Pfizer production site in Germany, and it had secured 1.8 billion doses of vaccine from the same company (Cokelaere, 2021; De Gruyter, 2021; Rhodes, 2021). Only a year later, problems of
supply had turned into problems of demand. The European Commission had now secured 4.2 billion doses of vaccine. After an informal meeting of health ministers on 18 May 2022, officials from a number of EU countries prepared a letter asking the European Commission to redraw its existing coronavirus vaccine procurement agreements and to allow member states to take up only the vaccine doses they actually needed (Martuscelli, 2022).

In economic policies, too, the pandemic implied considerable vertical institutional dynamics, centralizing more powers around the European Commission. For the first time, the European executive was endowed with the power to borrow money on the financial markets and to transfer funds to member states (Fabbrini, 2022). In this regard, the European Council meeting in July 2020 is noted as a turning point at which the EU heads of state and government agreed on the Next Generation EU (NGEU) recovery plan as part of the Multiannual Financial Framework (MFF) (Hillion, 2021). The early negotiations in March and April 2020 of the recovery plan were, however, ripe with political disagreements (De la Porte and Jensen, 2021; Ferrera et al., 2021). De la Porte and Jensen (2021) identify three conflict dimensions which under normal circumstances would have prevented a deal or turned it into a lowest common denominator outcome. One conflict dimension emerged on the fiscal instruments, dividing member states as to whether financial support to member states should be granted only via loans or by a combination of grants and loans. Together with France, Germany came to support the grant fiscal instrument and the so-called ‘frugal four’ – the Netherlands, Sweden, Austria and Denmark – also came to accept the combination of loans and grants linked to reform conditionality. Another conflict dimension was on the rule of law. The Commission and the large majority of member states wanted to link access to resources from the NGEU and the MFF to democracy and the rule of law. Hungary and Poland positioned themselves strongly against. Finally, negotiations were confronted with a policy conflict line, dividing member states between those that wanted access to resources to be linked to climate actions and green reforms and those that wanted emergency recovery to be less conditional (De la Porte and Jensen, 2021).

Despite these severe conflict lines, the NGEU was agreed upon. The deal implies considerable changes in the EU vertical institutional balance (Becker and Gehring, 2022). It breaks with the norm of no common debt issuance and creates an instrument of debt centralization (De la Porte and Jensen, 2021). According to Rhodes (2021), it shows the EU’s ability to innovate and build new institutions as a crisis response. Rather than ‘failing forward’, Europe’s multi-level democracy has ‘succeeded forward’ (Rhodes, 2021, p. 1551). In particular, the Commission has gained new political and institutional heft, empowered to borrow on the capital markets on behalf of the EU all the way up to €750 billion (De la Porte and Jensen, 2021, p. 393). Another major shift envisioned by NGEU are new forms of centralized tax collection. The European Council agreed on a roadmap to repay its common debt in part through reforming the own resources system and introducing new own resources, including a new plastic tax, a carbon border adjustment tax and a digital tax (Fabbrini, 2022, p. 193). On 22 December 2021, the Commission proposed details of three new own resources.

Fabbrini goes further in his examination of the pandemic’s transformative effects on EU economic governance architecture. He concludes that the policy measures adopted by the EU to address the economic damage of COVID-19 were a game-changer for the
European and Monetary Union (EMU), leading ‘towards a major rebalancing between the economic and the monetary elements of EMU, and as such constitute a watershed in the process of European integration’ (Fabbrini, 2022, p. 187). Whereas EMU since its adoption had relied on a significant imbalance between a centralized monetary policy with the European Central Bank at its core and a decentralized economic policy at the state level, the NGEU for the first time endowed the EU with its own fiscal powers (Fabbrini, 2022, p. 187).

The key instrument of NGEU – the Recovery and Resilience Facility (RRF) – was adopted by the European Parliament and the Council on 18 December 2020. The RRF makes a total of €723.8 billion in loans and grants available to support reforms and investments undertaken by EU countries.¹ Not only has the Commission been empowered to borrow money, but it is also in charge of its implementation and of overseeing and approving the member states’ recovery and resilience plans to access the funds. From 16 June 2021 onwards, the Commission issued its first endorsements of national recovery and resilience plans, assessing the extent to which the national plans fulfilled the programme’s aim of climate, digital and social objectives. Importantly, the Commission refused to endorse the plans of Poland and Hungary throughout 2021, due to rule-of-law concerns. The Polish plan was only endorsed on 1 June 2022, whereas the Hungarian plan is still stalled at the time of writing (August 2022). By 3 August 2021, Belgium, Portugal and Luxembourg became the first countries to receive a pre-financing payment under the RRF.² Other countries followed soon thereafter, all receiving an initial 13 percent of their allocated means. Further disbursements were to be authorized by the Commission, conditional on the implementation of the investments and reforms outlined in the national recovery and resilience plans. The Commission’s executive empowerment is notable, as it has gained control over unprecedented financial means to incentivize or sanction member states’ reform willingness.

II. Horizontal Institutional Dynamics

Next to vertical institutional shifts, the multi-level system has also been reshaped by new horizontal institutional dynamics, involving national governments, intergovernmental bodies, the European Commission, EU agencies, experts and the European Parliament. Under the influence of the pandemic, a new EU health governance architecture has begun to take form. In this architecture, agencies take centre stage. New intergovernmentalist theory poses that these ‘de novo bodies’ become increasingly important institutions for European integration at the expense of supranational institutions, most notably the Commission (Bickerton et al., 2015). However, rather than profound institutional rivalry, what emerges are new horizontal dynamics characterized by shared functions and checks and balances between the Commission, committees and health agencies. The European Centre for Disease Prevention and Control (ECDC) came to play a prominent role in monitoring the pandemic threat (Deruelle and Engeli, 2021). Deruelle and Engeli (2021) find that COVID-19 became a functional catalyst for the ECDC, which changed its role from co-ordinating risk assessments to a co-ordinator of risk management. This co-ordination

¹https://ec.europa.eu/info/strategy/recovery-plan-europe_en (accessed 8 August 2022).
²See Timeline of EU action | European Commission (europa.eu) (accessed 8 August 2022).
happened in close collaboration with the intergovernmental committee in the Council of Ministers, the Health Security Committee (HSC), and with the Commission. Rather than identifying a power play between the institutions, the authors conclude that the extended functions of the ECDC have been beneficial to the Commission, because the two institutions have tended to act together when encouraging co-ordination in the HSC (Deruelle and Engeli, 2021, p. 1392). Thus, the HSC intergovernmental committee of national representatives has had to interact and co-ordinate actions with both the Commission and the agency.

The EMA became another core institution in EU crisis-handling. Established in 1995, it is one of the more experienced EU health institutions with its responsibility to grant EU market approval to new medicinal products (Permanand and Mossialos, 2005). The agency was thus responsible for approving the COVID-19 vaccines. Perhaps for the first time, this ‘EU technical executive’ (Schmidt, 2022) found its ability to deliver fast was closely watched and questioned by the broader public. Just as scientific experts took centre stage in national press conferences, so did the EMA chief, Emer Cooke; together with the Commission’s President, Ursula von der Leyen, she had to respond to political and public requests to expedite its procedures. The UK, the US and the EU agencies engaged in a political vaccine race on whose citizenry would be first to get access to the vaccine.

At a press conference on 21 December 2020, launching the approval of the BioNTech/Pfizer vaccine, the EMA defended why its approval lagged three weeks behind the UK agency. Emer Cooke called the moment a ‘historic scientific achievement’, while repeating that the agency’s scientific standards had not been compromised despite public pressure: ‘In the last few months, EMA has seen the intense debates taking place in the public arena, some calling for a speedier approval. While others were concerned that development was going too fast of interest safety. […] We at EMA have kept our steer and we’ve been guided by the spread of the scientific evidence and nothing else’ (Deutsch, 2020).

After the first BioNTech/Pfizer vaccine approval on 21 December 2020, the authorization of further vaccines followed at a rapid pace. On 6 January 2021, the Commission announced that the Moderna vaccine had been authorized on the basis of EMA’s safety, effectiveness and quality assessment. The vaccines developed by AstraZeneca, Janssen Pharmaceutica NV and Novovax followed suit on 29 January, 11 March and 20 December 2021, respectively. The year 2021 thus became when the Commission and EMA delivered vaccine authorization at unprecedented speed. The acceleration of procedures did not, however, shield the ‘EU technical executive’ from criticism. EMA’s safety committee, too, had a role to play and defend in public. The Pharmacovigilance Risk Assessment Committee (PRAC) became central in the vaccine reviewing processes of the AstraZeneca COVID-19 vaccine (Schrama, 2022; Schrama et al., 2022). Potential risks of the vaccine were brought up after some instances of rare blood clotting. In March–April 2021, disagreements between the EMA committee and national agencies became more evident. PRAC and EMA concluded that the vaccine was safe to use, noting that the benefits of the vaccine far outweighed potential risks for most people (Deutsch et al., 2021). However, national agencies increasingly stopped using the vaccine, questioning its safety and, by implication, the credibility of EMA and its scientific committee.

Responding to the crisis, the European Commission took further steps towards a European Health Union. In November 2020, several initiatives were proposed, including
expanded mandates for EMA as well as for the ECDC. The extended EMA mandate was approved in January 2022. At the time of writing (August 2022), negotiations are progressing between the member states and the European Parliament on the ECDC. Perhaps the most important European Health Union initiative by the Commission was the creation of a new authority, the Health Emergency Preparedness and Response Authority (HERA). At first, the idea was to create a new European agency to act as a counterpart to the US Biomedical Advanced Research and Development Authority (BARDA). However, for those aiming for a fully-fledged agency, the actual launch of HERA was disappointing. Instead of an independent agency, HERA became a unit within the European Directorate-General for Health and Food Safety SANTE. It became operational in January 2022. Apparently, a majority of member states had changed positions from backing a considerable extension of EU health competences to becoming more reluctant or even ‘suspicous’ of such a transfer of powers (Deutsch, 2021). It is noteworthy that HERA was decided by means of a Commission communication by September 2021. The European Parliament was thus sidelined in HERA’s creation. In sum, the horizontal institutional dynamics in health are characterized by the Commission, EU agencies, Committees and experts as the new mix of front stage actors in EU crisis handling. At the same time, we see certain expert disagreements between supranational and national actors. The European Parliament, by contrast, appears marginalized in the process.

In economic policy, too, horizontal dynamics and disagreements came to the fore, in particular around the NGEU’s rule-of-law mechanism (De la Porte and Jensen, 2021; Tesche, 2022). Tesche points out that the crisis deepened a cleavage around the rule-of-law question which continues to affect co-operation (Tesche, 2022, p. 483). The outcome of emergency politics thus cannot only be examined for what occurs in the heat of crisis hours, but in terms of longer term consequences. Subsequent to the Council decision on the NGEU, the MFF and the ‘own resources decision’ described above, horizontal institutional tensions have been clearly visible. On the one hand, the Council decision marked a turning point, empowering the Commission in the implementation of the COVID-19 recovery plan. On the other, the Hungarian and Polish heads of government had to some extent succeeded in watering down the Council conclusions. As a result, the Council conclusions on the rule-of-law mechanism remained general and vague, leaving more Council control over when the Commission could enact the mechanism (Hillion, 2021, p. 2). Shortly after the European Council reached agreement on the NGEU and the MFF in July 2020, the largest political groups in the European Parliament acted against the intergovernmental deal and threatened to veto the budget unless the rule-of-law mechanism became stronger and more specific (Khan, 2020). The European Parliament and the Council eventually reached a compromise on the budget in November 2020, only to be threatened by vetoes from Hungary and Poland. Despite the threat, a compromise was found and the budget adopted in December 2020. However, soon thereafter, Hungary and Poland continued the battle down the legal road. The two member states submitted cases before

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3 Regulation (EU) 2022/123 of the European Parliament and of the Council of 25 January 2022 on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices.
4 COM (2020) 726 Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending Regulation (EC) No 851/2004 establishing a European Centre for disease prevention and control.
5 Communication COM (2021) 576 from the Commission. Introducing HERA, the European Health Emergency preparedness and Response Authority, the next step towards completing the European Health Union.
the Court of Justice of the European Union (CJEU), positing that the rule-of-law mechanism violated the Treaty. They thereby put the actual use of the rule-of-law mechanism on hold. On 16 February 2022, the CJEU delivered its landmark rulings\(^6\) in the two cases, rejecting the legal challenge from Poland and Hungary and clearing the way for the Commission to finally start enacting the mechanism.

### III. Democratic Dynamics

Challenges to democratic governance became apparent very early on during the pandemic and have persisted since. Practical concerns and academic research and commentary revolve around three major questions. First, can European democracies cope with the pandemic? Second, does the pandemic provoke a decline in substantive and procedural democratic principles and standards? And, third, can democracies maintain popular trust and support because of, or in spite of, the measures taken to combat the pandemic and its economic and social consequences? What is at stake are, in short, democratic performance, democratic quality and democratic support.

The most recent scholarship on these three questions increasingly probes their empirical interdependencies. For example, drawing connections between restrictions on liberties and public trust, Vasilopoulos et al. (2022) suggest that the ‘Covid-19 pandemic provides an ideal testbed for understanding the public’s commitment to individual liberties’ (p. 2). Employing data from Austria, France, Germany, Italy and the UK, they find that ‘experiencing fear about COVID-19 had a strong positive impact’ on supporting restrictions on civil liberties (p. 2); ‘the findings indicate that emotions moderate the impact of trust toward the government, a key variable for supporting the restriction of civil liberties (...) experiencing fear was associated with higher acceptance of civil liberty restrictions’ (p. 2). Charron et al. (2022) link observations on performance, trust and polarization across 165 European regions. They find that both levels of social and political trust amongst citizens and polarization in trust – notably between government supporters and non-supporters – are critical in explaining variations in COVID-19-related excess mortality in European regions, as a key performance criterion.

The question of whether European multi-level democracies would be able to cope with the pandemic – and how well they would be able to cope – arose immediately, given the enormity of the challenges posed. There was debate on whether authoritarian states were not systematically better placed to impose the type of drastic restrictions on liberty that the pandemic appeared to call for and to monitor citizens’ compliance. Some recent empirical work suggests that democratic countries do, indeed, appear to have a higher COVID-19 mortality (Wagschal, 2022), whilst others ‘suggest that we should be skeptical of claims that democratic standards must be violated to protect the population from the virus. Empirically, we do not find any systematic correlation between the severity of violations and reported COVID-19 deaths’ (Edgell et al., 2021, p. 9).

However, most recent research has focused on variations across democracies to explain both differences in policy responses and policy outcomes. In line with standard approaches in comparative public policy, institutional, procedural, political and actor-centred variables and their combinations are found to matter. For example, patterns of decentralization in

\(^6\)C-156/21 Hungary v. Parliament and Council and C-157/21 Poland v. Parliament and Council.
national polity have been shown to make a difference (Hegele and Schnabel, 2021; Kuhn and Morlino, 2022), whilst Zahariadis et al. (2021, 2022) argue that interaction between policy styles and political trust shapes national responses and is critical in accounting for variation in outcomes. Importantly, in responses to the pandemic, party politics have also been shown to matter. Thus, Rovny et al. (2022) explore what they call the ‘ideological bases of partisan responses’ to the pandemic and find party ideology to be a powerful predictor of the responses of both governing and opposition parties.

The question of whether these responses imply a loss of democratic quality has provoked much public and academic debate. During 2021, the dual concern with democratic procedures and civil and individual liberties has been further heightened in some European countries by vocal public opposition to mass vaccination. As regards democratic procedures, the debate on ‘emergency politics’ and its deleterious effects on democratic quality precedes the pandemic, as noted above. Analysts of ‘emergency politics’ have been quick to highlight the reaction to the pandemic as another instance of a by now familiar pattern of executive aggrandizement and rule by experts. Systematic empirical work has begun to paint a more nuanced picture. Edgell et al. (2021) have constructed a dataset comprising 144 countries and observe substantive and procedural ‘violations of democratic standards’ for emergency measures across seven dimensions. They find that ‘most countries have engaged in at least some violations of democratic standards since the beginning of the pandemic. While more common in autocracies, such violations are also prevalent in democratic regimes’ (p. 9). They also caution, however, that ‘in weak democracies and hybrid regimes, violations of democratic standards could be harbingers of autocratization, as leaders take advantage of the pandemic’s exceptional context to consolidate power, sideline opposition and silence critics’ (p. 9). In Europe, concern has focused, in particular, on Poland and Hungary (Guasti, 2020; Kovács, 2022), where evidence of democratic backsliding mounted throughout 2021.

Quality of democracy and democratic trust and support are, of course, intimately connected. Much initial work on popular reactions focused on emotional responses and trust in government. A ‘rally round the flag’ effect, that is, an increase in trust in government, was found in some European countries, but was absent in others (Kritzinger et al., 2021; Nielsen and Lindvall, 2021). Most recent research paints a differentiated and, in some respects, worrying picture. For example, Bor et al. (2021) report survey evidence that appears to show a marked decline in democratic system support as the pandemic progressed. Relying on panel data from Denmark, Hungary, Italy and the US, they find a growing erosion of system support in all four countries throughout 2020; their data also suggests that ‘the pandemic’s damage to system support is more permanent or, at least, that system support may not immediately bounce back once the burden of the pandemic lessens. When the COVID-19 pandemic hit Western democracies, it set in motion a process of slow decay in system support, spreading farther and deeper as the crisis prolongs’ (p. 20). Emotions rather than cognitive factors appear to play a key role. Thus, Erhardt et al. (2022) suggest that anger and fear evoke systematically different responses: whilst democratic regime preferences decline for angry citizens, fearful citizens display increased democratic regime support. This finding chimes with the observations of Bernardi and Gotlib (2022). Drawing on data from the UK from 2020 and 2021, they find systematic evidence of a link between higher levels of COVID-related worry and stress and lower evaluations of government performance and trust in government.
Conclusions

Any consideration of the impact of the COVID-19 pandemic on European multi-level democracy must necessarily be preliminary and tentative. Policy and institutional changes take time to unfold, their full implications become only gradually apparent and, importantly, systematic empirical research on how multi-level democracy has shaped, and been reshaped by, the pandemic is still very much ‘work in progress’. This said, three developments stood out in 2021. First, at the level of the European Union, the momentous decisions taken in 2020 that granted far-reaching new powers and resources to the EU and, specifically, the Commission, were put to use in 2021, as the Recovery and Resilience Facility was rolled out and as the European executive emerged as the decisive authority in vaccine authorization and purchases. It became clear that, in important respects, the EU had evolved significantly from what it looked like prior to the pandemic.

Second, the post-vaccine phase of pandemic governance meant that, at national levels, some of the draconian measures taken to contain the spread of the virus could start to be rescinded, albeit haltingly (Hale et al., 2022). At the same time, what had initially appeared as intrusive measures, such as the wearing of masks or the requirement to carry vaccination and testing certificates became the ‘new normal’. Many signs of ‘normalization’ thus began to emerge in a dual sense: a partial return to pre-pandemic individual and civic liberties and ways of life; and an acceptance that many of the public health measures to combat COVID-19 would be here to stay for the foreseeable future.

Third, although systematic scientific evidence is still scarce, recent accounts suggest that the pandemic’s effects on democracy may run deeper and be more troubling than might have appeared at first. In this respect, the question of whether populist movements might, in the longer term, manage to capitalize on the pandemic has become pressing. For example, Batory (2022) has suggested that, in the case of Hungary’s Fidesz, the pandemic accentuated ‘populist, nativist and authoritarian tendencies’, a development that did not hurt the party, as evidenced by it winning its highest ever share of the vote in the April 2022 Hungarian elections. In Italy, the opposition radical-right Brothers of Italy appeared to benefit from the pandemic (Pirro, 2022) and seem poised to do very well in the elections announced for September 2022. The pandemic in 2021 may not have opened new fault-lines in European democracies: but it may well turn out to have deepened societal and political divisions.

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