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COVID-19 PANDEMIC: HEALTH RISKS AND FAR- FETCHING ADVERSE EFFECTS ON ECONOMIC AND OTHER TRENDS

REVIEW ARTICLE

Summary

From the first quarter of 2020, various levels of governments in all parts of the world, Serbia including, have been trying to use restrictive and other measures to restrain the spreading of Covid-19 pandemic and mitigate the adverse effects, with various outcomes. Although its occurrence has actually set a precedent and is ungrateful for forecasts, the second year of the pandemic has confirmed that there will be, in addition to the present, some medium and perhaps long-term economic effects (recovery of the tourism sector, aviation industry and some segments of insurance business is not likely to happen in the coming years). This paper, inter alia, analyses the effects of the pandemic on the roadside assistance insurance in the Republic of Serbia in 2020. Considering the high relevance of the topic, the research relies upon qualitative and quantitative data in a few scientific disciplines, using different types of sources, starting from the electronic databases, through national and international documents and legal acts, to scientific, professional and other articles. The conclusion is that the Covid-19 pandemic trend has, in addition to the economic and social disruptions, spurred the emergence of new transnational challenges that manifest in the political and moral aspects of the process of immunization of the population against the virus, administered in various countries. Moreover, the beginning of the

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process of immunization is the first milestone in combating the pandemic and its adverse effects on the people and economy.

Key words: *impact of pandemic on insurance, international relations, European Union, protection against Covid-19, vaccination against coronavirus, damage from Covid-19, health risks*

Introduction: Unfavourable Trends in International Economic and Social Relations

The second year of the pandemic provides a space for reviewing the methods of response of the global society and economy to the recently unprecedented pandemic challenge. The twentieth year of the 21st century was marked by disturbances in economic, political and other relations that manifested on two basic levels: individual and social-systemic. Some of the standard individual effects upon the use of insurance services, in addition to hazard for human health, comprise limited or conditioned freedom of movement, reduced physical contacts, cancellation of travels and other plans. On the other hand and at the wider social and systemic level, in addition to risks to public health, other effects occurred for the insurance business, such as exercising the right to adequate health care, challenging process of vaccinating the population against coronavirus (as a unique kind of “policy” for limiting health risks), all the way to wider implications for instability in the intergovernmental and international relations, which has worsened the prospects of the economic and other cooperation.

(1) *The sudden introduction of restrictive epidemiological measures globally has, unfortunately, not been enough to stop but only slow down the spread of the infection. The implementation of measures aimed at restricting (physical) contacts, primarily in terms of limiting the population mobility and organizing gatherings that pose an epidemiological risk. However, given the radical scope of measures, the consequences were not only local but national and international. The antipandemic measures that are widely used at the time of writing these lines include a wide range of activities, from encouraging physical distance, through more frequent and detailed disinfection of body parts, to wearing protective masks, the possibility of remote work, limiting the work of catering and tourist facilities and/or educational and entertainment and cultural institutions, as well as mandatory isolation measures, and many more². Such measures aim not only to reduce the scope of infection among the population, but*

² The list and content of deeds stipulating national measures in a number of areas in the context of the Covid-19 pandemic are available in the database of the Legal Information Portal of the Republic of Serbia at: <http://www.pravno-informacioni-sistem.rs/fp/covid19>

also to restrain the enormous pressure on medical institutions, since the medical staff has been functioning in conditions similar to war medicine for a year. Around the world, even in the Western Europe and the United States, health systems have proved insufficiently flexible to promptly adapt their work to the pandemic environment.

Combined with the huge number of patients suffering from the new virus, which still continues to increase, the health care and health insurance system are under pressure not only in terms of the epidemiological situation but also because of the millions of users who suffer from other health problems. In addition, the systems that do not rely upon a universal health insurance and protection of the entire population, have been forced to make significant adjustments in the short term to fight against the pandemic as effectively as possible. High mortality rate from the Covid-19 infection, which is also evident in the most economically developed western countries, revealed the weaknesses of numerous systems and raised awareness of the need to make health insurance and access to medical care most accessible to all social groups as urgently as possible. Some systems (as were those in Italian regions during the first wave of the pandemic) have proven extremely unprepared for the enormous challenges posed by the virus, so scientists have drawn the attention to the need for greater adaptability of the health systems at all levels.³ Up to and including the end of January, unfortunately, over 2.2 million people died globally and over 100 million cases of the infection were officially registered⁴. However, due to the nature of the disease, lack of capacities and different approaches, it is impossible to register every infected person so the estimates are that the number of patients is multiply higher, having in mind the adverse viral feature that it often lacks symptoms, which contributes to its further circulation⁵. The hazard posed to public health by the virus, which permeates all domains of social and economic life, has certainly been the most basic risk for the second consecutive year now.

(2) *The first quarter of 2020 has recorded the largest decline in gross domestic product* at the level of the European Union since the establishment of the statistical monitoring, equalling 3.3% in the first quarter and as much as -11.4% in the second quarter⁶. In the United States, a decline of 5% was recorded in the first quarter, while

³ Marta Blangiardo, Michela Cameletti, Monica Pirani, Gianni Corsetti, Marco Battaglini, Gianluca Baio, "Estimating weekly excess mortality at sub-national level in Italy during the COVID-19 pandemic", *PLoS ONE*, 15 (10): e0240286, 2020, pp. 2–3.

⁴ The electronic database Worldometers is one of the most comprehensive database in the field of monitoring and consolidating official data at national levels into a single system. Worldometers, COVID-19 CORONAVIRUS PANDEMIC, 2020, <https://www.worldometers.info/coronavirus/>, accessed on: 30.01.2021.

⁵ Lu Shubiao, Lin Jinsong, Zhang Zhiqiao, Xiao Liping, Jiang Zhijian, Jia Chen, Hu Chongjing, Luo Shi, "Alert for non-respiratory symptoms of coronavirus disease 2019 patients in epidemic period: A case report of familial cluster with three asymptomatic COVID-19 patients", *Journal of Medical Virology*, 93(1), 2021, pp. 518-519.

⁶ Eurostat, GDP and employment flash estimates for the first quarter of 2020, 15 May 2020, <https://ec.europa.eu/eurostat/documents/2995521/10294864/2-15052020-AP-EN.pdf/5a7ea909-e708-f3d3-8375-e2510298e1b8>, accessed on: 01.02.2021.

the drop in the second quarter amounted to an unprecedented 31.4%.⁷ The World Bank has projected a 5% decline globally in 2020, which is also an unprecedented figure for a peacetime⁸. Losses related only to the insurance business could amount to over 100 billion dollars in 2020 alone.⁹ Losses in the aviation industry alone also exceed \$ 100 billion¹⁰. In the field of tourism, the results are so devastating that they are being considered to contribute to the reduction of world GDP between 1.5-2.8%.¹¹ Having in mind the branching of the insurance industry and the impact of the pandemic on all actual procedures, effects to the insurance industry are evidently very negative already, as are in other domains of financial business. Worldwide, companies and individuals have notified the insurers of the claims for indemnity of pandemic-related losses, thus placing a significant pressure on the business as such¹². On the other hand, in the light of the pandemic, additional services have been developed and introduced, such as the supplementary Coronavirus coverage, as well as the cover extensions to include virus-related occurrences¹³. Insurance companies have sought to respond to the pandemic on several levels: by ensuring the continuity of insurance services, examining and limiting liquidity and solvency risks and supporting decision-makers in various domains.¹⁴

(3) The unpredictability and spontaneity in the introduction of measures has also contributed to the *challenges in international relations*, including the EU. Thus, the sudden decision of the previous American administration to ban flights from the European countries was publicly criticized by the Western European countries as unexpected and even contrary to the transatlantic partnership framework of cooperation. Although relations between the United States and European partners have been marked by challenges throughout Donald Trump's presidency (with some aspects of disagreement present even before 2016), the pandemic crisis has further disrupted transatlantic cooperation in 2020, both in the intergovernmental and at the level of broader international initiatives.¹⁵ In addition, the *mistrust towards*

⁷ Kimberly Amadeo, Your Guide to the 2020 Recession, February 1st 2021, <https://www.thebalance.com/recession-2020-4846657>, accessed on : 02.02.2021.

⁸ World Bank, The Global Economic Outlook During the COVID-19 Pandemic: A Changed World, June 8th 2020, <https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world>, accessed on: 01.02.2021.

⁹ Miloš Petrović, "Lloyd's forecasts a loss of 107 billion dollars for (insurance) industry in 2020 as a consequence of Covid 19 pandemic" (Article review, in Serbian), *Insurance Trends* No. 2/2020, pp. 85-86.

¹⁰ Elzbieta Visnevskytė, IATA: "Aviation industry to end 2020 with \$118 billion loss", 25 November 2020, <https://www.aerotime.aero/26515-iata-aviation-industry-to-end-2020-with-118-billion-loss>, accessed on : 01.02.2021.

¹¹ UNWTO, Tourism and COVID-19 – unprecedented economic impacts, 2020, <https://www.unwto.org/tourism-and-covid-19-unprecedented-economic-impacts>, accessed on: 25.01.2021.

¹² Marsh & McLennan, *COVID-19: Evolving Insurance and Risk Management Implications Report*, New York, 2020, pp. 1–2.

¹³ Zoran Radović, "Coronavirus and insurance" (in Serbian), *Insurance Trends* No. 2, 2020, pp. 87.

¹⁴ OECD, *Insurance sector responses to COVID-19 by governments, supervisors and industry*, Paris, 2020, pp. 2–3.

¹⁵ Constantine Arvanitopoulos, "Transatlantic relations after the COVID-19 pandemic", *European View*, Vol. 19(2), 2020, pp. 164–165.

the international organizations deepened. The functioning of the European Union was double burdened: (1) at the internal level there were divisions in terms of insufficiently rapid collection of aid and insufficient amount of cooperation between governments. (2) at the external level, there has been a stagnation in cooperation even with the candidate countries for membership of the European Union, which are nominally deemed the Union's closest partners (that manifested in a temporary restriction on the export of medical equipment).¹⁶

In addition to the European Union, there has been a high degree of mistrust and disagreement over the activities of the World Health Organization (WHO) in the context of the spread of the pandemic, from several aspects. The United States has officially announced that the WHO (a specialized organization of the United Nations) took the side of China and that they did not identify the danger of pandemic outbreak in time.¹⁷ The peak of disagreement followed when the former president ordered the US withdrawal from the membership of the WHO, although the process was reversed by the newly elected president of the country.¹⁸ Moreover, the WHO had tense relations with the People's Republic of China in the context of the slower issuance of licenses to scientists sent to that country to investigate the circumstances of the origin and expansion of the infection.¹⁹ The organization has also been under pressure regarding the approval of various vaccines for the mass vaccination process, as well as the need to help as many economically jeopardized countries as possible in the process of obtaining and implementing vaccination. The vaccination process will be discussed in the following chapters, whereas in the upcoming segment, the situation in Serbia will first be presented through a demand for one type of insurance service.

Reduced Demand for Roadside Assistance Service in Serbia in Pandemic Environment

Circumstances arising from the coronavirus pandemic have significantly affected the mobility of citizens, and, consequently, the services in the field of

¹⁶ Beta, Miloš Petrović for Euraktiv Serbia: Soft power of EU under the shadow of yet another crisis, 12.05.2020, <https://beta.rs/vesti/politika-vesti-srbija/127224-milos-petrovic-za-euraktiv-srbija-meka-moc-eu-zasenjena-jos-jednom-krizom>, accessed on : 20.01.2021; European Commission, Commission puts in place transparency and authorization mechanism for exports of COVID-19 vaccines, January 29th 2021, https://ec.europa.eu/malta/news/commission-puts-place-transparency-and-authorisation-mechanism-exports-covid-19-vaccines_en, accessed on : 01.02.2021.

¹⁷ Donald McNeil Jr, Andrew Jacobs, Blaming China for Pandemic, Trump Says U.S. Will Leave the W.H.O., May 29 2020, <https://www.nytimes.com/2020/05/29/health/virus-who.html>, accessed on : 01.02.2021.

¹⁸ Stephanie Nebehay, Emma Farge, WHO chief looks forward to working 'very closely' with Biden team, November 9 2020, <https://www.reuters.com/article/us-health-coronavirus-who-idUSKBN27P14F>, accessed on : 09.01.2021.

¹⁹ Deutsche Welle, Coronavirus digest: WHO rebukes China for blocking investigator entry, December 2020, <https://www.dw.com/en/coronavirus-digest-who-rebukes-china-for-blocking-investigator-entry/a-56131087>, accessed on : 30.01.2021.

insurance. This chapter seeks to present the high degree of impact of pandemic environment on the development of *roadside assistance* services in the Republic of Serbia. Why exactly this type of insurance? Because this is a type that is symbolically much related to the very concept of mobility and is still strongly disrupted in the pandemic environment. Within this chapter, we have used the official data for this type of insurance taken from the electronic database of the National Bank of Serbia.²⁰ Hereinafter, the author shall present the comparative view of premium levels for the *roadside assistance* service for the semi-annual period (01.04-30.09) 2018-2020. The results have shown that this service experienced a significant decline during 2020 compared to the previous years. The lack of actual travels when compared to the previous years can primarily be correlated with various local, national and international restrictive measures in the field of citizens mobility as an instrument to restrain the flare-up of the pandemic.²¹ It is also possible that many citizens were afraid to leave their parent states because they were concerned about access to medical care outside their permanent residence and endeavoured to stay in their home countries even when the regulations no longer required so.

The text below shows the data for the second quarter, third quarter and semi-annual period (consolidated for two quarters) 2018-2020. The first quarter will not be subject to analysis, due to the fact that a state of emergency was declared in the Republic of Serbia just before the end of this quarter, i.e. the data for it are neither illustrative nor relevant in the context of the pandemic crisis.

Comparative presentation of the total premium and the premium allocation under the roadside assistance insurance for the second quarter of 2018, 2019 and 2020 (in thousands of RSD) in the Republic of Serbia is presented below:

Table No. 1

Total premium for roadside assistance for the period:	Premium total (in thousand RSD)	Total premium in retention	Technical premium	Prevention	Overheads
01.04.2018-30.06.2018.	975,604	973,650	572,359	1,919	399,372
01.04.2019-30.06.2019.	996,540	987,141	584,983	1,795	400,362
01.04.2020-30.06.2020.	457,893	452,085	271,311	717	180,056

²⁰ National Bank of Serbia, Data on business transactions of insurance companies, 2018-2020, <https://nbs.rs/sr/finansijske-institucije/osiguranje/poslovanje/>, accessed on : 01.02.2021.

²¹ For example, in some countries such as Slovenia or Croatia, measures regarding movement were as restrictive as the level of particular municipalities or districts / counties. Examples of measures such as banning cross-border movement have been reported in a number of countries. Some areas, such as the Visegrád Four - Hungary, Slovakia, the Czech Republic and Poland - have introduced some kind of preferential movement regime within the region, while other have implemented a more restrictive border crossing regime.

From the beginning of April until the end of June 2020, a decrease was recorded of as much as 54% of total premium level for roadside assistance service compared to the same quarter 2019. If the data is compared to the same quarter 2018, the decline in the relevant value equals high 53%. The halving of the values compared to the previous quarters is visible in all the indicators shown. Such a strong decline can be explained by the fact that almost half of the second quarter of 2020 was marked by a state of emergency in the Republic of Serbia, which manifested in the complete closure of border crossings (except in the exceptional cases), introduction of curfew with occasional multi-day quarantine principle etc. In circumstances where the mobility itself was restricted by regulations, movement was discouraged for much of the quarter, even within the territory of the country.

However, the data from the third quarter of 2020 also indicate that the value decline did not stop after the end of the state of emergency, either. The comparative presentation of the premium and its allocation for the roadside assistance insurance service for the third quarter in 2018, 2019 and 2020 (in thousands RSD) in the Republic of Serbia is set below:

Table No. 2

Total premium for roadside assistance for the period:	Premium total (in thousand RSD)	Total premium in retention	Technical premium	Prevention	Overheads
01.07.2018-30.09.2018.	2,007,217	2,003,284	1,179,006	3,864	820,412
01.07.2019-30.09.2019.	2,176,449	2,153,159	1,272,139	3,899	877,121
01.07.2020-30.09.2020.	815,780	806,618	483,618	39,819	283,179

Despite the fact that the state of emergency was suspended, the third quarter of 2020 reported even stronger value decline compared to the second quarter. Thus, the values of the total premium decreased by as much as 62% compared to the same period 2019, or slightly less 59% compared to the same period 2018. Despite the fact that it was a summer period, when the movement and mobility of the population usually intensify, already during the initial months of this quarter the so-called "second wave" of the pandemic started in Serbia and, unfortunately, exceeded the values recorded at the beginning of the crisis, in terms of the number of lives lost and burden to the health system. Despite the fact that mobility was not restricted within the national territory, whereas the border crossings were significantly limited, many citizens considered it not so necessary to contract a travel insurance policy compared to the previous period. Unfortunately, based on the presented data, it seems that the prolongation of the crisis has influenced many to suspend or postpone moving outside their places of residence, at least in a significant part of 2020. The consolidated data for the second and third quarters of 2018, 2019 and 2020 are shown in the table below.

Table No. 3 (consolidated data from tables nos. 1 and 2)

Total premium for roadside assistance for the period (01.04-30.09):	Premium total (in thousand RSD)	Total premium in retention	Technical premium	Prevention	Overheads
2018	2,982,821	2,976,934	1,751,365	5,783	1,219,784
2019	3,172,989	3,140,300	1,857,122	5,694	1,277,483
2020	1,273,673	1,258,703	754,929	40,536	463,235

At the semi-annual level, the total premium for 2020 has lowered by almost 60% compared to last year's result and by 57% compared to 2019, which unequivocally speaks of the deep consequences of the Corona crisis for the *roadside insurance* service.

Data for the fourth quarter of the previous year were still not available in the electronic database of the National Bank of Serbia at the time of composing this paper. However, given the previously presented data and/or the fact that an extremely strong viral wave followed during the fourth quarter, the forecasts are not optimistic. The decline in the value of premiums for roadside assistance services was recorded in all three quarters for which data were available at the time of writing these lines. Considering the worsening of the epidemiological situation along with the winter drop of temperature, it would not be surprising if the decline in these values in the last quarter of 2020 be large as well. Only with the end of 2020 and the beginning of mass vaccination of the population, it may be possible to expect a gradual recovery of these indicators. We shall deal with this process in greater detail in the chapter below.

Commencement of Mass Vaccination to Limit Health Risk

This segment of the paper will present numerical and other data related to the current process of international vaccination of the population by some of the previously approved vaccines against Covid-19. The data presented in this segment are generated from an international electronic database related to Coronavirus, where the data provided by official state and other institutions are updated comprehensively and at regular intervals. Please note that this chapter deals only with the cross-section of the situation as of the end of January 2021, whereas data are available only from December 2020 (when the vaccination process officially began in many countries). In the light of this, the data interpreted in this chapter should be observed with caution and awareness of their limitations, considering that this is only the beginning of a long-term process with a large number of countries being unable to even embark on it during the observed period, due to lack of available vaccines (and other challenges).

The figure no. 1 shows the course of vaccinations and the increase in the share of the number of vaccinated people in the number of inhabitants up to and including 31.1.2021. Data on vaccination for the period 20.12.2020-

31.01.2021 are presented for the following national and supranational actors: the United Kingdom, the United States, the Russian Federation, the People's Republic of China, the European Union and the State of Israel (as the country with the largest number of administered vaccinations at the time of writing this paper).

In addition, data for the Republic of Serbia are included, as well as the global average, for the purpose of easier monitoring. The analysis of the curve would reveal an extremely dynamic growth rate of the number of vaccinations administered in relation to the size of the population on the examples of the State of Israel (over 50%), the United Kingdom (over 10%), the United States (close to 10%) and the Republic of Serbia -10%), while in the remaining presented regions, the number of vaccinations ranges between 1-5%, while in the six-week specified period no dynamic growth was recorded of the number of administered i.e. received vaccines.

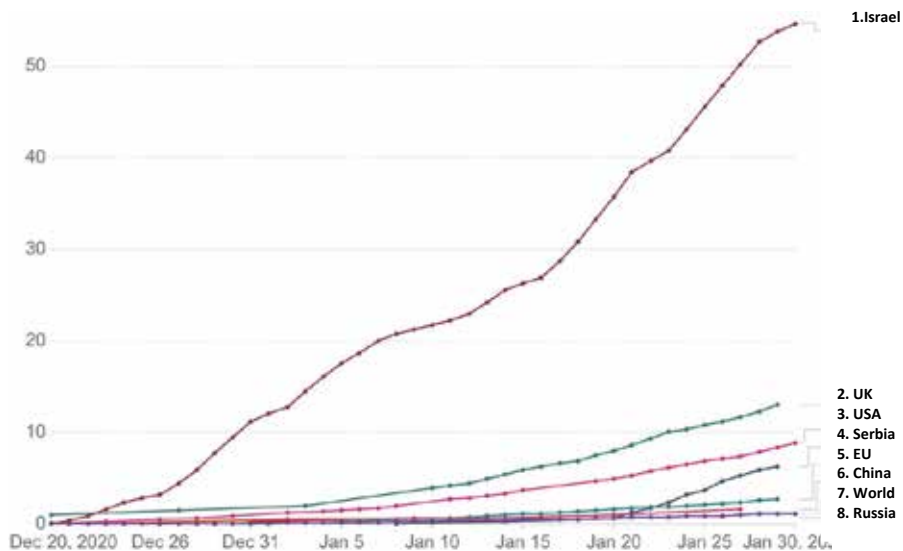


Figure No. 1 – Share of inhabitants of selected countries / regions as per number of administered vaccines up to and including 31.01.2021 (note: this is the total number of doses that may not be the same as the number of people who received the vaccine, as they include the second dose of the vaccine for certain sections of the population).

Data on the number of vaccines administered relative to the population number in the European countries that started this process up to and including the data for 30.1.2021 (a total of 32 countries) looks as shown in the Figure No. 2. Observed by these indicators, the United Kingdom administered just over 13% of vaccine doses relative to the population number, the Republic of Serbia is second with slightly above 6%, Malta is third with about half a percent less, while other countries have vaccinated less than

5 percent of their population. It is interesting to note that the leading countries by this parameter, the UK and Serbia, are not members of the European Union, and neither is Iceland, which is immediately behind Malta per the vaccination index. The data testifies to the unfavorable course of the vaccination process of the population that is taking place in the European Union, many of whose countries have shown dissatisfaction with the inability of the EU to ensure the acceleration of the vaccination process for its citizens. There is also an obviously high degree of discrepancy between the first-ranked member state Malta with 5.85% and the last-ranked Bulgaria with only 0.59%. Of special interest is the fact that the traditional west-east or north-south axes of countries differentiation in this case were not particularly distinguished and there are cases that have shown somewhat surprising results. Thus, the first 5 member states of the European Union include the State of Malta, the Kingdom of Denmark, the Republic of Slovenia, the Republic of Romania and the Republic of Lithuania (all in the range of 3-6%), while the last 5 EU member states according to the same principle are the Republic of Croatia, the Grand Duchy of Luxembourg (despite the small population), the Kingdom of the Netherlands, the Republic of Latvia and the Republic of Bulgaria (in the range of 0.59-1.95%).

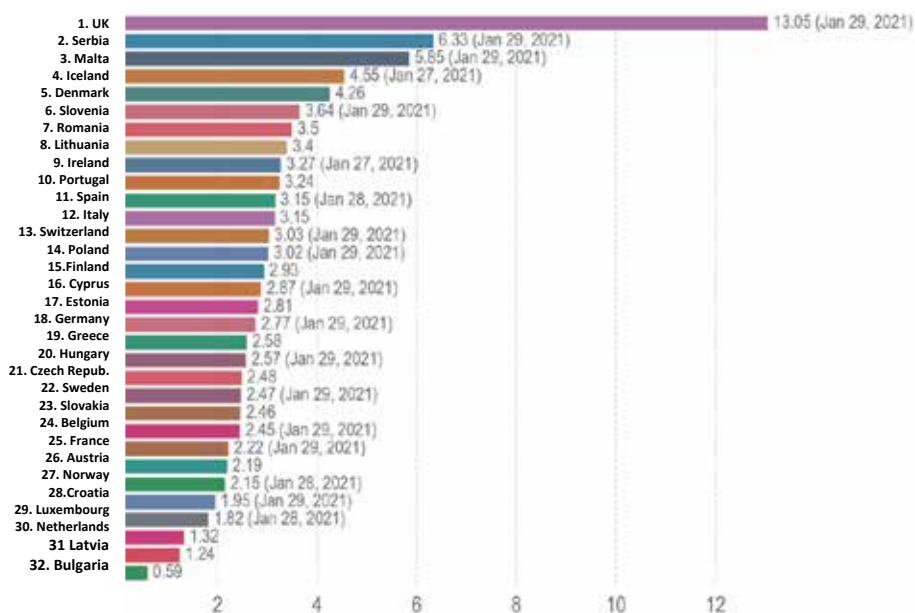


Figure No. 2 - The share of the population of European countries relative to the number of vaccines administered up to and including January 30, 2021. (note: this is the total number of doses that does not have to be equal to the number of people who received the vaccine, since they include the second dose of the vaccine for certain parts of the population). The order of the first ten European countries is as follows: United Kingdom (most vaccinated population), Serbia, Malta, Iceland, Denmark, Slovenia, Romania, Lithuania, Ireland, Portugal.

What is the situation at the level of the wider area of Southeast Europe? For the purposes of this text, the “wider area of Southeast Europe” shall be deemed to include the countries that are partially or entirely geographically located in the Balkans, as well as neighboring regions that in the modern-historical context were connected with the Region through political, cultural, social and other processes. Why is this presentation relevant, instead of interpreting the data only at the level of the so-called Western Balkans? Because those countries have not yet started the process of mass vaccination of the population with the vaccine against Covid-19 and/or because they have not yet submitted the data that would be included in the comprehensive international database. According to the number of administered vaccines, Serbia leads with over 6%, followed by Slovenia and Romania (over 3%), then Cyprus, Greece, Hungary and Turkey (over 2%), the Croatia (over 1%) and Bulgaria (less than 1%).

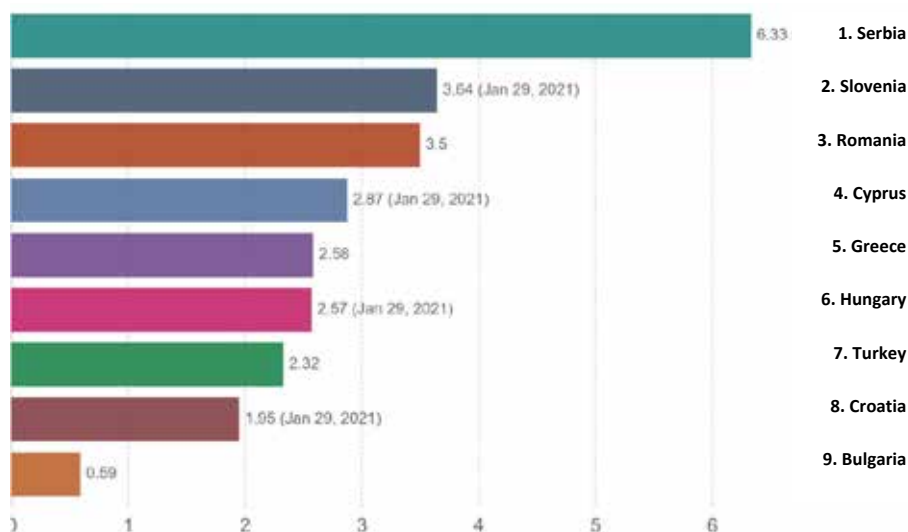


Figure No. 3: The share of the population of the countries of former region of the South-East Europe relative to the number of vaccines administered up to and including 29.01.2021 (note: this is the total number of doses that does not have to be equal to the number of people who received the vaccine, since they include the second dose of the vaccine for certain parts of the population). The order of the countries is as follows: Serbia (most vaccinated), Slovenia, Romania, Cyprus, Greece, Hungary, Turkey, Croatia, Bulgaria.²²

Based on the data presented, several aspects can be concluded. First, there was a non-dynamic activity in terms of vaccination of the population with the

²² The figure is generated by selecting the appropriate parameters within the electronic database “Our World in Data”, with the addition of a translation into Serbian on the right-hand side, in accordance with the rules of free use and display of data from the database

anti-coronavirus vaccine at the level of the European Union and it must be noted that within the EU there are significant differences that, interestingly, do not reflect traditional European differences in the geographical, economic or socio-political terms. In addition to the economic aspect, the size of the population is not crucial as regards the share of vaccinated citizens, as has been illustrated by the example of Romania - the sixth largest demographic member state, which is among those with the highest number of vaccinations, whereas the second is Luxembourg, one of the most developed and least populated members of the Union. The example of Luxembourg can be contrasted to Malta, also one of the highly developed "micro-states", which is ranked at the top of the list.

The paradoxical situations should also include the fact that despite the territory of the European Union hosts one of the main production plants for Pfizer-BioNTech vaccine, approved among the first to administer to the population, and that the Union supported the development of the Astra-Zeneca vaccine, this organization, notwithstanding their international and other reputation, failed to procure a large number of vaccines for their own citizens in a short period of time and speed up the process.²³ Although, relatively speaking, many countries of the world unfortunately have not yet started this process at the time of writing this paper and even sluggishness at the EU level seems unattainable for them, it is indisputable that the European citizens expected the most economically prosperous world community to provide them with better quality and a more dynamic perspective of overcoming the pandemic crisis.

In addition to the above, it can be concluded that there is a greater potential for rapid implementation of the early phase of vaccination in those countries that participated in the production of the vaccine (e.g. USA, UK) against also influential European countries such as e.g. France, which is below the unenviable average of the European Union on the list of vaccination rates per capita (see Figure 2 in this chapter). Although at least two vaccines that are currently in widespread use have been developed in the EU or with the help of the EU (the ones produced by Pfizer-Biontek and Astra-Zeneka), the Union has failed to set down to the first stage of mass vaccination, on the same grounds or comparably with the US and British partners, at least observed from the aspect of the number of administered vaccines for a short observed period (December 2020 - January 2021). Such indicators confirm that particular countries such as the US or the UK that relied on their national capacities or bilateral / intergovernmental contacts (Israel, Serbia) were more successful at this stage of mass vaccination compared to those that relied on multilateral flows (such as the EU Member States, that expected significant logistical support in that direction from European institutions). The opposite example relates to Israel and Serbia, which

²³ More detailed data on this aspect will be presented in the next chapter of this paper.

managed to obtain a large number of vaccines and achieve favorable results in the observed period owing to direct government contracting, regardless of the fact that these are relatively small countries (in the global terms) that, moreover, did not participate in the production of vaccines. Such examples can be used to argue that multilateral initiatives have shown limited results in the process of obtaining vaccines and contributing to building collective immunity, which, although not insignificant, was yet not at the level expected during the observed period.

While this process is expected to reverse in parallel with the expansion of global vaccine production capacities and the introduction of new vaccines into circulation, less influential countries in the international system, which rely on multilateral channels of support (from the European Union to Covax), unfortunately, in early February 2021, have little reason to be optimistic. As almost every crisis manifests through increasing inequality, based on the early stage of the process of mass vaccination of the population, a growing degree of asymmetry in access to vaccines between the traditional “forces” in the international system and all other countries, which are forced to look in the alternative ways for vaccines to help their population. In these challenging moments of deglobalization, multilateral institutions that are nominally based on the ideas of mutual assistance, cooperation and solidarity, should also work on restoring credibility by trying to apply the mentioned ideals in practice. Otherwise, the deepening crisis of confidence may permanently disrupt multilateral initiatives as such

Conclusion

The CoVid-19 pandemic marked the beginning of the third decade of the 21st century. The sudden introduction of voluntary or mandatory isolation of the population of entire countries and parts of the world and the implementation of various legal deeds aimed at isolating potential carriers of the new coronavirus, although most pronounced in 2020, in the absence of a more efficient alternative, is still applied. Thus, in the first quarter of 2021, rigorous measures of restrictive mobility are still applied throughout Europe and have been maintained since the period of winter cooling, while a high number of victims is still recorded globally. The purpose of restrictive epidemiological measures is to limit the aggravated health risks to the global population

Based on the analysis of socio-economic aspects recorded during the first year of the CoVid-19 pandemic, it is explained that the consequences are multidimensional, in terms of economy (recession and shutdown of entire sectors, such as aviation and mass tourism), politics (ambivalent international relations) and society (measures restricting contacts and movement). Restrictive measures have adversely affected numerous segments of the insurance industry. The situation on the

local insurance market is illustrated by the analysis of data for roadside assistance service, that experienced a significant decline in 2020 compared to previous years. The recovery of the aviation industry and mass tourism - perhaps the most affected industries that are a source of income for millions of people - is not expected to happen in the coming years and the consequences in that field (felt by the insurance industry as well), are certainly at least of a medium-term duration. This fact will adversely affect the demand for those types of insurance that are most closely related to international mobility. Despite significant challenges, insurers sought to respond to pandemic challenges by providing insurance services on a continuous basis, limiting liquidity and solvency risks and supporting government and society. Moreover, the pandemic crisis by its very nature has affected the expansion of the availability of particular elements of health care and revealed the weaknesses of even the most economically advanced systems.

Although the process of mass vaccination has started, it takes place unevenly and with obstacles. During the pandemic, the institutions of the European Union acted slowly and confusedly in certain periods, which caused negative reactions even among the founding countries such as Italy or Germany. Also, the phenomenon of "corona diplomacy" - efforts to store large quantities of vaccines on the basis of previously agreed deliveries, not only showed no success in the crisis trends so far (perhaps due to unrealistically set goals of pharmaceutical companies themselves), but also contributed to ethical dilemmas about the deepening of the differences between those countries that have been in the process for several months compared to others that are not viable to even embark the vaccination in the near future (these are, primarily, the economically underdeveloped parts of the world). In circumstances where thousands of people lose their lives every day due to a pandemic, every moment and every vaccine can make a difference. Moreover, there are some countries that have not relied too much on multilateral platforms (such as a common procurement of vaccines at the EU level or the Covax vaccine distribution system), but rather on their traditional intergovernmental contacts with vaccine-producing countries, such as Israel or Serbia, through which they managed to achieve significant success in dynamics of mass vaccination in this phase of the pandemic. On the other hand, such activities can also serve as an argument for strengthening bilateralism and deviating from multilateral initiatives and ways of organizing - the fact that could, in the medium term, complicate some other economic and political processes.

At the international level, initiatives are developed, such as the introduction of additional documents that confirm the past disease or vaccine received (the so-called "covid passports"), since the circulation of the virus does not seem to stop in 2021. It is an issue that goes beyond the domain of health care and permeates other matters, such as the prospects for the development of international contacts in terms

of the actual privilege provided to those who possess such documents. Despite the problematic moral grounds, the present situation is such that the interstate mobility has certainly been limited for a year now mainly to those people who have the appropriate documents (eg a negative PCR test or confirmation of a past illness), or come from an area less affected and therefore easier can achieve the much desired freedom of movement (and related activities). With this in mind, following the development of such initiatives, it is predicted that in the coming period they will be an unavoidable element of cross-border travel, such as today's "regular" passports or personal identification documents. They will be a kind of "insurance policy" on the basis of which the risks related to the cross-border movement of individuals will be assessed. Along with the development of the mentioned procedures, the process of mass vaccination of the population is taking place, which, although it causes international political, economic, but also social and ethical challenges, represents a significant step towards limiting health risks and restraining the unfavorable trend of the pandemic crisis.

Literature

- Amadeo K., Your Guide to the 2020 Recession, February 1st 2021, <https://www.thebalance.com/recession-2020-4846657>, accessed on: 2. 2. 2021.
- Arvanitopoulos C., "Transatlantic relations after the COVID-19 pandemic", *European View*, Vol. 19(2), 2020, pp. 164–165.
- Balmer C., EU Commission apologises to Italy over coronavirus response, deaths push higher, Reuters, April 2nd 2020, <https://www.reuters.com/article/us-health-coronavirus-italy-idUSKBN21K2AF>, accessed on: 1. 2. 2021.
- Beta, Miloš Petrović for Euraktiv Serbia: Soft power of EU under the shadow of yet another crisis (in Serbian), 12.05.2020, <https://beta.rs/vesti/politika-vesti-srbija/127224-milos-petrovic-za-euraktiv-srbija-meka-moc-eu-zase-njena-jos-jednom-krizom>, accessed on : 20.01.2021.
- Blangiardo M., Cameletti M., Pirani M., Corsetti G., Battaglini M., Baio G. (2020) Estimating weekly excess mortality at sub-national level in Italy during the COVID-19 pandemic. *PLoS ONE*, 15 (10): e0240286, 2020, pp. 2–3.
- Deutsche Welle, Coronavirus digest: WHO rebukes China for blocking investigator entry, Deutsche December 2020, <https://www.dw.com/en/coronavirus-digest-who-rebukes-china-for-blocking-investigator-entry/a-56131087>, accessed on: 30. 1. 2021.
- European Commission, Commission puts in place transparency and authorisation mechanism for exports of COVID-19 vaccines, January 29th 2021, https://ec.europa.eu/malta/news/commission-puts-place-transparency-and-authorisation-mechanism-exports-covid-19-vaccines_en, last accessed: 1. 2. 2021.

- Eurostat, GDP and employment flash estimates for the first quarter of 2020, 15 May 2020, <https://ec.europa.eu/eurostat/documents/2995521/10294864/2-15052020-AP-EN.pdf/5a7ea909-e708-f3d3-8375-e2510298e1b8>, accessed on: 1. 2. 2021.
- Marsh & McLennan, *COVID-19: Evolving Insurance and Risk Management Implications Report*, New York, 2020, pp. 1-2.
- McNeil D. Jr, Jacobs A., Blaming China for Pandemic, Trump Says U.S. Will Leave the W.H.O., New York Times, May 29 2020, <https://www.nytimes.com/2020/05/29/health/virus-who.html>, accessed on: 1. 2. 2021.
- National Bank of Serbia, Data on business transactions of insurance companies, 2018-2020, <https://nbs.rs/sr/finansijske-institucije/osiguranje/poslovanje/>, accessed on : 01.02.2021.
- Nebehay S., Farge E., WHO chief looks forward to working 'very closely' with Biden team, November 9 2020, <https://www.reuters.com/article/us-health-coronavirus-who-idUSKBN27P14F>, accessed on: 9. 1. 2021.
- Odluka o proglašenju vanrednog stanja, *Službeni glasnik Republike Srbije* br. 29 od 15. 3. 2020. godine
- OECD, *Insurance sector responses to COVID-19 by governments, supervisors and industry*, Paris, 2020, pp. 2-3.
- Our World in Data, Coronavirus (COVID-19) Vaccinations, 2021, <https://ourworldindata.org/covid-vaccinations>, accessed on: 1. 2. 2021.
- Petrović, M. "Dynamic regional political concepts and the European integration process", *Russia and Serbia in the Contemporary World: Bilateral Relations, Challenges and Opportunities* (editors: Bogdan Stojanović and Elena Georgievna Ponomareva), Belgrade, 2020, pp. 167–184.
- Petrović, M. "Lloyd's forecasts a loss of 107 billion dollars for (insurance) industry in 2020 as a consequence of Covid 19 pandemic" (Article review, in Serbian), *Insurance Trends* No. 2/2020, pp. 85-86.
- Legal Information Portal of the Republic of Serbia, 2021, <http://www.pravno-informacioni-sistem.rs/fp/covid19>, accessed: 1.2.2021.
- Radović Z., "Coronavirus and insurance" (in Serbian), *Insurance Trends* No. 2, 2020, p. 87.
- Shubiao Lu, Jinsong Lin, Zhiqiao Zhang, Liping Xiao, Zhijian Jiang, Jia Chen, Chongjing Hu, Shi Luo, "Alert for non-respiratory symptoms of coronavirus disease 2019 patients in epidemic period: A case report of familial cluster with three asymptomatic COVID-19 patients", *Journal of Medical Virology*, 93(1), 2021, pp. 518-519.
- UNWTO, Tourism and COVID-19 – unprecedented economic impacts, 2020, <https://www.unwto.org/tourism-and-covid-19-unprecedented-economic-impacts>, accessed on: 25. 1. 2021.

- Visnevskyte E., IATA: Aviation industry to end 2020 with \$118 billion loss, 25 November 2020, <https://www.aerotime.aero/26515-iata-aviation-industry-to-end-2020-with-118-billion-loss>, accessed on: 1. 2. 2021.
- World Bank, The Global Economic Outlook During the COVID-19 Pandemic: A Changed World, June 8th 2020, <https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world>, accessed on: 1. 2. 2021.
- Worldometers, COVID-19 CORONAVIRUS PANDEMIC, 2020, <https://www.worldometers.info/coronavirus/>, accessed on: 30. 1. 2021.

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