

 **prof. Jaroslav Dvorak****Implementation of the COVID-19 Anti-Crisis Policy in Lithuania:
Goals, Resources, Key Actors**

Background: Health policy is usually effective when there are sufficient financial, human resources, and personal protective equipment. This has been especially evident in the context of the COVID-19 crisis, when national health systems are faced with a growing number of patients and a lack of personal protective measures. Centralized access to pandemic management as a political option has also shown its limitations, as it is not just a matter of allocating money. COVID-19 is spreading silently and solutions to contain, test and mobilize healthcare workers are needed quickly – here and now. Even though there are more than 30,000 people working in the healthcare system, we see that when hot spots are identified, it is difficult to mobilize and quickly use this number. The purpose of this research is to evaluate the implementation of the COVID-19 crisis management policy by examining key tasks, resources, and actors.

Method: The research methodology is based on the analysis of statistical data and legal acts. The method of qualitative interviews with doctors, social workers, municipal officials is also used.

Results: The study identified examples of inconsistencies in the legal framework that affected the work of doctors and social workers and their willingness to implement policy. Nonconformities relate to interactions with clients/patients, for example: a) work with personal protective equipment; b) work with clients; c) remote work, etc. The importance of clear, defined, non-recommendatory rules became apparent during the first COVID-19 pandemic. On the other hand, some recommendations from doctors and social workers were helpful as they allowed them to choose what was appropriate for the institution according to the specifics.

Conclusions: After analyzing the effects of management and control on the discretion of street-level employees (doctors, social workers), it can be concluded that new factors, rituals and habits have appeared in the daily routine of street-level employees. It was necessary to start working in a team, to reorganize the premises of the institution to provide services in a different way. Teamwork reduced the individual autonomy and discretion of street-level employees but created a sense of togetherness and security. The reorganization of the premises of the institutions has changed the established procedures and caused difficulties in classifying patients, which is done automatically under normal conditions. During the epidemiological control of the COVID-19 virus, the division of patients into flows reduced the professional freedom of certain categories of street-level staff (nurses). It should be noted that the positive impact on management was found in those institutions that had more specialists, especially at the management level, with experience in the field of virus control. The impact on customer service of requiring social distance (such as restrictions on patient attendance) was positively assessed by street-level employees as it introduced order and equality, a transformation from the number of patients served to quality after the first wave of COVID-19.