

# **COVID-19 Policy in Bulgaria: Swift Early Response by the Executive, Followed by a Complete Governance Failure**

Dimiter Toshkov, Leiden University ([d.d.toshkov@fgga.leidenuniv.nl](mailto:d.d.toshkov@fgga.leidenuniv.nl))

*Draft chapter for the book Comparative Study of COVID-19 Policy Responses, edited by Kennet Lynggaard, Mads Dagnis Jensen and Michael Kluth (Springer Nature, forthcoming in 2022)*

This version: 12 November 2021

## **Introduction**

In the early stages of the spread of the pandemic, Bulgaria was one of the first countries in Europe to introduce restrictive measures, including a school closure followed swiftly by a complete lockdown. These measures – proposed and implemented by the central executive – generated little political opposition and were tolerated – if not liked – by the general public. The measures worked to limit the spread of COVID-19, and Bulgaria emerged relatively unscarred by the first wave. As the summer of 2020 approached, however, the country was lulled into complacency, most measures were relaxed, and compliance with the remaining ones dropped. The government was attacked by interest groups representing the hospitality sector (cafes, bars and restaurants), political actors from the fringes criticized the possible re-introduction of restrictive measures, and the team leading the pandemic response found itself increasingly isolated. All this led to a very sharp increase in the number of infections, hospitalizations and, ultimately, deaths in the autumn of 2020. A new and comprehensive lockdown was installed in November 2020, but the delayed response worked only slowly to halt the spread of the pandemic. The restrictions were gradually lifted in February 2021, but in late March they had to be re-introduced, in the midst of growing public discontent and accusations of governance chaos. Meanwhile, the country was engulfed in a political crisis: the government resigned in April 2021, and new elections failed to produce a parliament that could install a new cabinet. The caretaker government did not have the political will and legitimacy to act decisively in handling the pandemic. The real disaster, however, came with the vaccination campaign, which started on time, but progressed very slowly, mainly because of a vaccine-sceptical population. Pathologically low public trust in government and authorities more generally prepared the ground for this failure, but the lack of an effective information campaign and the uncontrolled spread of misinformation on social media and beyond sealed its fate. As a result, in May 2021 Bulgaria had the lowest vaccination rate in the EU and one of the highest cumulative death tolls from the pandemic. The governance of the pandemic was in disarray, with no regular government in place and a scared, misinformed population reluctant to vaccinate and to comply with restrictive measures.

## **Patterns of Governance**

Bulgaria is a parliamentary republic with a multiparty political system, since 1989. The one-chamber legislature elects the cabinet (Council of Ministers) led by a prime minister, which needs the support of a majority in the parliament to remain in place (for a general overview of Bulgaria's political system and political developments since 1989, see Spirova and Sharenkova 2019). The cabinet leads the executive branch, with ministers having relatively high autonomy in their respective domains. The presidential institution has mostly ceremonial functions and very few domestic policy-making responsibilities, in normal times. In a government crisis, however, the president plays an active role by nominating a caretaker cabinet until new elections are held and a new government is installed. The president is directly elected by the

people, which gives the institution popular legitimacy. A conflict between an activist president – who has legitimacy but few formal powers – and the government – which has the formal powers to make and implement public policies but often lacks strong public support – is a systemic feature of Bulgarian politics, especially in times of co-habitation, when the president and the prime minister are supported by different political parties.

In terms of vertical distribution of power within the country, Bulgaria is a unitary and rather centralized state. The regional level of government has very few meaningful responsibilities and no financial autonomy (nor public legitimacy, as the heads of the regions are appointed by the central government). The local level (municipalities) has extensive responsibilities, but limited own resources, which in practice constraints significantly their autonomy and governance capacity.

Formally, Bulgaria has a professional civil service that is protected from political interference. In practice, there are persistent problems with corruption, nepotism, and high turnover in the higher echelons of the civil service following elections (Zankina 2017). Another part of the communist legacy of the Bulgarian system of governance is weak *policy-making* capacity, with ministries having limited resources for and experience in developing and implementing strategic projects (Dimitrova 2002). Public policies are overly legalistic, designed and adopted in a top-down fashion, rely primarily on command-and-control authority-based policy tools, with formally strong but rarely enforced sanctions.

Mechanisms for consultation with the public and interest groups are not well developed and institutionalized in most policy areas. When it comes to social policy, however, tripartite consultation of the government with unions and employers' organizations is traditionally strong and a significant constraint on government actions. In the health sector, professional organizations, experts organized in consultation councils and professionals (such as the directors of the major hospitals) also play an important role, both formally and informally. Given the importance of tourism for the country's economy, representatives of the horeca (hotels, bars, restaurants) industry can also be influential actors, but their access to government is less institutionalized. Overall, the way the influence of interest groups is exercised is often unclear, with plenty of evidence for policy and legislative changes made in favour of particular economic actors, but little evidence for official consultations and transparent lobbying.

Given that Bulgaria was a one-party state for 45 years prior to 1989, it is not surprising that there are no well-institutionalized norms and procedures for coalition governance (Kolarova and Spirova 2019b). Yet, government coalitions have become a regular feature of political life in the country. The main coordination body within the government is the Council of Ministers, which is the top institution for resolving inter-ministerial conflicts and approving official government policy. The power of the prime minister varies with the personality of the office holder, but is relatively weak and ministers retain significant autonomy (Spirova and Sharenkova 2021).

Since 2007, Bulgaria is a member of the European Union, but is still outside the Schengen Agreement and the European Monetary Union. The country is also an active member of the United Nations and many other international organizations (but not of the OECD yet, where its application is pending).

Overall, governance in Bulgaria is hierarchical and vertically centralized. Coordination is formal and relationships between ministries and agencies are often hostile. Institutional rivalries between the presidency and the government routinely complicate policy making: for example, the president can veto legislative bills and return them to parliament for a new vote. Behind a façade of overly legalistic and formalized public policies, actual governance is subject to pressures and direct influence from individuals and economic agents with political connections, policy implementation is typically understaffed and disorganized, and

enforcement is ad hoc and arbitrary. Political culture is rather toxic, with very low levels of political participation and trust in government, and high levels of political polarization.

When the COVID-19 pandemic hit Europe in the first months of 2020, Bulgaria was governed by the 3<sup>rd</sup> cabinet of Prime Minister Boyko Borissov, which consisted of one main party – GERB, and two smaller partners – the nationalistic and right-wing populist VMRO-BND and NFSB under the United Patriots label. GERB held the ministerial portfolios most relevant for handling the COVID-19 pandemic: health, economy, finance and social affairs, only the tourism ministry was in the hands of NFSB.

Left/right labels do not mean much when applied to the Bulgarian political context, but GERB (a member of the European People’s Party in the European Parliament) can be classified as a relatively economically-liberal and centrist on social issues (not as conservative and/or nationalistic as its coalition partners, but not socially liberal by any means, compared to other European parties). Together, the coalition had a majority in the legislature, but public support for the constituent parties was already dwindling, and there were intense political protests against the government starting in July 2020. The presidency was occupied by Rumen Radev, who – although formally an apolitical figure – came to power with the support of the Bulgarian Socialist Party (BSP), GERB’s main rival. The relationship between the president and the prime minister was strained and marked by personal animosity and institutional intrigues (Kolarova and Spirova 2019a).

The prime minister reshuffled significantly his cabinet in late July 2020, but this did nothing to curb the public protests (which were not related to COVID-19 but broader issues of corruption and good governance). Nevertheless, the government completed its term till the Spring of 2021, although the protests and low public support eroded its legitimacy and capacity for decisive action. Parliamentary elections were held on April 4, producing no clear winner and a fragmented legislature with one big new player. Borissov resigned on April 16, but the new parliament failed to find a majority for a new government, and the president appointed a caretaker government on May 12. New parliamentary elections were called and took place on July 11, but again led to a stalemate, which left the caretaker government in place at least until the new elections scheduled for 14 November 2021.

### **Increasing Societal Discontent, but Limited Politicization**

The executive, and the central government in particular was the most influential locus of decision-making in managing the COVID-19 crisis in Bulgaria. Within the executive, a specially-created taskforce played a big role in communicating about the pandemic, monitoring and evaluating the situation and proposing measures to the cabinet and the minister of health, who was the main actor with formal prerogatives to issue orders and regulations, under the emergency legislation enacted. The prime minister also played an important role, formally and informally with the weight of his public presence.

The National COVID Task Force was established by the government as a working group supporting the prime minister on 28 February 2020. It enlisted experts from various fields related to medicine and public health, as well as representatives of different governmental institutions. (The National Center for Infectious and Parasitic Disease, which by law should have a major role, has not been very prominent.) As a member of the task force and of the political cabinet of the health minister, the chief national health inspector – an apolitical expert figure - was very active. Despite its centrality in the decision-making processes, it appears that the task force did not keep any minutes of its activities during the crucial months of the first part of 2020.

The task force was said to be abolished once the government handed its resignation in April 2020, only for this message to be contradicted later in the week: a situation symptomatic about its unclear role and responsibilities within the system of epidemic governance. The task

force was eventually abolished by the caretaker government and the new minister of health – who happened to be a doctor of medicine but a major critic of social distancing measures – with the argument that it is unnecessary for managing the pandemic.

Overall, political tensions within the government coalition did not exert a major influence on the management of the pandemic. There were only a small number of differences expressed publicly, for example when in January the junior coalition partner questioned the decision to open access to restaurants but not to schools.

Parliament remained rather passive with respect to managing the crisis throughout 2020 and the first half of 2021. There were relatively few parliamentary questions asked to the minister of health – one of the major tools through which the legislature can keep the executive accountable, although the number of COVID-19-related questions increased over time. Ten questions were asked between March and August 2020, 34 between September and December 2020, and 15 in January and February 2021. Parliamentarians were more interested in summoning the prime minister to answer questions himself, but he refused and sent the government ministers instead.

In terms of legislation, the parliament had to approve the state of emergency law (which happened unanimously in March 2020) and to extend the periods of emergency measures afterwards (which also did not generate significant opposition). There was wide parliamentary support for the economic measures adopted to buffer the economic impact of the pandemic and the lockdowns. Debate on government policy in the parliament focused on the nature of organization of the restrictive measures and their implementation, rather than on the content of the measures as such. One issue on which the parliament was active was legislating and controlling the conduct of parliamentary elections in the context of partial lockdown, which were organized relatively well considering the difficult circumstances.

Opposition political parties failed to articulate an alternative vision for the governance of the pandemic. Most were content with criticizing the government for (perceived) organizational failures but did not offer substantive alternatives. Tellingly, no political party could mobilize and concentrate the social discontent against the policy measures around it. The Democratic Bulgaria party was the only one that presented a strategy.

Indirectly, public opinion played an important role for the governance of the pandemic. Support for restrictions fell fast after the first wave. Even as cases and deaths were rising fast, 50% of the public did not see the need for stricter measures in October 2020, 60% supported opening up cafes and restaurants in February 2021 and 55% wanted weaker measures in March 2021 (according to surveys fielded by national polling agencies and reported in the press). Falling public support for restrictive measures after the Spring of 2020 definitely was a factor that delayed the reintroduction of restrictive measures in the Autumn of 2020 and, even more so in the Spring of 2021. The context of parliamentary elections probably exacerbated the influence of public opinion, with no party – in government or opposition – wanting to support measures that lacked strong public approval. In March 2020 75% of the public agreed that the government does a good job in handling the pandemic, but only one-third did so in January 2021.

For the period of analysis, the courts did not play a proactive role in overseeing COVID-19 related restrictive policy measures. The constitutional court was asked to clarify whether MPs can work remotely.

The most active interest groups were a few very vocal organizations representing owners of cafes, bars and restaurants. With the prolongation of the second lockdown, shopping mall owners and big store operators also became more active, complaining about the lack of clarity and predictability of the rules. While most groups lobbied for abolishing restrictions, some hotel owners lobbied to be included in the scope of restrictive measures, so that they would be eligible for financial support. As an example of the success of lobbying activities,



freelance musicians asked publicly for help on 5 March 2021 and were allocated a 2 million euro subsidy on March 10. Labour unions and big business associations played mostly constructive roles in the discussion of the economic relief measures.

The groups related to the horeca industry put the government under considerable pressure to delay, limit the scope and ultimately abolish restrictions, with the use of public campaigns, media attacks on the health minister, threats to protests and the like. It is unclear what their impact actually was. It seems they had more success with the prime minister himself, which led to some confused communication about the expiry of the measures during the second and third lockdowns. Undeniably, the actions of the horeca interest groups contributed to a climate of contestation of the policies and societal confrontation.

For most of the period under analysis, the central government institutions were leading in the policy response. However, in the beginning of March 2021 they did try to shift responsibility and delegate the management of the crisis to regional councils, but these councils had no capacity in most places, other than the biggest cities in the country. This lack of regional capacity is linked to systemic problems of weak regional governance.

In summary, while public contestation of the measures and societal opposition to their implementation increased over time, only one party articulated an alternative strategy. Criticism focused mostly on the perceived ‘chaos’ with no concrete ideas about what to do differently in handling the spread of the crisis. In parliament, most of the measures passed without any contestation or even debate. The winner from the first elections in 2021 was rather COVID-19 and vaccine-sceptic, but expressed no coherent view of the policy measures and did not influence things much. What is noteworthy is that the caretaker government adopted a hands-off approach, but it is hard to say what were the reasons for that (the caretaker government did not shy away from intervening in other policy areas). Overall, there is no evidence for politicization in the sense of COVID-19 management becoming the subject of meaning deliberation or polarization *across party lines*.

## **Policy Responses: The Limits of Authority-based Tools**

### *Containment measures*

Bulgaria responded to the first wave of the spread of the pandemic very fast and rather decisively. The first cases of COVID-19 were officially registered in the country on March 8, by which time the horrid potential of the virus and the disease were already becoming clear in other countries in Europe. It restricted public gatherings on March 8 (extending the scope of the restrictions on March 13 and March 17). The country was one of the first to close down schools on March 13: a decision made easier by the fact that schools were already closed since earlier that year due to a flu epidemic. The country entered a comprehensive lockdown on March 13. On the same date a state of emergency was declared, for an initial period of one month, which was extended on April 3. From March 18 there was an effective border closure. Internal travel restrictions between different cities within the country followed on March 20, and on March 21 the restrictions were extended to cover sport grounds and recreation parks.

This first lockdown lasted until the end of April, with parks being the first to open on April 27 and the requirement for compulsory mask wearing in open spaces lifted on May 1. The state of emergency ended on May 13 – together with some of the remaining restrictions – and was replaced by a state of ‘emergency epidemic situation’, which still gave the minister of health extensive powers for introducing restrictions on social movement to contain the spread of the epidemic.

The first lockdown was clearly an authority-based public policy. The government restricted significantly the rights of people for free movement and introduced new obligations

for social distancing. There was little in terms of information campaign, although the COVID-19 task force held weekly briefings for the press. Money was used to dampen the impact of the restrictions on the economy (see the section on economic policy) and some investment in capacity was made as well (see the section on health care).

The early response by the government was heavy-handed and the restrictions were comprehensive, but they worked. Bulgaria emerged from the first wave of the pandemic relatively unscarred, with some of the lowest cumulative case, hospitalization and death rates in Europe. The summer months were also relatively calm, which lulled the government and society into complacency and a false sense of immunity. But the situation started rapidly to change for the worse in the Autumn of 2020.

With the schools open and very few policy measures remaining (for example, compulsory masks), cases started to climb already in September and, more markedly, in October. This time the government response was belated: a new lockdown was only announced on November 24 and entered into force on November 27. By then the hospitals were almost overwhelmed and the virus was spreading unchecked. The lockdown worked only slowly to reverse the tide. Amidst growing public discontent, it had to be prolonged in December, and then again in January 2021.

The second lockdown also relied primarily on authority-based policy tools, but this time the limitations of this type of policy responses were becoming evident. Compliance with the restrictive measures was more difficult to achieve, public approval of the measures dropped, and interest groups and economic actors increasingly attacked the minister of health and the COVID-19 task force for lack of clear criteria for the introduction and lifting of restrictions. The information efforts of the government were not too successful, with some widely-publicized inconsistencies in the opinions of the prime minister and the minister of health, and growing accusations of chaos by some parts of the political opposition. At the end of the budget year, however, the government distributed more money in response to the epidemic and further efforts to increase the capacity of the health sector were made.

The second lockdown lasted for longer than initially conceived because of new variants of the virus reaching the country. After several promises which had to be cancelled, most of the restriction were lifted from February 1 (but not the ones related to cafes, bars and restaurants, which had to wait until March 1).

Despite a promising start in organizations terms, the vaccination campaign proceeded slow and soon hit a wall of public scepticism in the efficacy and safety of the vaccines, which prevented progress in limiting the spread of the virus. This made the introduction of a third lockdown necessary again in March 2021. The new set of measures took effect on March 22 and were gradually lifted between April 1 and May 1. But by then the political system was in disarray, with no functioning government (the caretaker cabinet was only installed on May 12) and confusion whether the COVID-19 task force was still active at all.

When we look at the containment measures in Bulgaria, it is clear that the government relied primarily on authority-based policy tools. These worked in the emergency of the first wave, when the population was willing to cope with any measures to avoid the disasters unfolding in Italy and elsewhere in the world. When comprehensive lockdowns had to be introduced again and again, however, the limits of this policy response became evident as well, especially in a context where public trust in government and other authorities is very low. The need for information campaigns was frequently noted, but not much was done in practice.

### *Health care*

In terms of health care, Bulgaria entered the pandemic from an already difficult position, with some of the lowest health care capacity in Europe, especially in terms of nurses per capita (Koleva-Kolarova 2020). One positive feature was the presence of a traditionally strong

position of a minister of health and its own ministry (see Toshkov et al. 2021 for the importance of this factor for managing the pandemic), and well-institutionalized system of consultation councils which incorporated medical experts and professionals. The country also had a functioning strategy for handling flu epidemics (but not a strategy for epidemic response in general). It is perhaps a coincidence that at the start of the COVID-19 pandemic Bulgarian schools were already closed due to seasonal flu, but we can also see this as an indication that some capacity for epidemic responses had been in place.

As the COVID-19 crisis unfolded, the government introduced several measures to increase the capacity of the health care sector. It provided additional financial resources to the hospitals and re-organized their units to make the detection of the virus and the treatment of the disease easier, with contested success. It provided financial incentives and compensation to general practitioners and other medical doctors for dealing with COVID-19, and later for participation in the vaccination campaign as well.

In organizational terms, in addition of the COVID-19 task force, the government set up a vaccination task force, and it approved a vaccination strategy (in December 2020 already). A National plan for pandemic readiness was approved on 2 December 2020, when the country was deep into the second lockdown. It is not clear whether a plan for managing the COVID crisis in particular was prepared, and when. Despite references to such a plan, it was not made public by the ministry of health until the summer of 2020.

Once it became clear that the supply for vaccines is greater than the demand from the groups targeted in the vaccination strategy, the government tried to speed up the process by introducing ‘green corridors’ where anyone could get vaccinated. This led to some organizational complications initially, but in the long run the idea proved beneficial (although the vaccination rate still remains extremely low). It is worth noting that the country successfully introduced paper-based and electronic vaccine certificates rather early, although not without hiccups. Testing capacity was not very high and testing was never a priority.

Overall, health care responses relied primarily on money (treasure-based policy tools) and to a smaller degree on re-organization strategies. Authority-based instruments did not play a major role, which is understandable given the plethora of private, public and semi-public actors in the sector. Information-based tools were not very effective, with frequent miscommunication about new policies and procedures (e.g. for the vaccination green corridors).

### *Economy*

The Bulgarian government adopted a comprehensive set of measures to limit the negative economic impact of the pandemic and policy measures introduced to curb it. The measures targeted individuals, as well as companies (for details, see Eurofound 2021 and IMF 2021).

The fiscal response covered revenue measures (tax relief for households and reduced VAT for some economic sectors and for medical supplies), expenditures for household support (bonuses to pensions, parental support and active labour market policies) and expenditures for business support (a subsidy scheme for small and medium-sized enterprises, support for agricultural produces, for the tourism sector, and for artists).

Many of the measures were enacted already in April 2020 and were later extended in July 2020. Further VAT reductions and SME support came in September 2020, and the measures were extended in January 2021. A big part of these measures was financed through EU funds, either through new funds or re-targeting existing funds for structural economic support. Until March 2021, more than 500 million euro was spent for employment protection measures. In May the same year, the outgoing government voted another 60 million euro for social support and 55 million for the employment support measure. There were some targeted

measures for specific sectors as well, for example 1.25 million euro for advertising tourism in country (in November 2020).

Despite the rather comprehensive list of measures, take up of the subsidies was relatively low. Businesses cited problems with bureaucracy in the application procedures, but the presence of significant ‘grey economy’ in the country likely contributed to that as well. The economic measure relied almost exclusively on money (treasure-based policy tools), with little attention to information and little use of authority-based policy tools. The caretaker government announced that money for COVID-19 support measures has run out in May 2021, but afterwards kept most of the measures.

## **Conclusions**

The policy response to COVID-19 in Bulgaria went through several very different phases. The early response was quick, heavy-handed, but effective. The reaction to the second wave in the autumn of 2020 was belated, poorly explained to the public and increasingly contested. When the country had to face yet another spike in cases and hospitalizations in March 2021, a new lockdown was only half-heartedly adopted and quickly lifted, the government – which had handed its resignation – seemed like it had given up on managing the crisis, and the new caretaker government adopted a rather hands-off approach. All in all, as of May 2021 Bulgaria had the lowest vaccination rate in the European Union, some of the highest case and hospitalization numbers and one of the highest cumulative death rates from COVID-19 in Europe. The prospects for the near future were bleak as well, with a continuing political crisis and a population that is severely affected and very scared from the disease, but at the same time very sceptical of the safety and efficacy of the vaccines and reluctant to comply with more restrictive measures (Eurobarometer 2021).

We can see in this trajectory the impact of systemic governance problems in Bulgaria: exclusive reliance on authority-based, command-and-control policy tools, limited capacity for horizontal and vertical coordination, ineffective strategic policy-making, in-built institutional tensions between prime minister and president. Perhaps the biggest drive and constraint on the government responses has been, however, a population with very low trust in state institutions; a public reliant on information from online social media or personal networks for medical information; a society with a pathological distrust of authorities, be they national, European or global. In such a context, any government policy is difficult to implement, and this is especially so when information-based policy tools are not effectively employed, but policy relies exclusively on restricting rights and imposing obligations on citizens and economic actors.

The ongoing experience of handling the COVID-19 pandemic has empowered the executive vis-à-vis the legislature, as everywhere, but perhaps to an even greater degree in light of the newly-elected parliaments, which failed to install a government, leaving a caretaker cabinet appointed by the president to remain in place. Within the executive, the minister of health certainly gained powers and capacity, but it is unclear whether these will be retained after the state of ‘emergency epidemic situation’ ends.

It is remarkable that although the second and third lockdowns were criticized by particular interest groups and individual experts, opposition political parties failed to mount an effective criticism to the content (rather than to the execution) of the measures, and in most cases did not even try to articulate an alternative strategy (the Democratic Bulgaria party is one exception). As a result, there is not much evidence for significant politicization of COVID-19 policy, even if public contestation of the restrictive policy measures was high.

In conclusion, the failed response of the Bulgarian system of governance to the COVID-19 pandemic, as of May 2021, seems almost as over-determined as its initial success was surprising. It is hard to see how in the process of managing the ongoing crisis, the system of governance itself has changed for the better.



## References

Dimitrova, A. (2002) Enlargement, institution-building and the EU's administrative capacity requirement. *West European Politics*, 25(4), 171-190.

Eurobarometer (2021) *Flash Eurobarometer 494. Attitudes on vaccination against Covid-19 (May 2021)*. Retrieved from: <https://europa.eu/eurobarometer/surveys/detail/2512>, last consulted 5 October 2021.

Eurofound (2021) *COVID-19 EU PolicyWatch. Database of national-level responses. Bulgaria*. Retrieved from: <https://static.eurofound.europa.eu/covid19db/countries/BG.html>, last consulted 5 October 2021.

IMF (2021) Policy Responses to COVID-19. Policy tracker. Available online at: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>, last consulted 5 October 2021.

Kolarova, R. and Spirova, M. (2019a) Bulgaria: Political developments and data in 2018. *European Journal of Political Research Political Data Yearbook*, 58: 37-42.

Kolarova, R., & Spirova, M. (2019b) Stable Coalitions of Unstable Parties. In: Bergman, T., Ilnszki, G., & Müller, W. C. (Eds.). (2020). *Coalition Governance in Central Eastern Europe*. Oxford University Press, 86:100.

Koleva-Kolarova, R. (2020) Bulgaria's response to the coronavirus pandemic, *Cambridge Core HELP blog series*, Retrieved from: <https://www.cambridge.org/core/blog/2020/04/06/bulgarias-response-to-the-coronavirus-pandemic/>, last consulted 5 October 2021.

Spirova, M. and Sharenkova, R. (2019) Bulgaria Since 1989, in: Ramet, S., Ch.M. Hassenstab (eds.), *Central and Southeast European Politics since 1989*. §Cambridge University Press, 449-477.

Spirova, M., and Sharenkova, R. (2021) Juggling friends and foes: Prime Minister Borissov's surprise survival in Bulgaria, *East European Politics*, 37(3): 432-447.

Toshkov, D., Carroll, B., & Yesilkagit, K. (2021) Government capacity, societal trust or party preferences: what accounts for the variety of national policy responses to the COVID-19 pandemic in Europe?. *Journal of European Public Policy*, 1-20.

Zankina, E. (2017) Backdoor politics: politicisation through restructuring in the Bulgarian civil service. *East European Politics*, 33(2), 291-308.

**Additional sources:**

Most of the information about the government responses to COVID-19 and the public and political reactions to them has been retrieved from the archive of the Dnevnik newspaper, available here: <https://www.dnevnik.bg/>.

The list of legal acts of the ministry of health is available here: <https://www.mh.government.bg/bg/normativni-aktove/>.

The list of parliamentary questions to the minister of health is available here: <https://www.mh.government.bg/bg/novini/parlamentaren-kontrol/>.

The Report of the minister of health for the COVID-19 related work, 24 July – 31 December 2020 is available here: <https://www.mh.government.bg/bg/novini/aktualno/otchet-na-ministr-angelov-za-svrshenoto-ot-ministe/>.