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**DEVELOPMENT AND IMPACT OF PUBLIC ADMINISTRATION
INTERVENTION DURING THE PANDEMIC PERIOD
ON THE QUALITY OF LIFE OF LOW-INCOME GROUPS**

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ABSTRACT: *COVID-19 is having an unprecedented impact on all communities around the world. Millions of people lost their jobs as a result of the government measures introduced. Social inequalities deepened and vulnerable groups were exposed to a new threat. In this contribution, we focus on the development of the pandemic on a global scale and in Slovakia, with an emphasis on individual public administration interventions during the COVID-19 pandemic. The aim of the contribution is to analyze the impact of the introduced measures on one of the most vulnerable segments of the population, which are the low-income groups. The contribution emphasizes marginalized groups with low income, limited opportunities and dependence on the help of others. This article is a partial output of the project VEGA 1/0595/21 – Public administration interventions at the time of COVID-19 and their impact on the quality of life of citizens of selected communities.*

KEY WORDS: *Pandemic, COVID-19, public administration, interventions, low-income communities.*

INTRODUCTION

The COVID-19 pandemic has revealed the vulnerability and fragility of our world. As a result, the way of life of societies has changed dramatically, a large number of inhabitants of our planet have been in serious danger. Humanity faced new challenges that affected their daily lives and created deep inequalities and serious problems. Differences and inequalities between individual countries have deepened, as have inequalities between social classes. This is a shock that simultaneously affected the health sector as well as social and economic life. The COVID-19 pandemic is the worst crisis that will remain in the memory of mankind as a disaster in every sense. The scale and severity of the crisis clearly rises and requires leaders of states and heads of international and regional organizations to take responsibility for immediate transformative changes in the way we prepare for and respond to global health threats around the world.

At the same time, thorough analysis of public administration interventions revealed errors and gaps in international and national responses that need to be corrected. Existing institutions, both public and private, could not fully protect people from the devastating pandemic. The introduced measures have had the opposite effect on vulnerable groups, such as senior citizens or low-income citizens. In order to prevent the development of irreparable errors and complications in the lives of various groups of the population, something needs to be changed. In this context, a thorough transformation is necessary to ensure a commitment at the highest level to a new system that is coherent, dynamic, accountable and fair, a system of full preparedness and response to a pandemic that can reliably ensure the safety and health of citizens and especially people with limited possibilities (Lurie, Keusch, Dzau 2021).

The current pandemic and its consequences are extremely difficult for all people, which is reflected in the need for categorical formulations and the necessary examination of the issue in this paper. As the virus spreads and gradually mutates, it also creates new challenges. For the successful management of this and possible future pandemics, mutual cooperation within the international community and at the same time the cooperation of individual executive branches within the country is proving to be very important.

**CORONAVIRUS AND ITS DEVELOPMENT. PUBLIC
ADMINISTRATION INTERVENTIONS IN THE FIGHT AGAINST
COVID-19**

The COVID-19 pandemic has shown that an infectious disease can hit the world in a matter of weeks and reverse years of efforts by states for sustainable development. The economic and social consequences of the pandemic are felt all over the world. In conditions of absolute uncertainty, we can all foresee the emergence of a completely different world. Millions of people are likely to fall into extreme poverty as a result of COVID-19, and those already living in poverty will experience even greater deprivation. Many jobs around the world are at risk. There is an increasing need for better rescue relations and conditions for the majority of workers in the private sector, as well as for many of the most vulnerable groups of the population, among which we include senior citizens and low-income citizens. The scale and severity of the COVID-19 pandemic is reaching a level of threat to public health that may justify the restriction of certain rights and freedoms, such as restrictions on freedom of movement due to quarantine or isolation (Kislitsyna 2021).

With the help of medical and economic statistics, it is not possible to express the total extent of upheavals that the COVID-19 pandemic has brought to people's lives. Someone has lost a loved one, someone has lost a job and income, and someone has lost their health and suffers from the long-term consequences of an illness. There have been cases of people with cancer not being able to undergo chemotherapy and people with suspected tuberculosis symptoms not being diagnosed and treated. Many people were unable to work and provide food for their families. It is obvious that the situation of disadvantaged or vulnerable people has worsened even more. Those employed in the private sector received little or no support. Migrants and refugees were often denied access to laboratory testing centers and medical facilities.

In less than three months since the first detection of SARS-CoV-2 infection in Wuhan, China, the disease COVID-19 became a global pandemic that threatens all countries of the world. While public health officials, infectious disease specialists and representatives of international organizations issued warnings of a possible pandemic, in many parts of the world, COVID-19 occurred unexpectedly. The emergency situation that arose affected the functioning

of the state at all levels, and there was an obligation to prevent the spread of a dangerous and unknown disease. In countries with weak health systems, the COVID-19 pandemic caused interruptions in medical supplies and increased demands on both financial and human resources. Visits to medical facilities were postponed or limited due to the quarantine, and supplies of materials were delayed (Zhu, Zhang, Wang 2019).

The General Director of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, claims that the world will feel the consequences of the coronavirus pandemic mainly among the most vulnerable in the coming decades. The longer the pandemic drags on, the more serious its consequences will be. In the current situation, cooperation between states is extremely important to ensure that at least 70% of the population in all countries is vaccinated against the coronavirus by mid-2022. As of August 30, 2022, 67.64% of the world's population had already been vaccinated, which points to the speed and relative success of vaccination campaigns (WHO 2022).

DEVELOPMENT OF THE PANDEMIC IN SLOVAKIA

Slovakia did not become an exception and a country that would not be affected by the pandemic. The first confirmed case of the disease COVID-19 dates back to 06.03.2020 in a 52-year-old man from the Bratislava region. The virus continued to spread and Slovakia saw a two-wave pattern in reported cases of the disease during the 2020 pandemic. The central crisis staff met at the Ministry of Health of the Slovak Republic in February 2020. The first measures against the epidemic were adopted on March 6, 2020, and a state of emergency was declared on March 12. Subsequently, schools were closed and at the same time a state of emergency began to apply, which lasted until June 14, 2020. From October 1, 2020, the government declared a state of emergency again, which was supposed to last for 45 days until November 14, 2020, but it was extended. Vaccination against the disease COVID-19 started in Slovakia on December 26, 2020 (ÚVZ SR 2020)

After the summer easing of measures in 2021, the third wave of the pandemic came in autumn, which significantly affected the development of monthly mortality. The total mortality in Slovakia reached 16% in October 2021. It was most pronounced in the group of seniors aged 65

to 74, while the worst situation was in the Prešov region, where the number of deaths was up to 42% higher than the average for the previous five years. In this context, the government of the Slovak Republic declared a state of emergency for the third time on November 25, 2021, and it ended on February 22, 2022 (Coronavirus and Slovakia 2022).

The rapid onset of the disease worldwide created a critical shortage of protective equipment and test kits, which were also in short supply in Slovakia at the beginning of the pandemic. The situation pointed out that Slovakia lacked reliable tests and had no protective equipment in the warehouses of the State Material Reserves. State material reserves had only 3,000 tests in stock, which was insufficient with the increase in people infected with the new virus (Mitrík 2020).

PUBLIC ADMINISTRATION INTERVENTIONS IN THE FIGHT AGAINST COVID-19

The nature of the application of public health measures aimed at localizing the spread of viral infection was very diverse in individual countries. In some of them, the measures served to stop the spread of the virus, while in others it was only about mitigating the most serious consequences. The accumulated observations and experience of countries that took effective measures show that stopping the transmission of the infection at its first appearance is possible. All countries should be advised to implement public health measures consistently as vaccination alone cannot end this pandemic (Anderson et al. 2020).

The emergence of the disease COVID-19 was accompanied by timely measures, but nevertheless there were also delayed measures, hesitancy and denial, which ultimately led to the outbreak of the disease becoming an epidemic and its subsequent spread to pandemic proportions. Testing, contact tracing, isolation, quarantine, use of masks, safe distance and hand hygiene had to be ensured. The measures themselves were and are still necessary, but their impact and effectiveness are often controversial and ambiguous. The COVID-19 situation has shown a significant mismatch between state pandemic preparedness efforts and the viability of a system facing a rapidly expanding pandemic (Anderson et al. 2020).

Pandemic preparedness planning is a critical function of governments and the international system and should be overseen at the highest level as not only the health sector is responsible for this area. Practical steps need to be taken immediately and will help chart the entire main road to recovery on a global scale. The pandemic is still ongoing and the socio-economic consequences are already being felt and will continue to be felt for years to come. We cannot ignore the fact that negative consequences for society are brought not only by the pandemic itself as a disease, but also by established measures and public administration interventions in this area, which significantly limit both social and economic life. In the course of this pandemic, it became clear that the crisis situation is not only in the field of health, which requires medical interventions, but also affects other sectors. Therefore, a decision-making process based on the participation of all levels of government and the whole of society is required. Concerted action was needed in the coming weeks and months, involving:

- National governments - within the framework of responsibility for measures implemented in countries and on a global scale;
- World Health Assembly - in the framework of good governance, WHO activities;
- Heads of state and government - within the framework of the global summit;
- Regional political bodies – in the framework of assisting member states and providing the necessary capabilities for quick decision-making and information exchange, as well as positive and negative experiences;
- other organizations such as the G7, G20, G77 and institutions of a political and financial nature, as well as for the implementation of planning decisions and recommendations (David, Pienknagura 2020).

The most serious signal is a public health emergency. Most countries did not react decisively and quickly to the emergency situation. At the end of January 2020, it became clear that the weak global response received at the beginning of the month was not enough and a full-fledged response was needed. Based on the analysis, we can come to the conclusion that the prerequisite for the countries' ineffective response was a combination of two factors:

1. There was a lack of sufficient understanding of the seriousness of the threat.
2. The necessary adequate reaction was missing.

The commission concluded that countries that recognized the threat in time, by adopting comprehensive measures, achieved significantly better results compared to countries that preferred the tactics of monitoring the development of the pandemic. Successful containment of the disease COVID-19 required integrated approaches to align diverse health, community, social and economic support. Prioritizing population-wide implementation of a single public health intervention, such as mandating face coverings or closing schools and businesses, was not effective. Therefore, the results of the selected response strategies to COVID-19 in individual countries differed considerably. In reviewing the national response, the Commission identified three distinct strategic approaches: aggressive containment, containment, or mitigation. Furthermore, in many countries it was not possible to identify a clear or unified strategy (European Commission 2022).

The measures introduced in Slovakia can be classified under the strict rules and measures that were adopted at the beginning of the pandemic kept the number of infected people under control from spring to summer 2020. With the easing of measures in the summer of 2020, cases began to rise. In the second wave of the pandemic, during the winter of 2020/2021, the situation worsened significantly, mainly due to the appearance of a new mutation of the coronavirus. There were not enough beds in hospitals for patients with COVID-19, medical staff were exhausted and hospitals struggled with staff shortages. In February 2021, Slovakia was proportionally the worst in the world in the number of deaths and hospitalized cases. From the end of spring 2021, the epidemic situation improved until July, when the third wave of the epidemic began in Slovakia, for which the Ministry of Health had already been preparing since June. On March 12, the central crisis staff adopted the first strict measures regarding the closure of schools, leisure facilities, the suspension of international transport and the introduction of a mandatory 14-day quarantine for all those returning from abroad. The next day, border controls were launched in the morning and all international flights were canceled (NCZI 2022).

From March 15, 2021, a state of emergency was declared in Slovakia, which concerned 22 state medical facilities. On March 16, all kindergartens, primary

and secondary schools and universities were closed. All leisure facilities were also closed. A mandatory 14-day quarantine was introduced for all those who returned from abroad. Only residents who had permanent or temporary residence in Slovakia could enter the territory of Slovakia. Retail sales and sales of services were prohibited in all establishments except food stores, pharmacies and drugstores. Also, on March 5, based on the measures taken by the Office of Public Health, masks had to be worn outside the residence and the rows had to be spaced at least 2 meters apart (NCZI 2022).

The introduced measures bring with them a number of other problems, mainly concerning vulnerable groups, for example senior citizens or low-income citizens. These groups are potentially exposed to several threatening factors, such as insufficient information, inadequate hygienic conditions, or minimal financial income. They are at-risk communities that are also experiencing the opposite side of the established measures against COVID-19 and it is necessary to pay more attention to them.

IMPACT OF ANTI-PANDEMIC MEASURES ON THE LIFE OF LOW-INCOME GROUPS

The COVID-19 pandemic and the social restrictions associated with it, such as isolation and movement restrictions, affected many areas of society, as well as some aspects of an individual's work and personal life. People were affected in different ways depending on the field of activity, socio-economic situation and other variables. For example, people experienced different changes in their daily lives depending on the demands of physical presence at work and real interpersonal contacts, as opposed to telecommuting options. How did it affect different groups in society?

Many people lost their jobs and, in some cases, lost their health insurance, leading to a vicious cycle of spreading the disease and worsening its consequences. In addition to economic and social dimensions, the pandemic and related measures have serious consequences of a psychological nature (Orrù et al. 2020). As UN Secretary-General António Guterres stated, *“The COVID-19 pandemic has created a crisis unlike any other in our lives. The extent of the impact on people's mental health is already showing. This could have serious consequences for many years to come.”* It can be seen from the analysis and research experience so far

that Covid-19 and the individual interventions adopted influenced and affected the quality of life of citizens, not only the vulnerable, but also other age categories. The pandemic has highlighted the need for social protection and guarantees for the entire population on a global scale. This includes a certain level of guaranteed income, access to health services and social protection seen as a whole, taking into account regional differences. There is a need for a deeper analysis of how this global crisis has affected the lives of people, vulnerable groups of the population in particular.

One of the most vulnerable groups with little or no income is the homeless, who are prone to a large number of diseases due to their lifestyle. Due to a weakened immune system, poor nutrition, limited access to hygiene products, prolonged stay in overcrowded shelters, they are more at risk of infectious diseases, and most of them also have problems with access to medical care. As part of the strict blocking measures, the homeless also lost the opportunity to receive help and support on the streets. It is important to note that many of the measures proposed by states to combat the spread of COVID-19, such as the requirement to observe isolation, pay attention to hygiene, observe social distancing measures, are not realistically functional in the case of the homeless. The combination of these factors makes the situation of the homeless even more vulnerable in the context of the spread of COVID-19, which requires additional support measures from the state and public organizations. When we talk about residents from marginalized Roma communities, they died twice as often in the second wave of the pandemic, as 40% more people died in this population than in previous periods. This especially concerns the socially weakest, who have no choice but to live from hand to mouth. Support from the state should not only concern the homeless themselves, but also people who may lose their place of residence as a result of the consequences of COVID-19. Therefore, countries such as the USA or France have developed various measures to support homeless people and have focused their efforts on providing the homeless with a temporary safe place to live (Rodriguez et al. 2021).

Another group that was affected by the pandemic was the group of the unemployed. They felt the impact of the introduced measures mainly due to the closure of retail, transport, restaurants, hotels and other service industries. Unemployment is one of the most serious problems of the current economy, and the corona-crisis period has fundamentally affected and deepened

the problem of people finding a job. A specific group of unemployed people are young people who could not get a job after graduation due to the lack of vacancies. At the end of January 2021, the labor offices registered 213,881 available job seekers, compared to December 2020, this is an increase of 6,697 people. As a result, young people do not have sufficient experience for future employment, suffer from a lack of income and lack self-realization and socialization (Dirgová 2021).

Special attention should be paid to the situation of migrants and especially in countries with a high proportion of migrants in relation to the total population. In many countries, migrants, especially those staying in the country on short-term visas or in other non-standard situations, do not have access to health care services at the same level as citizens of individual countries. Migrants make up the majority of the workforce in sectors that continue to operate during the crisis: agriculture, construction, logistics and delivery, waste collection or cleaning services. The impossibility of providing such services remotely, limited access to personal transport, physical contact with colleagues and clients, as well as the lack of personal protective equipment and hygiene make such areas of work dangerous in relation to the spread of the COVID-19 infection. A large number of migrants are also involved in the areas most affected by the crisis. For this reason, there is a problem with travel and earning opportunities (OECD 2020).

The consequences of introduced measures among low-income groups must also be distinguished with regard to temporary reduction or loss of income. In conditions of limited work activity, many people had trouble paying rent, utilities or mortgage payments. The pandemic and the resulting corona crisis with the consequences of anti-pandemic measures led to job cuts and salary cuts. For example, the European Statistical Office Eurostat reports on a 5 percent year-on-year decrease in the median income in the entire European Union. In Slovakia, this reduction affected low-income groups of the population the most (EUROSTAT 2021). Low-income population groups include people with a minimum wage of 580 euros gross and people with a subsistence minimum of 215 euros per month, as well as Roma communities or other people who lost their income due to the outbreak of the pandemic and the measures introduced. In this context, we are mostly talking about those who worked in restaurant and hotel facilities, and in industry, where production has been decreasing in recent months (FinReport 2020).

Many of these people either lost their jobs because their salaries were reduced, or because the measures made it impossible to perform a certain work activity. According to calculations, the incomes of this group of employees have decreased by almost 10% on average since the beginning of the pandemic. The impact of the corona crisis is very unevenly distributed among the member states of the European Union (EU) and is particularly strong for the most vulnerable groups of the working population. People with low incomes have losses 3 to 6 times greater than people with high wages, in up to half of the EU member states, including Slovakia (Buchláková 2021). *"In total, we are talking about three-quarters of the population of low-income families who have paid in a very serious way for the pandemic, for the closure of establishments, for the impossibility of working, often these are people who work in restaurants or in accommodation facilities, and it is these sectors that have been most affected during the pandemic"* as the former Prime Minister Iveta Radičová specified. Compensation measures have become necessary for low-income groups of people, but unfortunately often insufficient. 40% of low-income Slovaks had already lived paycheck to paycheck before the pandemic, and others joined them already in the first months of the crisis. (Buchláková 2021). People with low incomes are the main risk group in the global pandemic. The disease of the new contagion has highlighted the inequalities and deep social divisions between different strata of modern society.

In the autumn, six months after the beginning of the pandemic, approximately 13 million people were considered unemployed in the United States - the world's largest economy, and almost 16 million in the European Union - the second economy on the planet (EUROSTAT 2022). An analysis of more than 80 countries found that travel restrictions do not reduce the number of cases, meaning that home isolation orders can only be effective if three conditions are met:

- - households have sufficient income for themselves,
- - workers have access to digital tools for remote work,
- - there is a degree of trust in the government to enforce orders (Rooij et al. 2020).

The coronavirus pandemic has changed the labor market situation of millions of people. The spread of the disease and the introduction of measures

seriously affected not only workers in the tourism industry, but also representatives of other professions. Travel agencies and guides were primarily at risk. The tourism industry was the first to feel the consequences of the active quarantine phase. Most of the hotels remained closed for a long time and did not have the opportunity to officially receive visitors. The restrictions also affected mass events - festivals, concerts, sports competitions, which usually attract guests from different cities and countries. As a result, tourist centers, recreational and medical facilities (camps, sanatoriums, boarding houses, medical complexes) were the most affected by the quarantine restrictions, which almost completely ceased their activities. The closure of international air transport, and in some countries also domestic air transport, has led to the fact that many transport companies are on the verge of bankruptcy. As a result, the level of competition has increased. The most serious losses are in railways and aviation (WBO 2022).

A similar situation also occurred among fitness centers, which led to the fact that many professional trainers had to look for a new job. Press workers also fall into the risk zone, as small and medium-sized businesses, as well as private customers, have started to optimize costs. Changes also occurred for workers in the field of fashion, make-up and catering. Even in the current situation, the development of online services that help you get what you want without the help of specialists can lead to job positions such as junior employees of specialized departments, analysts, legal advisors, bank managers, pharmacists, real estate brokers, event managers, translators and teachers will be at risk (Fana, Pérez, Fernández-Macías 2020).

The use of social networks and their use in the field of service provision has great potential (Lisnik, Janičková, Zimmermanová, 2020) This was also shown during the corona and also subsequently when compensating for the consequences of the crisis.

Despite the significant benefit of the measures taken to ensure health protection, for low-income groups of the population and groups that lost access during the pandemic, in many cases the imposed restrictions are the main factor of negative impact on the living conditions of these people. Access to quality health care, education and employment becomes the biggest problem for the most vulnerable sections of the population. For workers in the most threatened spheres during the pandemic, the most serious consequence of the introduced measures

was the loss of income, related to the temporary but complete suspension of work. Necessary measures in the fight against the spread of COVID-19 caused problems in the area of employment and income of the population from three aspects. First, the negative direct consequences of the coronavirus on work potential were mainly associated with the temporary incapacity for work of the employed population in case of illness. Second, the economic crisis caused by the COVID-19 disease has led to higher unemployment and lower labor force participation. Third, the crisis had an uneven impact on different sectors of the economy. In order to successfully fight the pandemic, it is necessary to overcome barriers and differences in modern society, to provide everyone with equal access to medical care, decent, well-paid work, affordable housing and certain basic social benefits.

CONCLUSION

We see more and more clearly that the impact of the COVID-19 pandemic was felt most intensively by the poorest and most vulnerable groups in society, especially in countries with lower incomes. Representatives of vulnerable population groups are objectively exposed to a greater risk of contracting the coronavirus and at the same time have fewer opportunities to successfully manage a difficult life situation. The pandemic and its consequences have had the greatest effect on low-income residents. More than any previous crisis, this crisis has highlighted the need for categorical solutions for the most vulnerable people. Many countries do not have sufficient experience and knowledge of such a situation. Such major upheavals as the COVID-19 pandemic can lead to a radical rethinking of economic, social, cultural and political integration programs at the regional or global level. The public administration, as the main regulator in the fight against the spread of the disease, is obliged to introduce the necessary measures in the interest of the public health of the population. The reality shows that the established measures have their loopholes, which can have serious consequences for the majority of people, especially those selected groups such as seniors or low-income groups. At first glance, the consequences may be invisible, but their impact and manifestation may be long-term. In response to the spread of the new coronavirus disease, previously unknown restrictions were introduced for the present, referred to as "self-isolation

mode" and "quarantine". However, these measures can have different consequences: on the one hand, they can slow down the spread of infection, on the other hand, they have various adverse social and economic consequences, as well as negative health consequences. In this context, the reason for the negative impact was the risk of infection and threat to life, but also the need for social isolation, loss of income and control over the situation.

As a result, the restrictive measures have negatively affected millions of people around the world, which can be attributed to unemployment and poverty, food insecurity, closure of educational institutions, domestic violence and many more. The potential negative consequences are most pronounced among vulnerable segments of the population such as low-income groups or people without income. Cross-sector cooperation with the participation of specialists is necessary for a comprehensive and thorough assessment of the pros and cons of the measures taken to suppress the infection with the new coronavirus. Emphasis must be placed on the health and well-being of the population, especially vulnerable groups, based on the impartial use of information and scientific results based on strategies to mitigate the negative side effects of government intervention.

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