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The Italian government response to Covid-19 and the making of a prime minister

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ABSTRACT



Italy was the first European democracy to be hit by the Covid-19 pandemic. The government's response, especially in the first wave, was confused, dilatory and inadequate, and the country found itself in an unprecedented public health crisis, leading to a national lockdown between March and May. The easing of restrictions in May and an improved situation in the summer did not prevent cases rising again from the autumn onwards, and Italy finished the year in a series of mini-lockdowns. The government was confronted with a debate over Italy's high death toll and the role of the executive's own failings in it. Yet, the pandemic did not prompt a political crisis. Rather, it had the effect of blunting the frontal opposition of the League and strengthening the standing of the government with the public. This especially applied to the Prime Minister, Giuseppe Conte, whose personal ratings soared, as the public rallied behind a leader facing the greatest challenge of any peacetime Italian prime minister.

KEYWORDS

Italy; covid-19; pandemic; government; prime minister

Italy was the first European democracy to be hit by the Covid-19 pandemic. It was an unprecedented experience, with devastating consequences. It dominated the year 2020, from initial discussions of the threat in January to being engulfed in a second wave of the virus the following September and spending Christmas under heavy restrictions. The government tasked with responding to the pandemic was, at first sight, hardly ideal for dealing with a national emergency. Giuseppe Conte's second coalition (comprising the Movimento Cinque Stelle (Five-star Movement, M5s) and the Partito Democratico (Democratic Party, PD) alongside the smaller left-wing Liberi e Uguali (Free and Equal, LeU)), and Matteo Renzi's Italia Viva (IV)) had been formed in the autumn of 2019 following the collapse of his first governing coalition (M5s and the Lega (League)) when Matteo Salvini, on the back of favourable opinion polls, had led the Lega out in the hope of forcing an election. The nature of this birth (brought together essentially to keep Salvini out of power) made it inherently fragile.

When the virus hit Italy, a veritable crisis ensued and the government was widely criticized for its response. Yet, a political crisis did not follow. Levels of public trust in, and political support for, Conte and his government increased. Indeed, Conte reached higher levels of approval than any of his immediate predecessors in the course of

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exercising a level of authority and control over the lives of Italian citizens not seen since the Second World War. This article explores the Italian government's handling of the pandemic and its political dynamics, focusing on three questions: first, how (in broad terms) did the Italian government respond to the pandemic? Second, what have been the controversies that have arisen about that response, notably in relation to government responsibility for Italy's high mortality rates? Third, what was the impact of the pandemic on the standing of Giuseppe Conte and his rather fragile second government formed in September 2019?

Italy's experience with Covid-19

The World Health Organization (WHO) officially confirmed the outbreak of a Coronavirus epidemic in Wuhan on 21 January (WHO 2020a), and two days later a lockdown followed in that province. In Italy, a new task force was immediately put together in the Ministry of Health to coordinate actions and it met on 22 January. The Italian Minister of Health issued its first official notice on 21 January, stating that, according to both the WHO and the European Centre for Disease Prevention and Control, the probability of the virus being introduced into Europe was 'moderate', and, in keeping with WHO recommendations, was introducing passenger temperature checks and onward destination tracing at Rome airport for the next flights arriving from Wuhan (a measure that excluded those arriving from China via other European airports). Although the first two cases imported to Italy from Wuhan were Chinese tourists who landed in Milan on 23 January, confirmation that it was the virus did not occur until 31 January. At this point a state of national emergency was called, a decision which activated the Department for Civil Protection under Angelo Borrelli (advised by a *Comitato Tecnico Scientifico* (CTS) of experts).

Identification of what was assumed to be the first non-imported case (the *paziente zero*) in Italy itself was a result not of following ministerial testing protocol (which covered only those arriving from China or who had been in contact with somebody who had recently visited China) but the instinct of an anaesthetist (Annalisa Malara) that a 38 year old man in Codogno, Lombardy, might have Covid-19. Once confirmed on 21 February and more testing having followed, an outbreak was confirmed by the CTS. Restrictions were immediately imposed on mobility in the ten municipalities in Lombardy affected, although it was quickly evident that this was not going to be enough, especially as on the same day a new outbreak was discovered in the province of Vo' in the Veneto region.

The Ministry of Health, in consultation with the regional governments, prepared a full lockdown in those areas affected, a move which was unprecedented in a peacetime European liberal democracy and clearly a shock to people who had become accustomed to their exercise of democratic liberties (Ignazi 2020; Celotto 2020). The location of the outbreak was also significant since this was the heart of Italy's manufacturing zone. The government itself was divided between a more hawkish Minister of Health (Roberto Speranza) in favour of a hard lockdown, and Conte and others (e.g. Dario Franceschini, Minister of Cultural Heritage) who were more cautious and

concerned with the economic impact of a lockdown, as well as the image it might create across the world.

On 23 February the so-called ‘red zones’ were established: ten municipalities in Lombardy and one in the Veneto, amounting to about 50,000 people. Schools, universities, museums, theatres and other public venues were closed; all commercial activities were banned save for those involving the production of essential goods, and all public and private meetings and gatherings were prohibited, all to be regulated by the police (and on 25 February, schools and universities were closed and public meetings banned across six regions of the north). However, the decision had been made so quickly that the police were simply not ready and, save for the main roads into and out of these areas, it was impossible to establish controls for a further two days. In that period, there was veritable panic, and thousands of clandestine trips were made (with only a few fines issued): for stockpiling, to visit friends and relatives, to second homes, to places of work (Bonini et al. 2020). Public compliance with the measures appeared to be a significant problem with breaches of the restrictions occurring.

In the following days, it became clear that the virus had already ‘escaped’ the red zones and was spreading rapidly across the north of Italy. On 1 March, therefore, the government created a new ‘yellow zone’ (consisting of the entire regions of Emilia Romagna, Lombardy, and Veneto, and the provinces of Pesaro, Urbino, Savona) with new restrictions, effectively dividing Italy into three separate zones with differing levels of restrictions. On 4 March, all schools and universities across the country were closed.

On 8 March, a decree was prepared that would expand the ‘red zone’ to incorporate all of the region of Lombardy plus 14 provinces across several regions of the north (about a quarter of the population of Italy – 16 million) and the productive heart of the Italian economy, but it was leaked to the press hours before it was due to come into effect. This produced an exodus of thousands of people (workers, students and others, many of them originally from the south but working in the north) cramming onto trains and into cars to ‘escape’ to the south before the lockdown came into force. Within 24 hours, it was clear that a policy of regionalized closures was, operationally, going to be too difficult to sustain. Moreover, if, as seemed apparent, the capacity of intensive care units in areas of the industrial north was likely to be breached, the government was alarmed at what might then happen in the poorer regions of the south where health systems were less robust.

For these reasons the government took the decision to impose a national lockdown (the ‘stay at home’ decree) which came into effect on 11 March, at which point the number of positive cases of Covid-19 was over 12,000 with over 800 deaths (see [Figure 1](#)). The decree obliged people to stay at home, with all commercial and retail businesses closed down. Aware of the economic and societal impact of a lockdown, the government originally scheduled it to last until 3 April. However, it became evident that this was insufficient to suppress the number of new cases, and, in late March there was a tightening of the lockdown through measures that closed all industries and businesses that were engaged in ‘non-essential’ production. Heavier fines were also introduced for breaching regulations, and both national and regional governments were given discretionary powers to impose further restrictions in certain areas. On 1 April, the lockdown was extended again until 13 April, and then on 10 April extended until 3 May. It was not until 4 May that the decline in new confirmed cases (deaths continued to rise) reached

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Figure 1. Daily new confirmed COVID-19 cases in Italy during 2020 (log graph)

a point which paved the way for an easing of restrictions (building and construction sites first) into a ‘new normality’ (called ‘Phase 2’) characterized by regulation of individual behaviour (mask wearing, social distancing, self-isolating, etc.) and constraints on workplaces and leisure time. Under a decree law, on 18 May, all work and leisure activities reopened, albeit under strict new rules, and travel within regions was permitted. On 3 June, movement between regions was permitted and international travel resumed.

Relative to the crisis it had endured in the spring, it could be said that Italy had a quiet summer, with cases slowly rising again (notably from mid-August). Public compliance with the new regulations was not a major problem and there was, in any case, strict enforcement, with fines for non-compliance. The government was vigilant, acting to extend regulations where it deemed it necessary (e.g. in August face masks were made obligatory in Rome in all crowded places), and the test, track and trace system appeared to be working well. Italy, having been widely portrayed in the international media as a case study in policy failure (e.g. Pisano, Sadun, and Zanini 2020), was, by the early autumn, being characterized as a ‘virtuous’ country, avoiding the second surge that was affecting other countries, and ‘offering a more upbeat, alternative path’ of living with the virus until a vaccine were found (Johnson, Ghiglione, and Burn-Murdoch 2020; Bedingfield 2020). The WHO (2020b) issued a video lauding the Italian response on Twitter: ‘Italy was the first Western country to be heavily affected by #COVID19. The government & community, across all levels, reacted strongly & turned around the trajectory of the epidemic with a series of science-based measures.’

This proved to be an overly optimistic picture. Europe became, for the second time, the epicentre of the pandemic and from early autumn onwards Italy experienced

a relentless rise in the number of new cases testing positive for Covid-19 (see [Figure 1](#)). The government was aware that moving back towards lockdown would be even more challenging than it had been the previous March, because of ‘Covid fatigue’ (the greater difficulty of ensuring public compliance), fears for the economy over a further shutdown and the mental health of many people, and there was a contentious debate both at national level and between the national and regional levels. In order to avoid a blanket national lockdown, the government adopted a regional approach based on the ‘R’ number (rate of infection) in each region alongside 21 other factors (including the number of intensive care unit beds and how close each was to capacity). A decree passed on 3 November established three levels of restrictions for regions: yellow (curfew after 22.00, closure of museums and theatres), orange (plus bars, restaurants etc. remain closed, although take-away possible until 22.00, some limitations on movement), and red (full lockdown with everything closed except industries and schools, movement banned). In a worsening situation, the government, on 17 November, took its regionalization policy a step further by allowing regional governments to vary the level of restrictions (according to the three tiers) for individual provinces. Italians celebrated Christmas and the end of 2020 under a set of restrictions that effectively amounted to three successive mini-lockdowns. The year ended with a vaccine having been found and another two being developed, but with the country still facing a long winter ahead.

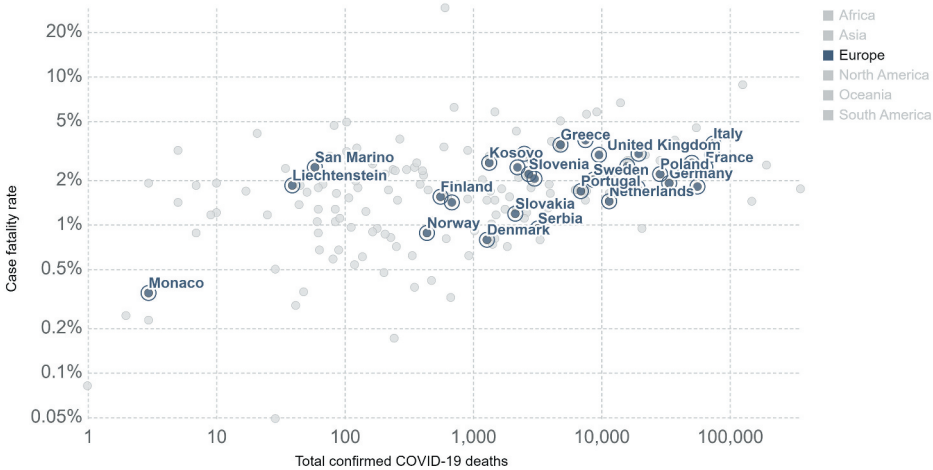
There is no doubting the high human cost in terms of deaths from Covid-19 during 2020, which amounted to over 74,000 by the end of the year. The image flashed around the world’s media that probably best symbolizes Italy’s loss of control over the pandemic in that first wave was the lining up of military vehicles in Lombardy in March taking away hundreds of corpses because the mortuaries could no longer deal with them. Even though case-fatality rates should be used with caution ([Ritchie and Roser 2020](#)), at 3.4% Italy experienced one of the highest mortality rates in Europe and the world (see [Figure 2](#)). The loss is also evidenced in overall (or ‘excess’) deaths. Records from ISTAT, the Italian National Institute for Statistics, and the Istituto Superiore di Sanità (the Italian National Institute of Health) show that, on a national scale, in the period between the first discovered case of Covid-19 (20 February) and the end of March, deaths from all causes rose from an average of 65,592 for 2015–19 to 90,946 in 2020, a 38% rise (the month of March alone witnessing a 49.4% rise) ([Bocci 2020](#)).¹

Two features stand out in these deaths during the first wave. The first was territorial concentration, which reflects the way in which the virus hit disproportionately one densely-populated region (Lombardy). ISTAT compared the deaths at municipal level (6,866 communes, representing 87% of the total number) for the first three months of 2020. Deaths in the 36 northern provinces in Italy doubled, with some enormous rises in some of them: Bergamo (568%), Cremona (391%), Lodi (370%), Brescia (290%), Piacenza (264%) and Parma (208%). At the same time, some provinces in the south experienced a decline in the overall death rate against the previous five years: Rome (down 9.7%), Rieti (down 16.5%), Matera (down 11.3%), Agrigento (down 8%), Salerno (down 7.7%). These declines were partly because, during the first wave, the virus never really took hold in these areas, combined with a reduction in workplace and traffic accidents due to lockdown ([Bocci 2020](#)). The second feature was age, common across all countries and throughout both waves of the pandemic, and reinforced further for those with pre-existing pathologies. Italy has one of the oldest populations in the world, and nearly

Case fatality rate vs. Total confirmed COVID-19 deaths, Dec 31, 2020

The Case Fatality Rate (CFR) is the ratio between confirmed deaths and confirmed cases.

During an outbreak of a pandemic the CFR is a poor measure of the mortality risk of the disease. We explain this in detail at OurWorldInData.org/Coronavirus



Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 17 February, 10:03 (London time), Our World In Data
 Note: Only countries with more than 100 confirmed cases are included.
OurWorldInData.org/coronavirus • CC BY

Figure 2. Case Fatality Rate vs Total Confirmed COVID-19 Deaths (2020): Italy in comparison with other European Countries

3 million of the over 75s have underlying health conditions. The mortality rate was nearly 10% for those in their 70s, 20% for those in their 80s and over 26% for the over 90s. These figures compare with 2.9% for those in their 60s, 0.6% for those in their 50s and 0.2% for those in their 40s (Statista 2021).

The high mortality rate in Italy has, as in other countries, prompted considerable debate about the effectiveness of the government response and the quality of the decisions taken. This has gone as far as to involve criminal investigations, which could eventually see the prosecution of the Prime Minister and Minister of Health. It is worth therefore summarizing the main areas of controversy and debate concerning the government response to the pandemic.

The government's response: areas of controversy

The first area of controversy concerns the readiness of the Italian state to manage a pandemic on this scale. While responsibility pre-dates the Conte government, the accuracy of public messaging of the government in relation to its state of readiness was relevant. The Minister of Health, Roberto Speranza, gave public assurances (on 22 January and again on 31 January) that the Italian National Health Service (Servizio sanitario nazionale, SNN) was 'very strong' and able to deal with 'any eventuality,' expressing 'absolute serenity' about the robustness of the health infrastructures. This both overestimated the state of readiness and underestimated the severity of the virus, in three senses. First, the health service and care home system had undergone a decade of

cuts since the recession of 2008 (Totolo 2020: 105–6; Saitta 2020, 13–14) which had left seven regions (all in the south of the country) on a national watch list in terms of their capacities to deliver health care (European Commission 2019, 9). And the subsequent overwhelming of the health service in Lombardy (one of the rich, northern regions) confirmed this (see also Toth 2021). Second, those cuts had also been inflicted on the Department of Civil Protection whose appropriateness, anyway, to be entrusted with responsibility for the management of the pandemic (it was originally set up to manage natural disasters) has been questioned. The head of the department, Borrelli, was a civil servant (a tax advisor), who had little knowledge of medical and related emergency logistical needs in a pandemic (Bonini et al. 2020). Stocks of personal protective equipment (PPE) were found to be inadequate with few, if any, producers in Italy (De Lorenzo and Indini 2020, ch., 9). At the height of the crisis (18 March) a special Covid-19 Commissioner (Domenico Arcuri, then CEO of Invia, a national investment and development agency run by the Ministry of the Economy) was appointed to manage the Covid-19 emergency – a sure sign of concern about Borelli’s performance until then. Third, Italy’s pandemic plan (currently the focus of preliminary investigations by prosecutors) had not, it seems, been updated properly since 2006 (Tornago 2020; Giuffrida 2020). In short, even without the benefit of hindsight of what the pandemic would bring, it is difficult to understand Speranza’s ‘absolute serenity’ about Italy’s state of readiness.

A second area of controversy concerns the slowness, hesitancy and delay in the government’s response to the first wave. In particular, why did the government do so little in the weeks between the WHO’s notification on 21 January and the identification of the first case one month later? And why, after identification of the first case, did it take so long to reach a decision of national lockdown? Certainly, one explanation may lie in the fact that Italy was a ‘guinea pig’ for the pandemic, the first country (after China) and the first democracy, to be hit, when very little was known about the virus. The Ministry of Health, for example, in its first series of adverts on national television (ironically to prevent the growth of fake news about the virus) stated that it was ‘not easy’ to contract the Coronavirus, especially if good hygienic behaviour was practiced. The government’s approach, furthermore, seemed to centre on Covid-19 as a Chinese problem (if not, in some of the media, a problem to do with authoritarian regimes – such were the shocking nature of the televised images of lockdown in Wuhan) and the strategy was focused on preventing the import of the virus into Italy. Indeed, the Ministry of Health’s diagnosis protocol issued on 27 January to hospitals and doctors emphasized that ‘suspect cases’ were those people with grave respiratory problems who had been in the areas at risk in China, who had been working with patients or who had had very close contact with someone already diagnosed as a likely or confirmed case of Covid-19. The government’s focus on China extended to concern to combat anti-Chinese sentiment in Italy by expressing solidarity with its problems, even sending two tons of PPE there on 15 February when, within a few weeks, it would be urgently needed in Italy itself.

Yet, was the government so completely unaware? What was going on in Wuhan (admittedly from afar) should have been visible to the Italian government, and the WHO issued regular updates and warnings throughout February on its website. The government, moreover, had commissioned two of its own expert reports. One was discussed by the CTS on 12 February, entitled *Scenari di diffusione di 2019-nCov in Italia e impatto sul servizio sanitario, in caso il virus non possa essere contenuto localmente*

(‘The likely spread of Covid-19 in Italy and its impact on health services in the event that the virus cannot be locally contained’), produced by the Bruno Kessler Foundation in Trento (and written by a mathematical modeller, Stefano Merler). Its projections were so alarming that it was kept under wraps. In its two scenarios (one predicated on an R rate of 1.3 the other 1.7) Italy risked 1 or 2 million infected persons with 200,000–400,000 hospitalizations and, of those, 60,000–120,000 in intensive care (De Lorenzo and Indini 2020, 224–5). A second confidential report was published on 22 February, with the aim of ‘ensuring adequate management of the virus’. Entitled *Piano nazionale sanitario in risposta a un’eventuale emergenza pandemica da Covid-19* (‘National health plan in response to a possible pandemic emergency from Covid-19’), its existence was denied by the Ministry of Health until early September (although it was published by *Corriere della Sera* in July). It modelled three scenarios for an epidemic. Under two of these scenarios, based on R rates of 1.15 and 1.25, it was evident that there would not be enough intensive care beds or ventilators, nor of PPE. The report therefore concluded that ‘from the confirmation of the first case of community transmission it is essential to activate rapidly measures of containment.’²

These reports confirm that the government had considered the prospect of ‘community transmission’ of the virus (which the WHO had mentioned as a possibility), so ignorance about it was only a partial explanation. Two related factors were likely also at work. One is the limited means at the government’s disposal, in the first instance, to do much about ‘containing’ levels of community transmission once they had started. As South Korea was to demonstrate in the following months, the most effective means of containing the virus was through a rigorous and effective system of contact, test, trace and isolate. Although this was later experimented with (to great effect) in a single province (Vo’ in the Veneto – Tondo 2020; Mancini and Cookson 2020), the government did not have the necessary infrastructures to run such a system on a large scale. In this situation, the only alternative was ‘territorial containment’ of the virus through a mix of internal border controls and generic restrictions, something the Wuhan experience (where China was managing to suppress the virus entirely in the province where it was first found) seemed also to confirm. The fact that the virus was highly concentrated in one area (Lombardy) reinforced that logic. When each phase of that territorial policy (the red zones, then the orange zones) failed, the government’s response was to enlarge the territory to be contained, ending inevitably in a nation-wide lockdown.

The other factor was the monumental scale of the final decision (to lock down the whole country). When Italy began to ease the restrictions, national lockdowns had become commonplace across Europe and the world. Yet, in early March, this was an unprecedented step to take in peace-time Europe (and sent shock waves across the Continent) with unthinkable consequences for the economy, the livelihoods of millions of people and democracy itself. It was a genuine leap into the unknown. This sharply contrasted with the period in the autumn when the government was alongside other European states in having to confront the beginning of the second wave and had more experience and therefore foresight in doing so.

It also contrasted with the decisiveness that the government showed in implementing national lockdown once the decision had been taken in early March. Indeed, the government did not just emulate Wuhan but surpassed it. National lockdowns are complex operations, involving a welter of (ongoing and changing) regulations, decrees,

bills and other instruments at both national and sub-national levels to regulate and enforce public and workplace behaviour, to ensure the functioning of public health systems and to offset the economic and social effects of lockdown itself. Between 22 January and 31 May 278 crisis-related regulations were issued by no fewer than 20 Italian national authorities (the majority from the Ministry of Health, the Civil Protection Department, the Ministry of the Interior and the Prime Minister) (Capano 2020, 333). The 'Oxford Covid-19 Government Response Stringency Index' shows that Italy imposed the most stringent restrictions in Europe between 31 January and 4 May. It was, in the two months between 10 March and 9 May, even more stringent than China, and, on 12 April, reached a 'stringency index' figure of 93.52 (one of the highest across the world) and remained at that level until 3 May.³

A third area of debate was the degree of conflict and poor levels of coordination between central government and different regional levels not just in the first wave but throughout the year. Management of health policy is divided between central government (which has responsibility for overarching legislation and the allocation of funding) and the regions, which are largely autonomous in managing the health services in their areas. This means not just a considerable variation in the provision of those services, but also that the central government is largely dependent upon the regions to implement its provisions, in terms of regulatory and legislative action (Capano 2020, 328). On 24 February, a task force was created inside the department to coordinate the handling of the emergency, bringing together representatives of the regions. However, this did not prevent significant ongoing disputes between the regions and the central government over management of the pandemic. The government was determined to maintain total central control over all decisions pertaining to all regions, Conte saying it would end in chaos if all the regions went their separate ways, and the Minister of the Regions, Boccia, making it a requirement that any local authorities refer to the Department of Civil Protection before issuing any regulatory ordinances.

Generally speaking, the regions were inclined towards, or proposed, more stringent restrictions being imposed sooner and were frustrated by the slowness of government decision-making, some regional Governors even going ahead and implementing them (for example, schools were already closed in Lombardy and the Marche before the national government took the same decision at a national level on 4 March). At the same time, regions themselves were divided in their views according to the regional variations in the spread and the robustness of different health infrastructures. Central-regional negotiations over exiting lockdown were intense, largely as a result of the intensity of regional variation in new Covid-19 cases: on 4 May, when restrictions first began to be eased (building and construction sites being opened), the number of new cases in the previous ten days ranged from 6,272 in Lombardy to a mere 35 in Calabria. And in November, when the second wave of the virus began in earnest, the 'regionalized' approach adopted by the government was partly influenced by the fact that regional levels seemed unwilling to shoulder responsibility for imposing any second national lockdown.⁴

A final area of controversy concerns the government's failure properly to 'shield' the elderly and vulnerable, since one of the characteristics of the Coronavirus that was identified early on (in China) was the increase in the mortality rate with age (to 8% for the over 70s), a factor reinforced further for those with underlying health conditions. The

government was slow to consider how the large number of elderly residents in care homes might be protected. When the lockdown in northern Italy began on 22 February, involving the closure of schools, churches and so on, care homes were (with the exception of one town, Piacenza) overlooked by both the national and regional governments. On 24 February, four northern regions (Emilia-Romagna, Liguria, Friuli-Venezia Giulia and the Veneto) issued new guidelines in conjunction with the Ministry of Health, restricting access to care homes for the elderly, but Lombardy (with over a million over-75s) overlooked them. It was not until 5 March that the government issued a decree restricting access to care homes, and on 8 March a general recommendation of ‘shielding’ for the elderly and those with underlying health conditions, yet without an effective home support system in place to support such a recommendation. In Lombardy, in particular, an already precarious situation was exacerbated by the decision of the regional government (confronted with a chronic shortage of hospital beds) to allow the transfer of the least critical patients (irrespective of whether they had tested positive for Covid-19, or even been tested) from hospitals to the care homes (Giunta Regione Lombardia 2020).⁵ The reality was that the specialized structures, equipment, procedures and personnel were either non-existent or simply not up to the task. These oversights allowed the virus to penetrate the care home sector with devastating consequences – it is estimated that, in the first wave, over half of Covid-19 deaths amongst those over 70 were in care homes (De Feo et al. 2020).

The politics of the pandemic

The Conte government was confronted with an unprecedented public health crisis, which it managed poorly and struggled to contain in the first instance, before gradually establishing control over it. Yet, despite these difficulties, the pandemic had the effect of silencing the opposition and boosting the government’s standing with the public.

Perhaps seeing an opportunity for political revenge for thwarting his ambitions the previous autumn, Salvini was quick to dub the Prime Minister as not up to managing the crisis. Yet, the pandemic quickly became Salvini’s worst political enemy. The League had been exercising a hard-line, frontal opposition to Conte’s second government, based around two key themes underpinning Salvini’s *sovranista* approach: anti-migration and anti-EU. The monumental scale of the pandemic quickly undercut these themes. The migration issue became largely redundant overnight, and the EU became marginal to the focus on managing the pandemic, even despite the controversy generated by the apparent lack of support from the EU (e.g. in the provision of PPE) when Italy was first hit by the virus. Searching for a theme, Salvini always demanded more from the government (more restrictions, an increase in sanctions for violations, more PPE equipment etc.), but the very exercise of government control over these issues increased the risk of his opposition appearing irresponsible and unsupportive of measures designed to protect public health. Over time, when different economic decrees were discussed in the context of EU support through the European Stability Mechanism, and notably when Italy and nine other states proposed the issuing of Eurobonds, Salvini found a better oppositional narrative (especially against the latter which he interpreted as a political response to parties like his own). Yet, even this position tended to be overshadowed by the enormity of the reality that, in whatever shape or form, Italy would need EU support to offset the worst effects of

Table 1. Support expressed (in opinion polls) for the main political parties before and during the pandemic (percentages).

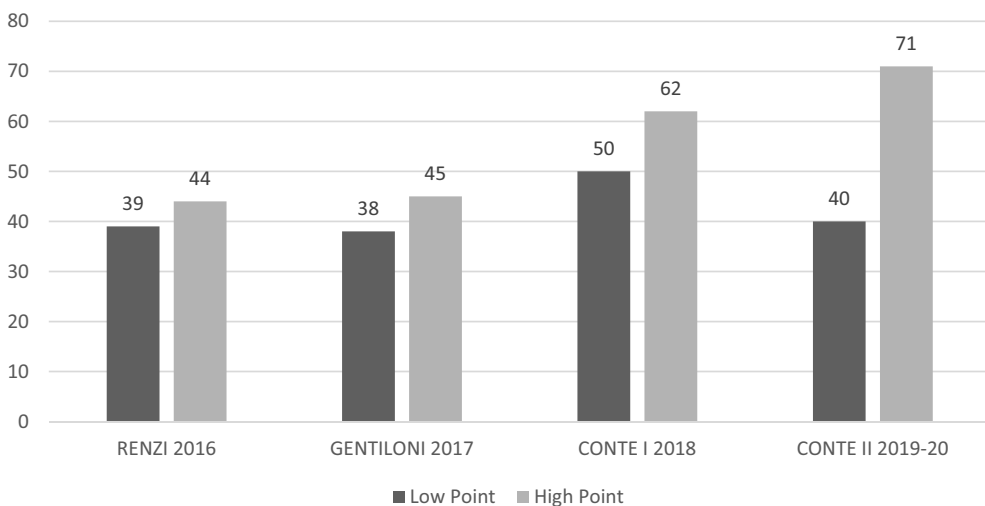
	5 September 2019 (birth of Conte II)	16 January 2020	24 December 2020
League	32.3	30.8	23.6
Democratic Party	22.6	19.3	20.6
Five-star Movement	20.8	15.7	15.1
Brothers of Italy	7.4	10.7	16.2
Forza Italia	6.6	6.6	7.4
Italia Viva	4.1 (26/9)	4.4	3.1

Source: Own elaboration on You Trend data: <https://www.youtrend.it/sondaggi-elettorali/archivio-sondaggi-politici-italia>

the pandemic. The League's support (in polling) declined during 2020 from 30.8% in January to 23.6% in December, suffering from the growth of Fratelli d'Italia (Brothers of Italy, Fdi) (see Table 1).

On the other side of the coin, Conte's government benefited from a general trend across (at least western) Europe where lockdowns 'increased vote intentions for the party of the Prime Minister/President, trust in government and satisfaction with democracy (...) rallying individuals around current leaders and institutions' (Bol et al. 2020: 1; and see; De Feo 2020b). The public's evaluation of the performance of the government during the first wave was overwhelmingly positive, especially when seen in comparison with its immediate predecessors (see Figure 3).

When asked, in March, to evaluate the performance of specific institutions and actors in confronting the pandemic, 88% gave the government a rating of 6 (out of ten) or above, while only 51% rated the centre-right opposition parties as highly (De Feo 2020a). Successive polls also revealed that support for the main governing parties held up throughout 2020 (see Table 1). That is not to say that the government was free of divisions. On the contrary, there were many disputatious moments throughout the year (first wave, exiting lockdown, beginning of the second wave) between the

**Figure 3.** Conte II government against predecessors. Percentages of those rating overall government performance at six out of ten or higher.

Source: Constructed from Demos & Pi data provided in De Feo (2020a)

governing parties and times when public support waned (the beginning of the second wave being noteworthy). Yet, none of these moments reached a political crisis point until the end of the year when the leader of IV, Matteo Renzi, began to air his first threats to withdraw support for the government, putatively over its spending priorities for Italy's portion of the EU's recovery fund.

One of the main sources of the government's strength during the year was the performance of Giuseppe Conte as Prime Minister, whose personal ratings rocketed during the first wave. The percentage of those rating his performance as 6 or above out of 10 rose from 52% in February to an astonishing 71% in March, with the next leader, Giorgia Meloni, a distant 52% (see [Figure 4](#)). And even though such high personal ratings were not sustained, at year's end they were (as surveyed by Ipsos) still at 57%, with his closest rival (Roberto Speranza) a distant 36% and Salvini 31%. Furthermore, in either/or 'face-off' polls, Conte proved to be five times more popular than Renzi and nearly twice as popular as Salvini (Pregliasco 2020).

The above figures are all the more remarkable in view of the fact that Conte had, in September 2019, changed one of his main coalition partners (from the League to the PD). In fact, polls conducted under the auspices of the Cattaneo Institute reveal a transformation in Conte's bedrock of support. The percentages of voters from different parties expressing either confidence or a great deal of confidence in Conte's government in March-April 2020 compared with one year before (March-April 2019) showed increases in all parties except two, the League (down from 68% to 22%) and FdI (down from 49% to 22%). Notably, the percentage of PD voters expressing confidence/a great deal of confidence rose from 14% to 90% – while the percentage of M5s and 'undecided' voters doing so rose from 87% to 95%, and from 35% to 72%, respectively. The percentage of voters overall expressing confidence/a great deal of confidence rose from 46% to 57%.

While some of these changes can inevitably be put down more to voters following the coalitional orientation of their leaders, there can be little doubt that Conte's strong

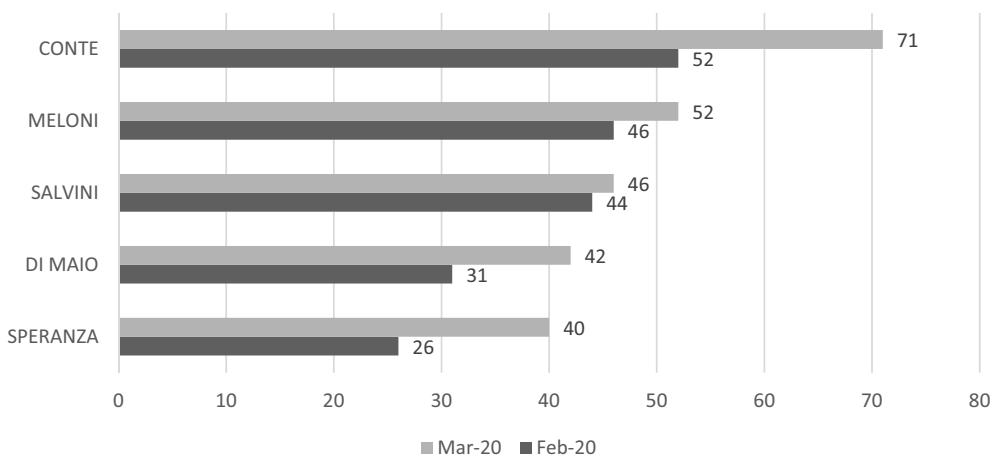


Figure 4. Popularity of Conte against other national leaders in first wave of pandemic. Percentage of those giving an evaluation of performance of leaders of six or above out of ten.

Source: Reconstructed from data provided in De Feo (2020a)

Table 2. Changing strengths of party ‘coalitions’ in 2020 (%).

	Birth of Conte II Government (5 September 2019)	24 December 2020
Centre-Left	25.9	29
Five-star Movement	20.6	14.2
Centre-Right	46.3	48.2

Source: Own elaboration on You Trend data: <https://www.youtrend.it/sondaggi-elettorali/archivio-sondaggi-politici-italia>

personal ratings helped to navigate this recalibration of his supporting coalition. In May 2020, survey data revealed that over 75% of those who voted for one of the centre left parties or the M5s rated Conte as somebody who ‘worked in the public interest’, was ‘reassuring’, ‘competent’, ‘pragmatic’, ‘close to the people’ and ‘independent of powerful interests’. Meanwhile, over 70% rated him as ‘kind’, ‘capable of uniting’, ‘a strong leader’, and over 60% as ‘more technical than political’. The corresponding percentages for those who voted for the centre-right parties were all below 40% (Vassallo 2020). Conte, for all his inexperience in politics, seemed to master the art of effective communication during a pandemic (De Luca 2020; see also Ceccobelli and Vaccari 2021) and exploit the public’s instinctive, patriotic support for a government when its nation was in an unprecedented crisis: he became, for all intents and purposes, a ‘reassuring lawyer of the people’ (Vassallo 2020).

The question was how much broader ‘political weight’ this success signified. Of note is that an opinion poll assessing the likely percentage of votes for a Conte List (effectively a Conte party competing at the election) was 14.3% in June (falling to 11.5% by October) (You Trend 2020a, 2020b, 2020c), a result that, for an outgoing Prime Minister, would give him some bargaining power. Yet, Conte would have been aware from historical experience of the risks of trying to create new parties from individual success stories,⁶ more so in a party system that appeared to be bipolarizing and thus squeezing the centre ground (see Table 2).

Yet, heading his own party was not a prerequisite for a continued political future. Conte’s performance as Prime Minister during the pandemic reinforced his authority as a potential prime ministerial candidate of any future centre-left coalition (for the centre-right would be unlikely to take him back). That is not to say it would necessarily occur, but in his case to have established such a position in Italian politics was no mean achievement for somebody originally dubbed as ‘Prime Minister by chance’ and merely a ‘servant of two bosses.’

Conclusion

The Covid-19 pandemic put the Conte II government to the severest test of crisis-management that any Italian government had experienced since the war. The fact that Italy proved to be the European ‘guinea pig’ for the pandemic, and the government was a fragile coalition, made that test even harder. The government visibly reeled under the impact of the first wave, with the virus close to becoming out of control and the health systems of the north overwhelmed. Economic, regional and social issues cracked open, resulting in conflict and division. At one point, the north of Italy was portrayed as

a ‘pariah state’, with examples of outright discrimination towards Italians living in so-called ‘infected areas’ who were no longer welcome in other parts of the country.

The high mortality rate, especially during the first wave, provoked a widespread debate about the extent to which the government’s response, amongst other factors, was a cause. Other factors included: the capacity of hospitals and intensive care units to cope; the age structure of Italy’s population; the territorial concentration of the virus; poor decision-making, allowing the virus to penetrate the care-home sector; a lack of knowledge of the virus and its effects; poor national-regional coordination; confused, slow decision-making; a territorial containment policy that failed to work before reaching a state of national lockdown – Italy’s ‘darkest hour’ in Conte’s words (Cappellini 2020). When that decision was taken, the rest of Europe was in shock at the idea of an entire liberal democratic nation being locked-down, and images of Italians singing patriotic songs from their balconies went viral on social media and news platforms. By the time Italy began easing restrictions in May, lockdown was a commonplace across Europe and the world. At that point, the government had control over the virus and there followed a long period (during the spring and summer) where it had one of the lowest case rates in Europe, before the second wave began in the autumn to pose fresh challenges.

Yet, if this was a multi-dimensional (health, economic and social) crisis confronting the government, politically it proved to be something different. The Conte government not only survived but consolidated its erstwhile fragile position. The pandemic stymied the frontal opposition of Salvini and produced a groundswell of public support around a leader faced with an unprecedented public health challenge. The government’s performance, even during the first wave, was viewed positively; support for the governing parties held up, and there was a clear shift of underlying support to the government on the part of supporters of the centre-left. Conte himself was instrumental in achieving all of this, as his personal ratings soared and then stabilized around levels that were much higher than those of his closest rivals. That is not to say that his position at the end of 2020 was necessarily any more secure than it had been at the beginning of the year. On the contrary, Matteo Renzi threatening, in December, to withdraw the support of his party (IV) from the coalition was the most significant political threat to Conte of the year. Yet, the end of Conte II would not change the historical record: that the year of the pandemic had also proved to be the year of Giuseppe Conte and the making of a Prime Minister.

Notes

1. See also Kontis, Bennett, and Rashid et al. (2020) for a detailed comparative analysis of excess deaths during the first wave, which places Italy in the category of countries with high mortality rates. Definitive data are available for the first nine months of the year, which show an increase of 42,000 deaths compared with the previous five years (Ruffino 2020).
2. References to this report appear in the minutes of a meeting of the CTS (released by the Department of Civil Protection) of 9 March 2020.
3. The index is a composite measure based on nine response indicators including school closures, workplace closures and travel bans, used to construct a scale running from 0 to 100, with 100 being the most stringent (Hale et al. 2020).

4. For an analysis of how three of the northern regions confronted Covid-19 during the first wave see Toth (2021).
5. The scandal in relation to Lombardy's (and Italy's) main care home, the Pio Albergo Trivulzio in Milan (known as the Baggina, made famous for being the origin of the 'Clean Hands' anti-corruption investigations of the early 1990s) resulted in legal prosecutions (Lerner 2020; Maggioni 2020).
6. In particular, that of Mario Monti, who, on the back of his period as Prime Minister, in 2013 founded 'Civic Choice' – a political force that secured 8.3% in the 2013 national elections, became a minor partner in two governments and was eventually disbanded in 2019.

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Disclosure statement

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