

**STRUCTURES,
INSTITUTIONS
AND ACTORS IN THE
RESPONSE TO THE COVID-19
CRISIS IN SPAIN: Challenges,
dilemmas and proposals.**

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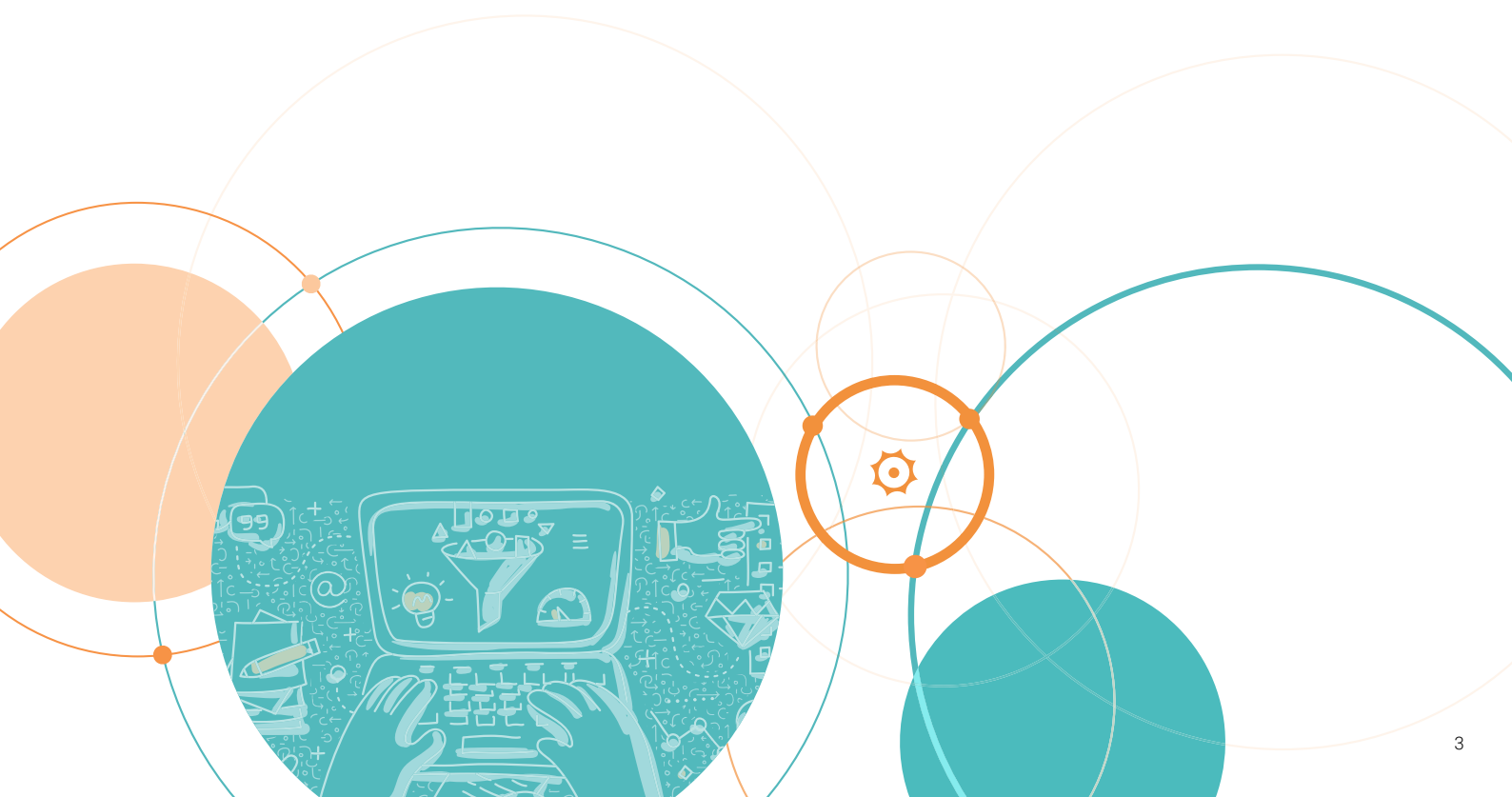
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Table of Contents

Executive Summary	4
Introduction	4
Analysis (I): decision making and main policies.....	5
First finding: a difficult institutional structure.....	7
Second finding: the State of Alarm as a questioned tool.....	8
Third finding: a polarised climate that generates incentives for competition rather than co-operation.....	8
Fourth finding: more than three years without an evaluation of the response to the pandemic.....	9
Conclusions	9
Recommendations.....	10
References	11
The COVINFORM project	12



Executive Summary

When the health and then the socio-economic crisis of Covid-19 broke out in Spain, policy makers applied various constitutional provisions to deal with both situations. On one hand, fundamental rights were limited to prevent the spread of the virus. There was a strict lockdown and suspension of non-essential economic activities, mainly affecting the tertiary sector (with the exception of food establishments). On the other hand, aid packages were created to provide income to

those whose work was suspended, and different lines of assistance were developed. The Spanish government initially took the lead in the response to the crisis, delegating it to the regional authorities in later stages of the health crisis. The success of the vaccination programme, with Spain reaching one of the highest vaccination rates at international level, contributed to a return to normality that today allows coexistence with the virus and the disease, which is in the process of becoming endemic.

Introduction

In this policy briefing we will analyse the main lessons learned from the political management of this health, social and economic crisis caused by COVID-19. The purpose of the document is to make a critical analysis, three years after the outbreak of the crisis, based on the research we have been developing in the framework of the H2020 COVINFORM project. In this context, we have analysed reports, policies and regulations, interviewing public decision-makers and their advisors, in Spain and in fifteen other countries. The aim was to be able to point out management successes and problems, and to propose alternatives and reforms that would contribute to a more effective response if Spain were to face a similar situation again. This briefing may be of interest to both public decision-makers and people working in the field of crisis management. We will try to answer the following questions for analysis:

- **What have been the main measures adopted to deal with the COVID-19 pandemic in Spain? Which have worked? Which have not, or have done so to a lesser extent?**
- **What limits has Spain's institutional structure placed on decision-making and how has this affected the desired policy outcomes?**

We will also offer recommendations focusing on the actors who might be interested in implementing them in a future crisis like COVID-19:

- **What structural reforms should be implemented to increase the effectiveness of policies that aim to address the crisis?**

This paper therefore hopes to provide tools to make the management of a crisis similar to the recent one, more effective.

Analysis (I): decision making and main policies.

The COVID-19 crisis required a quick response from government authorities to protect citizens. This required the activation of emergency procedures, which gave governments more power to take decisions with greater agility, and which also affected citizens' fundamental rights such as freedom of movement. In addition, Spain, as a country with a high degree of decentralisation, needed to coordinate the various autonomous governments. The constitutional instrument used to deal with the pandemic was the State of Alarm: a legal mechanism for exceptional periods that allows the government to assume certain powers, but it must receive the support of the parliament fifteen days after its approval, in case it wants to be extended (see COVINFORM D4.1). The State of Alarm (see Alba Catoira, 2011) allowed for some of the most relevant measures to fight against COVID-19:

During the first stage of the pandemic (March to May 2020):

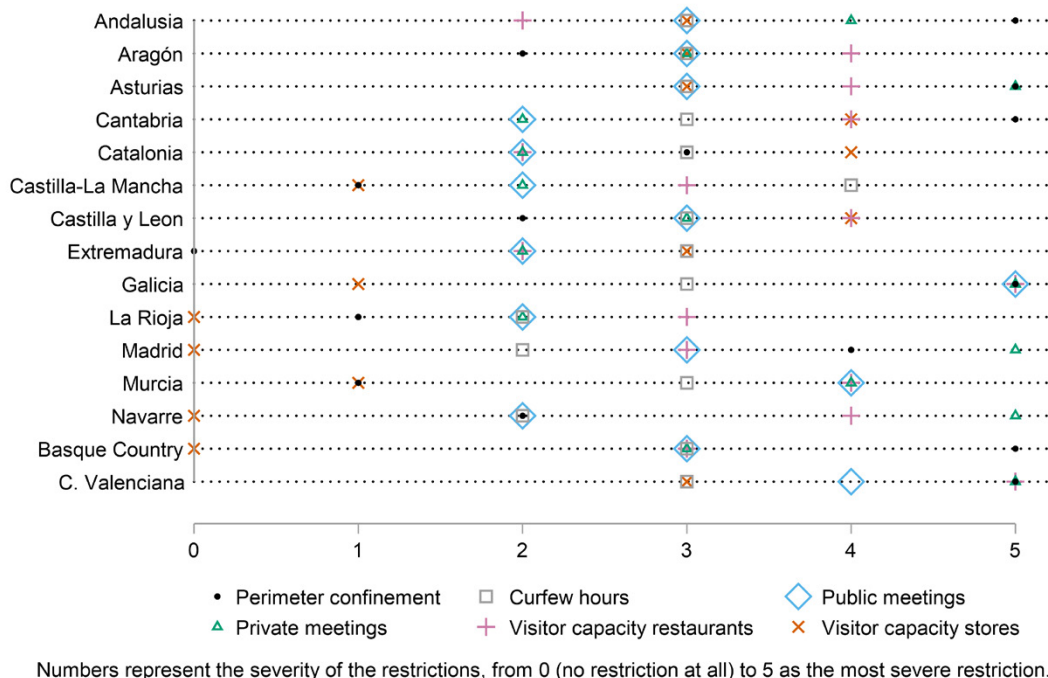
- Establishment of a Single Authority, which allowed the central government to coordinate efforts to combat the disease and its consequences. While regional governments retained their competencies, they were to align their management with the objectives set by the Spanish government.
- Establishment of strict lockdown, intensified during Easter 2020. People were only allowed to leave their homes to work or to attend basic needs (purchase of medicines or food, care of the elderly or sick, hospital attendance, etc.).
- Health measures to reinforce medical equipment and make conditions more flexible so that different health care groups could be incorporated into the workforce.
- Approval of the ERTE (Acronym for Temporary Labor Force Adjustment Plan in Spain) mechanism, which allowed workers whose jobs were suspended because the economic activity in which they provided their services was also suspended to receive unemployment benefits. Receiving this aid, which was also favourable for companies, was conditional on the workers not having their employment contract terminated in order to protect employment.
- Establishment of a universal Ingreso Mínimo Vital (Minimum Vital Income) for those who could not access economic benefits in other ways and were in a situation of poverty.
- Imposition of the mask for outdoor and indoor use.

During the second phase of the pandemic, in the summer of 2020, phase-out occurred: the gradual relaxation of restrictive measures. The Single Authority established a “traffic light”, i.e. a series of objective indicators that were used to gradually relax restrictions:

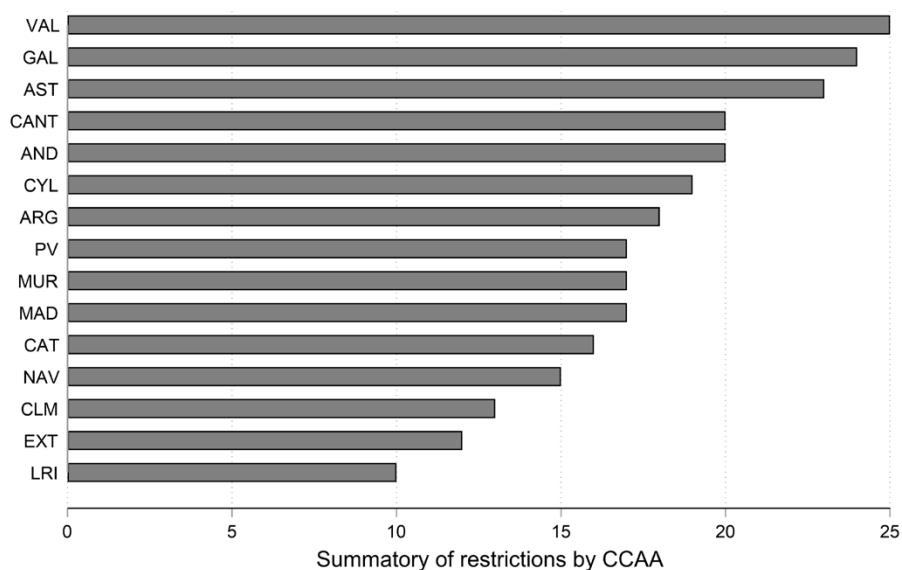
- Lockdown is eliminated, and a reduction in capacity, limitation of opening hours of commercial premises, and maintenance of safety distance are adopted.
- Other measures, such as the use of masks, are maintained.

During the third stage of the pandemic (summer 2020 - start of vaccination):

- Relaxation of the Single Authority, and return of competences to the Autonomous Communities that took restrictive measures not on the basis of the State of Alarm but on the basis of the Public Health Law, with prior judicial authorisation. This led to a decentralisation of decisions that implied different levels of restrictions depending on the Autonomous Community (see Graph 1 and Graph 2).



Graph 1. Measures taken by the Autonomous Communities, classified by severity. Source: own elaboration from <https://www.rtve.es/noticias/20210325/comparativa-restricciones-coronavirus-comunidades-autonomas/2070394.shtml>



Graph 2. Sum of measures taken by the Autonomous Communities. Source: own elaboration from <https://www.rtve.es/noticias/20210325/comparativa-restricciones-coronavirus-comunidades-autonomas/2070394.shtml>

- The most relevant measures had to do with the establishment of night-time curfews, reduction of business hours and others. However, the severity of the measures varied considerably, with some regions having fewer of the more restrictive measures than others, such as Madrid.

During the fourth phase of the pandemic (December 2020-2023), vaccination and the entry of new, more contagious, but apparently less lethal variants take place. Some restrictions have to be implemented at the beginning of the period, but these are eventually relaxed until all restrictions are lifted in 2023.

- The key measure in this period is vaccination. **Spain achieved a rapid vaccination of the population, with very high vaccination rates.**

Over time, it has been observed that many of these measures were taken in an inauspicious context, or with institutional limits that did not favour their effectiveness. In this case, not promoting effectiveness had consequences particularly for vulnerable groups- (see COVINFORM D4.3 and D4.4).

First finding: a difficult institutional structure.

The first finding, both in expert reports and in interviews with public decision-makers, is that **Spain has a decentralised structure that needs better intergovernmental coordination.** At the beginning of the crisis, the Spanish political system lacked effective vertical coordination mechanisms. In this sense, institutions such as the **Conference of Presidents**, which brings together all the regional presidents with the Spanish President of the Government, do not form part of the governmental structure provided for in the Spanish Constitution (nor in Spain's institutional design). It is true that the number of meetings increased drastically (from six between 2004 and 2017 to fourteen between March 2020 and March 2021), but it is not clear what these meetings resulted in.

The coordination structures that are provided for in Spain's institutional design are the **Conferencias Sectoriales** (Sectoral Conferences), which address sectoral coordination issues between the Consejerías of the Autonomous Communities and a policy area of a Ministry. Specifically, the Interterritorial Health Council has been the Sectoral Conference that has met most often, and to which powers have gradually been delegated to make decisions jointly between the State and the Autonomous Communities, having heard the various reports prepared by public health experts. However, **it has not been clear what its operating mechanism is during the pandemic**, its deliberations are not very transparent, and it has taken far-reaching decisions that are difficult for the public to evaluate (and, if necessary, reward or punish), in this sense, **the lack of information provided to the general public deeply undermined trust in the government.**

The context of political polarisation and the weakness of the parliamentary support of democracy's first coalition government has meant **that these institutions have become an arena for political competition.** They have been an arena for opposition to the government or for the government not to assume responsibility for decisions, spreading them among all the actors involved, rather than in the actual coordination of decisions aimed at achieving maximum efficiency.

Second finding: the State of Alarm as a questioned tool.

The State of Alarm, despite being the instrument used by the Spanish government to respond to the pandemic, particularly during its early stages, **has been seen as an institutional limit that should be rethought**. On the one hand, the Spanish Constitutional Court has questioned whether this instrument could be used to restrict the right to freedom of movement so much as to suspend it (and not just limit it). Thus, the State of Alarm that was extended during the first phase of the pandemic has been declared unconstitutional. It also remains to be seen whether the delegation of powers made by the second State of Alarm that was approved during the third phase is considered constitutional or not.

Thus, if a restriction of freedom of movement is necessary, the government will have to decide whether to adopt the State of Alarm, with a lesser restriction, or whether to opt for the State of Emergency, which requires the initial approval of the Parliament, and which may not be extended for more than six months in any case. However, the extensions and the subsequent parliamentary votes have been a scene of political confrontation that has undermined confidence in the government, and has been used by the opposition to wear it down. **It would be useful, therefore, to clarify the playing field in which these instruments can be applied, their limits and the practices that make them more useful for dealing with crises without affecting the country's democratic quality.** Spain, as a young democracy, has rarely used these instruments, and they need to be rethought to be more practice.

Third finding: a polarised climate that generates incentives for competition rather than co-operation.

Throughout the research process it has become clear that, in addition to the Spanish institutional and constitutional design itself, **the dynamics followed by political actors have been decisive in explaining the results of the policies approved against COVID-19** (Charron, Lapuente y Rodríguez-Pose, 2020). In general, the degree of agreement at the level of public opinion, and also in terms of political elites, on the policies that had to be applied to prevent the spread of the virus and to compensate the economic losers of these measures was very high. This is seen both in public opinion surveys, in the interviews we have conducted with public decision-makers of different political orientations, and in in-depth interviews with citizens. Despite this, **political parties have used the crisis to maximise their standing in the electoral competition**; prioritising, at times and with varying intensity, electoral competition over cooperation to achieve policy effectiveness.

Thus, **part of the problem that has been analysed regarding intergovernmental coordination has its origin** not only in the institutional design of the Spanish autonomous state, but **also in the strategies that parties have developed**, particularly when the political colour at the levels of government does not match. The same could be said of the State of Alarm, whose extension soon became a headache for the government and was used by the opposition to showcase the government's weakness.

Fourth finding: more than three years without an evaluation of the response to the pandemic.

Finally, since the beginning of the COVINFORM project, Spain has pointed out the **need for a comprehensive evaluation of the government's response to the COVID-19 crisis**. The lack of independent audits to assess the measures taken and identify the critical points that need to be strengthened is one of the major unresolved shortcomings in the Spanish state. A thorough evaluation is crucial to determine the results and impacts of the measures taken in order to create a more solid framework for future pandemics.

We pointed out earlier how the decision-making process within the Interterritorial Health Council has not been very transparent, making decisions of great importance difficult for the public to evaluate. For more than three years, the importance of carrying out an independent evaluation of the management of COVID-19 in Spain has been argued (see for example the study by García-Basteiro et al. 2020). This is done with the purpose of making the country better prepared to face future pandemics by **identifying its weaknesses, strengths and lessons learned in several areas, including governmental decision-making, scientific and technical advice, as well as operational capacity**.

The pandemic has had a significant impact on the physical and mental health of the population, caused social disruption and generated suffering in society, and increased existing inequalities. For this reason, it is essential to implement effective public policies that benefit the entire population, with a special focus on the most vulnerable people. We must be better prepared and able to recover quickly in the face of possible future pandemic threats, therefore **a comprehensive assessment is a fundamental requirement**.

Conclusions:

All in all, it can be concluded that the main challenges faced by the decision-makers have a dual component. On the one hand, there is a structural source of problems related to how Spanish institutions have been designed and created and their relationship with the multilevel environment in which Spanish policies operate. Then, on the second hand, there is a problem that has to do with the strategic decisions made by political actors who have prioritized competition over cooperation. Specifically, they decided to change consensual issues to positional ones, which have hindered options for agreement.

Recommendations



Therefore, taking into consideration the analysis of the Spanish case, and the qualitative evidence we have built and analyzed throughout this research, we propose:

- 1. To intensify the mechanisms of intergovernmental cooperation, which will allow a better coordination between different levels of government.** Particularly, it is relevant to enhance cooperation among the two main levels of government in the Spanish institutional design: the regional and the national ones. However, it will be useful to incorporate local governments to this intensification of intergovernmental cooperation. A good cooperation among different levels of government will assure a fast and efficient answer to face a crisis of similar characteristics.
- 2. Reform the specific instruments to face a crisis as the one caused by the spreading of the COVID-19. Specifically, the State of Alarm needs to be reformed.** On the one hand, it would be interesting to clarify the specific actions that this exceptional instrument allows governments to do. On the other, it could be useful to make more flexible the mechanisms of parliamentary control of the decisions to permit a positive trade-off between control and efficacy. Both measures will reduce the incentives of political actors to politicise actions taken in these situations, avoiding strategic behaviors that impulse parties to introduce this issue into the electoral competition.
- 3. Introduce a new organizational culture that enhance and prioritize the evaluation of public policies.** This will allow to know, in a very holistic and systemic way, analyzing all the decision-making process: what decisions worked properly, what decisions did not work; which were more efficient and which ones ended up hindering the expected results of each policies.

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- García-Basteiro et al. (2020) The need for an independent evaluation of the COVID-19 response in Spain

Websites

<https://www.rtve.es/noticias/20210325/comparativa-restricciones-coronavirus-comunidades-autonomas/2070394.shtml>

Deliverables

COVINFORM D4.1 Baseline Report. Governmental Responses. <https://www.covinform.eu/wp-content/uploads/sites/39/2022/04/COVINFORM-D4.1-Baseline-Report-Governmental-responses.pdf>

COVINFORM D4.3 Analysis Gvoernment responses to COVID-19 and impact assessment. <https://www.covinform.eu/wp-content/uploads/sites/39/2022/04/COVINFORM-D4.3-Analysis-Government-responses-to-COVID-19-and-impact-assessment.pdf>

COVINFORM D4.4. Synthesis and lessons learnt on governmental responses and impacts. <https://www.covinform.eu/wp-content/uploads/sites/39/2022/11/COVINFORM-D4.4-Synthesis-and-lessons-learnt-on-governmental-responses-and-impacts.pdf>

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The COVINFORM project

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Duration	36 months

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