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**FEDERALISM AND THE COVID-19 CRISIS:
A PERSPECTIVE FROM SPAIN¹****por Mario Kölling**Senior Researcher at the Fundación Manuel Giménez Abad
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According to the 2019 edition of the Bloomberg Healthiest Country Index, in 2018 Spain was the healthiest country in the world, with its health system ranked third in terms of efficiency. In this context, the rapid and relentless onset of the COVID-19 pandemic took many by surprise and has severely tested both the Spanish territorial model, i.e. federalism, and the national health care system.

The National Health System (SNS) in Spain is highly decentralized and based on the principles of universality, free access, and equity. In 2001, responsibility for the delivery of healthcare services was transferred to the 17 Autonomous Communities (ACs), Spain's constituent units. The central government retained responsibility for certain strategic areas as well as for the overall coordination and national monitoring of the health system. Since decentralization, the ACs have developed strong administrations for the implementation of national regulations and the development of region-specific policies. Coordination on health matters between the central government and ACs is routed through the Interterritorial Council for the SNS. While intergovernmental coordination mechanisms are generally quite weak in Spain, the Interterritorial Council has in the past been quite effective and less affected by partisan divisions and considerations when dealing with crises. Following the financial crisis of 2008, the ACs and the Central government established joint mechanisms for procurement and digital procedures, e.g. electronic health records. However, not all ACs participate in these mechanisms.

The Institute of Health Carlos III (ISCIII) is the apex national public-financed body responsible for research in the biomedical and health sciences fields, and for developing and providing technical guidance for the SNS. The ISCIII manages the analysis of samples working in coordination and collaboration with the ACs on epidemiological surveillance issues. For these tasks the Institute maintains a network of scientific institutions in the ACs. Working in collaboration with the network, the Institute collects data, publishes medical and behavioural recommendations, and establishes standards which are widely respected.

Spain has the second-highest average life expectancy of any country in the world, after Japan. However, the aging population and the subsequent increase in the incidence of chronic diseases pose risks to the system's sustainability. Moreover, the number of practicing doctors, nurses and hospital beds per 1,000 residents is relatively low, and there exist other deficiencies relating to waiting lists, patient rights, and preventive care. As a consequence of the 2008 financial crisis, there is increasing variability in the quality of healthcare services across the various ACs.

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A German tourist became Spain's first coronavirus patient in late January. And while the first fatality only occurred in early March, by the end of the month almost 10,000 people had lost their lives. The main outbreaks were in the ACs of Madrid, Catalonia, and La Rioja.

The authorities did not take the threat lightly and took swift action. In early January 2020, the central Ministry of Health activated the COVID-19 protocol in coordination with the Departments of Health in the Autonomous Communities. On 4 February, the Interterritorial Council adopted an emergency protocol reinforcing the coordination and surveillance mechanisms among the national and regional health authorities. However, as late as early March the actions undertaken by the ACs were still quite heterogeneous (e.g. with regard to the cancellation of classes at different levels of education), depending on the severity of the crisis in each AC.

On 9 March the central government issued its initial warnings and published countrywide recommendations. The failure of earlier measures to contain the outbreak forced Prime Minister Sánchez to declare a nationwide "state of alarm" on 13 March following a videoconference with Presidents of the all ACs. The Royal Decree, which came into force on 14 March (Royal Decree 463/2020), conferred full responsibility to the Spanish government to implement measures to deal with the COVID-19 crisis. The Royal Decree contained measures related to the limitation of the free movement of persons and vehicles, the suspension of procedural and administrative time periods, and necessary action to ensure the supply of property and services needed for health, food, power, and other essential services.

The "state of alarm" is based on Article 116 of the Constitution and on the Organic Law 4/1981. The declaration of the "state of alarm" allowed the central government to suspend the powers devolved to the ACs for a period of 15 days. The Prime Minister delegated authority to the Ministers for Defence, Internal Affairs, Transport, Mobility and Urban Matters, as well as to the Minister for Health in their respective areas of responsibility, with any residual responsibility being assumed by the Minister for Health. The Royal Decree also put all health authorities throughout the country (public or private) under the direct orders of the Minister for Health. ACs and local public administrations retained authority over the operational management of health services. Although the declaration suspended the ACs powers, it did not suspend the State of Autonomies or reduce the power of the ACs. Throughout the "state of alarm", the central government assumes special powers for a very short period of time and in response to a very specific situation.

With the creation of the "mando único" (single command), the Minister for Health formally assumed the responsibility for decision making and coordination of health policy decisions in the 17 ACs. However, taking into account that decision making and management have been in the hands of the ACs for almost two decades, it was very difficult for the national Ministry of Health to obtain and provide even basic operational data during the early days of the crisis. Although the coordination mechanisms were reinforced it is still too early to evaluate their effectiveness.

On 22 March, PM Sánchez announced the first extension of the "state of alarm" until 11 April. On 4 April the period of lockdown was extended again, this time until 25 April. The decisions to prolong the "state of alarm" were taken after consultations with all Presidents of the ACs and were approved by a vote in the Spanish Parliament. Moreover, on 30 March the Spanish government decided that all work which is not considered essential for the country to continue operating would stop temporarily until 9 April.

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The measures undertaken were supported by all ACs at the political and technical level. Nevertheless, the support for them weakened at the end of March because the lack of strong vertical and horizontal coordination mechanisms at different levels of government led to confusion and conflict. Critical shortages of equipment and medical supplies remain and ACs started to compete with each other for these scarce resources. Several ACs attempted to buy equipment on international markets. As the central government could not acquire the required material, several ACs criticised the unequal distribution of medical equipment. Moreover, the decision of the central government to limit activities which were not considered essential has disproportionately hit industrialised regions such as the Basque Country. Others too have protested against the economic costs of the shutdown. Although party politics were not very noticeable during the first weeks of the “state of alarm”, some ACs demanded stronger measures to tackle the crisis, like Murcia, or decided of their own accord to start COVID-19 testing, like Andalucía. Meanwhile, the Catalan government refused to sign a joint declaration with the central government and the rest of the ACs on coordinating the lockdown, and was reluctant to accept the presence of armed forces for the construction of field hospitals in its territory.

On balance, Spain’s decentralized system has fared well in helping the country cope with the pandemic. However, it has become clear that existing coordination instruments were insufficient to respond to the crisis appropriately. In the weeks to come, the situation may become more conflictual as ACs demand greater support from the central government for reconstruction measures. The territorial conflict may be less salient but nationalist parties will try to gain advantage of a weak Spanish government unable to tackle the difficult economic situation in the months to come. ■