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The Limits of Power Concentration and Expert Knowledge in Emergency Management: Spain's Government Response during the First Phase of the Covid-19 Pandemic

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ABSTRACT

Focusing on the central government's response to the Covid-19 crisis during the first wave in Spain, the article analyses the executive's strategy of power concentration, and the factors that shape its implementation. We sketch how the crisis erupted, the main measures and strategies adopted by the national executive, the role of the experts, and the interaction with other political actors and institutions. We also explore the second phase and how the political reaction evolved towards a more consensual approach. Paradoxically, the consequences for the political actors were apparently less harmful than expected, since the governments did not lose political support, and the electorate continued to support the policy measures adopted to mitigate the pandemic.

KEYWORDS

Public policy; state capacity; crisis management; policy response; decentralisation; experts; executive centralisation; multi-level governance

Spain is a dramatic example of a country that quickly suffered severe consequences after its initial Covid-19 outbreak. By the end of the first phase of the crisis (June 2020), Spain had totals for deaths and infections that were among the highest in the world. Press reports labelled the situation a 'national failure', which could have been managed differently (The Economist 2020) – though this picture changed in subsequent waves.

Early accounts emphasised the unpreparedness of the country and the slow reactions of public institutions as key explanatory factors (Dubin 2021; Molina, Otero-Iglesias & Martínez 2020). However, from a comparative perspective, Spain could hardly be considered unprepared for such type of threats; nor was it simply slow in the stringent measures it adopted. Before the crisis, the national security and healthcare systems had taken steps to guarantee satisfactory levels of preparedness to cope with pandemic outbreaks, building on experience from previous episodes (2009 flu, 2014–2016 Ebola virus among the more recent).

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Besides, Spain was also among the first to adopt measures against the threat. By the end of January 2021, when the first case was detected in the country, Spain had the highest level in Europe after Italy of 'stringency' in governmental response, as measured by the Oxford Covid-19 database (Hale et al. 2021a, 2021b). In mid-March, it was one of the countries to adopt the toughest lockdown measures, according to the same source. This lockdown was introduced when Spain had a similar number of detected infections and deaths to France or Britain (and lower than Italy) when they declared their own lockdowns (Rozenblum 2021; Vicentini & Galanti 2021; Williams, Rajan & Cylus 2021).

In this respect, Spain is an interesting case to illustrate how democratic governments face hard dilemmas and constraints when confronted with an exogenous shock (Greer, King & da Fonseca 2021, p. 4). In a context of urgency and high uncertainty, the balance between rationality, necessity, available resources and political legitimacy may be very difficult to achieve. Thus, although the Spanish government's response did not essentially differ from that of countries that enjoyed better results, like Portugal, Greece or France (Ladi, Angelou & Panagiotatou 2021; Rozenblum 2021; Silva, Costa & Moniz 2021), it was clearly not enough to avoid the high human and economic losses in the first months of the pandemic.

In order better to understand the Spanish case, this article analyses the central government's responses to the crisis, focusing on the main constraints that narrowed the choice of alternatives available. We limit our analysis to the first phase (between January and June 2020), the period which shows most clearly how the government should address these constraints without the 'golden time' necessary for more strategic decisions. This contrast with countries that had learned from previous failures in managing health pandemics, like South Korea (Moon 2020, p. 654).

Our analysis builds on previous studies that provide arguments to understand the motivations behind governments' crisis management (Boin et al. 2005; Lodge & Wegrich 2012), with particular attention to recent studies of the factors producing policy differentiation among countries during the Covid pandemics.[1]

In these exceptional situations, leaders and executives take decisions in a highly constrained environment, starting by giving meaning to the unfolding crisis (Boin et al. 2005, p. 13). Although emergency management might foster collaborative leadership strategies in public actors (Hattke & Martin 2020; Waugh & Streib 2014), a common feature of governments' reactions is power concentration, seeking to maximise the effectiveness of their decisions (Bolleyer & Salát 2021; Fleischer & Parrado 2010; Malandrino & Demichelis 2020). This was the case in Spain: once the containment strategy had failed to avoid the virus propagation, the national government adopted a strategy of policy centralisation.

In the following pages, we analyse how this power concentration was implemented and what obstacles it found. We observe this response in two dimensions. In policy terms, it involved intra-cabinet decisions, experts and policy advice, and coordination with the regional governments. In political terms, power concentration faced the polarisation of the parliamentary arena, bargaining with the main interest groups, and public opinion. Overall, this government response contributed to guaranteeing cohesion and effectiveness in public decisions, but it also became clear that the strategy was politically hard to sustain and suffered several policy pitfalls. Therefore, by the end of the first phase, the government decided to relax the policy centralisation.

The rest of the article offers evidence supporting this general argument. The next section introduces relevant aspects of the state's capacity and preparedness before the crisis and provides quantitative data about the impact of the pandemics. The third section assesses the government's policy response, the role of experts, and the relationship with the regions. The fourth section analyses the political dimension, focusing on the role played by the parliament and political parties, the interest groups, and public opinion. The final section provides an assessment of these variables and summarises the following phases of the crisis.

Crisis preparedness and state capacity

State capacity, particularly in terms of health services, and pandemic preparedness have been considered structural factors determining the government's reaction during the Covid outbreak (Capano 2020; Toshkov, Carroll & Yesilkagit 2021). The use of these resources is also conditioned by the multilevel structure of the country (Parrado & Galli 2021). Spain is a highly decentralised state, where most basic public services (including healthcare, education or social services) are under the jurisdiction of the 17 Autonomous Communities (*Comunidades Autónomas*, henceforth CAs), while the central government deals primarily with regulatory, planning, and evaluative tasks (Parrado 2020). Even if the central government centralises some powers on an extraordinary basis, as it did during the Covid-19 crisis between March and June, the implementation of its decisions would still depend on political collaboration with regional authorities. This collaboration may be particularly fragile with those CAs governed by parties that are in opposition in the national parliament (as was the case for Madrid, Catalonia, Andalusia, and Galicia, among others).

The National Health System (NHS) reflects this multi-level governance structure, with the 17 CAs managing 92.5 per cent of healthcare spending in the country (Ministry of Finance 2021). The Ministry of Health (MoH) is responsible for the regulation of the right to healthcare and the establishment of the basic elements of the organisation, coordination and financing of the NHS, designing training plans for health personnel, pharmaceutical policy and high-level

inspection of the system. On the other hand, the regional governments use differing models of public/private collaboration to administer their networks of hospitals, specialised centres and primary care services (Alonso, Clifton & Díaz-Fuentes 2015; Gallego, Barbieri & González 2017).

This multilevel healthcare policy decision-making system is governed through the Interterritorial Council of the Spanish National Health Service (*Consejo Interterritorial del Sistema Nacional de Salud*, CISNS), a fundamental body linking the national and the regional healthcare ministries. The resulting framework has produced an intergovernmental distribution of roles and resources, with strong interdependence between the central government and the regions, which shapes the way in which decisions are made and implemented.

The Spanish NHS suffered from the economic recession (del Pino 2020), which reduced government health care expenditure from 6.8 to 6.2 per cent of GDP between 2009 and 2018. However, this did not substantially affect the Spanish NHS's capacity, which ranks in middle-to-top positions in the main indexes of health care capacity and efficiency.[2] The multi-level healthcare system therefore had a similar – if not better – level of preparedness than other countries in Southern Europe.[3]

Spain also had slightly more experience in dealing with epidemics, as it has been one of the European countries most affected by previous pandemic episodes in recent years (2009 swine flu, 2012 MERS-cov, 2014 Ebola). Set up by the MoH in 2004, the Centre for the Coordination of Health Alerts and Emergencies (*Centro de Coordinación de Alertas y Emergencias Sanitarias*, CCAES) is tasked with setting up preparedness and response plans to deal with public health threats including pandemics. The CCAES must also carry out a survey of the national capacity requirements set out in the International Health Regulations (WHO 2005) and work with the regions to ensure their implementation. Whenever a public health emergency arises, the ministry requests each region to organise a focal point who works with the CCAES.

Before the arrival of this coronavirus pandemic, the Ministry had preparedness plans and protocols that had been developed (and successively updated) to respond to the most dangerous detected viruses (H5N1, Ebola, Mers-Cov, dengue and zika). Spain had also participated in pandemic simulations organised by the European Commission in 2005. The central government was organising the first national preparedness exercise, which should have taken place in April 2020, in accordance with the National Security Strategy. Besides the CCAES, the National Centre of Epidemiology (CNE) coordinates the National Epidemiological Surveillance Network (RENAVE), created in 1995, to gather data about diseases and epidemics in cooperation with the regional governments. All these resources seem to indicate that Spain was a country relatively well prepared for early detection of epidemics.

However, these signals of preparedness could have contributed to fostering overconfidence among authorities and experts and an underestimation of the risks posed by the new virus – a psychological factor that has been largely ignored in previous policymaking studies (Maor & Howlett 2020, p. 229). For instance, focusing on the preparedness of the NHS implied diverting attention from other sectors that turned out to be crucial as the pandemic developed. This was the case for social care, and particularly nursing and care homes, whose residents accounted for about half of the Covid deaths (del Pino et al. 2020; Ministry of Social Rights and Agenda 2030 2020). A law – the Long-Term Care system – was passed in 2006 aiming to strengthen the quality of these services. However, the economic recession had a pronounced negative effect on its implementation and funding, producing lower development and professionalisation (for instance, keeping care home beds below the WHO recommendation) and significant regional variance in terms of equality. Further, coordination of the long-term care system with the NHS did not improve after the passing of the law, which also exacerbated the Covid crisis.

More generally, Spain faced the crisis with clearly limited state capacities in other key aspects, particularly economically. Despite averaging GDP growth of 2.8 per cent since 2015, unemployment remained high (13.8 per cent in January 2020, the second highest in the EU), the national debt was 97.9 per cent at the end of 2019, and the budget deficit averaged 3.5 per cent between 2015 and 2019.[4] These constraints became evident when the government needed to implement economic policies to mitigate the social consequences of the crisis.

The evolution of the pandemic in Spain

The first official Covid-19 case in Spain was detected on 31 January (a German tourist in La Gomera, Canary Islands). The early cases on the mainland were imported, with the first being reported on 26 February in Barcelona; the first death was reported on 3 March in Valencia, though it had actually occurred on 13 February, suggesting the virus had already been circulating in the country since the start of February (Gómez-Carballa et al. 2020). At the beginning of March, community spread occurred, and the numbers began to climb exponentially, particularly after 8 March. On the day the central government declared a state of emergency (13 March) the MoH reported more than 4,200 daily cases and 120 deaths.[5]

As seen in Figure 1(a), the government's policy reaction helped to reduce the contagion, since the peak of the curve of new daily cases was reached two weeks after the national lockdown (9,181 cases on 27 March). The maximum number of daily deaths came a week later (950 on 3 April), and two days later (5 April), Spain became the country in the world with the most deaths per million people (Figure 1(b). After that, the epidemic's curve started to

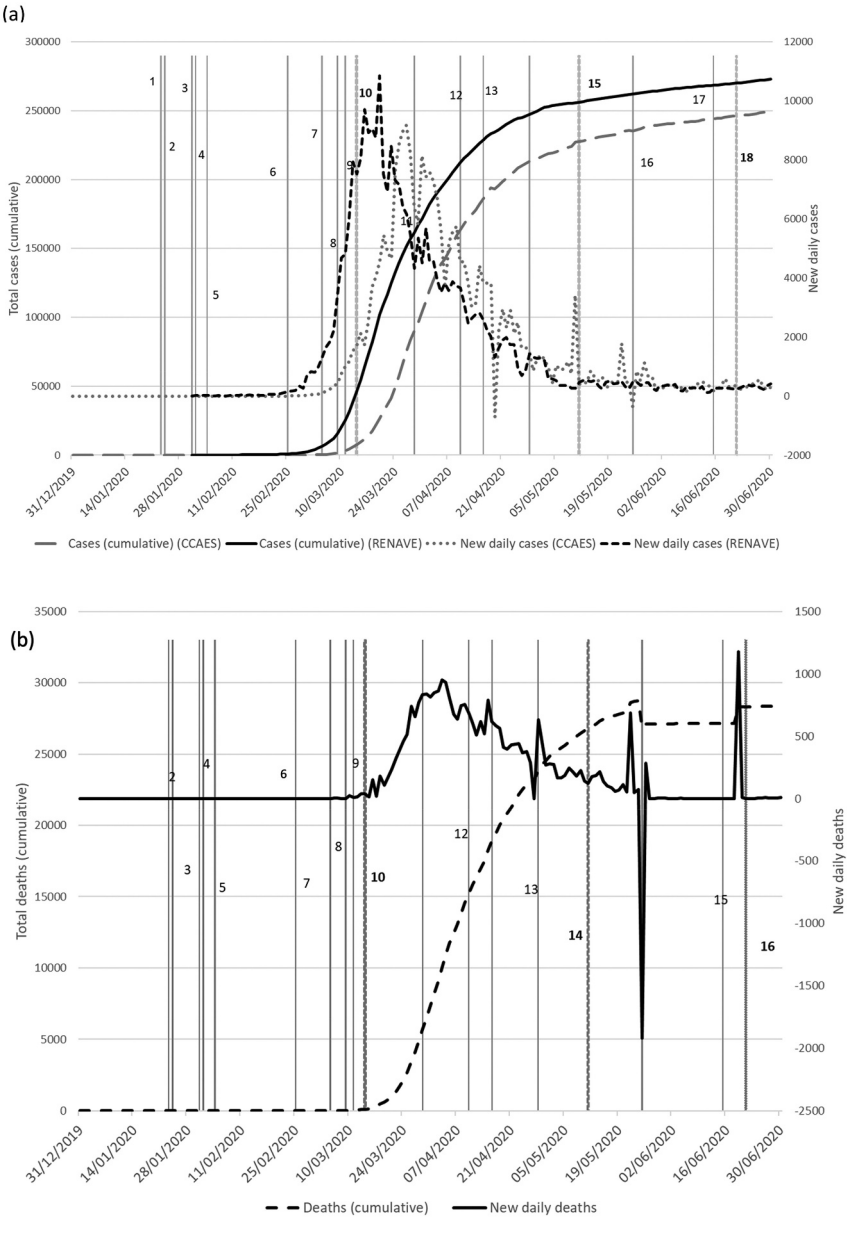

Figure 1. COVID-19 detected cases (a) and deaths (b) in Spain until 30 June 2020.
Sources: Own elaboration using data provided by the CCAES (MoH) to the ECDC (https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-casesworldwide) and RENAVE data (https://cnecovid.isciii.es/covid19/#documentaci%C3%B3n-y-datos). Both accessed 12/08/2020.
Note: Vertical lines represent major events during the period: 1) The MoH establishes a monitoring committee (23/01/2020); 2) First detection protocol for COVID-19 (24/01); 3) WHO declares healthcare emergency (31/01): 4) First reported case (01/02); 5) First meeting of the CISNS (04/02); 6) Change in detection protocol (25/02); 7) First reported death (05/03); 8) Community transmission (09/03); 9) WHO declares pandemic (11/03); 10) State of alarm declared (14/03); 11) Total lockdown (29/03); 12) End of total lockdown (10/04); 13)

flatten, reaching 301 new daily cases and only nine deaths by the end of the analysed period (30 June). The final tally at that moment was 249,271 people infected and 28,355 deaths. Of those infected who died, more than 60 per cent were 80 years old or more,[6] while those aged over 59 represented half of the total cases of infection (RENAVE 2020).

In this regard, one of the immediate constraints faced by the government response related to the lack of consistency, accuracy and transparency of data during the first weeks of the outbreak. This problem derived from using two different official sources: the aggregate data reported from the CAs to the CCAES – which was faster to obtain and was later transmitted to the European Centre for Disease Prevention and Control (ECDC) – and the individual-level data gathered by the CNE through RENAVE, which is also provided by the CAs (but through a more demanding procedure). The RENAVE data offers a more accurate picture in the long term, as it is constantly updated, and was used in May to clean the aggregate data, provoking several major corrections in the CCAES' series.

The discrepancies between sources can be grasped in Figure 1(a,b), where we observe, for instance, how, by 30 June, RENAVE registered about 23,700 more cases than the CCAES. These data differences were particularly telling about the capacity problems the system encountered in providing an accurate diagnostic of the spread of the virus during the first moments of the epidemic, when the government mostly relied on the CCAES date. This is reflected in Table 1, where we observe how the data used by the CCAES initially clearly underestimated the incidence of the virus.

The accuracy of these data suffered not only from initial problems in detecting the illness (including the scarcity of PCR and the lack of reliability of other types of tests) but also from the lack of a homogeneous criterion across all the CAs. Just after the state of emergency was declared, the MoH issued an order to address this problem, establishing which information all regional authorities were to communicate and its periodicity (daily in the case of epidemiological data and healthcare capacity). The reporting criteria were later changed in mid-April (total cases should be reported instead of new daily cases). Nevertheless, reporting problems from some regional authorities continued, as some of them did not stick to the criterion established by the ministry to consider a case as Covid-19 positive. Additionally, the situation surpassed the daily statistical reporting capacity of Madrid and Catalonia, the most affected regions, and this affected the overall national figures (Linde et al. 2020).

Government passes plan for easing lockdown (28/04); 14) Phase 1 of easing plan starts; MoH changes criteria for case reporting (11/05); 15) First territories reach 'new normal' (Galicia) (15/06); 16) End of state of alarm. All territories in 'new normal' (21/06).

Table 1. Cumulative number of Covid-19 cases in Spain by Autonomous Community per 100,000 population at fortnightly intervals.

	28 February	6 March		13 March		7 April		11 May		21 June	
	RENAVE	RENAVE	CCAES	RENAVE	CCAES	RENAVE	CCAES	RENAVE	CCAES	RENAVE	CCAES
Andalusia	0.82	3.92	0.25	22.55	2.53	53.69	71.15	10.20	5.82	1.43	1.07
Aragon	1.28	6.47	0.45	35.97	6.06	143.07	200.26	31.31	26.91	13.17	10.69
Asturias (*)	0.29	3.04	0.49	30.23	6.55	66.65	90.54	5.60	7.72	0.29	0.68
Balearic Islands (*)	0.85	4.70	0.52	22.63	2.52	55.51	73.95	5.12	7.22	4.27	3.83
Basque Country	4.14	22.21	2.04	85.73	18.89	188.08	279.96	18.56	27.22	6.40	7.11
Canary Islands	1.15	4.97	0.51	22.21	2.97	24.47	51.31	1.75	3.76	2.07	2.09
Cantabria (*)	1.54	3.43	1.72	27.28	4.99	107.07	182.76	10.47	22.54	4.46	3.69
Castile and León	2.26	12.79	0.58	79.93	6.96	302.64	296.64	78.14	35.66	10.74	12.13
Castile-La Mancha	1.71	22.55	1.72	128.94	9.54	306.49	443.12	21.28	60.80	9.78	12.99
Catalonia	2.34	13.02	0.31	77.47	4.08	200.43	256.80	20.12	55.65	15.35	16.19
Ceuta (**)	0.00	3.58	0.00	19.08	0.00	66.79	88.47	14.31	16.51	0.00	0.00
Extremadura	2.16	7.24	0.56	40.52	3.65	123.92	135.06	54.82	15.73	3.01	2.72
Galicia	1.07	4.56	0.11	34.22	3.15	117.84	180.96	34.33	27.93	1.11	1.04
La Rioja (*)	9.07	68.20	9.15	209.60	76.71	393.86	638.58	9.70	35.04	2.50	3.79
Madrid (*)	9.31	53.52	2.06	231.40	29.79	223.22	418.00	25.20	43.46	14.46	18.08
Melilla (**)	0.00	2.30	0.00	34.45	2.31	55.12	63.59	2.30	5.78	4.59	2.31
Murcia (*)	1.13	4.77	0.00	28.99	2.34	32.36	56.83	6.16	2.81	1.72	1.67
Navarra (*)	3.78	22.55	0.46	144.65	19.87	328.80	346.98	55.68	49.22	10.14	8.10
Valencian Community	2.12	7.91	0.60	43.29	1.72	64.10	100.70	14.78	10.71	2.04	2.84
SPAIN	*2.86*	*15.97*	*0.78*	*78.89*	*8.99*	*145.68*	*210.69*	*21.61*	*27.93*	*7.30*	*8.08*

Source: RENAVE data: https://cnecovid.isciii.es/covid19/#documentaci%C3%B3n-y-datos, accessed 12/08/2020; CCAES data: Daily reports (available at https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/situacionActual.htm, accessed 17/08/20.

Note: (*) One-province Autonomous Community; (**) Autonomous city. The RENAVE data correspond to the data consolidate by 12 August. The CCAES data have been extracted from the daily reports issued on each date.

Furthermore, there was also criticism with respect to the MoH's transparency. For instance, the MoH established in April that CAs should provide information twice a week on the number of deaths in nursing homes. However, this information was not released until November 2020. According to a report of the Ministry of Social Rights and Agenda 2030 (2020), the total number of COVID-related deaths in nursing home facilities during the first wave was almost 20,300 people (including those who died with symptoms associated with Covid-19 but who were not diagnosed) which might represent around 47–50 per cent of confirmed Covid-19 deaths (Ministry of Social Rights and Agenda 2030 2020, p. 13).

Finally, several studies comparing deaths during the pandemic period with similar periods in previous years have also questioned the Covid-19 death toll reported by the public authorities. The CNE calculated an excess of mortality from 10 March to 9 May of 43,617 deaths, while the cumulative number of Covid-19 deaths during the period reported by the MoH was 26,473 (CNE 2020).

The policy response: centralisation and expertise

Centralising the allocation of power

Two weeks before the first case was detected in Spain, the first multi-party cabinet at national level since the return of democracy in 1977 was formed by the PSOE (*Partido Socialista Obrero Español* – Spanish Socialist Workers' Party) and the radical left-wing UP (*Unidas Podemos* – United We can). The pandemic therefore provided a significant test of the functioning of the brand-new executive. While traces of departmentalism and internal coordination problems are not uncommon in Spanish cabinets (Rodríguez-Teruel 2020a), such an unprecedented crisis potentially threatened the effectiveness of cabinet decision-making and the prime minister's authority. Moreover, the resulting portfolio allocation split the departments that would be most concerned with managing the crisis between the two coalition partners. Hence, the socialist Salvador Illa was appointed as Minister of Health, and Social Services were allocated to the Ministry of Social Rights and Agenda 2030, headed by the deputy prime minister Pablo Iglesias, leader of Podemos. Besides, the Ministry of Labour was assigned to the radical left-wing Yolanda Díaz (appointed by Podemos), while the core departments of Defence and Interior were allocated to non-partisan ministers close to prime minister Pedro Sánchez.

These internal problems did not arise during the first stage of the crisis. Between January and the beginning of March, the government implemented a containment strategy, based on updating the crisis protocols, increasing control over critical infrastructure (airports, policies, etc), and prevention measures addressed to the NHS. The management of these actions was led exclusively by the abovementioned Minister of Health, Illa, and the CCAES director,

Fernando Simón, in coordination with the regional health ministers. On 23 January, the MoH reported the elaboration of a protocol to deal with potential cases of the new coronavirus, whose evolution had already been followed by a daily ad hoc crisis committee meeting in the ministry. In parallel, the CCAES had started to produce daily reports analysing the situation in China and assessing Spain's exposure to the risk, according to the analysis offered by the WHO and the ECDC, in order to provide the MoH with scientific criteria for policy measures.

This progressive, moderate reaction reflected leaders' overconfidence, but was also conditioned by the lack of accurate data during the early weeks. Indeed, the decision makers were ignorant of the fact that the virus had already been circulating in Spain since January (Gómez-Carballa et al. 2020). Therefore, the few preventive measures adopted in these first weeks, which were built upon an underestimation of the actual impact of the virus, prioritised controlling popular alarm over more preventive stringent actions. On 24 February the CCAES reported a medium-level risk for Spain, concluding that the healthcare system was sufficiently prepared to deal with outbreaks like those in Italy (CCAES 2020). Accordingly, the government maintained its role of centralising information and promoting coordination with the regional governments, while no substantive decisions under its area of competence were taken: flights from China and Italy were not restricted and mass events, including football matches and mass demonstrations, like those on International Women's Day, continued to be allowed.

However, as a consequence of the deterioration of the situation after 8 March and the failure of the containment strategy, the differing reactions of the regional governments demonstrated the limits to providing a coordinated response within the NHS. Besides this, internal divergences among cabinet ministers started to arise, reflecting different approaches to 'making sense' of the situation. The economic ministers (particularly Nadia Calviño, a non-partisan cabinet member recruited from the EU administration) claimed the crisis was a temporary shock that should not be overestimated, were the most reluctant within the cabinet to implement a lockdown, and defended a more business-friendly approach. On the contrary, other ministers (including UP cabinet members) worried increasingly about the social effects of the crisis and demanded more anticipatory actions (Linde et al. 2020, p. 70).

In the second stage of the crisis, a mitigation strategy started on 13 March, when the prime minister announced draconian measures that not only meant an important increase in the stringency of the government's response, but also a new approach, based on centralising power. The main tool for this policy centralisation was the 'state of emergency',[7] an unprecedented decision through a constitutional disposition that allows the executive to order exceptional measures provided they do not affect fundamental rights (such as freedom of speech or the right to demonstrate).[8] It can only be implemented for

a limited period of time (15 days), and its extension requires a parliamentary majority. The 'state of emergency' was extended every 15 days for almost four months until 21 June, having been approved by parliament in six different votes (see the following section on the political response). Under this *constitutional umbrella*, the central government adopted a flood of measures at various levels.

First, it centralised cabinet-delegated authority to four ministers (Health, Internal Affairs, Defence, and Transport, Mobility and Urban Agenda). The Minister of Health was given special relevance, since he also assumed delegated responsibility for the rest of the policy areas of the government. These four ministers (and some of the key top officials in their departments) formed the Technical Committee for the Management of the Coronavirus (TCMC), a sort of reduced informal cabinet, headed by the prime minister, which met on a daily basis to coordinate actions and take decisions according to the evolution of the situation. They were also assisted by the Situation Committee (*Comité de Seguimiento sobre la situación del COVID-19*), a collective deliberative body for emergency situations, formed by several ministers involved in those areas related to the management of the crisis. Beside these intra-cabinet groups, the executive undertook intensive political activity during the lockdown period: the full cabinet held 24 meetings (ten of them as extraordinary meetings) – an average of one meeting every four days.

One relevant aspect of this internal reorganisation was the absence of UP ministers from the new core executive, with the sole exception of Pablo Iglesias, who was a member of the Situation Committee. Even if this decision was consistent with the initial portfolio allocation, where Podemos did not hold key ministries related to the pandemic, it constrained UP's role in the executive's management of the crisis. Although these decisions apparently increased coordination within government, they also caused friction between the coalition partners concerning decisions regarding social and economic issues, such as the minimum income scheme or the preparation of plans for the easing phase.

Second, and more critically, the executive centralised the regional powers necessary for the management of the crisis: the MoH formally took over responsibility for decision-making and the coordination of health policy decisions from its regional counterparts. This created some tensions with regions led by parties that were in opposition nationally (see next section on the impact of the state structure).

Finally, the executive launched a flood of measures. An emergency decree initiated a series of health policy measures (see Table 2), including a total national lockdown. On the economic and social fronts, the government attempted to ameliorate the social costs of the lockdown and the economic downturn by, among other measures, providing income support for those who could not work or had to remain at home and promoting temporary employment adjustment schemes – through an existing mechanism, the Temporary Employment Regulatory File (*Expediente de Regulación Temporal de Empleo*,

Table 2. Main policy measures implemented by the central government during the first phase of the Covid-19 crisis, January–June 2020.

Date	Norm	Policy area	More relevant policy measure implemented at the national level
			Containment strategy
24 January	Announcement	Public health	Development of a protocol for action in the event of the appearance of possible suspected cases of coronavirus.
4 February	Announcement	Public health	Creation of the Interministerial Coordination Committee to deal with the coronavirus threat.
3 March	Agreement	Public health	Cancellation of at-risk events where health professionals are involved; recommendation for holding behind closed doors large scale sport events such as soccer with a high chance of people attending from at risk areas.
10 March	Order	Public health	Cancellation of all direct flights from Italy to Spain (with some exceptions).
	RDL 6/2020	Socio-economic	Increased sick pay for coronavirus infected workers or those quarantined, paid by the social security budget. (EUR 1.4 billion).
12 March	RDL 7/2020	Socio-economic	Budget increase for attending emergencies related to Covid (EUR 18,225 millions). Transfers to regional governments to manage new costs related to Covid. 50 per cent exemption from employers' social security contributions, from February to June 2020, for workers with permanent discontinuous contracts in the tourism sector and related activities. Flexibility for changing/cancelling public trains tickets.
			Mitigation strategy
14 March	RD 463/2020	Public health	State of emergency. Full lockdown with some exceptions for different professions (RD 463/2020). Centralisation of all policy competences related to Covid mitigation. Cabinet authority delegation to the ministers of Health, Defence, Interior, and Transports, Mobility and Urban Agenda. All forces of public order are allocated under the authority of the Minister of Interior.
			Restrictions of free movement with some exceptions. Civil requisition of goods necessary to combat the epidemic. Retail establishments closure with some exceptions. Shutdown of all educational establishments (online teaching). Closure of museums, archives, libraries, monuments. Hotel and restaurant activities are suspended, and home delivery services can be exclusively provided. Festivals, parades and popular festivals are also suspended. Suspension of religious ceremonies/services. Reduction of public transport capacity. Suspension of deadlines for judicial and administrative procedures.
6 March	Order	Public health	Land border controls.
17 March	RDL 8/2020	Socio-economic	First economic package, including a new line of guarantees via the national development bank (ICO) of up to EUR 100 billion. Additional flexibility for local authorities to use their 2019 budgetary surplus to fund social services and primary assistance to dependent persons (EUR 300 million). Six-month suspension of social security contributions for the self-employed (for the period May–July) and companies (for the period April–June) without interest (EUR 359 million), among others.
19 March	Order	Public health	Closure of all touristic hotels and residences.
	Order	Public health	Measures regulating nursing home services.
22 March	Order	Public health	Temporary restrictions to the entry to the EU/Schengen area from external visitors.
27 March	RD 476/2020	Public health	Renewal of the state of emergency.
	RDL 9/2020	Socio-economic	Second economic package of measures aimed to increase labour protection. Adoption of urgent procedures for public contracts.

(*Continued*)

Table 2. (Continued).

Date	Norm	Policy area	More relevant policy measure implemented at the national level
29 March	RDL 10/2020	Socio-economic	The full lockdown is tightened, now with all non-essential workers in Spain compelled to remain at home. Adoption of a recoverable paid leave for private employees.
1 April	RDL 11/2020	Socio-economic	Third economic package, budget flexibility to enable transfers between budget lines and for local governments to use budget surplus from the previous years for supporting measures in the area of housing.
7 April	RDL 13/2020	Socio-economic	Measures aimed to favour temporary employment in the agricultural sector.
10 April	RD 487/2020	Public health	Renewal of the state of emergency.
13 April	Announcement	Socio-economic	Guidelines of the economic package amounting to around EUR 138.2 billion funded by the EU.
21 April	RDL 15/2020	Socio-economic	Fourth economic policy package, including measures to align the tax bases to the current situation. Reduction of VAT applicable to the supply of medical equipment from national producers to public entities, non-profit organisations and hospital centres to 0 per cent Reduction of VAT on electronic books and newspapers, among others.
24 April	RD 492/2020	Public health	Renewal of the state of emergency.
			Easing strategy
28 April	Executive agreement	Socio-economic	Adoption of the de-escalation scheme (Plan for the Transition towards a New Normality).
	RDL 16/2020	Socio-economic	Package of measures for the recovery of activity under Covid.
5 May	RDL 17/2020	Socio-economic	Package of economic measures to support the cultural sector, establishing investments and subsidies, as well as labour and tax measures, and other incentives. Third tranche of the public guarantees for lines of credit for the sum of 24.5 billion euros to guarantee liquidity of companies and the self-employed.
	RD 514/2020	Public health	Renewal of the state of emergency.
12 May	RDL 401/2020	Socio-economic	Extension of temporary lay-off plans (ERTE) due to force majeure until 30 June.
	Order	Public health	Quarantine for 14 days after arrival of those people arriving from abroad – except those performing cross-border work, hauliers, crew and healthcare professionals. Temporarily re-establishment of air and sea border controls (until 24 May).
16 May	Order	Public health	Measures for extending easing measures to those regions acceding to Phase 2 of the de-escalation plan.
22 May	RD 537/2020	Public health	Renewal of the state of emergency.
26 May	RDL 19/2020	Socio-economic	Extraordinary credit of 14 billion euros to the social security system, as well as a maximum loan of 16.5 billion euros, interest-free. Incentive for moratoriums on mortgage loans and other loans that extends the number of beneficiaries that can defer loans. Extension of some previously adopted economic measures.
29 May	RDL 20/2020	Socio-economic	Approval of a Minimum Living Income.
5 June	RD 555/2020	Public health	Last renewal of the state of emergency.
9 June	RDL 21/2020	Public health	Package of measures governing after the end of the state of emergency and the de-escalation process (due on 21 June).
16 June		Socio-economic	Creation of a Covid funding scheme amounting to 16 billion to be transferred to the regions to finance the cost of the pandemic.
26 June			Extension of the ERTE programme. Increase of the social security exemptions for private companies.

Source: OECD (https://www.oecd.org/coronavirus/en/policy-responses), Coronanet (https://www.coronanet-project.org), ACAPS (https://data.humdata.org/dataset/acaps-covid19-government-measures-dataset) and the Spanish Government (www.lamoncloa.gob.es). For more detailed measures, see OCDE Country Policy Tracker. Link: https://www.oecd.org/coronavirus/country-policy-tracker/.

ERTE), that aimed to reduce the number of workers moving directly into unemployment. By 30 June, workers in the ERTE scheme numbered 1.83 million, 40 per cent less than at the end of May (according to the Ministry of Inclusion, Social Security and Migrations).

The centralisation of power at the apex of the executive helped the effectiveness of many of these measures, managing to flatten the epidemiological curve and reduce deaths in April. But it also made clear important failures of policy coordination, not only between different levels of government (see the section on state structure), but also within the government (del Pino et al. 2020). The urgency of decision-making downgraded the role of formal actors preparing the work of the cabinet meeting (like the General Commission of State Secretaries and Undersecretaries). As a result, the rest of the cabinet did not participate in, and were not informed of, important measures until the Council of Ministers meeting. The absence of the UP ministers from the new core executive did not help with this. Besides, the pre-eminence of the healthcare approach in the measures, and the division of healthcare and social services among different ministries in the national and most regional administrations, contributed to a failed public response regarding nursing and care homes.

Aiming to solve these problems, the executive relaxed centralisation as the lockdown eased. The prime minister also allowed UP ministers (and other cabinet members) more say in the management of the crisis. The TCMC had already been expanded in April to include Pablo Iglesias, the Minister of Labour (UP) and the three other deputy prime ministers (all from PSOE). In parallel, the central government pursued a more cooperative approach towards the regions, reintroducing opportunities for adapting measures to the local context of the pandemic. In practice, the return to the 'new normal'[9] after 21 June reduced the role of the central government in managing the pandemic and returned key policy responsibilities to the regional administrations.

The role of experts

In policy terms, the centralisation of executive powers entails necessarily placing boundaries on external sources of specialist knowledge in the decision-making process. In Spain, this was not problematic, since central government has traditionally excluded external experts (from consultancy firms, think tanks, or academia) from public decisions (Parrado 2020, p. 249). However, the nature of the Covid-19 crisis put experts in the limelight during this period, although the actual influence of experts on policymaking depended on their hierarchical position and access to government decision-makers (OECD 2017; see also Halligan 1995). As seen in Table 3, there were three structures at play here.

In a context of policy centralisation, intramural experts working inside the government, like the CCAES, were more likely to have close access to decision makers and, hence, to influence policy decisions, particularly when the technical

aspects dominated. From the first moments of the crisis, the CCAES monitored the evolution of the pandemic, issuing daily reports (as of 30 June, 152 reports had been released). The daily press conferences of its director also made him a public celebrity. The CCAES' relevance was also evident in the planning and decision-making during the successive easing phases.

In addition, two public advisory bodies 'at arms' length' from the government were set up after the implementation of the state of emergency. The first (the Covid-19 Scientific Committee) started as an informal group of public experts aimed at providing policy advice to the prime minister. The second was a technical committee focused on advising the preparation of the transition plans for the easing strategy to return to the 'new normal'. Almost all the regional governments also created their own groups of experts on health and economic advice. With respect to these ad hoc advisory committees, the available evidence runs against the idea that decisions fully adjusted to expert input. For instance, one key member of the Covid-19 Scientific Committee publicly declared that the government had not consulted the committee regarding its decision to resume non-essential productive activities. Whether the regional committee created in Madrid in the early moments of the crisis actually played a role in policy decisions has also been brought into question (Mateo 2020).

Another type of expertise came from international public health monitoring schemes: Spain is internationally integrated through liaison between the CCAES, the WHO and the ECDC. The MoH has reiterated that it follows these organisations' recommendations, and the WHO has praised the behaviour of the Spanish government. However, some critical press and opposition parties questioned Spanish authorities' compliance with the guidelines from international organisations, particularly in the first weeks of the pandemic (Mercado 2020).

Finally, the Spanish media have paid a lot of attention to external experts (who are not formally linked to the government), not only as a source of information and opinions about the pandemic, but also to provide a contrasting view of government measures. In some cases, external experts were granted close access to decision-makers, and not only for policy reasons. This was the case with the appointment of Oriol Mitjà, a reputed scientist who, as the personal advisor to the pro-independence regional Catalan president, had strongly criticised the national government's approach to the outset of the pandemic (Segura 2020). Mitjà illustrates the contentious style of expert interventions, as it was frequently the case that governmental expert-based decisions were criticised by external experts or even by other governmental experts, sometimes with inaccurate or contradictory statements.

These public disagreements, and the role of experts in promoting overconfidence among public authorities during the first stages of the crisis, helping to downplay the risk for public health,[10] contributed to lowering citizens'

Table 3. The most relevant groups of experts involved in policy advice to governments in Spain during the first phase of the Covid-19 crisis.

	Type of expert	Composition	Time of creation	Function
CCAES	Intramural	Eight civil servants, including the director	From the beginning	Coordination of the monitoring of public health threats and the elaboration of prevention and reaction plans. Technical assessment to implement the easing phase. Liaison with international public health organisations (WHO, ECDC)
Covid-19 Scientific Committee	Advisory body 'at arm's length'	Six healthcare experts (mostly directors at public health research centres)	March (informally), April (formally)	Policy advice for the prime minister in the management of the lockdown
Technical Committee for Lockdown Easing	Advisory body 'at arm's length'	50 experts (mostly intramural experts, also including public officers) from several disciplines	April	Policy advice for the government to prepare the transition plans to the 'new normal'
Ad hoc committees for the regional governments (except Cantabria and Catalonia)	Advisory body 'at arm's length'	Different composition: predominance of healthcare experts, with economists and other experts occasionally	March–April	Policy advice to deal either with the pandemic (five regions) or with the easing phase (ten regions). Policy advice on economic consequences (Galicia, Murcia, Madrid)

Source: Own elaboration.

confidence in scientists during the pandemic. By the end of April, only 21 per cent of Spanish respondents to an international survey expressed trust in experts and government (Dennison et al. 2020).

The impact of the multilevel state structure

As mentioned in the introduction, Spain's decentralised state structure has strongly shaped the government's response to the Covid-19 crisis. According to the national law on health emergency situations and the design of the system for epidemiological monitoring, the response to health crises should occur in coordination with the regional governments. During the first phase, the multi-level dynamics between the state and the regions were characterised by a combination of an intensive period of centralisation in decision-making with simultaneous coordination efforts to assess the evolution of the pandemic and to implement the policy response. The paradoxical outcome was that, while

most regions accepted the need to place the responsibility on the central government, this also resulted in some institutional frictions, which had to do with the very nature of the state of emergency as an instrument that curtailed regional political autonomy. However, in spite of the veto power that regions had during the whole period, it seems that they did not stand in the way of the national government's response (Parrado & Galli 2021, p. 15).

Coordination between national and regional governments took place at the highest level, with two main collective arenas. The more effective was the already mentioned CISNS (formed by the regional and national ministers of health), which held 35 meetings between February and June – compared to only five in 2019.[11] The other was the Conference of Presidents (*Conferencia de Presidentes*), the highest-level coordination body between the national and regional governments, which brings together the Spanish PM and the presidents of the various CAs and autonomous cities. The Conference held 14 meetings during the first phase – while before the pandemic, it had met only six times since its inception in 2004. Below these high bodies, the regional health systems operated mostly as isolated political units, which narrowed the opportunities for interregional collaboration. For instance, regions in a better situation did not usually transfer resources or assistance to nearby regions that faced more complicated situations (Linde et al. 2020, p. 163).

The crisis, then, represented a critical test of the main structures of policy coordination in the Spanish multi-level framework. Although some pitfalls and frictions proved unavoidable (see later), these arenas of coordination contributed satisfactorily to the cohesion of the response and to policy diffusion. Particularly important were the CISNS and its internal body, the Forum of Alerts and Preparedness and Response Plans (*Ponencia de Alertas y Planes de Preparación y Respuesta*, PAPP), consisting of technical representatives of the national and regional health services. The CISNS deliberated and prepared the implementation of the policy decisions; PAPP delivered reports detailing how to conduct this implementation. Examining the content of the CISNS' meetings,[12] we can grasp the evolution of the measures agreed by regional and central governments, which reflect a progressive, smooth intensification of the measures in reaction to the spread of the virus until March (see Table 4).

However, before the centralisation of powers, the CISNS' agreements only applied to a limited number of measures, and only a few of them (suspension of educational activities, limitation of public events) implied the use of compulsory instruments. In contrast, existing evidence demonstrates the heterogeneity of regional responses in the first weeks of the crisis, with CAs adopting different levels of stringency. Besides this, the much less intense intergovernmental coordination in the area of social services, at least at the highest level, must also be noted. For instance, the main coordination body between national and regional

Table 4. Measures agreed within the Interterritorial Council of the Spanish National Health Service in the first weeks of the crisis.

Date of meeting	Agreed measure
4 February	Reassuring citizens that monitoring actions and coordination within the NHS (between state and regional governments) were working properly.
27 February	Increasing the sensitiveness of the monitoring system by widening the definition of 'COVID-19 case', following a ECDC agreement.
3 March	Recommendation that sports competitions with presumed presence of public from risk areas (particularly those in Italy) be held behind closed doors.
9 March	Suspension of face-to-face activities in education and public events above 1,000 people in areas with a strong community transmission (the regions of Madrid and La Rioja, and some areas of the Basque Country), and additional recommendations regarding hygiene, care of the aged, travelling and behaviour in work centres.
10 March	Sports events to be held behind closed doors.
12 March (*)	Generalisation of measures to the whole territory (12 March). In this respect, many regions increased the stringency of the agreed measures.

Source: Own elaboration. (*) The WHO declared the pandemic on 11 March.

ministers in that area (the Territorial Council for Social Services, *Consejo Territorial de Servicios Sociales*, equivalent to the CISNS) did not meet before the state of emergency was declared, and met only twice afterwards (20 March and 18 June).

In the state of emergency period, the centralisation of powers meant complete policymaking authority for the Ministry of Health, yet it needed regional authorities and administrations to implement its decisions. Significantly, the CAs kept their competences in those aspects not limited by the state of emergency. Therefore, a total of 1,375 Covid-related regional legal acts (including 71 decree-laws and laws) were passed during this period. In spite of the increased effectiveness of the response during the period of concentration of powers, frictions between national and subnational authorities were also frequent, particularly once the most critical period of infections had passed.

In the policy dimension, CAs criticised the hierarchical style of decision-making of the national executive, where regional executives were excluded from the policy formulation. This was particularly obvious in the way the Conference of Presidents operated: the prime minister used to announce the main political initiatives unilaterally to the public just before the start of the Conference, at which he simply explained those decisions to the Presidents in more detail. Moreover, regional governments also complained about the design of central government decisions, which were frequently deemed to be 'confusing' or too top-down in their implementation.

For instance, one of the first criticisms faced by the government referred to the MoH's initial decision to centralise the purchase of basic medical supplies: not only was this considered to be ambiguous, but also the MoH lacked the administrative capacity to take on the task. Some days later, the government had to clarify that regions were authorised to make their own purchases. Similarly, during the preparation of the easing plan, some regions criticised the plan's lack of clarity and the use of the province as the territorial unit of

implementation instead of smaller areas – a point that was finally taken by the government. During the design and, particularly, the implementation of the easing plan in May, these criticisms increased as the central government still had the last word in deciding which regions would move ahead to the next phase.

These policy frictions between central and regional governments frequently became entangled in political confrontation. Thus, those CAs governed by the main national opposition party, the PP (*Partido Popular* – People's Party), tended to be more critical of the government, though not all with the same intensity. Here, the regional government of Madrid stood out among the other PP regions, particularly during the easing phase. The pro-independence Catalan government also maintained a confrontational stance during most of the state of emergency, in order to reaffirm the political autonomy of the region and its ability to cope with the crisis without the assistance of the central government. Indeed, the speaker of the Catalan government claimed that an independent Catalonia 'would have reacted earlier and would not have had so many deaths' (Ríos 2020).

The political response: personalisation, weak rally-around-the-flag

Parties and parliament

In the years leading up to the Covid-19 outbreak, the Spanish party system had undergone changes resulting in intense party fragmentation and ideological polarisation, with the rise of new radical right-wing and left-wing forces (Orriols & León 2020; Rodríguez-Teruel 2020b). The result had been the increase of adversarial politics, narrowing the boundaries for agreements among political opponents. This trend had been reinforced by the formation of the first multi-party coalition cabinet at the national level in January 2020. In such contexts, parties may have less incentives to collaborate at times of crisis, preferring instead to adopt blame-game strategies to limit their exposure to risk (Hood 2011).

Interestingly, the centralisation of executive powers implemented during the state of emergency did not necessarily imply side-lining the polarised parliament. Even if recent studies have suggested that Covid-19 may have favoured *executive aggrandisement* (Bolleyer & Salát 2021) as the executive sought greater autonomy, there are only limited traces of increased predominance of the executive to the detriment of the parliament in this first phase. On the one hand, parliament drastically reduced its activity for one month (between 14 March and 13 April), cancelling ordinary legislative procedures and sessions dedicated to scrutinising the government. During this period, it actually met only to pass urgent Covid legislation and to renew the state of emergency. On the other hand, the executive continued to employ rapid legislative procedures through royal decree-laws

– an exceptional procedure to pass legislation that substantially reduced the time for parliamentary discussion to less than a month. In 2020, 72.2 per cent of laws passed by the parliament followed this procedure (Table 5).

Nevertheless, some obstacles limited the opportunities for *executive aggrandisement*. First, the minority status and the multiparty composition of the Spanish executive are factors that help to maintain intra-governmental checks and balances (Bolleyer & Salát 2021, p. 1106). Moreover, the prime minister's party attempted (unsuccessfully) to capitalise on the crisis as an opportunity to include the centrist *Ciudadanos* party in the parliamentary coalition. Further, the need to maintain collaboration with the regional governments, some of the more important of which were run by the PP, produced incentives not to alter parliament's policy-making power. Finally, the Constitutional Court also contributed to preserving parliamentary power, after the radical right-wing party Vox appealed to the Court regarding the state of emergency and the decision to reduce parliamentary activity. One year later, the Court declared both decisions to be unconstitutional. In this respect, the judicialisation of politics set limits to executive predominance.

In this context, the prime minister could hardly adopt a 'go it alone' strategy, based on imposing the government's view on the other political actors (Cox & Kernell 1991). Yet Sánchez tried to maintain a central position in this process, particularly in terms of communication. During the state of emergency, he delivered an institutional declaration and 18 press conferences (at least one per week), usually held before the online Conference of Regional Prime Ministers. The national executive held a total of 181 press conferences, in which it answered more than 1,660 questions. Most of the press conferences were headed by the Minister of Health and the CCAES director, often accompanied by members of the police and the military. In his speeches, Sánchez also adopted military rhetoric, with a strong emphasis on national unity, insisting on the international dimension of the crisis, and framing the executive response as a science-based and evidence-led approach (Castillo-Esparcia, Fernández-Souto

Table 5. Types of legislative initiative passed by the Spanish parliament, 2011–2020.

	Laws (ordinary procedure)	Organic laws (reinforced procedure)	Royal Decree-Law (urgent procedure)	Legislative decrees (executive-issued procedure)	Total legislative initiatives
2011	38	12	20	3	73
2012	17	8	29	0	54
2013	27	9	17	1	54
2014	36	8	17	0	61
2015	48	16	12	8	84
2016	0	2	7	1	10
2017	12	1	21	0	34
2018	11	5	28	0	44
2019	5	3	18	0	26
2020	11	3	39	1	54

Source: Own elaboration with data obtained from the Spanish parliament (www.congreso.es).

& Puentes-Rivera 2020). However, the prime minister had to adopt a more pluralistic strategy over time as parliamentary groups became increasingly reluctant to support the renewal of the state of emergency.

Hence, as the toughest moments of the first phase were left behind, political parties made more demands in exchange for their vote. As seen in Table 6, the last three renewals of the state of emergency were passed with narrow majorities, with parties progressively moving towards abstention or rejection. Those parties that had given support to the minority cabinet from the beginning – such as PNV (Partido Nacionalista Vasco – Basque Nationalist Party) and small regionalist forces – combined criticism with loyal support. Some ended by rejecting the state of emergency. This was the case, for example, of the Valencian *Compromís* (Engagement), which rejected the last two votes. The exception was the left-wing Catalan secessionist ERC (Esquerra Republicana de Catalunya – Catalonia's Republican Left), which maintained its position against the centralisation of powers throughout the period and did not support any of the state of emergency votes. Although the measures adopted were not substantially criticised, the political debate focused on the unilateral mode used by the government during the policy centralisation period. In contrast, Ciudadanos was a key source of parliamentary support for the government in the first phase, despite having voted against the investiture of the prime minister two months earlier (Simón 2020, p. 554).

In contrast, the two main opposition parties – PP and Vox – took stronger positions against the government. Both parties criticised the government's competence in crisis management in general and its dramatic effects on the economy, without entering into debates about specific policies. Both also denounced the increase in executive power and the attempts by the government to produce 'a change of regime' (in the words of PP's leader, Pablo Casado). While the PP fluctuated between critical support (in the first three votes) and pragmatic rejection afterwards, Vox supported only the first vote, and expressed increasingly harsh criticism, considering the government to be 'illegitimate' and 'criminal' due to all the Covid-19 deaths. In June, Vox called a vote of no-confidence against the executive, to be held after the summer. Vox's contentious tone forced the PP to adopt an inconsistent position in the last weeks of the lockdown: while the party opposed extending the state of emergency in the national parliament, most of its representatives in regional governments demanded the tough measures taken to control the crisis be maintained.

Interest groups and public opinion

Theoretically, the centralisation of executive powers could have entailed some changes in the societal arena. Potentially, it could have reduced the role of interest groups in the policymaking process to the benefit of the government

Table 6. Votes in the lower chamber to extend the state of emergency.

	Support	Reject	Abstention
1st extension (25 March)	321	0	28
	PSOE, UP, Ciudadanos, Vox, PNV, MP, CC, PRC, TE, UPN, NC, PP, Compromís, Foro	-	ERC, JxC, Bildu, BNG, CUP
2nd extension (9 April)	270	54	25
	PSOE, UP, Ciudadanos, PNV, MP, CC, PRC, TE, UPN, NC, PP, Compromís, Foro	Vox, CUP	ERC, JxC, Bildu
3rd extension (22 April)	269	60	16
	PSOE, UP, Ciudadanos, PNV, MP, CC, PRC, TE, UPN, NC, PP, Compromís, Foro	Vox, CUP, JxC,	ERC, Bildu
4th extension (6 May)	178	75	97
	PSOE, UP, Ciudadanos, PNV, MP, CC, PRC, TE, NC, Compromís,	Vox, ERC, JxC, Foro, CUP	PPBildu, BNG, UPN
5th extension (20 May)	177	162	11
	PSOE, UP, Ciudadanos, PNV, MP, CC, PRC, TE	PP, Vox, ERC, JxC, Foro, CUP, Compromís	Bildu, BNG, UPN, NC
6th extension (3 June)	177	155	18
	PSOE, UP, Ciudadanos, PNV, MP, CC, PRC, TE, NC	PP, Vox, JxC, Foro, CUP, Compromís, UPN	ERC, Bildu, BNG,

Source: www.congreso.es.

Note: Key to political parties: PSOE (Partido Socialista Obrero Español, Spanish Socialist Workers' Party), PP (Partido Popular, People's Party), UP (Unidas Podemos, United We can), MP (Más País, More Country), CC (Coalición Canaria, Canarian Coalition), PRC (Partido Regionalista Cántabro, Cantabrian Regionalist Party), TE (Teruel Existe, Teruel Exists), UPN (Unión del Pueblo Navarro, Navarra People's Union), NC (Nueva Canaria, New Canary), Foro (Forum), JxC (Junts per Catalunya, Together for Catalonia), Bildu (Gather), BNG (Bloque Nacionalista Gallego, Galicia Nationalist Bloc), CUP (Candidatura d'Unitat Popular, Popular Unity Candidacy).

(Hattke & Martin 2020). It might also have intensified leadership personalisation in search of the rally-around-the-flag effect (Kritzinger et al. 2021). As we have previously explained, Prime Minister Sánchez overwhelmingly attempted to seize upon the opportunity to project his leadership and his power over executive decision-making in the first phase.

However, in contrast with the highly polarised political environment, the dialogue between the government and the economic and social actors found stronger incentives for collaboration and agreement on common ground. In particular, the severe consequences of the Covid crisis and the mitigation policies for business and the labour market produced a permanent trade-off between health and economic goals. This had internal and external implications for the executive's management of the pandemic. Sánchez took special care of the government's relationship with the main business organisations (like the CEOE) and the unions, putting in practice what scholars have called 'Covid Corporatism' (Coulter 2020). The previously mentioned ERTE scheme for temporary employment was fundamental to this. Hence, from the early stages of the crisis, the CEOE expressed their support of the government policies, particularly the stimulus package, in exchange for influence over its implementation. Similarly, the dialogue between the unions, the CEOE and the government to maintain the ERTE scheme was continuous and largely without conflict. As a consequence, the main interest groups did not lose access to the executive in the policy-making process, although they did not improve their influence in the parliamentary arena either (Chaqués-Bonafont & Medina 2021).

In terms of public opinion, this strategy of collaboration with the main economic interest groups contributed to reducing the risk of social conflict, despite the severe costs paid by the population – and notwithstanding the low levels of trust in politicians existing during the preceding months. As seen in Table 7, public perception of the political situation was initially worse than public perception of the economy. The crisis produced a general perception of concern across different social groups, which was initially focused on health rather than economics, and entailed wide support for the severe measures adopted. In May, when asked which consequences of the pandemic caused more concern, 52.9 per cent said the effects on health, while 23.3 per cent worried more about the effects on the economy and employment (source: CIS Survey 3,281).

Interestingly, the government's centralisation of power at the expense of the regional administrations received widespread support (three out of four individuals in March, see Table 7), although this cannot be interpreted as significant criticism towards devolution. Later, in September, 72.3 per cent preferred collaboration among different administrations to giving predominant crisis management powers either to the central government (15.8 per cent) or to the regions (4.9 per cent) (source: CIS Survey 3,292).

Table 7. Public opinion during the Covid-19 pandemic in Spain, 2020.

	Jan.	Feb.	March	April	May	June	July	Sept.	Oct.	Nov	Dec
Trust and Rating											
Trust in prime minister (%)	25.9	31.0	28.3	39.0	37.0	33.6	32.6	30.1	29.6	26.9	28.3
Prime minister's rating (0–10, sd)	4.2 (2.6)	4.5 (2.6)	4.4 (2.6)	5.2 (2.6)	5.0 (2.6)	4.9[1] (2.8)	5.1[1] (2.7)	4.6 (2.7)	4.5 (2.8)	4.4 (2.6)	4.4 (2.7)
Leader of the opposition's rating (0–10, sd)	3.3 (2.3)	3.7 (2.3)	3.5 (2.3)	4.2 (2.1)	3.6 (2.0)	3.4[1] (2.1)	3.5[1] (2.1)	3.2 (2.0)	3.1 (2.1)	3.2 (1.9)	3.4 (2.1)
Vox leader's rating (0–10, sd)	2.6 (2.4)	2.8 (2.6)	2.6 (2.4)	2.8 (2.3)	2.4 (2.1)	2.3 (2.1)	2.5 (2.1)	2.3 (2.0)	2.4 (2.2)	2.1 (1.9)	2.3 (2.1)
Economic and Political Assessment											
Bad assessment of the economic situation (%)	46.5	46.0	40.3	32.9[2]	40.5[2]	86.4	73.8	78.9	86.7	88.3	85.0
Bad assessment of the political situation (%)	62.6	57.0	53.4	-	-	-	-	-	-	-	-
Opinions on Government Response to COVID-19											
Trust in government's management of the crisis (%)	-	-		46.5	46.0	-	-	31.6	-	-	-
Central government should take the decisions to deal with the crisis (%)	-	-	73.3	55.9	-	-	-	15.8[3]	16.6	18.1	16.7
Regional governments should take the decisions to deal with the crisis (%)	-	-	20.7	36.6	-	-	-	4.9[3]	5.9	5.2	6.3
Both levels of governments should collaborate (%)	-	-	-	-	-	-	-	72.3[3]	69.1	69.3	70.3

Source: Own elaboration with data obtained from the CIS Databank (http://www.analisis.cis.es).

Note: (1) The wording of the question was changed in April ('How would you rate these political leaders according to what they are doing regarding the Covid-19'). (2) The wording of the question was changed in April ('Letting aside the Covid-19, how would you assess the economic situation in Spain'). (3) Preference about which level of government should take decisions were separated in March and April, and then merged in one single question after September.

In this context, the government benefited from a temporary 'rally around the flag' effect, which increased trust in the prime minister, in contrast with opposition leaders. Asked about political accountability, 87.8 per cent of respondents (in April) and 74.9 per cent (in May) said it was time to support the central government and postpone political criticism (source: CIS Survey 3,279/3,281). Accordingly, 95.2 per cent of the individuals considered that the measures adopted by the government to deal with the pandemic had been necessary, and 60.4 per cent defended the maintenance of a strict lockdown for longer if needed (source: CIS Survey 3,281).

However, the personalisation of the government response did not produce a substantial improvement in the prime minister's support. Although Sánchez was the only politician with public approval during the lockdown (Table 7), this effect quickly vanished by the end of the period. In contrast, the bad rating of the main opposition leader, Pablo Casado, substantially below Sánchez, made evident the lack of support for his confrontational style of opposition. Finally, Santiago Abascal, leader of Vox, remained the lowest rated leader, without any significant variation over the period. Similarly, the ruling parties, PSOE and UP, maintained their electoral support across the period,[13] while the official opposition PP benefited from Ciudadanos' collapse and Vox's stagnation in the polls.

Conclusions

In the first phase of the Covid-19 pandemic, Spain was often cited as a case of a failed governmental response to the crisis because of the high number of deaths and infections. This article has analysed this response, arguing that the executive did not act substantively differently, in terms of timing or stringency, to other comparable countries in continental or Southern Europe. We have seen that the combination of some contingent factors and moderate state capacities quickly overcame the government response, led by a government and political actors who were too self-confident. In particular, structural factors like the country's exposure to this type of threat, poor capacities in virus detection (and the difficulty of providing accurate diagnostics during the crisis' first weeks), and the structural problems in the nursing and care home sector all played a role in turning the containment strategy into a policy failure.

In contrast, once the containment phase was replaced by a mitigation strategy, the government's centralisation of powers enabled it to reconfigure the situation through a more cohesive response. This reaction was controversial in the context of a recently formed cabinet coalition, in a multi-level political system where regional governments kept their competences to implement health policies, and in a context of deep parliamentary polarisation. However, we have seen that the executive and the prime minister quickly adapted to the situation, especially after the worst period of the first phase.

Power concentration also had limitations in terms of the policy-making process (too focused on intramural expertise, lacking horizontal coordination between regions, and with some evidence of departmentalism in the national cabinet). But these problems cannot adequately account for the initial impact after the outbreak, since they were fixed factors that were also present in the following stages of the pandemic, when Spain's Covid situation improved. Our analysis may even suggest that the government's response contributed to countervail the more vulnerable capacities, particularly after implementing a more pluralistic approach with the regions, once their powers were fully restored. This supports those analyses which defend coordination and fragmented authority as sources of successful responses to the pandemic (Hattke & Martin 2020).

In political terms, the results are consistent with this interpretation. The complicated context of the first phase became a successful test for the new cabinet coalition. For instance, in internal policy disagreements the divide was not strictly partisan, since some key PSOE ministers also backed UP positions against the economic ministers. Besides, the intense political polarisation also contributed to limiting executive predominance, and paradoxically curbed the potential negative effects of the crisis on the government's support. It is interesting to note that the polls conducted during the first semester of 2020 were the most stable since the breakthrough of new political forces in the Spanish party system in 2014. Nevertheless, the political tensions between the national government and the Madrid region, ruled by the PP and Ciudadanos, combined with the competitive incentives produced by the de-escalation process, anticipated problems that would arise in the following waves of the pandemic.

What happened after the first phase?

Although Spain had experienced five new Covid-19 waves by the end of 2021, their health impact was less severe than elsewhere in Southern Europe. Countries that appeared more successful in the first wave, like Portugal or Greece, had a worse time of it afterwards. In Spain, each wave resulted in fewer deaths than the first, despite each having a higher number of infections. This suggests that the data on the first phase underestimated the real impact. In the subsequent phases, changes were implemented in the government's response. The main difference was the end of the power concentration strategy, even under the new state of emergency.

In policy terms, the end of the first lockdown opened the door to a period that was labelled 'co-governance' – coordination between the national and regional levels. Although this coordination continued to operate through the CISNS, the new approach placed most of the responsibility for designing measures in the hands of the regional executives. Meanwhile, the national government focused on the allocation of resources among the regional

administrations, in parallel with efforts to ensure some degree of cohesiveness among the different measures which the regions adopted. In the absence of the legal coverage of the state of emergency, the judiciary achieved critical influence, since the regional courts had to approve any measures that could curtail individual rights. In some decisions, this led to a clash between the executive's initiatives based on health expertise and the judiciary's interpretations aimed at preserving fundamental rights. In order to reduce problems with the judiciary, the national government approved a second state of emergency in October 2020, with Vox voting against. This time, the new decree of emergency was implemented for a period of six months, in order to reduce the political costs of each renewal. But it did not include any reallocation of powers among administrations, as the only goal was to provide a constitutional cover for the regional restrictive measures. The Constitutional Court also gained relevance with its decisions to declare the two states of emergency unconstitutional, though this did not have real consequences as the rulings came after the end of these periods.

The consequence of the end of the power concentration strategy was the implementation of alternative responses launched at the regional level. Madrid took the lead (sometimes in isolation) in opposing restrictive measures proposed by the national government. In this respect, the management of the Covid-19 crisis became instrumental for Madrid's regional president from the PP, Isabel Díaz Ayuso, in her attempt to gain political exposure at the national level, to the detriment of Casado, the national party leader.

The more recent waves of the pandemic were managed in a more contentious political context, starting with the failed no-confidence vote against the executive called by Vox and held on 22 September 2020. Despite attempts to broaden the executive's parliamentary support, the PSOE finally had to give up its efforts to include Ciudadanos as a stable partner and returned to the original coalition that had voted for the investiture of Sánchez. The subsequent phases of the pandemic saw the decline of Ciudadanos' support in the opinion polls, to the benefit of PP. In this respect, mainstream political parties were not punished electorally for their management of the pandemic. In the four regional elections held after the first wave (Galicia and the Basque Country in July 2020, Catalonia in February 2021, and Madrid in May 2021), the ruling parties largely maintained their electoral support and were able to keep their positions in the regional executives.

Notes

1. See, among others, Cheibub, Hong and Przeworski (2020), Engler et al. (2021), Maor and Howlett (2020), Sebhatu et al. (2020) and Toshkov, Carroll and Yesilkagit (2021).

2. For instance, Spain ranked 15th in the 2019 Global Health Security Index; 19th in the 2016 Health Access and Quality Index (The Lancet); 1st in the Health Pillar of the 2019 Global Competitive Report; 19th in health expenditure (as a share of GDP) in 2019 (OECD); 16th in critical care beds (2012); 3rd in the 2018 Bloomberg Health Care Efficiency Index; and the 1st in the 2019 Bloomberg Healthiest Country Index. Sources: GHS Index (https://www.ghsindex.org), The Lancet (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2818%2930994-2/fulltext#seccestitle190%20), WEF (http://www3.weforum.org/docs/WEF_TheGlobalCompetitivenessReport2019.pdf), beds (Rhodes et al. 2012); Bloomber indexes https://www.bloomberg.com/news/articles/2018-09-19/u-s-near-bottom-of-health-index-hong-kong-and-singapore-at-top and https://www.bloomberg.com/news/articles/2019-02-24/spain-tops-italy-as-world-s-healthiest-nation-while-u-s-slips (last accessed 12th August 2021).
3. See in this volume Kemahlıoğlu and Yeğen (2021), Ladi, Angelou and Panagiotatou (2021), Silva, Costa and Moniz (2021) and Vicentini and Galanti (2021).
4. Source: Eurostat's database (https://ec.europa.eu/eurostat/). Accessed in 10 July 2020.
5. Unless any other source is mentioned, this and the following figures in this section correspond to the data provided by the CCAES (MoH) to the ECDC and available at this organisation's website by 12 August 2020 (https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-Covid-19-cases-worldwide). We discuss the reliability of these figures below.
6. Due to changes in data gathering (see below) until 10 May the percentage was 63 percent. Between 11 May and 15 July the corresponding figure is 65 per cent.
7. Spanish Royal Decree 463/2020, of March 14th, 2020, declaring the state of emergency in Spain to manage the health crisis situation caused by Covid-19.
8. It must be noted that the use of the 'state of emergency' to order policies constraining some citizens' freedoms was intensively debated among lawyers during these months, particularly between those defending the measures adopted, others who argued a 'state of exception' was needed (as the Constitutional Court finally ruled) and those arguing against the unnecessary accumulation of power in the hands of the government.
9. The *new normal* was defined by the Spanish Decree-law 21/2020 on urgent prevention, containment and coordination measures to deal with the health crisis caused by Covid-19 which was passed by the cabinet on 9 June and ratified by the parliament on 25 June.
10. See, for instance, the public statement by the director of the CCAES on 31 January, who maintained that 'Spain will have at most some few diagnosed cases' (ABC 2020), or that of the later advisor of the Catalan president on 11 February, who stated that 'The coronavirus causes alarm because it's new, not because it's serious' (La Vanguardia 2020).
11. See the CISNS's website (https://www.mscbs.gob.es/organizacion/consejoInterterri/ordenes.htm, accessed 31/08/2020). MPFTF (Ministerio de Política Territorial y Función Pública) (2020) Meetings of Sector Conferences, https://www.mptfp.gob.es/portal/politica-territorial/autonomica/coop_autonomica/Conf_Sectoriales/Conf_Sect_Reuniones.html, accessed 07/09/2020.
12. The minutes are still not available at the time of writing. We have relied mostly on the Ministry of Health press releases after the meetings (available at https://www.mscbs.gob.es/profesionales/cargarNotas.do?time=1583017200000, accessed 31/08/2020), public declarations by the minister, and newspapers' accounts of these meetings.

13. See the series of surveys published in Spain during the first semester of 2020 in https://elelectoral.com/encuesta-media/ (last accessed: 15 October 2020).

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No potential conflict of interest was reported by the author(s).

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