



# 1. MULTILEVEL GOVERNANCE AND COMPLEX EMERGENCIES

## 1.1 EMERGENCY DECLARATIONS AND POWERS

1. Formal emergency declarations:

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2. Political emergency declarations:

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3. Rhetorical emergency declarations:

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4. Actioned emergencies:

-19

at the state level. Given this situation, some states convened independently to coordinate restrictions between their jurisdictions. The states of California, Washington and Oregon, for example, created a pact in April 2020 to coordinate and collaborate on their emergency responses, whilst in Brazil state governors came together to lobby the President to introduce a national lockdown.

In contrast, subnational governments in most of the unitary countries sampled had a weak level of control over the pandemic response within their jurisdictions, with infection control measures and lockdowns decided almost exclusively at the national level.

However, there was variation in the level of subnational government influence on national pandemic strategy in unitary countries. While subnational governments in the United Kingdom

The broad impact of emergencies on multilevel governance is often multifaceted and dynamic, with some sectors affected more or less than others, and powers and responsibilities sometimes shifting back and forth between government levels throughout the emergency period.

Table 3 presents examples of COVID-19 related shifts towards centralisation or decentralisation for key government sectors. Many of these effects are indirect and may take years to develop fully. Lockdowns, for example, have typically been decided at the national level and could potentially have a significant impact on the future spatial organisation of cities if patterns of remote working and localisation prove durable. While this does not represent a formal centralisation of responsibility for spatial planning (typically at the subnational level), the legacy of national lockdowns is likely to influence spatial planning considerably in the future. This can be seen as indirect centralisation in the sense that future choices of subnational governments in this sector may be constrained.

Lockdowns and bans on public gatherings instigated at the national level have also had a major impact on the finances of

sectors such as culture and transportation. Where these sectors are under the control of subnational governments, lockdown restrictions can indirectly contribute to the centralisation of these sectors through constraints on finances. In the United Kingdom for example, transport companies were forced to appeal to the national government for bailouts due to the financial strain of reduced ridership during lockdowns. Bailout funds were granted with policy conditions, effectively centralising control of certain aspects of the transport sector. Indirect centralisation can also take place through national governments mandating action in sectors for which subnational governments have primary responsibility. National requirements impacting staffing or cleaning regimens at care homes or orders to close educational institutions are forms of indirect centralisation.

The strongest form of centralisation in response to the pandemic has generally been in the health sector. As noted in Table 3, according to an OECD survey, centralisation of health care was more common than decentralisation. Half the countries surveyed altered the division of responsibilities for health care during the pandemic, with the majority centralising health care to some extent. Some countries centralised certain healthcare activities and decentralised others, although exclusive decen



## ANNEX

### Notes on Table 2

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