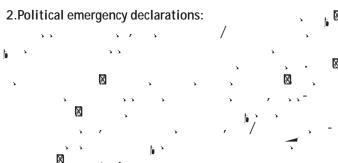
s al Governments

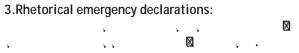


1. MULTILEVEL GOVERNANCE AND COMPLEX EMERGENCIES

1.1 EMERGENCY DECLARATIONS AND POWERS









4. Actioned emergencies:

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

In contrast, subnational governments in most of the unitary countries sampled had a weak level of control over the pan demic 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 in unitary countries. While subnational governments in the subnational government in the subnational government in subnational government government in subnational government government

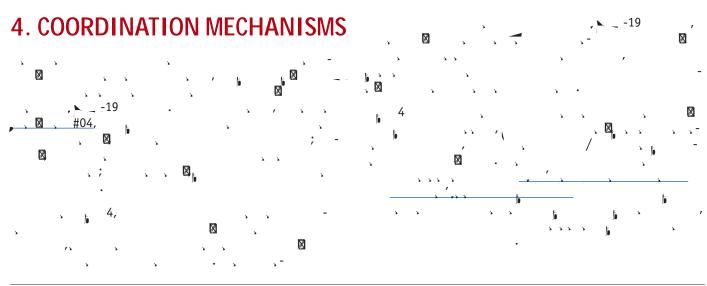
often multifaceted and dynamic, with some sectors affected more or less than others, and powers and responsibilities sometimes shifting back and forth between government levels were granted with policy conditions, effectively centralising throughout the emergency period.

centralisation or decentralisation for key government sectors. fully. Lockdowns, for example, have typically been decided at the national level and could potentially have a signibcant 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 3, according to ar OECD survey centralisation of health care spatial planning (typically at the subnational level), the legacy of national lockdowns is likely to inßuence spatial planning considerably in the future. This can be seen as indirect centraliduring the pandemic, with the majority centralising health care sation in the sense that future choices of subnational govern ments 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 Pnances 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 Pnances. In the United The broad impact of emergencies on multilevel governance is Kingdom for example, transport companies were forced to appeal to the national government for allouts due to the Pnan cial strain of reduced ridership during lockdowns. Bailout funds control of certain aspects of the transport sector. Indirect een Table 3 presents examples of COVID-19 related shifts towards tralisation can also take place through national governments mandating action in sectors for which subnational governments Many of these effects are indirect and may take years to develop stafping 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 pan demic has generally been in the health sector. As noted in Table was more common than decentralisation. Half the countries surveyed altered the division of responsibilities for health care to some extent. Some countries centralised certain healthcare activities and decentralised others, although exclusive decen



ANNEX

Notes on Table 2

United Kingdom

[20] https://www.gov.uk/government/publications/contain https://www.gov.uk/government/publications/contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-outbre-aks/covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-contain-ing-and-managing-local-coronavirus-covid-19-covi

[21] COVID-19 strategy was determined by the national-cabi net. The mayors of metropolitan regions publicly complained about the lack of consultatiohttps://www.thebusinessdesk.com/northwest/news/2063177-metro-mayors-joint-plea-to-government-on-vital-coronavirus-testing-data

[22] Local authorities did not have authority to impose their own infection control measures.

Chile

[23] The national government established a Social Commit tee for COVID-19, constituted by representatives of municipal associations, government authorities, academics and health professionals. This body meets twice a welettps://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/

[24] Local lockdowns were imposed in Chile, but these were decided by the national Ministryhttps://www.jogh.org/documents/2021/jogh-11-05002.htm

South Korea

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