

# INTRODUCTION

## How federations combat Covid-19<sup>1</sup>

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### 1 The pandemic

On 31 December 2019, the first cases of the coronavirus, Covid-19, were identified in Wuhan City, China. Its dramatic rate of transmission and deadly effects soon led to the city's shutdown, but not before it took wing and, borne by travellers, began alighting in other countries. Very quickly it spread throughout Asia and Europe and then further afield to North America, South America, Africa, and Australasia. By the beginning of March 2020, nearly every country in the world had recorded cases of infection, and on 11 March 2020 the World Health Organization (WHO) declared Covid-19 a pandemic.

Major initiatives were taken globally to treat the infected and curb further infection. After a first wave of infections and mortalities during March and April, infection rates eased off as well as containment measures. However, in the latter half of the year, the 'second wave' of infections grew in size to exceed in most cases the numbers of the first wave. By the end of October 2020, the number of infections reached 44 million, with more than 1 million deaths attributed to Covid-19 (WHO 2020c).

To prevent the spread of the virus, most countries imposed lockdown measures, including the cessation of international travel and, with that, tourism; domestically, stay-at-home orders resulted in the closure of factories, shops, and offices. As a result, all economies showed a dramatic downturn, leading to a world recession – the World Bank (2020) forecasted a 5.2 per cent contraction in global gross domestic product (GDP) in 2020.

As a pandemic, the Covid-19 outbreak of 2020 differed both in nature from other national disasters typically experienced over the past decades, such as flooding, earthquakes and tsunamis, and in magnitude from previous pandemics: the SARS coronavirus (2002–2003) and the swine flu (H1N1) (2009–2010) were

contained effectively internationally and locally (Hassan et al. 2020). It was both a threat of a disaster, requiring preventative measures, and a disaster in actuality, requiring emergency health care. Moreover, due to the preventative measures taken, innumerable people were indirectly affected by the virus through the curtailment of social and economic activity and limitations on rights to movement, education, religion, democratic governance, and so forth.

Governments thus battled on several fronts. First, preventative measures were put in place to prevent or minimise the spread of the virus – limiting or cancelling international travel, testing, tracing and quarantining suspected carriers of the virus, and eventually imposing internal movement restrictions, the so-called lockdowns. Secondly, emergency curative measures were instituted to treat the seriously ill, many of whom required hospitalisation. Accepting the spread of the disease as inevitable, governments aimed to slow down the infection rate in order not to overburden their health-care systems to a point of collapse. Thirdly, governments instituted ameliorative economic measures to shield businesses and the population from the worst effects of the lockdown measures. In developing countries, the latter had a devastating effect on a large sector of the population already living below the poverty line. Governments had to juggle two competing concerns: containing the virus through preventative lockdown measures, while at the same time easing restrictions to bring economic activity back to life. The early lifting of restrictions inevitably led to renewed escalation of the pandemic.

Small in number, but home to 40 per cent of the world's population, the federations or hybrid federations of the world (in this volume, referred to collectively as federations) were also impacted on by the pandemic. By 31 October 2020 (the end date of the period covered in this study), the Covid-19 pandemic had hit hard the federations selected for this study; among the top 15 countries ranked according to mortalities recorded, are 11 federations, and when mortality rates are compared the numbers are the same (WHO 2020a). However, the selected federations exhibited very different trends in the spread of infection and mortality associated with the virus (see [Table 0.1](#)).

Plotting the infection and death trends in [Table 0.1](#) reveals the wide variation in extent of infections officially reported, and also in associated deaths recorded (see [Figure 0.1](#)). Furthermore, the relationship between recorded infections and deaths shows that the number of known Covid-19 infections does not perfectly predict the number of known Covid-19 deaths – the more infections the more death – suggesting other factors are at play. While some of the variation in the trends in the data can be ascribed to factors such as the age and health structure of the population, the timing of the arrival of the epidemic, and the nature and extent of recording of infections and deaths, a government's response may also have played a role in the observed trends.

The management of the pandemic in federations brought to the fore key elements of their federal systems: federal governments' responsibility over national emergencies and coordination; the autonomy of states over critical areas such as disaster management and health-care services; and at grassroots

**TABLE 0.1** Population and Covid-19 infections and deaths (31 October 2020), selected federations, ranked by cumulative deaths per 100,000<sup>2</sup>

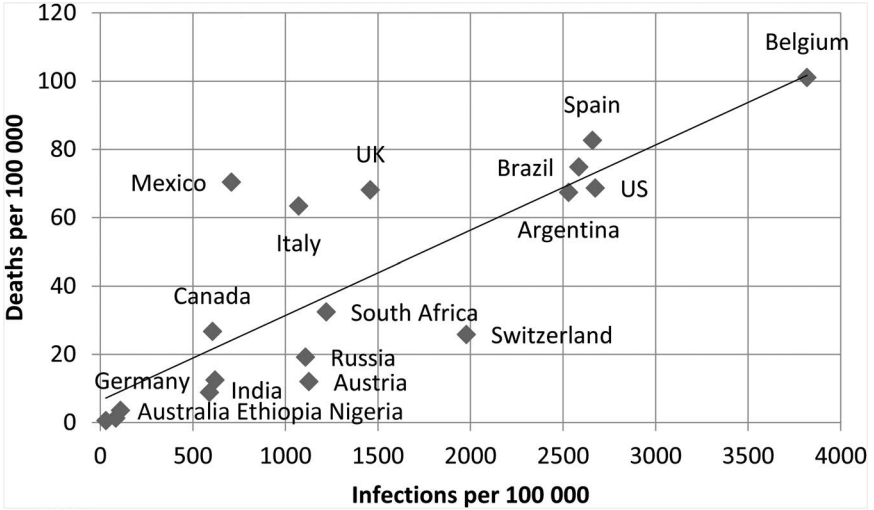
Rank	Country	Population (millions) (2020)	Per cent population >65		Infections	Deaths	Fatality rate (%)	Infections per 100,000	Deaths per 100,000
			(2019)						
1	Belgium	11.590	19		442,508	11,716	2.6	3,818	101
2	Spain	46.755	20		1,243,052	38,648	3.1	2,659	83
3	Brazil	212.559	9		5,494,376	158,969	2.9	2,585	75
4	Mexico	128.933	7		912,811	90,773	9.9	708	70
5	United States	331.003	16		8,852,730	227,178	2.6	2,675	69
6	United Kingdom	67.886	19		989,749	46,229	4.7	1,458	68
7	Argentina	45.196	11		1,143,800	30,442	2.7	2,531	67
8	Italy	60.462	23		647,674	38,321	5.9	1,071	63
9	South Africa	59.309	5		723,682	19,230	2.7	1,220	32
10	Canada	37.742	18		228,542	10,074	4.4	606	27
11	Switzerland	8.655	19		171,116	2,236	1.3	1,977	26
12	Russia	145.934	15		1,618,116	27,990	1.7	1,109	19
13	Germany	83.784	22		518,753	10,452	2.0	619	12
14	Austria	9.006	19		101,443	1,079	1.1	1,126	12
15	India	1,380.004	6		813,7119	121,641	1.5	590	9
16	Australia	25.500	16		27,582	907	3.3	108	4
17	Ethiopia	114.964	4		95,789	1,464	1.5	83	1
18	Nigeria	206.140	3		62,691	1,144	2	30	1

Source: WHO (2020a, 2020b), World Bank (2019), UN Population Dynamics (2019).

level, municipalities' responsibilities for public hygiene and the provision of certain health-care services, as well as for the continued delivery of public utilities such as water, sanitation, waste removal, and control of public spaces. The multilevel structure of government also places emphasis both on coordination and cooperation between governments vertically and horizontally and on the democratic accountability of each of them individually. Finally, the intergovernmental fiscal system became critical: how is the cost caused by the pandemic covered?

While the role of subnational governments – that is, the collective of states and local governments – is, of course, much dependent on the character of a specific federal system, there may be common patterns in and approaches to managing pandemics. The literature on comparative federalism has, however, given scant attention to this form of disaster or the impact it can have on the functioning of federal systems.

The situation was thus: at the beginning of 2020, the federations were functioning according to their own dynamics, which are forever changing. Out of the blue came a virus with no cure, one which spreads rapidly and has deadly consequences, and suddenly federations – unsuspecting and mostly unprepared – found



**FIGURE 0.1** Relationship between recorded infections and deaths per 100,000 (31 October 2020) selected federations

Source: Table 0.1

themselves confronting a major crisis. This gave rise to critical questions of how federal systems, with decentralised decision-making at their core, responded.

## 2 Research questions

The immediate question is: how did federal systems respond to the Covid-19 pandemic during the first critical period of 2020, when quick, concerted, and effective action was required to limit and eliminate the virus and the dire socio-economic consequences it caused? What were the modalities of action of each level of government? How did they affect the constitutional distribution of powers – did they lead to an increase in centralisation or decentralisation? Did intergovernmental relations (IGR), the lifeblood of federal systems, work efficiently or at all? What happened to intergovernmental fiscal relations?

A second, more evaluative question then follows: how well (or badly) did federal systems perform in combating a pandemic of this scale? What do the individual experiences tell us generally about how federalism fared as a system of governance in the modern age, when confronted unexpectedly with such a global crisis? Were the federal systems resilient governance systems that could manage the fight against Covid-19? Were good health results attributable to a well-functioning federal system and poor results to failures in another one? For example, with the dispersal of powers between the levels of government, were there sufficient and effective coordination and cooperation?

Having answered these two questions, a third question arises: are the particular federal dynamics – a movement towards decentralisation or centralisation – that may have emerged in each country likely to have long-term consequences for the federal system itself? Will the system return to its old pattern of functioning, or did the management of the pandemic trigger longer-lasting reform? Will the pandemic provide a policy window where more fundamental change may be forthcoming?

It is also important to point out the issues that the study does *not* engage with, as intriguing as they may be. This is not a comparison between federal and unitary systems to see which of them did better. The study is not designed for such a purpose, and at any rate, it would be extremely difficult to tease out the explanatory value that the ‘federalism factor’ may have had. Moreover, ‘federations’ is an umbrella term encompassing many variations of federalism: for example, some in effect are close to unitary states for the purpose of combating the pandemic, while many unitary states exhibit strong features of decentralisation.

Our interest is in what combating the pandemic in federal systems revealed about the nature of federalism in a particular country in a particular period. The aim is to reflect on how the federal system functioned between the time in early 2020 that the coronavirus first broke out in a country and the latter part of the year (October). It covers the period prior to the introduction of vaccines and the dynamics that that triggered. Although the full significance of the pandemic and its management will become apparent only in years to come, the first 10 months of 2020 were highly revealing.

In most countries, the first wave of Covid-19 came and went during that period, with many of the preventative measures being eased; a second wave emerged in the second half of the year, putting a new set of dynamics in motion and typically seeing federations adopt a more differentiated response to the pandemic that brought subnational governments to the fore. During the window of time under review, the essential federal dynamics of each country manifested themselves and became visible for analysis and comparison.

During this pre-vaccine period, the studies revealed a number of failures in federal systems that had dire consequences in the battle against Covid-19. Without having to wait for closure of the pandemic, remedial action could be taken to address these failures.

### **3 Research methodology**

#### ***3.1 Selecting federal systems for case study***

These questions above have been addressed in 19 case studies that cover 6 continents and represent all the main federations in the world. While ‘federations’ is used as a term of convenience to refer to the group collectively, not many call themselves federations. What they have in common, and what is critical for this

study, is the decentralisation (in a broad sense) of decision-making between two or more levels of government.

In the case of Europe, all the major federations and hybrids are included in this study: Austria, Belgium, Germany, Italy, and Spain. They are members of the European Union (EU), a supranational governance structure labelled as a ‘confederation’ and, as such, an object of study here in its own right. Falling outside the EU are Switzerland, the United Kingdom, and Russia. Turning to North America, all three federal countries are examined: Canada, the United States, and Mexico. In South America, Argentina and Brazil come under review, in Africa, Ethiopia, Nigeria, and South Africa, and in Asia, India. Australia is also covered in the study.

Grouped together in this volume is thus a range from highly decentralised federations to federal-type (quasi-federal, hybrid-federal) systems exhibiting strong centralised tendencies. The response to the Covid-19 pandemic would be much influenced by both the constitutional framework and importantly by the practice guided by the presence or absence of a ‘federal spirit’. Painting with a very broad brush, the majority of countries can be grouped under the category of centralised federations: Italy, Spain, Austria, Russia, Mexico, Argentina, India, Ethiopia, South Africa, and Nigeria. Clear cases of decentralised federations are Belgium, Switzerland, the United Kingdom, the United States, Canada, Brazil, and Australia. Somewhere in between lies Germany with its system of executive federalism.

The case studies are presented in groups according to continent: Europe/Eurasia, North America, South America, Asia/Australia, and Africa. In some respects, the geographical grouping may have also been a factor in how a particular country responded to the crisis. For example, EU countries were influenced by what their neighbours were doing (or not doing) and by the EU structures themselves. In North America, the US president’s approach to the pandemic enjoyed no traction north of the border, but it bore uncanny similarities to Mexico’s approach. The two South American federations – Brazil and Argentina – showed similarities to each other as well as with Mexico and the United States. Whereas the EU may have played some role in a common approach to the pandemic through its economic packages, the African Union, lacking the EU’s integrative structures, may have had only very limited influence on a common approach to health care in the context of Covid-19.

### ***3.2 Giving the case studies a consistent structure***

The aim of the book is to get the story of countries told cogently and analytically. To facilitate comparative perspectives, the case studies are structured according to a detailed template. The template seeks to guide and structure that story. It begins with the geophysical, demographic, economic, social, and political background: how did these features of the country and society play out in the fight against the pandemic? What constitutional and legal framework was in place when governments had to spring into action to combat the virus? What

were the institutional arrangements for dealing with a pandemic of such a magnitude? What was the state of preparedness?

Then, when Covid-19 arrived, which of the levels of government reacted first and took the initiative? How did the different levels – federal, state, and local – play their allocated roles? Since combating the pandemic inevitably fell in the jurisdiction of all three levels in one way or another, what was the nature of the ensuing intergovernmental relations? In most countries, the levels are bound together in an intergovernmental fiscal system – how, then, did the pandemic impact on it? Finally, could the way the federal system functioned under the stress of the pandemic have long-term consequences for the system itself?

### *3.2.1 The federal constitutional and legislative framework*

In many federations, matters of health care and disaster management are subnational or concurrent functions, while the federal government has emergency powers allowing it extraordinary powers, inter alia, over subnational governments. The first substantive section of each country study looks at the legal situation prior to the pandemic by sketching the constitutional framework for the division of powers and functions between different levels of government, in particular powers and functions concerned with health care and disaster management.

Furthermore, given the exceptional circumstances caused by a pandemic, most federal governments are vested with emergency constitutional powers to override subnational powers. Also, without having to resort to a declaration of a national state of emergency, federal governments can use ordinary legislation to declare a public health emergency. In some federations, such powers can also be exercised by the states. Thus, what was the legal arsenal available to governments at the outbreak of the pandemic?

### *3.2.2 Preparedness for a national disaster: The institutional framework*

In learning from past disasters, most federal countries have developed institutions and processes – political and technical – to deal with such emergencies. These institutions and processes are sometimes of an intergovernmental nature because health care and disaster management are in the main concurrent responsibilities – for example, a national coordinating body is established with representation from federal and state governments. The second section thus outlines the state of preparedness that existed prior to the first wave of the coronavirus. Of importance is the question of whether they played their intended role or were replaced by other, newly created bodies.

### *3.2.3 Rolling out measures to contain the pandemic*

As countries were alerted to the outbreak of the virus in China, governments across the globe started to take measures, some more quickly than others, in the

form of travel bans, testing for the virus, and tracing and quarantining infected individuals. Soon, more severe measures were proclaimed, including the social and economic lockdown of cities and towns, while health services were ramped up to cater for the seriously ill. With the announcement of the lockdown strategy, governments formulated plans on how to cope with the strategy's social and economic consequences. When countries reached peaks in infections during the first wave, governments took the difficult decision of easing restrictions, only to be confronted by the same question during the second wave of infections.

Before detailing the measures taken, two important factors relevant to such measures are discussed. First, how did political parties respond to the crisis and how did that response affect each country's federal system, and vice versa? Secondly, in countries with a diversity of communities (some marginalised), were there any indications of marginalisation (or further marginalisation) of any communities in the government responses to the pandemic?

### 3.2.3.1 Taking the initiative

With decision-making on health care and disaster management dispersed across the levels of government, a critical question in a federal system is who the first responders were to the looming crisis – the federal or subnational governments. Was there effective coordination and cooperation from the start, and did pre-existing (intergovernmental) institutions spring effectively to life? After the initial response, the focus shifts to the actions of the different levels of governments.

### 3.2.3.2 Federal action

In most countries, the federal government moved to centre stage with a raft of measures to contain the spread of the pandemic. At its disposal were an array of emergency powers, the military, and its superior financial resources. In the measures it took, did the federal government intrude into state domains, and if so, to what extent? Were the usual accountability structures maintained, or was there a shift to executive rule marginalising parliament? How did the courts deal with challenges relating to measures taken?

### 3.2.3.3 State action

As states usually have jurisdiction over health care, disaster management, and a host of other related functions such as education, questions arise about how they used their powers and performed their functions. Did states assert their autonomy with regard to their responsibilities, or did they readily follow the directions of the federal government and become primarily implementers of federal measures? Did federal measures obliterate the ordinary constitutional division of powers and thus override the relative autonomy of subnational governments?



Also of interest is whether states used their constitutional space to devise innovative measures to deal with aspects of the pandemic. Were they the proverbial laboratories for managing the pandemic more effectively? Conversely, were there instances where states were an obstacle to implementing much-needed preventative measures? Did some, in the name of autonomy, engage in counterproductive measures? Did states cooperate horizontally with each other in joint efforts and measures? Were internal border controls imposed? Were the usual accountability structures maintained? Did state legislatures meet and have a say, or were they suspended? What role did the courts play in scrutinising the measures taken?

#### 3.2.3.4 Local government action

The role of local governments varies considerably according to their size and place within the federal system. Were large metropolitan municipalities with powerful mayors active in leading the way with preventative measures? Were local authorities – large and small – a crucial cog in the wheel in implementing federal and state measures as well as providing basic services? Did organised local government facilitate cooperation and mutual assistance among local authorities?

#### 3.2.3.5 Intergovernmental relations

In view of the measures taken by the different levels of government, a key variable with regard to the success or otherwise of pandemic management was both vertical and horizontal coordination and cooperation between governments. Such coordination may have been embedded in pre-existing disaster management systems, or, in general, cooperative government forums and procedures. It may also be the case that such institutions and processes were ignored due to the exigencies of the pandemic.

Questions addressed include the following: Did intergovernmental relations become irrelevant where the federal government dominated? What role did intergovernmental relations play other than coordination? Did it also facilitate understanding of differences around the country, dissemination of innovative measures, or the harmonisation of responses, without (necessarily) effecting uniformity? Did horizontal cooperation among states and local authorities blossom, or did it degenerate into competition for resources?

#### 3.2.3.6 Intergovernmental fiscal relations

Managing the Covid-19 pandemic was a costly business. The need for health-care budget items – hospitals, equipment, medical staff, and medicines – grew exponentially. Furthermore, the consequences of lockdown measures for individuals and the economy as a whole were dire, necessitating huge economic stimulus packages and social relief payments for persons slipping into unemployment

and poverty. As providers of health-care services and social assistance, subnational governments experienced extraordinary pressures on their revenue.

In most federations, financial transfers of one kind or another are made from the federal government to states and local governments, and from states to local governments, usually through fiscal equalisation systems. In the case of national disasters, the federal government has access to contingency funds for distribution to states and local governments in distress. Subnational governments also experienced a dramatic decline in their own revenues due to the economic downturn.

Key questions include the following: Did federal aid to state and/or local governments take the form of enhanced equalisation payments, block grants, or conditional/tied grants? What mechanisms of accountability were built into pandemic expenditure? Did corruption flourish?

### 3.2.4 Findings and policy implications

In the light of their findings, the chapters conclude by probing the possible long-term impact the pandemic governance may have on each federal system. Although it may be too early to tell, could the way in which the pandemic was managed lead to fundamental changes in how the system may function in the future? It has been said that ‘the world *before Coronavirus* and the world *after Coronavirus* cannot be the same’. Can the same be said about each federal system?

## 4 Conclusion

This volume seeks to understand how the Covid-19 pandemic affected federal dynamics during the first but crucial period of pandemic governance. It provides an early slice of analysis when federal systems experienced a major shock; the need for quick, concerted, and effective central action placed the principle of decentralised decision-making under severe pressure. As the Covid-19 pandemic has, contrary to early hopes and expectations, persisted in 2021 and is bound to continue in 2022, this volume might provide some useful lessons on how to correct current systemic failures. Since Covid-19 is unlikely to be the last pandemic or disaster to engulf the world on such a massive scale, this volume may too, provide useful lessons on how to combat pandemics in federal countries in the future.

## Notes

- 1 I wish to acknowledge the research assistance of Dr Michelle Maziwisa, the SARChI Chair postdoctoral fellow at the Dullah Omar Institute of the University of the Western Cape. Dr Jean Redpath’s (Dullah Omar Institute) assistance with the statistical analysis is much appreciated.
- 2 There are small variations between the figures drawn from international organisations (WHO, UN, World Bank) and those provided in the country chapters, due to different data sets used.

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