

**Management of the COVID-19 Health Crisis in the World; an Evaluation on Centralization and Decentralization Practices\****Kazım BAŞ<sup>1</sup>, Haydar SUR<sup>2</sup>***ABSTRACT****Corresponding Author***Kazım BAŞ***DOI**<https://10.48121/jihsam.1148957>**Received**

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*It has been reported that the tensions, incoordination and incompatibility between the central and local government, and the disconnection in the institutional capacity in the fight against the COVID-19 pandemic, adversely affected the pandemic management. Therefore, this study was carried out in order to evaluate the practices of some countries in the context of centralization and decentralization at the beginning and after the pandemic in the management of the COVID-19 crisis in the world within the scope of the literature.*

*With the spread of COVID-19 around the world in 2020, most governments have had to take drastic central measures to reduce the spread of the virus. It was emphasized that the measures taken in most countries in the early stages of the pandemic were not taken in coordination with the local units, causing incompatibilities with the local. As of 2021, due to the different experiences of the local effects of the pandemic during the pandemic process, it has been observed that the measures applied in the countries against the pandemic differ according to the local and regions. Ensuring that coordination and harmony between central government and local government/units are important that is explained by the fact that the local effects of the pandemic are different (infection rate, population density, effectiveness of the measures taken, etc.). During the COVID-19 process, it has been observed that countries have different centralization and decentralization practices suitable for their own conditions.*

*It is reported that the simultaneous and complementary coordination of centralization and decentralization in governance in COVID-19 and similar crises will prevent complexity at management levels and positively affect the effective management of the crisis.*

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<sup>1</sup> PhD, RN, Assist. Prof (Corresponding author) Munzur University Tunceli Vocatioanl School, Medical Services Department Tunceli-TURKEY -62000, e-mail: kbas@munzur.edu.tr, ORCID: 0000-0002-5061-4006

<sup>2</sup> MD, Prof.Dr. Uskudar University/Faculty of Medicine, Public Health / Turkey, e-mail: haydar.sur@uskudar.edu.tr, ORCID: 0000-0002-6862-179X

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## INTRODUCTION

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The concept of decentralization has become the basis of reforms that include the reorganization of the powers of the state in the public sector and the transfer of these powers to local units, non-governmental organizations, and private industries in line with the effect of neoliberal economic policies in the eighties. In the health care industry, decentralization was defended to provide more rational health care according to local preferences by better defining the target population, reducing inequality in urban and rural areas, strengthening local participation, and facilitating adaptation to public and private organization activities. It was emphasized that the decentralization experience differs depending on the conditions of countries, and may lead to negative outcomes unless designed well. Decentralization, which was brought to the agenda again during the pandemic, positively affects effective emergency management during the coronavirus pandemic (Hayran, 2017; Baş and Sur, 2021; Das et al., 2021).

In addition to national dynamics, it was emphasized that the political structure of the countries, administrative localization, and the organizational capacity of the health system are important in the effective fight against COVID-19. It was reported that pandemic management was adversely affected due to tensions between central and local governments, lack of coordination, and interruptions in the institutional capacity in the fight against the pandemic (Capano and Lippi, 2021). It was stated that local, regional, and national coordination is important in the successful fight against the pandemic, and it was emphasized that decentralization has an important role in successful pandemic management. It was reported that coordinating centralization and decentralization in governance in a way that complements each other simultaneously in COVID-19 and similar crises will prevent complexity at management levels and ensure efficient management. On the other hand, it was reported that it would be useful to establish a clear institutional framework on competencies between the central and local units, that the national government should be responsible for the regulation of management principles, while the local government should be responsible for operational practices with the help of the regulatory framework (Asmorowati et al., 2021; Goschin and Dimian, 2021; Lele, 2021).

Prevention and control of COVID-19 and reduction of mortality rates were found to be associated with the capacity and degree of resilience of local health systems (Goschin and Dimian, 2021). For example, health services in Italy are carried out based on a high

level of regional autonomy. With the onset of the pandemic, three autonomous regions in Italy (Lombardy, Veneto, and Emilia-Romagna) had different responses to the pandemic, despite their strong health care systems. It was observed that Lombardy responded late at the onset of the pandemic due to the impact of the multi-part system against the pandemic, leading to an increased number of cases and deaths (especially in the elderly), and the health system of the region was helpless to manage the pandemic. It was noted that the Emilia-Romagna region was also unable to respond effectively to the management of the pandemic at the beginning of the pandemic, but performed well in the process. The Veneto region, on the other hand, was reported to have coordinated the health care system before and during the COVID-19 crisis, and developed response tools, thus performing better against the pandemic compared to other regions (Capano and Lippi, 2021). Yang (2020) in the same study, it was reported that many state governors of the central government experienced conflicts due to the problems experienced in the United States of America (USA) regarding vertical coordination between the central government and the states (such as when to implement social distancing, purchase of medical devices from abroad), while in China, it was reported that central decisions were effective in ensuring coordination with the provinces.

In the fight against the COVID-19 pandemic in some countries, it was emphasized that the assertion of claims contrary to scientific evidence has led to increasing tensions between the central government and local governments and has adversely affected the effective fight against the pandemic. In Indonesia, in the early stages of the pandemic, national government leaders stated that the country's tropical climate, faith, and ethnic superiority provided adequate protection against the pandemic (Asmorowati et al., 2021). Brazilian President Jair Bolsonaro's delay in taking the necessary measures against the pandemic due to his denying approach has caused conflicts and incompatibilities between the central government and local governments in the fight against the pandemic (Parker and Ferraz, 2021).

During the pandemic, it was observed that there are different experiences in local governance along with the regulatory and inclusive role of the central authority. This study was conducted to evaluate centralization and decentralization practices implemented in some countries in managing the COVID-19 health crisis in the world.

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## 2. MATERIALS AND METHODS

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In this study, the practices of countries within the scope of centralization and decentralization at the beginning and after the pandemic in the management of the COVID-19 crisis in the world were evaluated within the scope of the literature. For free access to literature publications, Web of Science, Scopus, Sobiad and Google academic databases, which are constantly accessible by Munzur University Library and Documentation Department, were used. The literature review was conducted between 28-30 March 2022 with the keywords "centralization and decentralization, centralization and decentralization in the management of the COVID-19 health crisis". As a result of the literature review, 50 publications, the full text of which were reached and published, constituted the universe of the research. As a result of the

examination of the publications, it was determined that 20 articles were related to the scope of centralization and decentralization at the beginning and after the pandemic, and 30 studies did not match the content of the subject. Therefore, 30 publications that were not related to the research topic were excluded from the research. 20 publications were included in the scope of the research. Three of these publications are related to the concept of centralization and decentralization (Bankauskaite and Saltman 2007; Cheema and Rondinelli 2007; Terlizzi 2018) and two of them are related to the examples in Turkey (Hayran; 2017; Baş and Sur 2021) 5 and 15 of them are related to the COVID 19 pandemic management. includes examples from other countries.

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## 3. DECENTRALIZATION AND RECENTRALIZATION CONCEPT IN HEALTH

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The concept of decentralization, which has been discussed for about fifty years within the framework of different practices in public administration, started to be discussed (in the 1970s to the 1980s) with the claim that the bureaucracies centralized in line with the central authority (state, government) in the public sector were inefficient. The second stage began in the eighties. At this stage, it was suggested that it would be appropriate to increase the decision-making role of the private sector in the public by reducing the role of the state in the public sector. The third stage covers the nineties and the following period, and it is reported that decentralization will be the appropriate tool for the participation of the people in the administration through non-governmental organizations. Decentralization is the concept that involves the transfer of some powers and responsibilities of the central authority to subunits, local, autonomous organizations, regional institutions, and civil society. Decentralization is classified into four sub-dimension, mainly political, administrative, financial, and market dimensions, and four sub-types, deconcentration, delegation, devolution, and privatization, within the scope of the public administration experiences of countries (Cheema and Rondinelli, 2007; Baş and Sur, 2021).

The concept of decentralization was one of the basic elements of the reforms made worldwide in the health care services industry after the 1990s. Decentralization application is recommended in health care services for strengthening local health administration, increasing innovations in the delivery of health care services, improving techniques in health, ensuring efficiency, increasing allocation efficiency in health care services,

and ensuring equality in health (Bankauskaite and Saltman, 2007; Baş and Sur, 2021).

The decentralization practices applied since the 2000s in some European countries were explained within the scope of re-centralization policies, and the necessary regulations in health care services were explained by the concept of re-centralization. The main reasons for strengthening the central policies in these countries include the inconsistent policies pursued locally in health care services that increase the financial problems, causing geographical inequalities and incompatibility in local and central policies. For these reasons, the necessity of strong central governments for geographical equality and fiscal discipline was emphasized in some countries of Europe, and it was aimed to limit and reduce some powers of regions with strong decentralization in health care through re-centralization (Terlizzi, 2018). In 2020, the role of central management in health care and the importance and coordination of the local in the prevention and control of the pandemic was discussed again in the world during the COVID-19 pandemic. For example, Italy has intervened public sector to combat the COVID-19 emergency by increasing the number of hospital beds and staff that were previously reduced in the public (Mauro and Giacotti, 2021). Moreover, it was reported that strategic decisions can be better handled by centralized structures for determining administrative boundaries in emergency cases such as the COVID-19 pandemic and that the handling of operational decisions by decentralized governance will provide a significant balance in administrative coordination (Lele, 2021).

#### 4. CENTRALIZATION AND DECENTRALIZATION APPLICATIONS IN THE COVID-19 HEALTH CRISIS; SOME COUNTRY EXAMPLES

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It was stated that countries have comprehensive authority and control over critical resources, emphasizing the importance of the central leadership of national governments in responding to a crisis. Since the effects of COVID-19 are local, cooperation with local units was reported to be necessary to reduce the negative impact of the pandemic (Asmorowati et al., 2021). During the COVID-19 pandemic, it was seen that countries have experienced different examples of centralization and decentralization in the fight against the pandemic. Some country examples, within the scope of the literature, are as follows.

Although COVID-19 was declared an emergency public health problem in Indonesia in April 2020, it was stated that national and local governments were unprepared to manage the pandemic. Indeed, it was reported that some government leaders in the country did not fight the disease in the early stages of the disease by making bizarre claims such as the country's tropical climate, faith, and ethnic superiority providing adequate protection against the pandemic. It was also reported that there was a large increase in cases of illness and deaths, causing problems in governance between national and local units due to the shortsightedness of some national leaders in assessing the pandemic, and due to the lack of coordination between the central government and state governments (Asmorowati et al., 2021). It was stated that Brazilian President Jair Bolsonaro's denying approach to the pandemic has increased the number of cases and deaths in the country due to failure to take measures at the central level in managing the pandemic. There were conflicts and dissonances between the central government and local governments in efforts to prevent the pandemic in the country. Some states have pursued a policy separate from the central government, taking measures to prevent and control the pandemic (Parker and Ferraz, 2021). In an evaluation made on the example of India on the effectiveness of central decisions, it was reported that the resources and capacities of health services in the state and local units in the country were different, and that the incidence of COVID-19 has different distributions between the states, and that local differences were not taken into consideration since the decisions of the central government (federal) on the spread of the disease were applied at the same level throughout the country (Choutagunta et al., 2021). A study conducted in Ghana found that the general public communication strategy carried out by the government was successful when the pandemic began. With this strategy, the spread of the virus was minimized and people were informed about COVID-19, and people's fears were calmed thanks to the assurance given to the public that the government is controlling the pandemic (Antwi-Boasiako and Nyarkoh, 2021). A study conducted in Vietnam on

the suitability of the health care system in responding to the COVID-19 crisis reported that the country's health care system is intertwined with the application of decentralization from a pyramid model (stratified technical hierarchy) to a wheel model, in which quality health care is expected equally among all health units. As part of the decentralization in the country, it was emphasized that the capacity increase of low-level hospitals during the pandemic and the effectiveness of local public health interventions provided significant advantages in COVID-19 management (Van Nguyen et al., 2021). A study on public health cases in Kenya and Thailand reported that community health care professionals working in the decentralized public health system performed better than in the central system during the pandemic. It was reported that decentralization in these countries includes exemplary practices both for developed and developing countries to serve the needs of the local population, especially the disadvantaged groups, more appropriately (Sudhipongpracha and Poocharoen, 2021). A study conducted in Pakistan, based on World Bank data, reported that the COVID-19 pandemic would further increase the poverty rate in the world. In addition, according to the results of the research, it was reported that financial localization in Pakistan has a direct and indirect effect on the eradication of poverty (Hussain et al., 2021). It was emphasized that there is no strong decentralization practice in health care services in Turkey and that decisions are generally taken at the central level in pandemic management and that the powers given to provincial and district sanitation boards within the scope of the fight against COVID-19 allow more dynamic and effective decisions to be taken according to the local conditions (Baş and Sur, 2021). According to the literature, it is seen that in the management of the COVID-19 pandemic crisis, countries take decisions at the central and local level in the pandemic management according to their own conditions. In some countries, it has been observed that the decisions taken at the central level at the beginning of the pandemic adversely affected the fight against the pandemic and the coordination, coordination and simultaneity between the center and the local could not be achieved.

In a study on the evaluation of the functioning of the multi-level government intervention related to managing the COVID-19 crisis in Italy and Spain, it was emphasized that the political structures and dynamics of the countries are important variables in the response to the pandemic. It was noted that both countries were initially unable to effectively intervene in the pandemic. However, over time, multi-level decisions related to regional administrations have become more compatible in Spain, while interregional compliance is weaker in Italy, compared to Spain,

leading to conflict in some practices between the center and regions. In the comparison of the examples of Spain and Italy, it was seen that the significant reasons for the inadequacies in the intervention in the early stages of the pandemic were the lack of adequate investments in the response to the pandemic historically due to strict administrative systems and the incompatibility between the central government and local governments (Casula and Pazos-Vidal, 2021). At the beginning of the pandemic, three autonomous regions in Italy (Lombardy, Veneto, and Emilia-Romagna) had different responses against COVID-19, despite their strong health care systems. Lombardy's fragmented system has responded late in preventing the pandemic due to a lack of governance. The Emilia-Romagna region, on the other hand, reacted more slowly at the beginning of the pandemic and subsequently improved its performance in the fight against the disease. The Veneto region had a better response to the pandemic, compared to other regions, thanks to its coordinated health care system and response tools well before and during the COVID-19 crisis (Capano and Lippi, 2021). When the examples of Italy and Spain, which have strong decentralization in health services, are compared, it is reported that the two countries were unprepared for the pandemic and failed in the early stages of the pandemic. In the examples of both countries, it was emphasized that the harmony between the central government and local governments is important in well-coordinating the health systems, as well as the decisions taken within the scope of combating the pandemic. In addition, it has been stated that Spain's success in the pandemic crisis compared to Italy is better at different levels between the central government and regional governments. It was stated that the success in the response to the pandemic depended on many variables, and it was emphasized that the lack of adequate investments in the fight against the pandemic, the strict administrative systems implemented and the incompatibility between central and regional governments were the main reasons that negatively affected the success in the COVID-19 pandemic.

In the United States, it was stated that there were problems with vertical coordination between the central government and the states with the onset of the pandemic. There was a conflict between the central government (President Trump) and many state governors over issues such as when social distancing should be enforced in the country, and whether the federal government and states should coordinate the purchase of medical devices from abroad, causing dissonance at the beginning of the pandemic. It was stressed that it would be important for central and local governments that were unprepared for the COVID-19 pandemic to make the necessary adjustments and adaptations in case of a similar pandemic or crisis. In the period after the beginning of the pandemic, cooperation and coordination between

the center and the provinces were ensured to fight effectively against the pandemic. It was stated that China has established a COVID-19 Response Center Leadership Group under the Leadership of the Health Care Commission to facilitate coordination between the central government and the provinces during the COVID-19 pandemic, providing effective coordination with the provinces in controlling and managing the pandemic (Yang, 2020). The importance of leadership in the fight against the pandemic has been better understood in the COVID-19 process. It has been observed that the negative attitudes of some leaders during the pandemic process negatively affected the pandemic management and delayed the measures taken against the pandemic. For example, at the beginning of the pandemic, there was a lack of coordination and incompatibility between state governments due to the negative attitudes of the central government leadership in the United States. This situation caused a conflict between the central government and some local governments, as it delayed the measures against the pandemic and caused the health crisis to deepen. Later, it was seen that the pandemic crisis could be effectively combated with the coordination between the center and the local.

A study made on the negative aspects of the cities with a large population regarding the spread of the pandemic states that people who are attracted to the influence of the cities migrate to the cities for a better life. It was emphasized that migration-originated higher density urban life also threatens the lives of millions of people (as in COVID-19) by enabling the rapid spread of infectious diseases. It was also stated that the localization of the activity center is important for the effective fight against COVID-19 in the cities affected by the high mortality rates due to the pandemic in Bangladesh and that it is necessary to move the health care facilities away from the center due to the increasing demand for health care services (Das et al., 2021).

With the spread of COVID-19 around the world in 2020, many governments have had to take drastic measures to reduce the spread of the virus. In some countries, where strict central decisions were taken to control the pandemic and strengthen health care systems, private hospitals were nationalized to combat the pandemic more effectively. It was emphasized that the measures taken by the central governments for large geographical areas in the early stages of the pandemic were not in coordination with local units, causing incompatibilities with the locals. As of 2021, with the increase in experiences with the pandemic, regional (eg. Provinces in China, states in the United States, Länder in Germany, and regions in France and Spain) decisions were reported to facilitate local alignment in the fight against the pandemic. As a result, it was seen that the measures taken during the pandemic differ depending on the specific conditions of the countries (education, political structures, health

care systems, economic status, etc.) and the measures applied in a particular country also differ according to regions and localities. One of the factors that stress the importance of coordination and consistency between the center and the locals during the pandemic is explained by the different local effects of the disease. For example, it is assumed that the rate of virus transmission in each region is different (due to local population density, weather conditions, the level of effectiveness of the measures taken, etc.). Moreover, the difference in disease spread between regions was reported to affect the capacity and performance of the health care system as well as its effectiveness in cases,

diseases, and recoveries (De Silva et al., 2021; Goschin and Dimian, 2021). The literature has reported that with the onset of the pandemic, the strong central decisions taken by the countries in the pandemic management cause incompatibility with the local. In the light of the increasing experience depending on the conditions of the countries and the different effects of the disease in the local area in the fight against the pandemic during the pandemic process, it has been observed that measures have been taken to strengthen the harmony between the center and the local.

## 5. CONCLUSION AND RECOMMENDATIONS

According to the results of this research, during the pandemic, it was seen that countries had different centralization and decentralization practices according to their conditions. With the COVID-19 outbreak, it was seen that the decentralization applied in health care services for many years has the effect of reducing the weaknesses of central systems by enabling more flexible decisions according to the characteristics of the local during the crisis periods of the pandemic. It was observed that some countries with highly decentralized health care services could not effectively manage the pandemic due to the incompatibility between the center and the locals at the beginning of the pandemic. In this study, it was observed that there were significant problems between the central and local units in the management of the health crisis at the beginning of the pandemic and afterwards in some countries. In the light of the lessons learned from the

experiences of the countries during the pandemic, it was emphasized that the synchronicity and coordination in the exercise of powers between the central and the local structures played a key role in the management of the pandemic. In the effective fight against COVID-19 and similar pandemics, it is suggested that it would be beneficial for countries to clearly define the powers related to coordination, synchronicity, and compatibility between central structures and local units appropriate to their conditions.

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