

Effective and Legitimate Crisis Governance in Multilevel Systems



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Research agenda: How does the organization of the state influence the **effectiveness** and **legitimacy** of (pandemic) crisis governance? What is the role of **decentralization** and federalism? Which structures promote fast and effective policy responses that enjoy the **support** of the citizens and have high levels of **compliance**?

Study 1: Correlates of the speed of the initial policy responses to COVID-19



Design: Survival analysis of the timing of adoption of restrictive policy measures in 30 European countries during the first COVID-19 wave in 2020.

Main results: Countries with **less** administrative & healthcare capacity, with **separate** ministries of health, and with ministers of health who had medical background reacted **faster** and **more decisively** with closing down schools and imposing lockdowns.

Study 2: Multilevel governance (federalism) and COVID-19 policy responses

Design: Comparative qualitative process-tracing case studies of COVID-19 management (2020-2022) in the Netherlands, Belgium, Germany and France.

Main results: In federal states, **regional governments** play a larger role in pandemic crisis management compared to unitary states. Federations have different **decision-making arrangements**, focusing more on **coordination** than **centralization**, but the quality and content of their pandemic policies does *not* substantially differ from unitary regimes.

Study 3: Public acceptance of restrictive policy measures during pandemics

Design: Survey experiment conducted on nationally-representative samples in the Netherlands (N=1150) and Germany (N=1167).

Main results: The public is more **willing to comply** with restrictive measures and more **reluctant to protest** them in the Netherlands than in Germany. In the Netherlands, restrictions decided by the **national government** are more accepted than those decided **regionally** but there is no such difference in Germany.

Conclusions and policy implications

1. Relatively high administrative and healthcare capacity, as well as high pandemic preparedness can have **paradoxical effects**, slowing down the initial response to a crisis.
2. Organizational factors, such as having a representative of the medical profession at the meetings of the cabinet, can have a **big impact**, speeding up policy responses.
3. Multilevel governance (federal or decentralized) structures shape the nature of the policies, but are **not associated with the speed or quality** of the policy responses to pandemics as such.
4. Which level of government takes the decisions addressing a pandemic (e.g. lockdowns) **matters very little** for the public acceptance of the measures.