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**A Critical Analysis of Health System Responses to
COVID-19 in Spain, South Korea, and Canada**

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Pandemic Governance in Fragmented Systems: A Comparative Analysis of COVID-19 Leadership Responses in Spain, South Korea, and Canada

1. Introduction

The introduction of the SARS-CoV-2 (COVID-19) in late 2019 introduced a systemic shock in the world that mercilessly questioned the stability of national health systems and the responsiveness of political leaders. This report entails a critical and comparative analysis of the response of the health system in the three different polities namely Spain, South Korea, and Canada. These countries were chosen to reflect a range of forms of governance- a unitary yet regionalised form of Spain, a centralised technocracy of South Korea and a decentralised federalism of Canada.

The main aim of the report is to assess the role of governance structures, that is, the conflict between centralisation (power in the hands of few) and decentralisation (distributing the power to many) in the systemic ability to deal with the pandemic. It assumes that a pandemic is a wicked problem, whereby there is radical uncertainty and intricacy, which cannot be brought to management by linear means (Grint, 2020).

The approach of analysis is a qualitative comparative case study, which refers to secondary policy documents, peer-reviewed literature, and governance analyses. Spain, South Korea and Canada have differing constitutional provisions and governance capabilities which permitted making an analytic generalisation as opposed to making a statistical one. Even though the epidemiological indicators are mentioned to put the results in context, the study does not aim to cause and effect relationships between the leadership style and mortality rates. Rather, it is based on governance ability, feedback and authorization. This restricts arguments of causality but enhances theoretical understanding of the multifaceted adaptive crisis governance.

Contribution and Analytical Positioning

The report adds to the developing body of literature on the topic of pandemic governance by uniting systems cybernetics with leadership theory to illustrate that crisis performance is not dictated by the constitutional form in isolation but rather by the adaptive correspondence between the governance structures and practices of leadership. Through a comparative study on Spain, South Korea and

Canada, the analysis develops an interpretive framework, which conceptualises the idea of pandemic response as a complex adaptive system wherein feedback sensitivity, control mechanisms and institutional trust tend to interact to influence outcomes. The study goes beyond the descriptive comparisons and provides a theoretically informed explanation of why some of governance arrangements proved to be more resilient in the conditions of radical uncertainty.

2. Centralised and Decentralised Approaches to the Pandemic: Critical Analysis

The COVID-19 pandemic was a strain test of the "hardware" elements of national health systems. Critical analysis based on the Systems Theory indicates that the performance of a response was not just influenced by the clinical capacity, but the system of governance that controlled the movement of information and resources between the centre and the periphery.

2.1 Theoretical Framework: The Systems Approach in Crisis

Within this perspective, a national health system is considered not as a fixed hierarchy but a Complex Adaptive System (CAS) (Plsek and Greenhalgh, 2001). There are three fundamental cybernetic mechanisms that determine the resilience of this system during a pandemic:

- **Feedback Loops (Sensing):** What is the speed with which the system identifies clusters of infections? (e.g., Testing and Surveillance).
- **Control Mechanisms (Decision-making):** How successful can the governance structure process data and give orders? (e.g., Lockdowns, Mandates).
- **Stocks and Flows (Resources):** How well in the system is it mobilised to bottlenecks (e.g. PPE, ICU beds, Vaccines).

The main conflict in this systems approach is Centralisation and Decentralisation. Centralisation is focused on the rapidity of the control mechanism and homogenisation of action, minimising the transaction costs, but threatening system blindness in the case of excessive remoteness of the centre to the local feedback loops (Boin et al., 2020). The priority of decentralisation is local adaptation and redundancy so that a specific part of the system can respond to local feedback but can lead to sub-optimization, when one aspect of the system defends itself to the detriment of the entire system (e.g., hoarding supplies) (Capano et al., 2020).

Based on this, the paper conceptualises pandemic governance as an adaptive cybernetic system with feedback responsiveness, and control elasticity and trust-

mediated legitimacy, but not as a fixed decision between centralisation and decentralisation.

2.2 South Korea: The Hybrid Technocracy-Centralised

The model proposed to South Koreans provides a sharp alternative to Western models, which are defined by the path dependence and the institutional memory. After the 2015 MERS outbreak proved that the everyday governance had failed, the state introduced an amendment to the Infectious Disease Control and Prevention Act, legalising rapid centralisation of information and power (Lee et al., 2020).

The Systems Approach: The 3T Model and Cybernetic Governance

South Korea employed a very centralised system of 3T, which was Test, Trace and Treat. The KDCA, which was the main brain, was the Korea Disease Control and Prevention Agency. Most importantly, the state used a Smart City Data Hub, which was initially a traffic and crime management technology, to monitor the virus (Her, 2020).

Moreover, the central government showed a special ability of Public-Private Partnership by recalling biotech companies to a meeting prior to the very confirmation of the first case as a result of which they were given the viral genome, and the acquisition of test kits was ensured. It was an "Entrepreneurial State" strategy (Mazzucato and Kattel, 2020) that enabled the centralised system to avoid the market failures experienced in the West so that supply satisfied demand before the curve took on a steeper form.

Critical Analysis of Centralisation: Benefits

The benefit of this model was that it was quick and accurate. The Control Mechanism was legally prior authorized and it was automated. The KDCA was equipped with the legal triggers as unlike Spain which had to discuss the State of Alarm in parliament. The other benefit was the centralised control over the limited resources. As the supply of face masks decreased, the central government came into the market and rationed the masks through a centralised database linked to pharmacies. This deterring hoarding and facilitating fair allocation a definite triumph of centralised thinking of systems over decentralisation in free markets (Moon, 2020).

Critical Analysis of Decentralisation: Implementation and Problems

Decentralisation of the strategy implemented was centralised. The testing and monitoring were done by a dense network of local public health centres. The

locally based innovation was the Drive-Thru testing centres which was later expanded by the centre nationally.

The issue with this model was however the encroachment on civil liberties. The publication of movement logs in centralised way, made movement logs to induce social stigma on the sick people. According to critics, this is a Digital Panopticon (Han, 2015). The system also had the problem of System Fatigue. The decentralised nature of the work of monitoring thousands of quarantined people manually required by the reliance of the public health officials on the latter resulted in massive burnout.

The system was optimized (Zero-Covid) in a manner that at first had difficulties in adapting to a mitigation strategy (vaccination) as the Delta variant surpassed the tracing capacity. This competency trap explains that a system that is optimised to respond in a particular feedback loop (containment) might not be flexible enough to adapt to a different one (mitigation) in case the environment alters.

Health Outcomes: South Korea

In 2020 and 2021, the Case Fatality Rates (CFR) remained at one of the lowest in the world at Health Outcomes South Korea. The system proved to be very strong to withstand the shock of Daegu outbreak without crumbling. The formula was the combination of the Centralised Strategic Direction (Data/Policy) and Decentralised Operational Delivery (Testing/Care).

South Korea – Brief Normative Analysis

Trust was maintained and minimal mortality caused by technocratic leadership of Moon Jae-in, however, this leadership poses ethical issues of proportionality and democratic consent. The institutional trust in crisis-induced adoption of surveillance technologies was based on the institutional high trust, but it entailed the tendency of over-normalization of these technologies out of emergency situations. Besides, there was a loss of adaptive transition towards mitigation strategies due to the prioritisation of Zero-Covid. Ideally, to become a good crisis leader one must strike the right balance between technical competence and moral restraint because efficiency should not override the civil liberties or the ability to adapt in the long run.

2.3 Spain: The Friction of Asymmetrical Decentralisation

The health system of Spain, the Sistema Nacional de Salud (SNS), is structurally decentralised and the management is decentralised to the 17 Autonomous Communities (Comunidades Autonomas). But the pandemic caused a constitutional crisis of governance which revealed the weakness of this structure.

The Systems Approach: Autonomy to Command

First, the systems approach in Spain was disunited. The feedback loops broke in February and early March 2020, as the decentralised surveillance system was not fast enough to aggregate data, so the central government was flying blind even as the virus became exponentially spread in Madrid.

The system changed its architecture radically as the government of Spain issued the declaration of a State of Alarm (Estado de Alarma) on March 14, 2020. This legal tool was an effective re-centralisation of all decisions to a so-called Single Command (Mando Único), headed by the Ministry of Health. This was a hard reboot of the system. The regional presidents were deprived of making decisions related to the severity of lockdowns, PPE purchases, and resource allocation and concentrated in Madrid (Legido-Quigley et al., 2020).

Critical Analysis of Centralisation: Benefits

The greatest benefit of this abrupt centralisation was that it introduced a homogenous, draconian lockdown. Through standardisation of the "Control Mechanism," Spain was able to reduce the number of times in which the baby (R) was matured to less than 1.0 in weeks. This centralised command enabled the military (UME) to transport to regional borders to disinfect care homes and transport patients, which would have been logistically impossible using a model that was fully decentralised.

Critical Analysis of Centralisation: Disadvantages and Challenges

Nevertheless, the drawbacks were severe. Having lost operational authority several decades ago, the Ministry of Health in Madrid did not have the logistical apparatus to order the supplies in the world market. It had power without the ability. This resulted in disastrous bottlenecks with centralised buying collapsing and regional hospitals unable to stock and supply PPE after weeks (Bernal-Delgado et al., 2020).

Moreover, the sudden change provided a high level of institutional tension. There was information asymmetry in the system. The local governments had access to the real-time information on the hospital admissions and therefore the central government required the data to be reported in new standardised formats that the local IT systems were not capable of producing. The situation was also worsened within the context of the "De-escalation Plan" (Plan de Desescalada), when the conditions of transition between the stages were taken as arbitrary, which resulted in the failure of cooperation between the government and the country in terms of a strategy to exit the crisis (Royo et al., 2020).

Health Outcomes: Spain

The first wave was associated with one of the highest rates of excess mortality in Europe experienced by Health Outcomes Spain. The worst crisis in the systems failure was the health/social care interface. The governance vacuum was created in nursing homes that are under regional social services. The centralised health command concentrated on the acute hospitals and thus it did not pay enough attention to the feedback loops emitted by the care sector. In care homes, more than 20,000 people died, which was a direct effect of a system that was unable to combine health (centralised focus) and social care (decentralised reality) (Daly, 2020).

Concise Normative Evaluation: Spain

Sánchez has demonstrated a conflict between the emergency authority and long-term legitimacy in terms of his normative leadership. Although command-and-control initially made good ethical sense, the lack of political agreement over a length of time undermined democratic faith. Co-governance redistribution of responsibility lacked collective responsibility, especially on excessive mortality in care homes. It was the failure in the ability to build a unifying moral narrative that could go beyond partisan identity and hence compromised collective compliance, rather than centralisation per se.

2.4 Canada: The Weakness of Collaborative Federalism

The constitutional system of Canada clearly defines that healthcare is the province of a provincial government, which makes it legally impossible to have a unified response. The federal government could only do border control, buying of vaccines and giving financial aid.

The Systems Approach

Systems approach in Canada was essentially decentralised. Guidelines were offered by the Public Health Agency of Canada (PHAC), whereas the provinces were left to the control mechanisms (lockdowns, mask mandates). This led to a heterogeneous systems strategy, which substantially established thirteen distinct pandemic responses.

Critical Analysis of Decentralisation: Benefits

The main benefit of this decentralisation was Compartmentalisation. The Atlantic Bubble (four Eastern provinces: Nova Scotia, New Brunswick, PEI, Newfoundland) closed all the borders to the rest of Canada. They had successfully localised the virus by the virtue of having decentralised control of their entry

points, thus long durations of time. This enabled their respective economies to stay open within their countries as Central Canada was in lockdown. This exemplifies the strength of the decentralised systems: the failure of Ontario to control the virus did not bring Nova Scotia down. It made it possible to have local solutions to local problems (Marchildon, 2020).

Critical Analysis of Decentralisation: Negative and Problems

The drawbacks however were devastating as far as coordination and equity were concerned. The pandemic early warning system Global Public Health Intelligence Network (GPHIN) in Canada did not work because a bureaucratic silencing mechanism of scientists was used, and the federal feedback mechanism did not work (Robertson, 2020). This internal erosion of the federal surveillance power implied that Ottawa took a long time to remind the provinces of the seriousness of the threat and it delayed the closing of the international borders.

More importantly, the humanitarian disaster was caused by the decentralised character of Long-Term Care (LTC). The LTC is provincial, and the standards of LTC were utterly diverse. Quebec and Ontario lacked nationally accepted standards, and the division of the delivery by individuals, which resulted in a complete breakdown of care in the provinces. It became so ineffective that the federal government has had to send the military (Operation LASER) to feed and wash care home residents (Attaran, 2020). The other challenge was data fragmentation. The federal government was frequently making choices founded on obsolete aggregated information, restricting its capacity to model the virus.

Health Outcomes: Canada

Compared to the US or UK, Health Outcomes Canada did much worse but well in comparison with others such as Australia or South Korea. This resulted in compliance fatigue because lack of inter-jurisdictional clarity confused citizens about the level of government they were subjected to some form or other restriction.

The vaccine roll out was however a success of Centralised Procurement. As soon as vaccines became available, centralized purchasing power of the federal government made sure that the number of doses was high, and they were distributed by the provinces. It implies that hybridity, which was a centralised procurement and decentralised delivery, was the most optimal mechanism (Tuohy, 2020).

2.5 Synthesis: Complexity and Governance Capacity

When comparing the three, it can be stated that Governance Capacity and Legitimacy were the determinants of governance effectiveness (Christensen and Lægreid, 2020). South Korea exhibited Agile Governance. It possessed the legal and technical means to move to central command immediately. Spain was victim to Institutional Friction. Its efforts to centralise the decentralised system in the middle of a crisis led to a paralysis and political disagreement. Canada exhibited the strength of federalism in the Atlantic provinces and weakness of fragmentation in the LTC sector.

The main lesson to learn is that it is a mistake to stick to either centralisation or decentralisation. The most successful systems thinking was that which permitted Polycentricity - multiple centres of decision making which were loosely coupled but highly aligned by sharing the same data and trust. In cases where this correspondence failed (e.g., Madrid vs. Spanish Government, Ontario vs. Federal Standards), there were adverse effects on health. It implies that the new models of governance will have to be less concerned with how strict the structure is and more concerned with the quality of the connective tissue, i.e., data interoperability and trust, which is already established, that holds the system.

3. Critical Evaluation of the Leadership Styles Adopted within the Country

Whereas governance structures offer the equipment of response, leadership offers the programs.

3.1 Spain: Pedro Sánchez – The Transition to Co-Governance

Context of Leadership

Spain is going into the pandemic with a weakened coalition government, the first in its modern history, under Prime Minister Pedro Sánchez of the Socialist Party (PSOE). The right wing opposition was also very strong and the political environment was quite polarized. This background is essential in examining the leadership of Sánchez who was forced not only to manage the virus, but also the existence of his government (Mota et al., 2020).

Theoretical Analysis: Command and Control (The “Critical” Phase)

At the very beginning (March–May 2020), Sánchez used Command and Control. He made himself the de-facto commander-in-chief in a war against the virus by declaring the State of Alarm. His speeches were literally military, with words such as battle, enemy and victory being used in weekly addresses made to the people via TV (Alo Presidente). This is in line with the Typology of Authority

by Grint (2005), namely Command mode which is necessary in Critical Problems. There is no need to consult in a critical situation; the leader is supposed to give the answer. Sánchez took full responsibility and centralised the power and protected scientific professionals such as Dr. Fernando Simón against the political backlash.

Pros

The first step to this style was immediacy and clarity. In a world of high uncertainty, the Spanish people first united behind the flag. The adherence to the rigid home confinement was exceptionally high, which was caused by the final character of instructions given by Sánchez. His readiness to accept the political blow to the economic shutdown showed that he had a certain level of Moral Leadership—taking care of the health of people than the economy which was highly pressurised by the business lobbies.

Theoretical Analysis: The Failure of Transformation and the Reversion to Transactional

The constraints of the Command style came out during the course of the crisis. Sanchez did not make the transition into Transformational Leadership. Sanchez was weak at developing a common Vision that cut across political boundaries. The reaction by the Spanish leaders unlike those in other countries who consolidated their parliaments was highly polarized. The leader of the opposition of Madrid, Isabel Diaz Ayuso, implemented a counter-leadership approach based on Medical Populism (Lasco, 2020). She did not create the crisis as a battle between Health and Virus but between Liberty and Socialism. The inability of Sanchez to counteract such a narrative implies a lack of Adaptive Leadership—he was unsuccessful in his ability to contain the distress of the opposition stakeholders, rather than letting the opposition run.

This polarization did not just exist on rhetoric, but also had epidemiological implications because the absence of a singular message confused the general population and gave a carte blanche to non-compliance among partisan subsets, especially among the nightlife and hospitality industries.

Transition to Co-Governance

Having realized that he was not needed to sustain the State of Alarm forever in the parliament, Sánchez shifted towards the Transitional Leadership approach in the summer of 2020. He struck a bargain of the New Normality by devolving the powers to the regions in a system he referred to as the Co-governance (Cogobernanza). It was a quid pro quo; he sold political independence to the region to get the budget and EU recovery funds passed in the assembly.

Weaknesses and Problems

The drawback of such a pivot was that it caused confusion. Many people saw the change of I am in charge to The regions are in charge as the abandonment of responsibility. His Distributed Leadership model that he tried to use was wrong since there was lack of trust. Regional presidents regarded co-governance as a trap to take one half of the cake, which was the blame part without taking the other half, the money.

Moreover, the leadership of Sánchez was reproached due to being reactive. It also seemed to react to the virus rather than preempt it in the decision-making. Although the scientific aspect was given by Dr. Simons, the political communication of Sánchez was typically alternating between excessively pessimistic and excessive triumphalism. This was lost Cognitive Trust (trust in competence) (Lennon, 2021). In the end, the leadership of Sánchez was a survival course. He was an efficient transactional manager in solving the Tame problems (passing legislation, getting EU funds) and was unable to cope with the Wicked problem of promoting national unity.

3.2 South Korea: Moon Jae-in – The Technocratic and Authentic Leader

Context of Leadership

President Moon Jae-in assumed the power after the impeachment of his predecessor, mostly because of her inability to control the Sewol Ferry disaster. This meant that his government was highly conscious of the fact that its authority would lie on how it could handle crises in a competent and transparent way. His leadership of the pandemic was characterized by this Safety First requirement.

Theoretical Analysis: Distributed and Servant Leadership

The leadership style of Moon Jae-in serves as a textbook case of Distributed Leadership with a mixed approach to the application of Servant Leadership. In contrast to Western leaders who usually controlled the podium (e.g., Trump, Johnson, Macron), Moon literally made a step back. He left the main communication and operational part to the technocrats in form of Jung Eun-kyeong, the Director of the Korea Disease Control and Prevention Agency (KDCA). This strategy is in line with Competence-Based Trust theory. In Confucian cultures with a high context, moral rectitude, collective responsibility, and competence often form the basis of leadership legitimacy as opposed to charisma (Kim and Moon, 2021). Moon gave authority to the professionals, which was an indication that decision making was not politically led.

Jung Eun-kyeong turned out to be the symbol of Authentic Leadership. Her briefing to the day was not politically spun. She was more and more weary, with undressed greying hair and plain clothes, and a strong non-verbal message of sacrifice and honesty. She never airbrushed the truth and acknowledged when the government was not aware of the solution. Moon helped her by giving her the political capital and resources (the “stocks and flows”) that she required, but he did not interfere with the control mechanisms.

Advantages

The first one was the Depoliticization of the virus. Moon was able to get vast voluntary compliance by putting the response in the context of a technical/scientific problem and not a political war. A success of Collaborative Leadership. Their citizens placed their trust in the government using their personal information (credit cards, GPS) to track them in the name of public health as they believed that the aims or objectives of the leadership were purely to protect health.

Diplomatic Leadership was also applied by Moon. He used the success of South Korea as an opportunity to practice some form of “Mask Diplomacy” and “Test Kit Diplomacy” and sold supplies to the US and Europe. This enhanced the national pride, and consequently strengthened local backing of the actions of the government. He successfully turned the crisis into a nation building experience, making South Korea a role model of democracy and competence to the world. This story of the K-Quarantine model became the mighty force of soft power that strengthens the internal authority of his government even when exhaustion is flowing, developing a vicious circle of national efficiency (Moon, 2020).

Disadvantages and Challenges

But the downside of this technocratic style was that there was no Emotional Agility and flexibility subsequently in the pandemic. By the year 2021, the crisis had dragged on and the people were exhausted with pandemic fatigue. A more Transformational leader could have done a better work in motivating the population during the dark winter months. Most importantly, the achievement of the Zero-Covid turned out to be a Competency Trap. The management was so entrenched in the indicative of the low number of cases that they did not take the risk of switching to a living with COVID strategy.

Lack of timely procurement of the vaccines was a leadership weakness; they did a great job in containment (a defensive approach) but were slow to go on the offensive (procure vaccines) as compared to Israel or the UK. The administration of Moon was not willing to change since the increase in the cases would

negatively impact their brand K-Quarantine. Moreover, bureaucracy was very high and, therefore, response was inflexible at times.

Literature Engagement

Moon (2020) states that South Korea obtained success because of Agility and Transparency. The leadership approach was defined by the concept of Radical Transparency, which is the release of information about outbreaks in detail. This is based on the discussion of the study on Trust in Governance by Fukuyama (2020), that postulates that high-trust societies do not need a lot of coercion. The leadership style of Moon saved him the political capital by making no over-promises as opposed to other leaders who assured of a disappearance of the virus. His leadership style demonstrates that the best leader in a modern technocracy is often the so-called Invisible Conductor, but not the Heroic Soloist.

3.3 Canada: Justin Trudeau – Collaborative Soft Power and Rhetorical Leadership

Context Leadership

Prime Minister Justin Trudeau headed a minority government, which implied that he required the opposition support to get a bill passed. Moreover, being a leader of a federation that was decentralized, he lacked the legal powers to make health mandates in provinces. His leadership was so characterized by the limits of Federalism and Consensus Building.

Theoretical Analysis: Rhetorical and Identity Leadership

Trudeau used Transformational and Rhetorical Leadership style. He heavily depended on the Soft Power, which is the power to co-opt (not coerce). His everyday briefings on the steps of Rideau Cottage (his home) were a ritual of national Sensemaking (Weick, 1995). The speech to the country in the mornings allowed him to fill the information vacuum and establish the tone of the country. Trudeau used a metaphor of Team Canada, a sports based unifying rhetoric meant to help create a shared identity.

He backed up this rhetoric, though, with titanic financial intervention (CERB). In fact, he applied the Transactional aspects (money to compliance) to drive his Transformational vision. He guaranteed fulfilment of lockdowns by offering economic security (2000/month) to the working population. This application of the term Fiscal Federalism enabled the Prime Minister to circumvent provincial leaders and establish a direct bond of dependence and sponsorship with the citizens in a period of constitutional inability.

Positives

Social Cohesion was the strength of the style of Trudeau. Through constant demonstrations of empathy, calmness and inclusivity, he offered a mental holding environment of anxiety in the nation (Heifetz et al., 2009). His ability not to take part in partisan wrangling with conservative Provincial Premiers (such as Doug Ford in Ontario or Jason Kenney in Alberta) showed high levels of Emotional Intelligence. He did not engage in the blame game, which kept the federation in operation. Trudeau was also very deferential to science, as she is always standing next to Dr. Theresa Tam, the Chief Public Health Officer. In comparison with the US, where the President undermined the scientists, Trudeau magnified them.

Disadvantages and Challenges

The constraint of Influence without Authority was however the greatest drawback. In the case of failed provinces, namely, in the disaster of Long-Term Care (LTC), Trudeau was accused of being a passive leader. A more Authoritative leader could have invoked the Emergencies Act earlier in federalising the response in care homes. His dependence on collaboration resulted in the fact that the level of care was everywhere different in the country causing thousands of avoidable deaths in Quebec and Ontario. Critics claimed this a failure of Ethical Leadership—giving emphasis to the federal harmony at the expense of the aged.

In addition to this, the Procurement Realpolitik was at times hidden by the Team Canada rhetoric. As Trudeau was preaching about global unity, his government actively monopolized the market on vaccines. This Vaccine Nationalism went against his global rhetoric, and there is a discrepancy between his Transformational rhetoric and Transactional deeds. This posed a conflict between his leadership style at home (where he was needed to ensure security by getting doses to ensure credibility) and his leadership image in the global front (where he needed to ensure equity).

The management also failed on facts. Trudeau often lamented the unavailability of the data in the provinces but did not leverage the federal funding to compel them to provide it. This poses an Administrative Leadership failure: how to transform political will into bureaucratic reality.

Literature Engagement and Canada – Brief Normative Assessment

Attaran (2020) provides a scathing indictment of the Canadian leadership due to their so-called federal timidity, claiming that giving in to provincial jurisdiction was a killing move. Nevertheless, political scientists observe that the Collaborative style practiced by Trudeau must have avoided the constitutional

crisis. The Federalism and Crisis literature indicate that Trudeau acted as the so-called Broker-in-Chief, taking care of conflicting interests of the regions without jeopardizing the national approach to funding.

The leadership by collaboration is ethical restraint but also moral limitation as demonstrated by Trudeau. The provincial autonomy did not only keep the constitution stable but not vulnerable people in the long-term care. The unwillingness to introduce federal standards emphasised procedural legitimacy as such as to substantive justice. Although fiscal stimulus ensured less damage to the economy, the selective safeguarding of the elderly groups reveals the constraints of power in the absence of authority, proving that ethical leadership in federation might involve selective centralisation when the entire system collapses.

4. Conclusion

Instead of viewing centralisation and decentralisation as mutually exclusive paradigms, this analysis reconfigures the two concepts as being dynamic capabilities whose success relies on institutional trust, interoperability of data and adaptive leadership. The report has entailed a critical comparative analysis of the system of governance and leadership style in Spain, South Korea and Canada in the face of the COVID-19 pandemic.

The Governance Analysis determines that the binary of centralisation and decentralisation is not sufficiently reliable in order to manage complex adaptive crises in their strict following. South Korea was a success based on a Cybernetic approach: centralised strategic guidance (data/legal frameworks) and decentralised operational performance (testing/tracing) on the basis of sophisticated technology. Spain also had a poor response due to Systemic Friction. It resulted in administrative paralysis and political squabble, especially on data and procurement, due to the effort to overlay a centralised command system on a decentralised health system. Canada exhibited the strength of Federalism by compartmentalizing the regions (the Atlantic Bubble) but collapsed miserably in matters of national standards (Long-Term Care and integration of health data).

The Leadership Analysis has pointed out that the success of any given response depended on the compatibility of style with the context in governance. Through a high-trust, high-capacity bureaucracy, the virus was depoliticised, and technocratic delegation by Moon Jae-in and his “Servant Leadership was very successful. The dueling between Pedro Sánchez and his Command and Co-governance was a quest of a minority government within a polarized environment. His inability to promote the occurrence of a "Transformational" unity gave the room to the rise of the opposition known as the Medical Populism

to prosper. Social cohesion and economic security on soft power under Justin Trudeau: Rhetorical and Collaborative leadership is the system that showed the ethics of collaborative leadership in a life-or-death crisis, but showed its federal timidity to provincial failures.

Finally, the report concludes that Agile Governance, where structures can easily transition between centralisation and decentralisation, and Adaptive Leadership, where leaders can work within the radical uncertainty by creating trust, empowering experts, and promoting social solidarity, is what is needed in the future of pandemic preparedness. The future problem is to make these lessons institutional, and turn the improvised adaptations of 2020 into enduring solutions to the crises of the Anthropocene that are bound to happen.

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