



**MODULE: HEALTH CARE SYSTEM ORGANISATION AND
LEADERSHIP**

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**CASE STUDY ANALYSIS REPORT: COMPARATIVE REPORT
ON COVID19 LEADERSHIP RESPONSES**

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Executive summary

Analysing health system of Spain provides a comprehensive overview of how the Spanish government has made the decision to adopt a temporary centralised approach. In order to deal with Covid-19 pandemic and also to ensure adequate response, converting decentralised health system approach to a centralised approach has been recorded for the country. It has been observed that South Korean recorded better health care operations during the pandemic situation back in 2020.

Originally, the leadership of Spain had demonstrated an inactive stance in their response to the pandemic, taking a long time to act, and this was only succeeded by a more centrally organised military at the time the crisis was on the rise. Although Spain faced considerable pressure on the healthcare system, that healthcare system was flexible, especially due to a successful vaccination campaign.

The strategy implemented by South Korea was mainly proactive, which used expansive testing, tracing of contacts and technology as the means of curbing the spread of the virus. The strategy of open leadership and decentralisation in implementation played a significant role in preventing the spread of COVID-19, but led to the development of privacy issues and increased burnout among healthcare professionals.

A federal-provincial approach characterised the reaction of Canada. The universal care system in the country led to fair distribution of care, but its unfocused pattern resulted in the distribution gap across geographical regions. The socio-economic effects of the pandemic were alleviated due to a focus on the welfare of the population, economic assistance, and effective communication.

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1. Introduction

Huge pressure of the Covid-19 pandemic on the healthcare system across the world has been analysed, while countries have reacted differently to deal with the health emergency. Valuing the concept of centralised and decentralised approaches in the healthcare system, the report provides a comprehensive overview of Spain, South Korea and Canada's different health and leadership systems. Based on the views of Scarffe *et al.* (2022), a centralised health system can enable innovation, which leads to the desired outcomes and supports health system transformation. In order to address the pandemic, these three countries have adopted centralised, decentralised and mixed approaches, which are highlighted in the report to establish a comparison as well as contrasting health and leadership systems. More specifically, a centralised approach reflects the central government's power to make decisions and control the health system, while decentralised approaches share responsibility with local and regional governments. However, the report covers the effectiveness of the health system approach of these countries to respond to the emergency quickly by highlighting differences. A comparison of leadership style has also been included in the report, considering the government's efficiency in guiding the public to follow health rules as well as making important decisions.

2. Critical Analysis of each country's typology and systems approach for the COVID-19 Pandemic

2.1 Critical analysis of Spain's healthcare system during the pandemic

2.1.1 Healthcare organisation's approach

The Healthcare system of Spain is managed by autonomous communities, which are responsible for making decisions during the Covid-19 pandemic rather than the central government. In addition, each autonomous community in Spain has divided its territory into health areas and is able to build its own health plans as well as adapt resources, valuing the population's needs (Armenteros-Ruiz *et al.* 2024). The health system structure of the country represents a decentralised approach, which has a significant impact on its ability to respond strategically during the pandemic. However, the decentralised approach has been adopted to design health services considering the population's requirements, although delays in responding have been analysed in terms of making decisions in an emergency. It has been argued by Sapkota *et al.* (2023), that a decentralised approach has a significant negative impact on the health system because of local authorities' interference and low transparency in budgeting.

More than that, different responses of regions in Spain have shown a lack of coordination and also struggle to create a united response, especially when Covid-19 cases increased rapidly.

Overall scenario of the health system during the pandemic reflects an improvement by implementing strategies to make it temporarily centralised. For instance, the Spanish government has declared a “state of alarm” from 23rd November 2020 to all passengers coming from high-risk countries (Exteriores, 2025). Additionally, the government has made it mandatory to show a negative Covid-19 RT-PCR result carried out 72 hours before arrival. Moreover, the Central Ministry of Health controlled the purchase of medicine supplies, resource allocation and set rules for hospitals during the pandemic. The temporary centralised approach in terms of mixed health system highlights effectiveness of the Spanish government to maintain consistency and establish a united action to respond fast to health emergencies.

2.1.2 Advantages and Disadvantages

Spain’s public health systems had several strong advantages during the Covid19 pandemic. The health care systems provide universal coverage, achieving high overall health outcomes including one of the highest life expectancies among the countries (Oecd, 2025). Spain introduced the Covid-19 strategic response plan emphasizing surveillance vaccination and coordinated healthcare actions. Primary-care networks and broad geographic coverage helped sustain care during COVID-19 times (Who, 2024). The per-capita spending remains modest compared with some peers in that pandemic. Spain manages good efficiency, low avoidable mortality and widespread access with relatively low unmet care needs (Oecd, 2025).

In the advantages, the staff shortages persist for certain specialties and in rural areas, hampering capacity under pandemic pressure (Uspceu, 2025). Long waiting lists and delays for non-urgent surgeries or specialist consults have risen, undermining timely access for the services. The regional decentralization leads to uneven quality and inequities across autonomous communities. Spain’s system remained resilient but exposed the structural weakness that required sustained long-term policy attention.

2.1.3 Challenges

Spain faced major challenges during the COVID-19 pandemic, mainly driven by system strain and resource limitations. The health workforce faced severe burnout and mental breakdown because of the high pressure workloads (de Mello-Neto *et al.* 2021). The shortage of staff has been intensified because of the long-standing austerity rules and regulations. The policies have

also restricted the hiring across public limited services. The early shortage has also impacted the Hospitals because the lack of protective equipment and ventilators are weakened and services have failed to respond in emergency (Legido-Quigley *et al.* 2020). The initial delays have affected but the testing capacity has been improved but because of the initial delays, this affected the control in multiple regions. The fragmentation of data among the national, regional and other areas made it a complex process for real-time surveillance and also slowed the coordination for vital decision-making processes. Several extensive backlogs have been created because of the postponed elective services and also affected the waiting lists. The postponed elective services also worsen the unmet healthcare needs in the time of emergence. The inequality for the vulnerable groups also widely affected the primary care support and this made the processes delay more.

2.1.4 Comparison with South Korea and Canada

During Covid-19, the response in Spain contrasted markedly with South Korea and Canada. The rapid testing was prioritised by South Korea with aggressive contact tracing and other advanced digital surveillance. The public-health support also helped the contain to spread more effectively early on than in Spain (Giménez *et al.* 2023). The public health coverage was maintained by Canada and Spain but Canada's long-term care support system had multiple and severe COVID-19 outbreaks because of the underfunding and staffing shortages. Spain tried to match Canada for universal coverage but because of decentralisation and region-by-region response made it uneven allocation of resources. Spain shared the strength of universal coverage with Canada but this still lacked the centralised coordination. This scenario proved effective in South Korea that too faced the challenges similar to Canada's long-term vulnerabilities.

2.2 Critical analysis of South Korea's healthcare system during the pandemic.

2.2.1 Healthcare organisation's approach

The healthcare response in South Korea was characterised by centralized coordination that was implemented by an extremely digitalized infrastructure. "Central Disaster and Safety Countermeasures Headquarters (CDSCHQ)" headed by Prime Minister "Sye-kyun Chung" was the front-line of the response (JST, 2025). That gave them a control tower, which amalgamated the "Ministry of Health and Welfare (MOHW)" and the "Korea Disease Control and Prevention Agency (KDCA)".

Their major characteristic was the 3T Strategy, including Test, Trace, and Treat.

<i>Test</i>	Using a strong partnership between the government and industries, the government expedited the process by just a few weeks of having diagnostic kits approved after the genetic sequence of the virus. This could accommodate huge screening prior to the spread of the virus.
<i>Trance</i>	The Korean government used the legal structures that were made as a result of MERS, GPS records, and CCTV to reverse the steps of the patient with pinpoint accuracy (Bettergovs, 2025).
<i>Treat</i>	“The National Health Insurance (NHI)” system that covers the whole population made the testing and treatment to be free and eliminated financial burdens to public compliance.

Table 1: 3T Strategy

(Source: Self-Designed)

The leadership was critical in this organization as Prime Minister Chung Sye-kyun focused on making things open and communicative, as he was conducting briefings daily where he shared in-depth information on infections. Chung Sye-kyun exhibited a democratic leadership style, where he aimed at getting cooperation instead of coercion as Chung Sye-kyun became speaker of the “National Assembly” (Thediplomat, 2025). However, this was also bureaucratic as it was dependent on top-down administration that was efficient and effective.

2.2.2 Advantages and Disadvantages

Advantages

The main positive thing about the system in South Korea is that it was able to flatten the curve without an economic lockdown. The isolation of the infected and their contacts only helped the country to ensure economic continuity and the freedom of movement of individuals (Nytimes, 2025). Moreover, the low rates of mistrust among the population also contributed to the enhanced compliance with the mask-wearing measures and social distancing.

Disadvantages

The use of intrusive digital surveillance brought into question serious privacy concerns of the system. "Social stigmatization" and "doxing" of the affected population unintentionally happened due to the publicity of patient movement tracks usually through emergency text messages (Asiafoundation, 2025). The exposure of the personal data of the state to critics set a bad precedent on the issue of civil liberties, such that the state can engage in regular surveillance even when the health crisis is over.

2.2.3 Challenges

Cluster Infections: Cluster outbreaks were tested by the system most notably in the Shincheonji Church sect and subsequent ones in the night life districts of Seoul (BBC, 2025). These clusters indicated the inability to trace in closed or non-compliant communities.

Application of Vaccines: South Korea had a superior containment strategy, but in the initial stages, it was behind other developed countries in terms of implementing the vaccination. The South Korean government took more time to make contracts with producers, such as Pfizer and Moderna, resulting in the shortage of supplies at the beginning of 2021 (Reuters, 2021).

Pandemic Fatigue: As the pandemic persisted, the strong levels of social distancing put economic pressure on the small business owners and resulted in the compliance fatigue among the masses that resulted in future outbreaks of infection.

2.2.4 Comparison with Spain and Canada

South Korea Comparison with Spain

The political polarization and a decentralized healthcare system that the Spanish faced was a setback to the response to the situation, given that the regional governments frequently disagreed with the central government. Although Spain was initially a slow responder and these restrictions have helped slow a spiralling death rate (Yahoo, 2025). South Korea responded pre-emptively and centrally and no lockdown was enforced, which kept the case fatality rate significantly lower.

South Korea Comparison with Canada

Similar to Spain, Canada uses a decentralized type of federalism in which the major jurisdiction in healthcare is the province. Although Prime Minister Justin Trudeau was trying to lead a unifying style, the real health measures in practice were divided among the provinces. South

Korea on the other hand acted as a unitary state throughout the crisis; orders given by the prime minister were carried out in the same manner throughout the country (JST, 2025). Also, Canada was experiencing difficulties in terms of integrating its data at regional levels, whereas South Korea had the digital infrastructure such that it enabled the sharing of data nationally in real time.

2.3 Critical analysis of Canada's healthcare system during the pandemic

2.3.1 Healthcare organisation's approach

In the case of the COVID-19 pandemic, healthcare organisations in Canada used a coordinated and ad-hoc style that guaranteed continuity of services, as well as safety of the population. Hospitals quickly shifted to an incident-command model, which allowed making decisions on time, providing centralised information, and efficiently allocating limited resources including ICU beds, ventilators, and personal protective gear. "Integrated Health Networks (IHNs)" enhanced the cooperation between the hospitals, the public health units, and the long-term care centers, enhancing surveillance and response capabilities (WHO, 2025). Another significant change at the organisational level was the enhanced virtual healthcare fast-tracked implementation.

There was an increase in telemedicine platforms across the country, which made it possible to consult with the doctor remotely and decrease the risk of infection among patients and healthcare professionals. Infection-prevention measures were carried out in healthcare organisations as well, through the deployment of metal checkpoints, isolation wards and cohering strategies to ensure minimisation of the hospital transmission. Staffing practices changed because of cross-training, redirection of medical staff, and use of volunteers or retired staff to solve the workforce crisis (SRHS, 2025). There was also cooperation with the federal and provincial authorities so that there was homogeneous direction and coordination in the distribution of vaccines. Overall, the approaches of the healthcare organisations in Canada became flexible, collaborative, and technologically empowered to make the system resilient to the pandemic.

2.3.2 Advantages and Disadvantages

The healthcare system in the country provides affordable healthcare based on need and not the financial capacity to afford treatment, vaccination, and testing of COVID-19, thus all Canadians have access to healthcare services with no financial barriers. Another benefit of the Canadian system was its flexibility in the pandemic; the provincial and federal governments were working

closely to rapidly increase testing and contact-tracing potential, as well as to increase bed capacity and ventilators in hospitals (Canada, 2025). The federal government provided provinces with financial aid and thus empowered them to build their healthcare facilities.

Other provinces, including Ontario and Quebec, which had a higher infection rate, faced significant problems with the management of the health sector, and some hospitals had to cope with COVID patients who filled up their hospitals. The provincial response did not always lead to uniformity and was sometimes a source of confusion because measures such as lockdowns, quarantine requirements and school closures were not always uniformly implemented (Desson *et al.*, 2020). The difference in the application also implied that not all provinces were able to implement the same level of protection measures that were seen in other areas and achieve different outcomes as a result.

2.3.3 Challenges

The pressure on healthcare workers was among the biggest issues that the healthcare system in Canada was facing amid the pandemic. During the initial months, the number of COVID-19 cases overwhelmed clinicians, which put a huge strain on personnel and hospital facilities. Cities like Montreal and Toronto experienced bed crises, especially in the intensive care units (ICUs), and this added pressure on the system (Oliver *et al.*, 2020). The psychological stress on healthcare professionals was also massive; the constant stress of operating in a fully sick ward, mixed with the risk of infection, caused burnout and exhaustion in medical workers. The continued pressure on the mental health of workers, which the pandemic was able to cause, became a repeated problem, and defined measures were necessary as part of the response.

The other threat was the initial delays in access and supply of vaccines. Even though the federal government negotiated with pharmaceutical companies to purchase vaccines successfully, Canada remained behind in the distribution process. This lack in part was a result of its international supply chain and the logistical challenges of delivering the vaccines to a very large and geographically diversified country.

2.3.4 Comparison with Spain and South Korea

Comparing the healthcare system of Canada to those of Spain and South Korea, the implementation of widespread measures during the initial stages of the pandemic was relatively slow. Although South Korea rapidly implemented mass testing and contact tracing with an

efficient centralised response, Canada had a decentralised system that led to varying speeds of response by the different provinces. In Spain, the healthcare system had been overwhelmed at the initial stages, especially in the big cities, and the Spanish government found it very hard to address the lagging action.

The support of the Canadian government, which focuses on the welfare of its citizens and the economy, including the implementation of initiatives like Canada Emergency Response Benefit (CERB), stood out in the comparison to South Korea, which focused on holding back and observation. Canadian leadership made efforts to balance both sides of public health needs and economic stability, hence preventing the social impact of the pandemic. Since rapid responsiveness was aided by South Korea's technology-driven experience of the previous outbreak, coordination in Canada is easier, as it is a large country geographically and relies on provincial autonomy.

3. Critical Analysis of the Leadership Styles Taken in Each Country

Spain, South Korea and Canada experienced unique problems, but the leadership styles followed by each country were determined by the political structures, governing structures, and available resources. The control of Spain started on a reactive stance, which then changed to a centralisation orientation with lagging interventions as the crisis deepened. South Korea, on the contrary, used a proactive and data-driven approach, using technology and transparency to cope with the pandemic (Santana López *et al.*, 2021). The efforts of the federal and provincial work, which were dominated by programmes of collaboration and consultation by the leadership, are aimed at reconciling the efforts of the federal and provincial governments with a focus on unity and inclusiveness.

3.1 Leadership Style in Spain

The response that might have been described as reactive at the beginning of the COVID-19 pandemic is what characterised the leadership of Spain. The Spanish administration under the leadership of Pedro Sánchez at first failed to respond quickly to the rising threat. During the early weeks of the pandemic, one of the worst infection rates in Europe was in Spain (Guirao, 2020). Although the government was reluctant to implement decisive intervention, advisories on the advantages provided by health experts and other neighbouring jurisdictions came in early. This response lag was conditioned by some differences, with one of them being uncertainty

about the severity of the virus and among other factors, the intricate political relationships in Spain, situating central power against regional autonomy.

The main attribute of responsibility of leadership responsibility in Spain was that the strict movement restrictions and social interaction limitations were not applied. After the case numbers increased sharply in March 2020, the government attempted to implement only partial solutions, including promoting social distancing and giving health advisories to the population (Murphy *et al.*, 2025). Only when the situation continued to worsen, and the hospitals got saturated, did the Spanish administration declare a state of emergency and institute a nationwide lockdown.

When the lockdown was implemented, the leadership of Spain used a more centralised approach, trying to organise the healthcare system and the measures connected with public health throughout the country. The emergency gave more power to the central government to control regions, where the previous health responses were decentralised. The synchronisation of the acquisition of medical supplies, provision of resources, including ventilators and personal protective equipment, and the alleviation of the overload in hospitals were prioritised.

The leadership of Spain was mainly dependent on social communication in order to maintain social order and trust in the state. During the pandemic, Sanchez consistently gave the country speeches through the television, urging unity, openness and collaboration (Park and Chung, 2021). These messages were meant to comfort the people and also be cohesive. But the changes in lockdown and the inconsistency of messages delivered by regional governments sometimes created misunderstanding and deprived trust in governmental management of the crisis.

Another aspect of the reaction of Spain to the COVID-19 pandemic was the health professionals who placed themselves at the centre of the crisis. The sacrifices of medical staff were officially recognised by the state, and the solidarity with medical workers was massively manifested. However, the healthcare system was under significant pressure, and the authorities remained unable to ensure sufficient staffing, stock, and interregional coordination (Lee and Choi, 2020). The overcrowded hospitals and the horrific deaths suffered due to the first wave raised the shortcomings that could not be addressed correctly by the Spanish leadership.

The leadership in Spain was also flexible, although it came too late. The efficiency in responding to crises grew when the government changed its approach to a more centralised one. In late

2020 and early 2021, the next rollout of the vaccination programme was a more actively led and well-organised leadership approach. The immunisation campaign finally turned out to be successful, with Spain being recognised as one of the best European nations in regard to vaccination campaigns.

The initial response in Spain was delayed and less centralised in comparison with that of South Korea and Canada. The South Korean government responded swiftly with intense testing, contact tracing, and quarantine measures in place at the time of the outbreak. This aggressive approach contributed to maintaining a relatively limited number of cases before the court in comparison to other countries. The leadership approach of Canada, in its turn, was the consultative one, with Prime Minister Justin Trudeau engaging provincial leaders to help establish health measures that suited the local conditions.

3.2 Leadership Style in South Korea

During the COVID-19 crisis, the behaviour of South Korea was typical of early intervention, openness, and the premeditated and coordinated involvement of technology, governmental bodies, and citizens. The government of President Moon Jae-in was able to handle the first outbreak successfully due to an active response and priorities in the fields of public health (Zheng *et al.*, 2021). The leadership approach used by the Moon administration was a perfect example of centralisation of power and decentralisation of implementation, which was fundamental to the success of the country in stopping early transmissions.

This was one of the characteristic aspects of South Korean leadership, where the response was quick and clear. When the initial incidences were reported, the government immediately increased the testing capacity and introduced contact-tracing. Instead of being reactive, it took proactive decisions by being early enough. The leadership of South Korea pioneered an example by being among the pioneer countries to undertake mass-scale testing, where drive-through and mobile testing facilities were established to ensure that the citizens could easily access (Kang *et al.*, 2020). Such a quick reaction was an immediate consequence of the preparedness of the leadership, educated by the experience of the MERS outbreak of 2015. The government considered this as a chance to use the previous experience on the control of the outbreak so that the resources and the healthcare system could be quickly mobilised.

Open communication was a very important aspect of crisis management. The Moon government focused on transparency and frequent updates by holding press conferences and

briefings for the media. The people were informed and educated on time about the changing situation, mitigation measures, and potential obstacles. Such transparency instilled confidence in the state's action and enhanced a feeling of unity. Regulatory communication, as well as timely information concerning the spread of the virus, gave citizens enough power to make wise choices regarding behaviour and understand policy rationality. Not only did the use of technology aid in surveillance of the transmission of the virus, but it also helped the government to react quickly to new outbreaks. Contact tracing and quarantine apps provided authorities with instantaneous information, which provided a quick way of identifying and isolating infected persons (Lim and Sohn, 2023). These and reports on the infection patterns were essential to the ability of the leadership to prevent the proliferation of the issue into the community. As the direction of the activities of national policies was determined at the centre, local governments still had great power to adjust to the local situation and introduce interventions to the local situation, which ensured adaptability and responsiveness at lower tiers.

The focus of the leadership on cooperation and consensus-formation also became the characteristic of the approach to South Korea. President Moon worked hard to engage crucial stakeholders, comprising the government of health, the business sector and civil society organisations in decisions. The leadership style that was embraced by South Korea had diverse salient benefits. The active nature of the country in terms of testing and contact tracing, and with the assistance of high-tech equipment, prevented the country from following the worst path of other countries. This answer limited the spread of the virus and prevented an avalanche on the healthcare system. However, a significant obstacle that was experienced by the South Korean leadership was the pressure on the healthcare system itself.

The South Korean leadership was more proactive and systematic compared to that of Spain and Canada. The initial hesitation and the slow introduction of lockdowns in Spain, along with its rather fragmented responses of the regions, were in contrast to the immediate measures undertaken by South Korea. This approach of Canada was also collaborative and slowly developed, but its priority was the equal distribution of power between the federal centre and the provincial jurisdictions.

3.3 Leadership Style in Canada

The COVID-19 pandemic showed leadership of collaboration, transparency, and inclusiveness by the Canadian leadership under the leadership of Prime Minister Justin Trudeau. In the

context of a federal framework, the action was shaped by the complex nature of the relationship between the apparatus of the federal and provincial governments, as they had significant autonomy over matters related to public health aspects (Lee and Choi, 2020). This was a decentralised polity which required Trudeau to take a leadership posture that would have balanced national coordination with provincial jurisdiction. The federal government provided direction, tools, and aid, allowing the provinces to adjust to local circumstances, an aspect which would become synonymous with the leadership of the crisis in Canada.

Empathy, good communication, and a strong sense of unity were all the points accentuating Prime Minister Trudeau's leadership style. At an early stage of the pandemic, he also used direct contact with the Canadian people and provided frequent updates and assurances. He used the platform to emphasise unity and the need to do things collectively (Murphy *et al.*, 2025). The inclusion strategy was meant to create a feeling of national unity in an era of uncertainty, which grounds the fact that Canadians were all manoeuvring the crisis, which is a vital element of maintaining adherence to the statutes of the collective good, including social distancing and lockdowns. This plan took into consideration the fears and problems of the people and offered clear-cut advice on how to overcome them.

An outstanding aspect of how leadership works in Canada was the focus on how the vulnerable groups would be secured. The federal government has, since the very beginning, given some attention to the elderly, Indigenous people, and low-income populations, the groups who are at an increased risk due to severe COVID-19 outcomes. As a response to the economic effects of the pandemic, the state implemented financial assistance programmes, one of which was the Canada Emergency Response Benefit (CERB) (Canada, 2025). However, the very disintegration of the healthcare structure in Canada made the organised leadership difficult. Public-health measures such as lockdowns, testing procedures as well and quarantine measures were enforced differently in different provinces depending on the local government policies. Specifically, provinces such as Ontario and Quebec received larger outbreaks earlier and thereby took a more severe position regarding restrictions.

Another leadership skill that made Trudeau stand out was the ability to make decisions in an environment of constant uncertainty. During the progression of the pandemic, there were numerous unknown factors regarding the virus and its spread, as well as its future consequences. When it came to incomplete data, the government was under mounting pressure to take action, and was thus at times criticised for being slow or cautious. Nevertheless, the

strategy by Trudeau was a hallmark of a thoughtful process, with the aim to unite the necessity of the population to adhere to the rules of health, economic and social well-being. The Canadian pandemic plan included early introduction of aggressive border measures, which were effective towards restricting the rates of imported COVID-19 cases.

As per Allin *et al.*, 2022, the other significant aspect of the leadership of Trudeau was the inclusion of scientific knowledge in the decision-making process. Calasanti and Gerrits, 2023 found that the Prime Minister often relied on the input of expert guidance on how best to respond to the outbreak by consulting the professionals in the field, including the Chief Public Health Officer, Dr. Theresa Tam. It was between this political leadership and health expertise that the government came to implement, which enabled the Canadians to get evidence-based policy and have assurance that the decisions made by them were on solid bases of the best available information.

The provinces still possessed significant control in the area of health and in questions touching upon public health, and gave rise to contradictions in the execution of measures throughout the country. Although the federal direction indicated national standards, provincial administration was ranked for the tasks of their achievement, which led to the different levels of response. This disparity created confusion in some areas, especially where inter-provincial movement was limited or when guidelines were not congruent among different local areas.

Another issue was related to the early shortages in the purchase and distribution of vaccines. As per the opinion of Kholina *et al.* 2022, despite the fact that Canada was later able to obtain sufficient vaccine quantities, the initial years of the vaccination programme were full of logistical challenges and time losses. The federal government collaborated with provinces on distribution; however, it did not roll out as quickly as planned, causing frustration among the citizens.

In comparison to Spain and South Korea, the leadership in Canada was more collaborative and consultative-oriented. Although the rule of Spain was initially reactive and centralised, whereas the South Korean one was data-driven and empowered, Canada tried to involve all levels of authority and the various sections of society in its decision-making process.

4. Conclusion

To conclude, the leadership and healthcare constructions of Spain, South Korea, and Canada all faced specific challenges during the COVID-19 pandemic, but they all received a particular

shape because of their political, health-system, and governance structures. The original response position of Spain was developed into a more centralised paradigm, which directed the crisis through a new strategy of governance and communication. The leadership of South Korea demonstrated the active, evidence-based approach, skillful in utilising the tools of technology, extensive testing, and effective contact-tracing mechanisms to stop the spread of the virus.

The readiness of the healthcare system and open communication among the population were the major determinants of this success, despite the constant issues of concerns about privacy and exhaustion of occupational stress among medical staff. The leadership of Canada was attributed to a participatory and understanding model that focused on the welfare of the people and provided order amongst federal and provincial governments. In spite of the fact that the decentralised administrative system caused certain problems with the issue of uniformity, the national focus on inclusiveness and financial support systems helped to mitigate the pandemic impact of social and economic consequences.

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