COVID SYNDEMIC MANAGEMENT ACCORDING TO THE NEW POLITICAL ECONOMY: SPANISH CASE AND ITS EFFICIENCY AND LEGITIMACY ANALYSIS

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ABSTRACT

This is a Health Economics review according to the New Political Economy (Law & Economics, Public Choice, Constitutional Economics and Anarcho-capitalism), applied to the case of the Spanish Government interventionism for the COVID syndemic regulation and management. The current socialist Government in Spain, after declaring the state of emergency twice, approved multiple exceptional legal instruments, to attempt the management recentralization during the crisis. This review is offered efficiency and legitimacy analysis, focused in the effects of the new regulation and policies (including the accountability issue) in the progress of the healthcare sector and the citizens´ wellbeing during the crisis.

Keywords: New Political Economy, Crisis Management, Healthcare Sector, Accountability, State Of Emergency, Exceptional Regulation, Wellbeing Economics (WBE).

INTRODUCTION

This is a Health Economics review based on New Political Economy, which deals with several subjects to support it: Law & Economics (regulation efficiency, cost of transactions, etc. (Coase, 1960; Posner, 1973 & 1983); Public Choices (collective decisions, state failures, etc.); Constitutional Eco (economic constitutional foundations, relevance and observance of rules, etc. (Brennan & Buchanan, 1985; Buchanan, 1986, 1987 & 1990; Hayek, 1960 & 1973); Anarcho-capitalism (property right and non-aggression principle, review of firm theory, etc. (Rothbard, 1973; Hoppe, 1989 & 2006). All this set of theoretical framework is applied to the COVID-19 crisis management and how the Spanish healthcare sector has run under stressful conditions. Market and state failures are evaluated and some improvements are offered, supported by a mix of heterodox approaches, specially the theories of Austrian Economics and New-Institutional Economics. At the macro level, it is convenient to remember a constitutional premise, the principle of decentralization according to the Spanish Constitution of 1978-SC (section 2, 9, 103 & 148-149), applied to the Spanish healthcare system long time ago (SC section 150 and the Health Act of 1986 and its reforms (Cantarero, 2003). The base of this decentralization is for providing better service to citizens, which justifies the idiosyncratic regimens of the Autonomous Communities (similar to federal states). The crisis has evidenced the failures of the Spanish system and its semi-federal model, without coordination to manage the trouble. Also, it has failed too the General Government´s plan of recentralization, passed during the crisis and under the state of emergence (Executive orders: RD 463/2020 March 14, RD 926/2020 June 1, RD 956/2020 November 3), with the support of exceptional regulation (declared unconstitutional by the Spanish Constitutional Court: STC July 15, 2021, to resolve the unconstitutional action nº

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2054-2020). These fails prove Mises's theorem on the impossibility of economic calculation in intervened and coactive systems, with problems of over-regulation and economic shortages, lack of coordination, etc. Other theorem used here (which completes Mises´ theorem), it is Buchanan-Tullock theorem on the unfinished agenda of state interventionist and it suppression of private sector. At the micro level, health institutions (hospitals and healthcare centers), they have fallen into the paradox of media overexposure and the fake-news risk, because the more information they have tried to transmit, the more confusion they have caused, reducing the value of the supposed transparency and accountability, in addition to decrease citizen wellbeing, giving way to a higher level of dissatisfaction and more risk of syndemic. To perform the analysis of accountability and wellbeing perceived, this paper has used a quantitative contrast techniques on secondary sources, such as the surveys of *Centro de Investigaciones Sociológicas* (poll agency part of the Public Sector) or *Merco* rankings (independent RSC institution).

Spanish Context during the COVID Syndemic

The rise of the welfare economy and the Government intervention started in the interwar period (Pigou & Aslanbeigui, 2017; Keynes, 1937). At that time, Mises expressed his theorem about the impossibility of a centralized and enforced management in economy (as socialism has pretended), because it was against the human action and its liberty to fix troubles and necessities (i.e. entrepreneurship, creativity, dynamic efficiency); also, this kind of management had negative results: bureaucracy, waste, corruption, lobbies and rent-seekers, etc. (Mises, 1922). It is completed the analysis with the unfinished agenda theorem, by Buchanan and Tullock, about the interventionist state, which increases more and more, until to extend itself in the whole economy, without opportunities for private sector (under a new regulation in favor of public services concentration and against to the private sector support, with less exit, voice and loyalty for citizens, Hirschman, 1970 & 1993; Dowding et al., 2000). This paper pretends to study the application of Mises´ and Buchanan-Tullock theorems to the COVID-19 crisis management in Spain, under a socialist Government (also, it is a new realization of Peacock-Wiseman hypothesis on public expenditure expansion during crisis, Peacock & Wiseman, 1979; Henrekson, 1990).

The current coronavirus, as a black swan (Taleb, 2007), it was recognized as a pandemic in March 2020 and it was called SARS-CoV-2 or COVID-19. With many bad consequences, specially for health and economy (Bagus et al., 2021): it is necessary a mix management of both items, or there will be a syndemic risk (Sánchez-Bayón et al., 2021). Also, the increased demand for information in times of health and economic crisis (Rodríguez, 2020), it requires to the state powers a bigger coordination and more accountability in the crisis management. This paper studies the Spanish case, with attention to the Healthcare sector, because there was a wrong management (of exceptionality abuse) in terms of health, economy, law and accountability (Bueno, 2021), with a decrease of wellbeing among the citizens (Peña-Ramos et al., 2021), under the Austrian Economics approach (i.e. Mises´ theorem, dynamic efficiency), and New-Institutional Economics (i.e. unfinished agenda theorem). How and why did it happen? The Spanish healthcare sector started the pandemic crisis with a precarious situation, due to the cost reduction (Navarro, 2012) and less health-personnel (Bosch, 2005), and structural problems; Spain is not a federal state, neither a centralized state; it is a regional system called Autonomous country (Sánchez-Bayón, 2016), which means different level of resources and frameworks. The decentralization of the health system, few decades ago, generated several scenarios among the

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regions or Autonomous communities. During the crisis, the Central Government pretended to recover the control of the healthcare sector, but the management of the crisis was wrong, because there was not common legal and political framework. There were many mistakes on political economy (i.e. scarcity of health materials, non-coordination among the public sector and with private sector, mass hysteria and lockout), studies in other papers (Bagus et al., 2021; Sánchez-Bayón et al., 2021a). This paper is focus in the evaluation of the communication management and its coordination during the crisis, in the way to prove a quality accountability and wellbeing for citizens. Also, it is paid attention to the paradox happened: as much information provided, there was more confusion, because the non-coordination among the institutions involved in the healthcare sector, it had an inverse effect in the accountability and wellbeing perception by citizens.

Therefore, it is necessary to examine the Spanish health management during the COVID-19 crisis, taking into account its regional decentralization, and using for that the tools of Austrian economics (i.e. Mises´theorem. Mises, 1922 & 1929, reviewed by Hayek, 1935 & 1939; Hoppe, 1989 & 1993; Rothbard, 1991; Von Hayek & Boettke, 2000), and new-institutional economics (i.e. Buchanan-Tullock theorem of unfinished agenda; institutional quality: accountability, transparency and wellbeing analysis (Arnedo et al., 2021; Sánchez-Bayón et al., 2021b); public choice: decision making, crony-capitalism risk & rent-seekers.

This review is divided in the next points: first, the study of healthcare and economy relations and its management, with attention to the accountability analysis (communication and compliance mix, focused in transparency and reputation) and wellbeing evaluation (personal wellbeing related with communication and service offered by the health system). Second, the sources and methodology used to test the theorems (Mises and Buchanan-Tullock) and the secondary effects (i.e. mass-confusion increase: the information against the public communication is considered fake-news, which means more unwellness for the citizens). Finally, the results obtained and its discussion on the accountability and the wellbeing evaluation of the healthcare system in Spain during the pandemic are exposed.

Study of Healthcare-Economy Relations in Spain and its Management

Accountability in the Spanish healthcare system: Transparency and reputation issues

Accountability, in terms of transparency, is an indispensable element in the framework of democratic systems. Citizens must have access to all the information surrounding political decision-making and the functioning of public services, so that they can exercise effective control over the public authorities. However, information alone would not generate transparency, as it would require a complex process that would also depend on the context (Grau, 2006).

Reputation reflects the external image of any organization. This reputation is shaped by the perception of different stakeholders (Bennett & Kottasz, 2000; Mira et al., 2015). In this sense, a large part of the reputation indicators are based on the perception of healthcare professionals and experts (Mira et al., 2015; Pérez-Romero et al., 2017; Gost Garde, 2015)). However, it is pointed out that not only objective elements should be considered, but also subjective elements such as those related to user satisfaction (Mira et al., 2015). In this regard, citizen satisfaction would also be an important element of the efficiency of healthcare systems (Elola et al., 1996). For this reason, health care reputation indicators have also been constructed

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based on the perception of citizens and patients (Navarro et al., 2012). In this sense, healthcare would be one of the public services best valued by citizens (Sáenz Royo, 2020), despite its decentralization.

The hospitals are usually the most widely used healthcare organizations to measure the reputation of the healthcare system (Mira et al., 2015; Navarro et al., 2012; Asenjo et al., 2006; Pérez-Romero et al., 2017). The reputation of hospitals has a practical relevance, because it would condition users' preference for them (Mira et al., 2015). Accordingly, healthcare reputation cannot be examined without taking into account the decentralized nature of the Spanish healthcare system, since the characteristics of each Autonomous Community would condition hospital efficiency (Pérez-Romero et al., 2017). The problem on this topic is happened during a crisis: what is it the level of transparency in an emergence declaration? An alleged monopoly of information by the Government, declaring fake-news any criticism of its management, can it be compatible with transparency? Is it could be the basis of mass-hysteria (Bagus et al, 2021. Sánchez-Bayón et al, 2021a).

Wellbeing evaluation of the Spanish healthcare system

Due to the digital economy and in alignment with Horizon 2030, there is a shift from traditional welfare (social and material satisfaction) to wellbeing (personal and spiritual satisfaction also) (Sánchez-Bayón, 2019; Sánchez-Bayón, 2020b & c). This means that accountability is no longer heteronomous and limited to results (in accordance with state compliance regulations), but is becoming autonomous and people-oriented (companies are adopting internal codes for greater and better communication, participation and motivation of employees, and other stakeholders) (Sánchez-Bayón, 2020c). Wellbeing evaluation pretends more satisfaction and it goes beyond hygienic measures to include motivational ones (for workers, citizens, etc.). This paradigmatic shift means focusing on personal wellbeing, something especially important in a context of exceptionality, also psychological, as the COVID-19 pandemic supposes. Therefore, it is of interest to examine the satisfaction of citizens with health management during this crisis, since the care received, or perceived, could make a difference in personal wellbeing.

The technologies of the digital economy facilitate the transformation and transparency in corporate culture around wellbeing evaluation (Sánchez-Bayón & Lominchar, 2020). Communication about the health system allows the transmission of management information to citizens, promoting personal wellbeing. New technologies, especially the Internet, and not just direct personal experience, can promote such communication without the mediation of traditional media. However, during the COVID-19 pandemic, paradoxically, instead of intensifying (as in other countries, i.e. South Korea, Taiwan, Israel, Australia, New Zealand), in Spain it seems to have stagnated, resulting in public distrust, as evidenced by the reputational decline of the health sector (see later).

Working hypothesis and premises under Mises´ theorem & Buchanan-Tullock´s theorem

The hypotheses to research and to discuss its results, they start with the next question: How has the COVID-19 pandemic affected the Spanish health system in terms of accountability and wellbeing evaluation? Does it care the management under of a decentralized or recentralized

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system? The presumptions and presumed contradictions to analysis are: is it possible to come back to a centralized management in a decentralized system during a pandemic and how does it help? Why as much information offered by the Healthcare institutions there was more confusion among the citizens? Perhaps, does more intervention mean more security, accountability and wellbeing or just the opposite and why? According to the theorems of Mises and Buchanan-Tullock, more intervention in a centralized and bureaucratic way means more control and scarcity, and it was happed like this in material terms (i.e. there wasn´t healthcare materials after the emergence declaration and the control of production and prices), but is this economic principle also applicable to immaterial issues such as information, accountability and wellbeing?

Sources and Methodology Applied to Contrast the Theorems

The methodology used in this research is mixed way: a) the theoretical framework of the Austrian Economics (Hayek, 1952 & 1999; Hoppe, 1995), and the New Institutional Economics (Brennan & Buchanan, 1985); b) the applied economics in COVID-19 crisis (Daumann & Follert, 2021; Gleißner et al, 2021; Pérez-Calle et al., 2021), related to the Spanish healthcare system (Peña et al, 2021); based on a quantitative approach using both descriptive analysis and bi-variable analysis, which allow observing the territorial differences among the variables for this study. The configuration of the Spanish healthcare system requires the research to be carried out from a regional perspective, that is, to examine the different elements of health management in each of the autonomous health systems, including those of national government management when necessary. In line with this, and in accordance with the hypotheses put forward, four variables to be examined in the decentralized Spanish health system are identified. Accountability of the health system encompasses the first two variables and wellbeing evaluation of the health system the last two variables.

The first variable is the transparency of the health system. This variable is measured by means of the transparency index of the autonomous health services carried out by Dynamic Transparency Index-Dyntra (2021). This indicator is made up of a total of 193 indicators divided into six groups: institutional transparency (53 indicators), public communication (20 indicators), citizen participation and collaboration (22 indicators), economic-financial transparency (25 indicators), service contracting (14 indicators), and healthcare transparency (59 indicators). These data will make possible to examine the transparency of the regional healthcare systems before the arrival of the COVID-19 pandemic (dated in 2019). Similarly, in order to analyze the transparency of the regional health systems during the management of the COVID-19 pandemic, as well as that of the central government's management in this respect, the transparency index on COVID-19, also carried out by Dyntra (2021), is used for healthcare systems and its transparency. This index is made up of 40 indicators distributed into four groups: transparency in health resources (10 indicators), transparency on infections (9 indicators), and actions to mitigate the impact of COVID-19 (9 indicators), and economic transparency in the management of COVID-19 (12 indicators).

The second variable is the reputation of the health system. This variable is measured through two different and complementary perspectives. In this sense, the reputation of any organization, including healthcare organizations, is shaped by the perception of different stakeholders (Sáenz Royo, 2020). Healthcare reputation, in line with this, has traditionally been measured through different indicators based on the perception of professionals and experts in the field.

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Therefore, firstly, healthcare reputation is analyzed through Merco's Healthcare Reputation Monitor-MRS (2019). This indicator is constructed through the evaluation of various types of healthcare professionals (doctors, nurses and hospital pharmacists), patient associations, journalists specializing in healthcare and members of the healthcare administration. These actors evaluate different elements of the healthcare system, including hospitals. In this way, they create a ranking of the 100 best hospitals in Spain. Based on this ranking, this research calculates a health reputation indicator that measures the percentage of hospitals out of the total number of existing hospitals that are included in the 100 most reputable hospitals in Spain. This is carried out in each of the autonomous health systems, thus making it possible to observe and compare the reputation of each of them prior to COVID-19 and during the pandemic.

Secondly, healthcare reputation is examined through the perception of citizens, who are the users and potential users of the healthcare system. For this purpose, data from the *Centro de Investigaciones Sociológicas* (CIS) on the perception of Spanish citizens of the functioning of the healthcare system are used. Two CIS´polls support this research: a) Study No 3259 (in Oct. 2019, before the pandemic warning): sample of 2,464 interviews and a margin error of ±2,0% (CIS, 2019); b) Study No 3290 (in July 2020, during the pandemic second wave): sample of 2,926 interviews and a margin error of ±1,8% (CIS, 2020a). In both polls, the main question was: "In your opinion, how is it working the Healthcare system? It works very, quite, little or not at all satisfactorily. In this sense, a comparison is made of the percentage of citizens who state that this functioning is very or fairly satisfactory in each Autonomous Community. This perception is compared before and during COVID-19, thus observing whether or not the reputation that citizen's attribute to the health system in each region has changed with the arrival of the pandemic.

The third variable is personal wellbeing with the healthcare management in three aspects: a) health system, b) management of the Spanish Government and c) management of the Government of their respective Autonomous Community. A detailed analysis of the evolution of the satisfaction with these three aspects during the COVID-19 management itself is carried out, due to the fact that it has gone through different moments and phases. In this way, the aim is to discover how the satisfaction of the health management as perceived by the citizens of each Autonomous Community has varied throughout the pandemic. In this sense, we examine the percentage of individuals who declare that their satisfaction with the health system, with the management of the Spanish Government and with the management of the Government of their respective Autonomous Community during the health crisis has improved, specifically between the first and second waves. Two CIS´ polls are used: a) Study No 3285 (June 2020): with a simple of 937 interviews and a margin error of ±3.3% (CIS, 2020b); b) Study No 3298 (Oct. 2020): with a simple of 2,861 interviews and a margin error of ±1.9% (CIS, 2020c).

Finally, the fourth variable is communication about the healthcare management. The aim of this variable is to analyze how the flow of information about the health system has evolved with the arrival of the pandemic. The purpose of this is to observe whether or not the flow of information received by citizens about healthcare and its management, normally the actors most distant from it, has increased after the irruption of COVID-19. This is particularly important, since communication capacity facilitates the transmission of information, which is essential for transparency, and contributes to shaping the perception of the different stakeholders, especially the public, about the different health organizations and, consequently, their reputation, and ultimately the wellbeing evaluation with healthcare management. As indicators of the communication variable, CIS survey data are used on the media used by citizens to inform

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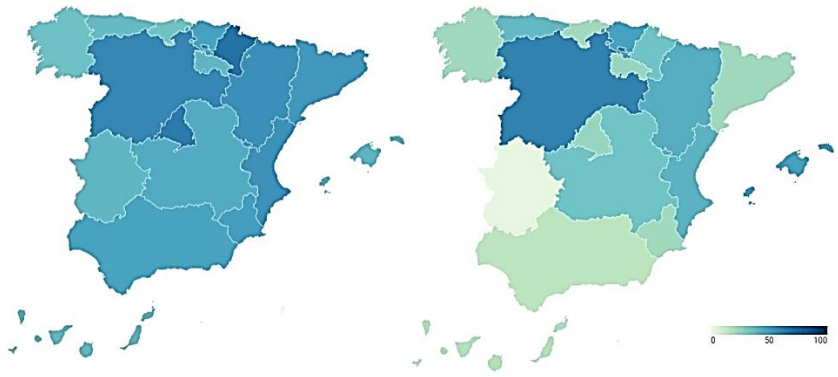
themselves about the pandemic (Study No. 3277) and on the average time of exposure to these media before and after the arrival of COVID-19 (Study No. 3305). a) Study No. 3277 (March, 2020): with a simple of 3,911 interviews and a margin error of ±1.6% (CIS, 2020d); b) Study No. 3305 (Dec. 2020): a simple of 2,084 interviews and a margin error of ±2,2% (CIS, 2020e). In addition to the information received through the media, citizens can shape their satisfaction with the healthcare system by their direct experience with it. For this reason, the percentage of individuals in each Autonomous Community who required healthcare before and during COVID-19 is also included. The results are available in several polls: a) Study No. 3281 (May 2020), with a sample of 3,800 interviews and a margin error of ±1.6% (CIS, 2020f); b) Study No. 3,303 (Dec. 2020), with a sample of 3,817 interviews and a margin error of ±1,6% (CIS, 2020g). The data from the CIS surveys are perfectly comparable to each other, as shown by the multiple studies carried out with the data from this organization, since the CIS uses the same sample design and the same sampling procedure in all its surveys.

DISCUSSION AND CONCLUSION

The transparency of the Spanish regional healthcare systems before the outbreak of COVID-19 is shown in the map of the left of Figure 1. It shows the percentage of transparency achieved by the healthcare services of each Autonomous Community in the index carried out by Dyntra. This percentage represents the number of indicators that each autonomous health system complies with out of the total number of indicators that make up the index. Navarre was the region with the highest level of healthcare transparency before the arrival of the new SARS-CoV-2 coronavirus (70.47%). It was followed by the Community of Madrid (65.28%) and Castilla y León (60.62%). With percentages above 50% were Aragón (57.51%), the Community of Valencia (56.48%), Catalonia (53.89%), the Region of Murcia (51.81%) and the Basque Country (50.78%). The healthcare systems of Andalusia (49.74%), Castilla-La Mancha (46.63%), the Balearic Islands (41.97%), La Rioja (41.97%), Extremadura (41.45%), Asturias (39.38%), the Canary Islands (39.38%), Galicia (36.27%) and Cantabria (35.75%) failed in transparency. These regional differences in the transparency of the Healthcare system, previous to the pandemic, are relevant.



Source: Peña-Ramos et al. (2021).

FIGURE 1
TRANSPARENCY IN SPANISH HEALTHCARE SYSTEMS BEFORE AND DURING COVID-19 (%)

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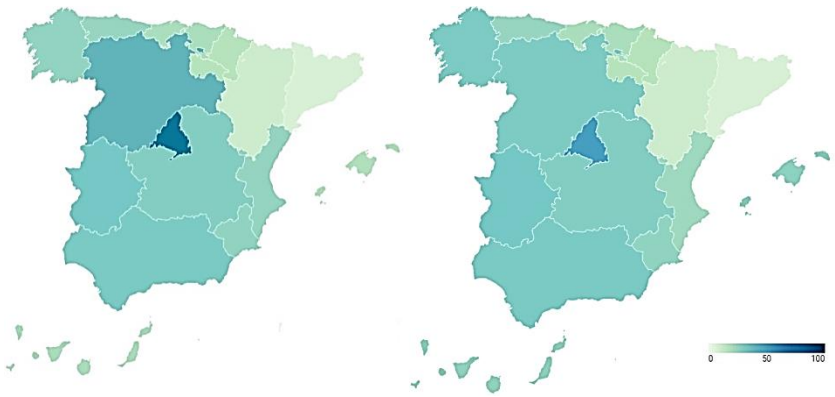
The transparency in the management of COVID-19 by the different Autonomous Regions is shown in the map of the right of Figure 1. This figure shows the percentage of transparency achieved by the healthcare management of the different Spanish regions during COVID-19 in the index carried out by Dyntra. This percentage represents the number of indicators that each Autonomous Community complies with out of the total number of indicators that make up the index. Castilla y León is the Autonomous Community with the highest level of transparency in healthcare management in the COVID-19 (62.5%). It is followed by the Basque Country (50%) and the Balearic Islands (50%), these three being the only regions to pass in transparency during the pandemic. The rest of the Autonomous Regions fail in transparency, with some of them showing particularly low levels. In this sense, Aragón (45%), the Valencian Community (42.5%), Asturias (40%), Navarra (35%) and Castilla-La Mancha (35%) have percentages between 45% and 35%. With scores below 30% in health transparency are La Rioja (25%), the Community of Madrid (25%), the Region of Murcia (22.5%), Galicia (22.5%), Catalonia (22.5%), and Cantabria (22.5%). The Canary Islands (17.5%) and Andalusia (15%) do not reach 20%, while Extremadura shows the lowest level of transparency in COVID-19 management with only 2.5%. On the other hand, the Government of Spain also shows a low level of transparency in COVID-19 health management (27.5%). Again, there are regional differences in transparency into the Healthcare system, but this time, during the pandemic.

The reputation of the Spanish healthcare system is measured from two perspectives. Firstly, the reputation of the healthcare system is presented as a result of the perception of healthcare professionals and experts in the field. Figure 2 shows the percentage of hospitals in the top 100 of Merco´s ranking for healthcare system of each Autonomous Community before (left map) and during the pandemic (right map). As can be seen in the map on the left, the Community of Madrid stands out above the rest of the Autonomous Communities in terms of healthcare reputation, since 54.05% of its hospitals are among the top 100 hospitals in the ranking prepared by Merco before COVID-19. It is followed by Castilla y León (37.5%), Extremadura (33.33%), Andalusia (32%) and Castilla-La Mancha (30%). With levels below 30% in healthcare reputation are Murcia (26.67%), Galicia (26.32%), the Valencian Community (25.64%), Asturias (25%), the Canary Islands (20%), Cantabria (20%) and the Basque Country (20%). The regions with the lowest health care reputation are the Balearic Islands (18.18%), La Rioja (16.67%), Navarra (16.67%), Aragon (10%) and, especially, Catalonia (6.96%).



Source: Peña-Ramos et al. (2021).

FIGURE 2

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REPUTATION IN SPANISH HEALTHCARE SYSTEMS BEFORE AND DURING COVID-19 (PERCEPTION OF EXPERTS)

The Community of Madrid remains the region with the highest health reputation, although it experiences a slight drop in it to 51.35%. The Valencian Community and Castilla y León also experience a decline in the reputation of their health management during the pandemic, although of a moderate nature, falling to 23.08% and 31.25% respectively. On the contrary, the Balearic Islands, the Canary Islands and Galicia register an increase in their health reputation during COVID-19, by increasing the percentage of hospitals that are among the Top-100 in the country. These percentages are 27.27%, 26.67% and 31.58% respectively.

Next, the Figure 3 shows these data broken down again by Autonomous Community, showing the percentage of citizens who say that the functioning of the healthcare system is very or fairly satisfactory in each of them before (map on the left) and during (map on the right) COVID-19. Before the pandemic, the Basque Country (81.5%) and Navarre (81.3%) are the regions with the best healthcare reputation among their inhabitants. Cantabria (70.6%) also has a high level of citizen satisfaction with the functioning of its healthcare system, as do the Community of Madrid (65.6%), Galicia (64.8%), Aragon (63.4%), the Balearic Islands (61.8%) and Catalonia (61.3%). Similarly, more than half the population of Asturias (59.7%), Castile and Leon (58.2%), the Valencian Community (57.3%) and Andalusia (53.1%) have a positive image of the healthcare system in their Autonomous Community. In contrast, the healthcare systems of Extremadura (49.2%), Castilla-La Mancha (47.3%), La Rioja (47.1%), the Canary Islands (45.3%) and the Region of Murcia (42.5%) show a lower reputation among their citizens, although with not particularly low figures.

Source: Peña-Ramos et al. (2021).

FIGURE 3
REPUTATION IN SPANISH HEALTHCARE SYSTEMS BEFORE AND DURING COVID-19 (CITIZEN PERCEPTION)

During the pandemic, the data show that the health crisis generated by the new SARS-CoV-2 coronavirus led to an increase in the reputation of the health system, according to the citizens' perspective, in all the Autonomous Communities four months after its outbreak. Thus, the percentage of citizens declaring themselves to be very or fairly satisfied with the functioning of the healthcare system is over 60% in all regions. The health systems of Navarre (84.6%) and Cantabria (82.1%) have the highest reputation among the population. They are followed by the

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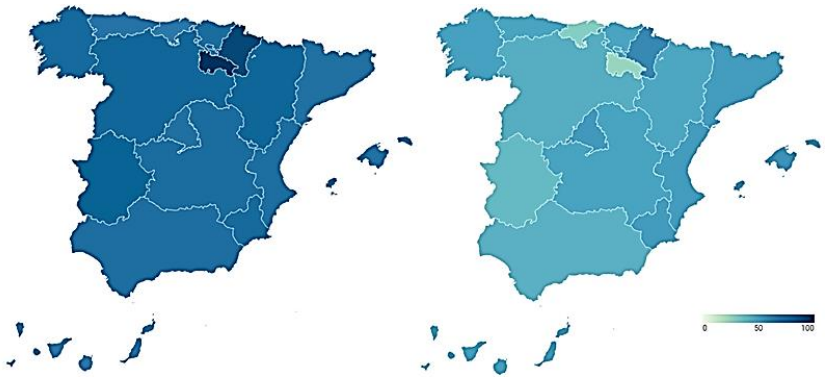
Balearic Islands (78.1%), Asturias (77.4%), the Basque Country (76.6%), Aragon (75.9%) and La Rioja (73.3%). Lastly, we find Castilla-La Mancha (68.9%), the Community of Madrid (68.9%), Galicia (67.2%), the Region of Murcia (67.1%), the Canary Islands (66.9%), the Community of Valencia (65.8%), Catalonia (65.7%), Extremadura (64.4%), Castilla y León (63.7%) and Andalusia (61.7%). These data imply that there are no statistically significant differences between the reputations that citizens attribute to the healthcare systems of the different Autonomous Regions.

The wellbeing evaluation of the healthcare system management during the crisis shows the following results: The percentage of citizens who recognize that their satisfaction with each of these has improved during the first wave (June 2020) and the second wave (October 2020) of the pandemic is represented. Figure 4 presents the data on the improvement in citizens' satisfaction with the health care system during the first (left map) and second COVID-19 wave (right map). The percentage of citizens indicating that their opinion of the health system has improved decreases over time. This means that citizen satisfaction with the health system has worsened over the course of the pandemic, despite being very positive at the beginning of the pandemic. La Rioja (75 percentage points) and Extremadura (43.9 percentage points) are the Autonomous Regions in which the proportion of citizens declaring that their image of the health system has improved has fallen the most. Next come Cantabria (36.9 points), Castile and Leon (35.7 points), Aragon (33.3 points), Navarre (32.3 points) and Andalusia (31.2 points). With decreases of less than 30 percentage points are Galicia (27.4 points), the Basque Country (27.2 points), Castilla-La Mancha (26.6 points), the Region of Murcia (25.6 points), the Community of Valencia (21.9 points), Catalonia (20.4 points) and Asturias (20.3 points). The regions in which the satisfaction with the healthcare system has deteriorated the least are the Canary Islands (15 points), the Balearic Islands (15.4 points) and the Community of Madrid (19.7 points), in that order.



Source: Peña-Ramos et al. (2021).

FIGURE 4
CITIZEN SATISFACTION WITH THE HEALTHCARE SYSTEM DURING THE COVID-19 1ST & 2ND WAVE

Figure 5 shows the information on the improvement of citizen's satisfaction with the management of the Spanish government during the first (map on the left) and second (map on the right) waves of the pandemic. The percentage of Spanish who say that their image of the national government has improved decreases throughout the health crisis. Thus, the satisfaction with the

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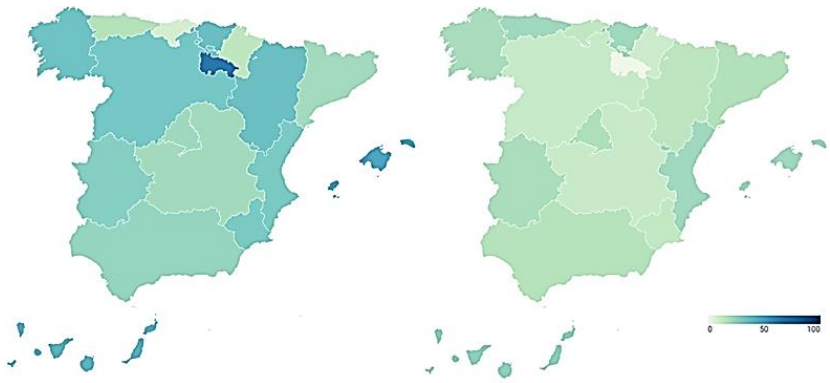
central government and its management of COVID-19 becomes more negative as time passes. However, the perception of the country's government was negative from the beginning of the pandemic, since only a small part of the population in most of the Autonomous Communities improved their satisfaction with it. Thus, the majority of citizens worsened their image of the central executive with the arrival of the COVID-19 pandemic. This negative perception also increased as the pandemic progressed. The percentage of citizens who reported an improvement in their satisfaction with the Spanish government at the beginning of the health crisis did not exceed 40% in any region, with the exceptions of the Canary Islands (41.5%), the Balearic Islands (47.6%) and La Rioja (66.7%). This perception also worsened with the arrival of the second wave, with La Rioja, the Balearic Islands, Aragón and Castilla y León being the Autonomous Regions most affected, with a drop of 66.7, 24.9, 22.2 and 21.6 percentage points respectively. They are followed by the citizens of the Region of Murcia (18.9 points), Galicia (15.2 points), the Basque Country (15.2 points), the Canary Islands (14.3 points) and Castilla-La Mancha (10.3 points). Smaller differences exist between users in Extremadura (9.4 points), the Community of Valencia (9.3 points), Andalusia (8.9 points), the Community of Madrid (4.6 points), Navarre (4.3 points) and Catalonia (3.7 points). On the other hand, in Asturias and Cantabria the percentage of citizens who improve their satisfaction of the national government increased by 5.1 and 5.2 percentage points (each one).



Source: Peña-Ramos et al, 2021.

FIGURE 5
CITIZEN SATISFACTION WITH THE SPANISH GOVERNMENT MANAGEMENT DURING THE COVID-19 1ST & 2ND WAVE

Finally, Figure 6 shows the data on the improvement of citizen satisfaction with management of the government of their respective Autonomous Community during the first (map on the left) and second (map on the right) waves of the pandemic. In the initial phase of the pandemic, there were disparities among citizens regarding the image of their respective regional governments. Thus, while in Asturias 69.6% of the population had improved their satisfaction with the regional executive, in Navarre this figure was only 23.1%. However, despite these differences, most of the Autonomous Regions experienced a worsening of citizen perception of the regional government throughout the pandemic, although in many cases not excessively high. Thus, this deterioration is more important in the Region of Murcia, amounting to 30.6 percentage points. It is followed by Castilla y León (22.3 points), Galicia (20 points), Andalusia (19.3 points), Asturias (17.5 points), the Balearic Islands (17.3 points) and Catalonia (10.2 points). In

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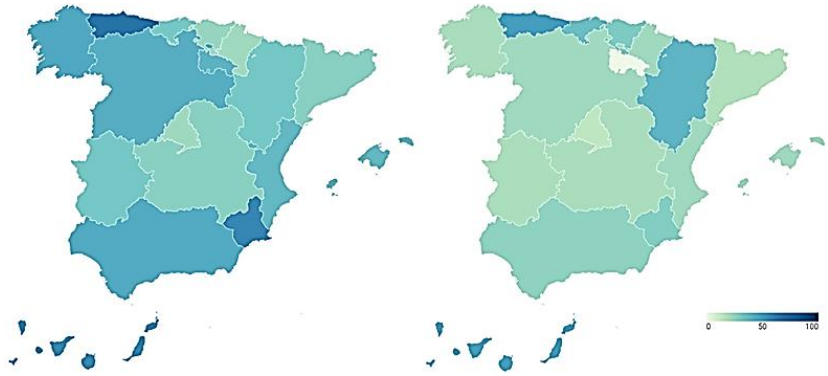
the Community of Madrid (8.8 points), the Canary Islands (8.5 points), Castilla-La Mancha (8.4 points), Extremadura (6.6 points) and La Rioja (5.4 points), on the other hand, the change of opinion is smaller. Likewise, in Navarra (0.6 points) and in the Valencian Community (0.2 points) the satisfaction with the regional executive remained practically stable throughout the pandemic. On the other hand, the citizens of Cantabria, the Basque Country and Aragon improved their image of the regional government between the first and second wave of the pandemic, with 4.5%, 6.4% and 8.6% of them doing so. Thus, we can see that there are regional differences in the citizen satisfaction with their respective regional executives.



Source: Peña-Ramos et al, 2021.

FIGURE 6
CITIZEN SATISFACTION WITH THE AUTON. COMM. GOVERNMENTS DURING THE COVID-19 1ST & 2ND WAVE

Personal wellbeing with the healthcare system is conditioned by two elements: the image offered by the media and direct experience with it. Both factors contribute to shaping individuals' image of the healthcare system and, consequently, their satisfaction with it. They are also the instruments through which the health system and its managers can transmit information on its functioning, thus increasing its transparency and reputation. As a consequence, both the direct experience of citizens with the health system and their exposure to the media during the pandemic are examined. Thus, Figure 7 shows the percentage of citizens who have visited the health services for symptoms related to the coronavirus during the first and second waves of the pandemic. These data are broken down by Autonomous Community. The proportion of citizens who have had a direct experience with health services does not exceed 30% in any of the pandemic waves considered. During the first COVID-19 wave, the citizens of the Community of Madrid (16.4%), Castilla-La Mancha (12.2%), Catalonia (11.8%) and the Basque Country (10.8%) were those who had to resort to the health system to the greatest extent, although they represent a very small percentage of the population. During the second wave, the Community of Madrid (29.6%), La Rioja (26.9%), Navarra (26.4%), the Basque Country (21.7%) and Extremadura (20.8%) were the regions that recorded the greatest contact of their citizens with health services, also representing limited proportions of the population. Consequently, the majority of citizens had no direct contact with the health system during the first two waves of the pandemic.

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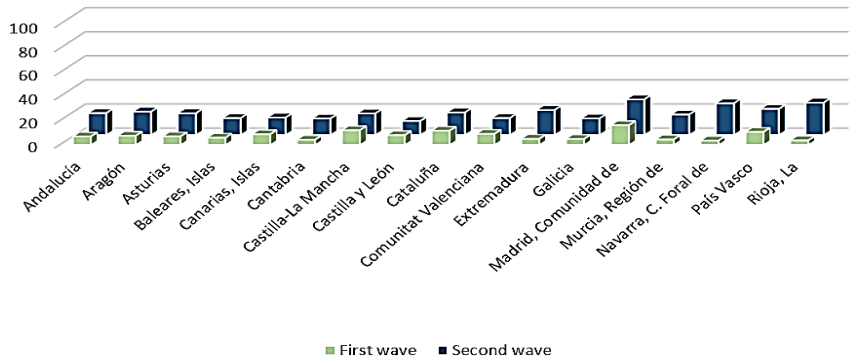
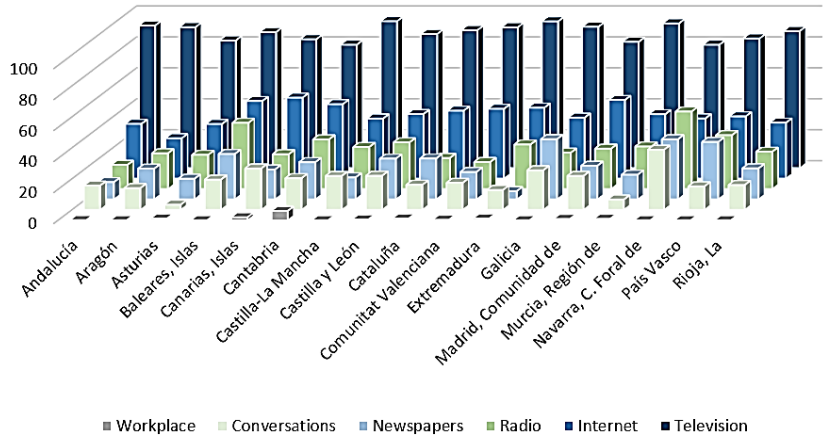


Source: Peña-Ramos et al. (2021).

FIGURE 7
CITIZENS' DIRECT EXPERIENCE WITH HEALTHCARE SERVICES DURING THE COVID-19 1ST & 2ND WAVE (%)

This implies that a large part of the citizenship obtains information about the health system, and especially about the management of the pandemic, through the media. Thus, they would largely shape their perception of the health system and the management of COVID-19 through the media. In relation to this, more than 90% of Spanish have followed the news related to the coronavirus with some interest. Figure 8 shows the media through which they have followed the news about the pandemic. Television is configured as the main means of information for Spanish during the health crisis. More than eight out of ten citizens used it to follow COVID-19 news in all the ACs. Internet is the second most used channel, either through social networks, digital press or any other online media. Around four out of ten Spanish were informed about the pandemic through the Internet, with regions where this figure is even higher: the Canary Islands (52.2%), the Community of Madrid (50.7%) and the Balearic Islands (50%). Radio is the third most used means of communication. More than two out of ten Spanish have heard news about COVID-19 on the radio, with more than four out of ten in regions such as the Balearic Islands. Close behind is the written press, followed by obtaining information in conversations on the subject. The workplace, on the other hand, is a very residual medium for information on the pandemic.



Source: Peña-Ramos et al. (2021).

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FIGURE 8
MAIN WAYS TO OBTAIN INFORMATION ON THE COVID-19 PANDEMIC

This research has examined the reputational and wellbeing consequences of the COVID-19 pandemic on health management in Spain, under a Socialist Government, which pretended the recentralization of powers during the crisis, with the excuse of a higher and equal protection. This research has studied the development of two key elements for healthcare management before and during the arrival of the new SARS-CoV-2 coronavirus: accountability (transparency and reputation) and wellbeing evaluation (personal wellbeing and communication). Due to the decentralized system in Spain, this analysis is carried out by disaggregating the data by Autonomous Community (Sánchez-Bayón, 2016; Sánchez-Bayón, 2020a). The results show that the health crisis triggered by the arrival of the COVID-19 pandemic has had a considerable impact on health management, producing changes in all the elements analyzed. In general terms, it can be stated, firstly, that there has been deteriorated in the transparency of the Spanish health system during the health crisis. From a situation of relatively acceptable transparency in most regions, although with significant differences between them, the situation has shifted to one of greater opacity. Public information on the management of the pandemic is limited in all the Autonomous Regions, as well as on the part of the national government, increasing considerably the disparities between regions. In this sense, the public authorities have had to transform their communication policy, based on traditional information on health services, to a totally different reality, that of a new and unknown pandemic disease, having to do so in conditions of health emergency, which has shown a significant deficiency in respect of such management. Related with the reputation of the healthcare system is shaped by the perception of various stakeholders (Sáenz Royo, 2020). This article has analyzed it from the perspective of professionals and experts in the field, on the one hand, and from the perspective of citizens, on the other. The health reputation from the perspective of health professionals and experts shows the existence of great divergences between Autonomous Regions before the arrival of the pandemic. With the arrival of the health crisis the data on health reputation from this perspective doesn't show important changes. Some regions slightly worsen their health reputation, while others improve it moderately. Healthcare reputation from the citizen's perspective, on the other hand, presents more positive data, although regional differences are maintained, which are reduced until they practically disappear during COVID-19, as homogeneity in the perception of regional health care systems increases. In relation to this, the arrival of the pandemic brought with it an increase in the reputation of the health system from the public's perspective. The subsequent development of the pandemic led to deteriorate in the personal wellbeing with the healthcare management during COVID-19. This deterioration occurs especially with respect to the health management of the national government and, after it, with respect to the health management of the governments of the Autonomous Communities. Likewise, the image of the health system is also undermined.

Finally, with regard to communication, there has been an increase in the flow of health information with the COVID-19 arrival; at the same time, there was an increase of confusion, not just for the contradictions between the information transmitters (at least 20 officials powers), changing each time, also for the insinuation of fake-news to all information contrary to the official version of the National Government. At the begging of the COVID-19 crisis, the majority of citizens have followed the news about the pandemic with interest. Likewise, there has been an increase in the amount of time that citizens have been exposed to the most widely used media to learn about the health crisis. This implies that information on healthcare and its

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management is not only more in demand, but also floods the media. Therefore, the visibility of healthcare management has increased enormously. In this way, Hypothesis 4 is accepted. Nevertheless, the fact that most citizens have not had direct contact with the healthcare system means that they have access to information, which is essential for transparency, shaping their perception of the healthcare system, and consequently the reputation of healthcare, through the media. This may help explain the deterioration in personal wellbeing with health management during the pandemic because it could have showed as a problem of perception and infoxication (information overload and contradictions between the transmitters).

Previous studies on healthcare management and its different elements during crisis (Pérez-Calle et al., 2021), with special attention to accountability and wellbeing evaluation (Peña et al, 2021), they have not paid attention to the theorems of Mises and Buchanan-Tullock applied to the crisis management. However, the outbreak of a pandemic such as the one that occurred with COVID-19 poses a main challenge for research in this area. The healthcare system is on the front line in the fight against the new SARS-CoV-2 coronavirus, so it is essential to examine how the pandemic has affected it not only internally, but also in its external projection. Therefore, accountability and wellbeing evaluation of healthcare management require an in-depth analysis in this context. This not only addresses the perspective of professionals and experts in the field, but also the citizen's perspective, which is unavoidable in this scenario. Therefore, the relationship of citizens with the health system and its managers at different levels of government is taken into consideration.

This research is a first step in the study of the effects of COVID-19 on health management, reaching important conclusions. The information obtained may be valid not only for accountability, but also for decision making by public authorities regarding the different elements of health management. This is also done in a case such as Spain, which has been one of the European countries most affected by the pandemic (as has been officially recognized).

This research has several limitations derived from the timing of its implementation. In this regard, by examining the consequences of the pandemic on health management while still in the midst of the pandemic, we do not yet have a sufficient amount of data to allow a more in-depth analysis of the two elements of health management under investigation: accountability and wellbeing evaluation. Likewise, with respect to the study period, we have only been able to investigate the consequences of the COVID-19 pandemic on Spanish health management during the first two waves of the pandemic. Nevertheless, this research is a first approach that may contribute to future research to advance the study of health management in terms of accountability and wellbeing evaluation once the pandemic is over. In this way, broad conclusions can be reached on the overall effect of COVID-19 on the external projection of the healthcare system. In this respect, the approach adopted in this research, disaggregating the data by region due to the decentralized nature of the Spanish health system, may prove useful. The impact of the stoppage on the transformation of the welfare model remains to be studied in depth (in its shift to wellbeing model), as the company has not relied on the mobile technologies of the digital economy during its management (Sánchez-Bayón, 2020). This has caused not only a setback in motivational measures, but also hygienic measures of the affected collaborators. For the possible development of this line, sources such as Great Place to Work (GPTW) and Organization for Economic Cooperation and Development (OECD) health reports, as well as other specialized complementary sources, will be used.

The Spanish healthcare system and its communication management during the COVID-19 crisis it was unsuccessful, especially for the non-coordination among the institutions into the

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public sector and with the private sector. There was a double management problem: a wrong legal and political management (without clear coordination and regulation) and a worse communication management (with contradictions between the official transmitters, with bad perception about it –also, generating mass hysteria). There was an inverse relation between communication and satisfaction, because the more information was provided to the citizens, the worse satisfaction was obtained with the healthcare system, as a problem of perception and infoxication (information overload, fake news, contradictions among public powers declarations). Also, this study shows that the healthcare management and the citizens´ perception have changed during the crisis. Possibly, the situation of the healthcare system has been complicated because the fuzzy decentralization in the Spanish semi-federal system: many competencies were transferred years ago, without a clear legal and political framework for coordination (the result was a healthcare monopoly for each Autonomous region). During the crisis, the Central Government pretended to re-centralize the competence in healthcare, but the confusion was bigger and non-functional (as the theorems of Mises and Buchanan-Tullock previewed). Also, it seems that the advances achieved in healthcare management of wellbeing (more satisfaction and better relations between people-planet-profit), it has been rejected during the crisis, losing attention to improve the satisfaction and the motivational measures. This is a key-point, because the COVID-19 crisis is not just a pandemic, it is also a potential syndemic (as a topic for future lines of research).

A corollary, linked with the unfinished agenda (Buchanan-Tullock´s theorem), it is the false clash between public and private services in Healthcare system. As part of the management by the Central Government, it was to support just the public sector against to the private companies (i.e. Central Government communicated that the public hospitals suffered scarcity of healthcare materials because the private hospital kept it –as unsupported business-). In this way, the Central Government promoted just the public sector, in the distribution of new medical supplies, vaccines, etc., and the assignation of recovery funds. The result is the trouble of fewer alternatives according to Public choice approach: less-voice, less-exit (there is not possibility to critic and there is not alternative to receive healthcare services, only by public sector as a monopoly).

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