

# 7. Spain, between its waves and experts – Navigating through a complex network of advisory committees in a context of political confrontation

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## Abstract

This chapter examines the role of experts in Spain's response to the COVID-19 pandemic crisis. Through analyzing key discourses and recommendations from experts and expert groups in official and mass media sources, it delves into the intricate network of advisory committees established. The findings reveal the significant contribution of a network of experts and committees, predominantly comprising civil servants, to Spain's pandemic management. While numerous experts internationally and nationally have offered insights and knowledge, many have been marginalized due to their recommendations being disregarded or unheard. Spanish politicians tended to align with experts who endorsed their agenda, often overlooking evidence-based policymaking principles. The chapter underscores the importance of addressing knowledge gaps to enhance policymaking effectiveness and adaptability (Boswell 2009, 5).

## 1. Introduction

Putnam's article on the transformation of elites in advanced industrial societies discussed "the importance of being an

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### How to cite this book chapter:

Bermejo-Casado, R. (2024). Spain, between its waves and experts – Navigating through a complex network of advisory committees in a context of political confrontation. In: Premat, C., De Waele, J.-M., & Perottino, M. (eds.), *Comparing the place of experts during the first waves of the COVID-19 pandemic*, pp. 339–384. Stockholm: Stockholm University Press. DOI: <https://doi.org/10.16993/bco.h>. License: CC BY-NC 4.0.

expert” and recalled Saint-Simon’s statement “the future belongs to the experts” (Saint-Simon, 1952 as cited in Putnam, 1977, p. 384). In this context, the concept of expert was considered as somehow opposed to politicians. In the same vein, Massen and Weingart assured that the literature on the science–politics nexus was very prominent in the 1960s, in relation to the problem of technocracy. In some parts of the democratic world like Europe, experts were not perceived negatively; rather, it was expected with hope that science could have a “rationalizing impact ... on the often cumbersome democratic mechanisms” and a positive impact on public policies. Hence, the debate was framed “as the dichotomy of technocratic versus decisionist models of scientific advice to politics” (Massen & Weingart, 2005, p. 1).

The incremental role of technocrats and experts in general, to the detriment of politicians, was maintained throughout the last third of the 20<sup>th</sup> century and the beginning of the 21<sup>st</sup> century, with the number of experts called upon by governments and the numerousness of advisory committees assisting policymakers continuously growing (Massen & Weingart, 2005, p. 5). However, the trend seems to have changed in recent years as we can see some evidence of distrust of experts (Lavazza & Farina, 2020, p. 4), a tendency that some authors circumscribe to some countries with conservative governments where we witnessed the primacy of politicians over experts and even a negative reaction of the former towards the latter (Harris, 2020). This new phenomenon has been named as “hostility to expert advice” and is not isolated to the current pandemic but characterised as “part of a dangerous trend: the rejection of scientific knowledge at a critical time to be heeding such information” (Stickels, 2020).

Disregarding political or elite composition fashions, the importance of experts in decision-making processes has long been related to (1) what is called the “democratisation of expertise” and, in another branch of scholarly literature to (2) the needs of crisis response and management. The first bulk of literature points out that the general democratisation, the de-mystification of scientific knowledge and of scientists themselves, and the shift towards new public management have resulted in demands addressing the

scientific community such as the demand for scientific expertise, where national governments and supra-national bodies perceive knowledge as a legitimising asset (Maasen & Weingart, 2005, p. 2). On the second branch, the need of experts is particularly acute regarding crisis response, management and solving. Boin, Hart, Stern and Sundelius studied decision-making in crisis situations, and the need to set up crisis teams that support, advise and help leaders in that process. Among the factors and conditions for successful decisions in situations of crisis, they recall the importance of the procedure called “multiple advocacy”. That process “directs leaders to create and maintain a courtroom-like setting where proponents of different policy proposals get an opportunity to argue their case before an as yet uncommitted “magistrate-leader, with a neutral “custodian-manager” guiding the process” (Boin et al., 2005, p. 50). The ideal decision-making process may not always be feasible under the pressure of a crisis, as it can be time-consuming. Hence, those authors propose other models in which the main objective is “to ensure that all the relevant stakeholders and experts are present, that all relevant information and viewpoints are laid on the table, and that effective debate and reflection take place before decisions are made” (Boin et al., 2005, p. 50). A similar position is taken by Farina and Lavazza, in the context of the COVID-19 pandemic, when they state that “especially in situations of emergency when experts disagree, decision makers ought to promote broad discussions[...] in the attempt to find a shared procedural and democratic agreement on how to act” (Farina and Lavazza, 2020, p. 1).

However, it is worthwhile to realise that, amongst the important challenges of crisis management is that the “experts rarely agree on definitions, causes and solutions (Boin et al., 2008, p. 200). That was the case with the sudden emergence of the unknown and lethal COVID-19 virus. The virus has rekindled the need for expert knowledge to advise policy decisions. Some medical experts were already part of the government elites in many countries, but the pandemic required the advice of new health experts. In other words, there was an urgent need for more experts in public health such as epidemiologists, vaccinologists or virologists. In this sense, and following Colebatch, Hoppe & Noordegraaf’s

(2010) typology of expertise, an overrepresentation of functional experts could be expected.

This chapter analyses the characteristics of the Spanish response to the pandemic, paying particular attention to the role of expert knowledge and advice in the management of the pandemic. It raises two main questions: who were the experts in the first, second and third waves? What was their role in advising the government/policy making? A final part of this contribution is devoted to the impact of the institutional and political landscape and points out concerns related to the transparency, liability and accountability of those involved in the crisis and waves management. It appears that all discussions and decisions took place in closed meetings, the opposite option to the hybrid fora (Callon et al., 2009, p. 18).

## **2. Context and Arrival of the Pandemic in Spain and First Steps**

### **2.1 Spanish context. Strengths and vulnerabilities prior to the arrival of COVID-19**

Although we cannot conduct an exhaustive review of all the socio-demographic and economic indicators of the Spanish context prior to the pandemic's arrival, this section briefly analyses the population pyramid, the composition of GDP and some basic characteristics of the health system. All these factors allow to understand some of the keys to the management of the pandemic and its impact on the country.

On 1 January 2020, the Spanish population numbered 47,329,881. If we examine the evolution of the population pyramid shown in Figure 1 (Annex I), we can see that the orange area corresponding to the figure in 2020 shows the ageing of the Spanish population over the last three decades. It shows that the proportion of people over 40 years old has widened, being now the widest area of the pyramid. This aged population composition needs to be related to the density of population. Spain has one of the largest urban population concentrations in Western

Europe as its population lives in 13 percent of the country's territory (Esteban, 2020). Hence, some major provinces have suffered the worst effects of the virus due to concentration and urbanisation combined with high mobility population rates (use of public transport.) (see Figure 2 in Annex I). In economic terms, a large part of Spain's GDP depends on the service sector, which is closely linked to the tourism sector. In this sense, Spanish economy, since it is one of the most open countries in the world, receives, on average, over 80 million visitors every year. Tourism accounts for 12 percent of GDP and 13 percent of employment according to the National Statistics Institute's final report published in 2019.

Among its strengths, Spain has a high quality healthcare system, guaranteeing universal coverage for all residents living and working in Spain. Healthcare in Spain consists of both private and public healthcare, with both private and public hospitals and a network of centres for primary healthcare. Moreover, Spain ranks 19<sup>th</sup> on the 2018 Euro Consumer Health Index and receives compliments for its improving health outcomes. In 2017, Avanzas and colleagues stated that:

According to the last OECD (Organisation for Economic Co-operation and Development) health statistics report, Spanish life expectancy is the highest in Europe (2.7 years above average), clinical results are at the level of the most advanced countries (same cancer survival rates as in Sweden, France or Germany) and its cost is on the average of the 35 OECD economies, in terms of total spending on gross domestic product (GDP), 9%, and below the average if we compare it in terms of per capita spending. In addition, it [The Spanish health system] is an international benchmark for its universality and level of access compared to many other developed countries (2017, p. 340).

That picture seemed to place Spain in a good position to respond to the pandemic. In fact, Capano asserted that Italy was not prepared to handle COVID-19 while other countries such as South Korea, Hong Kong or Australia were deemed prepared and experienced (Capano, 2020, p. 326). Spain could be placed in a middle ground as it had coped with the Ebola crisis and as a consequence

retained certain structures, knowledge and experienced personnel. Nevertheless, the preparation was not enough to contain the huge and rapid upsurge in COVID-19 cases. Moreover, the crisis has shown some weaknesses in the healthcare system. In this sense, Otero and Molina signal that there are problems both in terms of public health policy and patient care, which have been crucial in the pandemic due to the lack of experience with epidemics such SARS (2002 and 2003) or MERS. This has meant a lack of resources to prevent, detect or deal with a pandemic of this nature. Another shortcoming in public health includes the need to improve the handwashing culture among the general public and even among health professionals. In the area of patient care, these authors add two more striking aspects that are very important for the performance of this crisis. One is the dire situation in many elderly care homes (where approximately half of COVID-19 victims may have died), and the other concern is the lack of adequate personal protective equipment for healthcare workers, which resulted in a large number of infections (Otero-Iglesias & Molina, 2020, p. 45).

## 2.2 COVID-19 in Spain

During this first wave, a total of 45,684 individuals, both confirmed and suspected cases, died due to the virus. As mentioned earlier, the virus disproportionately affected elderly care homes, nursing homes, and certain Autonomous Communities<sup>125</sup> (Sánchez et al., 2020). Moreover, more than 63,000 health-care workers were infected.<sup>126</sup> The second wave lasted from September to the end of November 2020. As during the first one, some Autonomous Communities were more hit than others. The total number of deaths during this second wave amounted 15,300 approximately (Vilaseró, 2020). A third wave began in December 2020, and was marked by two events: the arrival of the vaccines and the emergence of a new variant of the virus; “the British one”. The total figures for this third wave, as of 29 January 2021, indicated that Spain had recorded 2,743,119 confirmed cases of the coronavirus with diagnostic evidence of active infection and resulting in 58,319 deaths. (Table 1, Annex I, shows the numbers of deaths in Autonomous Communities).

### 2.3 Initial Response to the COVID-19 Pandemic

On 31 January 2020, Spain confirmed its first positive case of COVID-19 in La Gomera, Canary Islands, with a tourist from Germany who was treated at the University Hospital “Nuestra Señora de Candelaria”. The director of the Health Alerts and Emergencies Coordination Centre, Fernando Simón, tried to reassure the population that the situation was under control after this positive case, stating at a press conference that with the available data “it seems that the epidemic [in Wuhan] is likely to start to subside” and that “Spain will not have, at most, more than a few diagnosed cases” (Bilbauta, 2020).

However, on 9 February, a second case was confirmed, this time a British tourist in Palma de Mallorca, Balearic Islands. Despite these two first cases, the presence of the virus in Spain was thought somehow anecdotic, and we can consider February 2020 as a decisive month in pandemic awareness. On the one hand, there were clear warning signs that the virus was spreading, such as the cancellation of the Mobile World Congress on 12 February or important movement in the Ministry of Health, where meetings were held with the Autonomous Communities, other ministries, etc. On the other hand, the football match between Bergamo and Valencia was allowed to be held in Milan (as discovered later, this was one of the main factors in the spread of the epidemic from Italy to Spain) and the demonstrations on 9 March (woman’s day) were not prohibited.

Faced with the spread of the disease, at the end of February, the Ministry of Health changed its criteria and authorised all patients admitted in hospital for pneumonia of unknown origin to be tested for the coronavirus, announcing that Spain had raised its risk level from “low” to “moderate”. The president of the Spanish Society of Epidemiology, Pere Godoy, declared that “we will not see hospitals collapsed with thousands of patients. The Spanish health system is amply prepared to cope with what is coming” (Telemadrid, 2020). The good coordination between the Autonomous Communities, the willingness of all and a constant updating of the protocol, all of which made him hopeful that the disease would be brought under control. Moreover, as Lavazza and Farina suggest, “in addition to the will of not inducing panic or creating economic hardship, the concern of some state authorities was to show that they were

in full control of the situation by not introducing extraordinary measures, as preventive measures can be perceived as a sign of a lack of preventive interventions or ineffective ordinary containment” (Lavazza & Farina 2020, p. 2).

At that time, there were already cases in several Autonomous Communities, Madrid, Catalonia, Valencia, the Balearic Islands, the Canary Islands and Castile and Leon<sup>127</sup>. Thus, the first wave had begun, despite statements by Fernando Simón on the limited scope of the pandemic (30 January 2020), or the words of the Minister of Health, Salvador Illa, who presented a report to the Council of Ministers, monitoring and updating the situation (4 February 2020), in which he stressed that Spain, and specifically the National Health System, was prepared to deal with the situation.

Their words, which denied the pandemic and assured preparedness, somehow contradicted their actions. In the days prior to the confirmation of the first COVID-19 case in Spain, different measures and meetings could be traced through the information provided on the Ministry of Health’s webpage. For example, on 24 January, the staff from the Ministry of Health, the Centre for Coordination of Alerts and Emergencies (CCAES), and the Health Institute Carlos III were working on a protocol for action in the event of the appearance of possible suspected cases of coronavirus in Spain. They also emphasized their daily contact with the WHO, the European Centre for Disease Prevention and Control and the European Commission. Moreover, in the final week of January 2020, the Health Minister was scheduling follow-up meetings (as the pictures show, with five persons) in which Fernando Simón also took part, and on 4 February 2020, the Health Ministry announced that from that day forward, the Ministry of Health’s Coronavirus Evaluation and Monitoring Committee would continue to meet on a daily basis.

On 4 February 2020, the Inter-Ministerial Coordination Committee was set up. This working group was to coordinate the government’s transversal response to any eventuality that might arise. The first Vice-President of the Government and Minister of the Presidency, Relations with Parliament and Democratic Memory was appointed chair of the Committee, together with the Minister of Health. In the meetings, the Ministries of Foreign Affairs, the

European Union and Cooperation, the Interior, Defence, Finance, Transport, Mobility and Urban Agenda, Agriculture, Fisheries and Food, Inclusion, Social Security and Migration, Territorial Policy and Civil Service, Science and Innovation, Industry, Trade and Tourism, Employment and Social Economy, Economic Affairs and Digital Transformation, and Consumer Affairs were expected to participate.

During the month of February, the number of cases identified and confirmed continued to grow, along with the pressure on hospitals. The government issued a Royal Decree (463/2020) to declare a fifteen days national emergency, starting on 15 March. At that point, Spain, with more than 11,000 cases and 491 deaths as of 17 March 2020, had one of the highest burdens of coronavirus disease 2019 (COVID-19) worldwide. Therefore, the option was to declare a strict stay-at-home lockdown that lasted over 100 days between 15 March and 21 June. In sum, as of mid-February, the coronavirus crisis in Spain resembled the sharp-edged concept of crisis identified in the international academic community, with a severe threat, high degree of uncertainty, and the need for prompt, yet critical and potentially irreversible decisions (Rosenthal and T`Hart 2008, p. 251).

### **3. Who were the experts in public health designated and/or incorporated to tackle the coronavirus crisis of 2020? Some leaders in a complex network of advising committees**

Some authors, such as those behind the Global Response to Infectious Disease Index (GRID), have highlighted the role of leadership in dealing with the COVID-19 crisis. This index evaluates Global Response and Leadership in the COVID-19 Pandemic<sup>128</sup>, where Spain is placed last (95). While some academics address inconsistencies in the index and have consequently lost credibility (González, 2020), the authors of the index argue that challenging times often lead to the emergence of great leaders and highlight deficiencies and shortcomings in others. Unavoidably, among other things, the success of national leaders during this pandemic will be judged by how well they treated their populations (D'Souza & Ratnatunga, 2020).

In Spain, nobody has individually tried to gain credit for the crisis management, despite the fact that the President of the Government, Pedro Sánchez, has been a key person in its management and communication, particularly during the first wave. A network of committees was designed, although probably not thoroughly planned, which made it difficult to identify the chain of command. In this context, the government has often referred to “expert advice” suggesting that their decisions were based on “analyses and criteria provided by a group of experts”. In this sense, the Health Minister, Salvador Illa, provided an answer on TV: “these are the public health professionals who are in charge of the fight against the pandemic because of the position they hold in the general state and regional administrations”<sup>129</sup>. Some analysts consider that the place of experts has received less attention compared to other countries, such as the US (Crespo & Garrido, 2020).

Two names certainly stand out in Spain’s crisis management, apart from the President, Pedro Sánchez; Fernando Simón, the Head of the CCAES; and Salvador Illa, the Health Minister. Fernando Simón has been one of the government’s most recognised faces during the pandemic. He can be considered as the “super-expert”, and, at the same time, the “official expert” (Premat, 2020) with both credibility and legitimacy (both administrative and scientific). His credibility and legitimacy were based on the following facts: (1) he was not chosen and placed as Head of the CCAES by the government of that time, but by the party currently in opposition; (2) his CV and background is that of an expert in epidemiology; (3) he successfully managed the Ebola crisis in Spain; and (4) he led CCAES for 17 years prior to the emergence of the pandemic. In sum, his credibility was based on expert knowledge and his career as an epidemiologist with successful management of previous “Ebola virus” crisis. This also influenced his legitimacy, as he was not considered to be affiliated with any party but instead independent as a professional and expert, rather than a politician in service of a party.

### 3.1 Fernando Simón, a well-known expert and decision-maker

Fernando Simón was born in 1963 in Zaragoza. He is a doctor who, when the COVID-19 crisis broke out, had been in charge of the Health Alerts and Emergencies Coordination Centre for eighteen

years, since 2003, when Ana Pastor was the Health Minister. He was asked to return to Spain from abroad to set up the Alerts and Emergencies Unit of the National Surveillance Network. He was nominated by a conservative government under the lead of the Popular Party and maintained afterwards, surviving 4 prime ministers from both the right and left. He was the official voice to follow every day during the unpredictable epidemic, where his task was to advise politicians to make accountable decisions.

The coronavirus crisis was not the first health crisis managed by Simón. As stated, he was already in his current position during the Ebola crisis in 2014, when there were fears of a deadly epidemic spreading across Spain. Although there was serious criticism for bringing the Ebola virus to Spain through the repatriation of two clergymen, Simón came out of the crisis with a certain success (Linde, 2020). Almost three months passed from the evacuation of the first clergyman, on 7 August 2014, until nurse Teresa Rodríguez was completely cured on the 1 November that same year. The two missionaries unfortunately died, but there was only one contagion on Spanish soil. In the COVID-19 epidemic, Simón became a regular presence on TV, addressing the public nearly every day. Notably, his first appearance in the media regarding the COVID-19 pandemic occurred on 25 January, when he announced the first two suspected cases in Spain. Prior to this, Simón had served as the spokesperson during the Ebola crisis, demonstrating his expertise in public health management.

His career is the one followed by adventurous doctors, those who do not want to stay in a surgery or a hospital. The son of a psychiatrist, he followed in his father's footsteps and graduated in medicine in Zaragoza. He started out with substitutions and home emergencies, but soon left for Africa. He has been in Burundi, Somalia, Tanzania, Togo and Mozambique, where he was director of the "*Centro de Investigação em Saúde de Manhiça*", a project set up through Spanish cooperation. He continued his travels in Latin America, namely Guatemala and Ecuador. All these trips stretched into the 1990s, with an additional two years spent in London to study at the prestigious London School of Hygiene and Tropical Medicine. In 2001, he went to Paris as an epidemiologist at the Health Surveillance Institute (Linde, 2020). A report published at the beginning of the pandemic referred to him as:

Not a politician. ... He answers everything that is asked without beating around the bush. He often says that in all these years he has never been told what to say. Sometimes he tells more than he should. But he finds it hard to leave questions up in the air or to ignore journalists who have their hands up. Every press conference – he has been holding one a day for weeks – ends with the Ministry of Health’s communication officers trying to close the question time and Simón answering in a rushed manner so as not to leave any questions unanswered. It is difficult to find anyone who knows Fernando Simón and speaks badly of him. Many health professionals have praised his management of the crisis. Since there are coronaviruses, at least we are in his hands; his colleagues have come to say (Linde, 2020).

Most of the criticism surrounding his management of the crisis concerned the opinion that he played down the consequences of the crisis too much. Furthermore, according to some, the measures he recommended were insufficient. These voices rarely come from experts, however: the vast majority of epidemiologists and virologists say they were adequate (Linde, 2020). However, his role has also been criticised, from time to time, as some of his assessments were part of the initial denial of the pandemic. Crespo and Garrido include some of those claims that led some to question his leadership and capacity in a highly politicised context:

“Spain will not have more than a few diagnosed cases”. “Spain is not going to have more than a few diagnosed cases” (31 January), that “at the moment, Spain’s risk level is relatively low” (3 and 9 February), or that “it should not be a serious problem to hold mass events” (2 March).

All those assessments have contributed to an undermining of public credibility, raising doubts in various media as to whether he should be relieved of his office or confirmed in his post. Calls for his resignation have come from some epidemiologists and Vox, the extreme right-wing party and third largest party in parliament (Crespo, Garrido 2020, p. 16). Despite such criticism, he was still at the helm of the CCAES, and, as Premat asserts, “having a certified expert made it possible to avoid unnecessary polemics and to have a version of the facts that prevail in order to have a coherent line” (Premat, 2020). While Simón has remained a super-expert during the

second and third waves, that is not the case for the Health Minister, Salvador Illa, the second “super-star” in the crisis. He left the Ministry in the early days of January 2021 to run as a PSOE candidate in the Catalan General Election, which took place in February 2021.

### 3.2 A complex network of advising committees

As introduced previously, the concept of democratisation of knowledge means that demands from policy-makers should address the scientific community (Maasen & Weingart, 2005). That demand can be open and public but equally private and quiet. In contrast to other countries, such as Sweden (Premat, 2020), Italy or France, where members of the government did not appear as much or as actively, but instead gave recorded messages or interviews (Crespo & Garrido, 2020, p. 16), in Spain the Health Minister has played a pivotal role. His role was not only to manage the pandemic, but also to communicate the management details to the public, appearing in press conferences, like other ministers. In this sense, we can be assured that crisis communication manuals, which recommend having a single spokesperson to avoid contradictions in public appearances, have at least partially been followed. Indeed, Crespo and Garrido state that during the month of March 2020:

In part, the government focused this role on the Health Minister. However, a more choral system was chosen, with a format of rotating appearances in which the four ministers belonging to the crisis committee: the Health Minister, Salvador Illa (12 appearances), the Home Office Minister (7); the Minister for Transport (5); and the Minister for Defence (3), have had a greater public presence (Crespo & Garrido, 2020, p. 16).

Those ministers were part of the crisis committee, along with other government officials or high-ranking officials who appeared publicly: Miguel Villarroja, Chief of Defence Staff; José Ángel González, Deputy Operational Director of the National Police; Laurentiño Ceña, Deputy Operational Director of the Civil Guard; and María José Rallo, General Secretary for Transport. All of them appeared frequently during the first wave of the pandemic and made significant mistakes regarding the coronavirus information they provided,

leading to their replacement. The replacements brought in Carlos Pérez, Director of the Cabinet of the Chief of Defence Staff (Jemad) and José Manuel Santiago, General of the General Staff of the Guardia Civil, into the group as representatives of the Army and Guardia Civil, and in April, the decision was taken to remove the presence of “uniforms” at press conferences (Merino, 2020).

Additionally to communication functions, a large number of people were also involved in the management. A clear characteristic of the Spanish management of the COVID-19 crisis is the set up of a network of committees to tackle the crisis. Despite the advantages of setting up and using Expert Committees, they can also pose a number of disadvantages, as the form of bureaucratic regulation that complicates the monitoring of political accountability. While expert committees make the question of accountability more complex, they also exacerbate the challenges associated with the intelligibility of the policy making and political decision making process. Moreover, there is a risk of shifting accountability to the political level, which is further complicated by a lack of transparency.

This approach contrasts with the appointment and promotion of individual experts, who could be sacrificed, but who are more visible and accountable. The choice of committees might remove both politicians and experts from collective accountability and avoid the attribution of responsibility, especially when, as in the Spanish case, their names and decisions remain unknown.

As of July 2020, there were seven committees in Spain that were established to provide advice concerning the pandemic. No pattern has been discovered in their creation, and they are therefore described below in a timeline, as they were created. This may be indicative of a lack of foresight in their creation. The first known committee, which has been referred to above as one of the first steps taken to respond to and manage the crisis in Spain, is the *COVID-19 Evaluation and Monitoring Committee*, with whom Minister Illa met daily, and whose precise composition remains unknown. Although it is known that the members are civil servants, the faces and the number of people changed from one meeting to another. Its functions were to assess the evolution of the risk and draw up proposals for actions to coordinate with between the Central Government and the Autonomous Regions. It has also been in charge of technical and institutional communication, as

well as responsible for appearing at press conferences and disseminating the official messages to the population. In fact, after each of the daily meetings, the director of the CCAES, Fernando Simón, together with some government ministers and other authorities, made a public appearance and explained the latest developments on the evolution of the pandemic in Spain.

It is true that there is no official government list with the names of those who comprise this committee, unlike in other countries, such as Italy (Caselli et al., 2024: pp. 297–338). However, some information about its members came from photographs of the meetings published by the Ministry of Health or “Moncloa” on their websites, indicating at the bottom the names of the people who appeared in the photographs. In those pictures, you can sometimes see four people, sometimes even eleven people.

Among those first committees, the *Inter-ministerial Coordination Committee* should be mentioned, which was set up on the 4<sup>th</sup> of February 2020. As mentioned above, it was created by the Council of Ministers and chaired by the Government Vice-president, Carmen Calvo, and the Minister of Health. It monitored and evaluated the situation, as well as coordinated the government’s cross-cutting response to any eventuality.

During the lockdown, a *Technical Scientific Committee* was also created on 21 March 2020. It reported to the Ministry of Health where the President, Pedro Sánchez, and the Health Minister, Salvador Illa, met. It was composed of seven people, civil servants and external experts, and they attended weekly appointments to advise on issues raised in relation to COVID-19 (see Annex II for their names and expertise). Fernando Simón, director of CCAES, chaired this Committee. One of its members, Antoni Trilla, in an opinion article, answered the question of whether the Committee participated in the adoption of the decision to lockdown, and his answer was very relevant, providing a clear idea of the work and functions of this group of experts: “A scientific committee has the function of giving its independent opinion and trying to answer questions or doubts that may be raised by both technical and political decision-makers, who have the mandate of the citizens to take decisions. This is how the committee has to work and how it functions. I have participated in many similar committees in my professional life: everyone has to know how to play their role”.

The members of the Committee were health professionals: clinicians, virologists or public health specialists. Some work in the health administration and others in the health system (primary care, hospitals) or in academia. They were not COVID-19 experts (there was no COVID-19 expert at that time). They met by teleconference once or twice a week. They were keenly aware of the limited scientific knowledge, which was rapidly evolving, as well as the scarcity of solid data and the uncertainty inherent in addressing the enormous challenges posed by the epidemic. Despite these obstacles, they strove to offer their best judgment and opinions. Their obligation was to remain honest and humble, acknowledging that many questions lacked clear answers and that implementing certain solutions simultaneously might be impractical. They aspired to provide even greater assistance in addressing these complex issues.

Technicians from different ministries, experts in their areas of work, drew up proposals, scenarios and action plans, with the advice of scientific societies and many professionals.

Finally, “the political decision-makers, democratically elected, are the ones who have to take and make the decisions. A very difficult task and one of enormous responsibility” (Trilla, 2020).

Some critical remarks were issued regarding the creation of this expert committee, and Pascual (2020) summarised several reasons for this criticism. (1) For instance, the executive power was criticised for taking too long to build the committee. It took a week to set up an expert bureau when, a priori, every decision up until that moment had been taken on the basis of scientific criteria (“El Gobierno constituye el Comité”, 2020). Hence, for creating this committee, the executive power seems to have followed the example of the EU that had set up its EU Committee of Wise Men just two days earlier. (2) Another issue for criticism was the balance of power in decision-making. Some people thought that this new Committee was a different group than the “group of experts consulted by Simon” and that these new experts would therefore have direct access to the president and the health minister, without going through Simon’s filter. This possibility was considered “a change in the government’s scientific criteria, or at

least a modification (the majority of the committee was already advising before) in the middle of quarantine”. (3) Finally, the new Committee was questioned for including among its members some “denialist” experts as three of them denied the epidemic until it broke out in hospitals. Among these denialist experts were Antoni Trilla and Hermelinda Vanaclocha. However, the presence of Miguel Hernán, a Harvard epidemiologist who had been highly critical of the government’s slowness in making decisions, was welcome. This expert had claimed: “we never think that what happens to others will happen to us, but China had the vision that what happened in Wuhan was going to happen in the rest of the country if they didn’t act quickly. In the rest of China, there were no police on the streets beating people up or putting chains on them. They simply used containment and mitigation strategies that, if they had been implemented in Europe, would have prevented this situation” (Pascual, 2020).

By the third week of March 2020, the so-called Multidisciplinary Working Group of the Ministry of Science and Innovation joined together to seek strategies and lines of research and innovation. This is considered among the advisory committees and comprises 16 people who were either civil servants or external experts (see Annex II for their names and expertise); this was first known on 22 March 2020. On TV, Illa explained that “a scientific committee has been set up, which meets regularly with Simón and which also met weekly in the first phase with the President of the Government and with me” (“Quiénes son los”, 2020).

The health minister also recalled that, regarding the de-escalation after the first wave of the pandemic, “a multidisciplinary group of experts was created, coordinated by the fourth Vice-President of the Government”. The health minister gave the specific names of some experts who were involved in the creation and the analysis of the evolution of a vaccine against COVID-19: “They are the officials and managers of the Spanish Medicines Agency; María Jesús Llamas, the Director General; the head of the Human Products Department, César Hernández; Agustín Portea, our representative in bodies related to the Medicines Agency, as well as experts and technicians that the Ministry of Health has in charge

of the development of a vaccine against COVID-19” (“Quiénes son los”, 2020).

In this case, the members and reports were public. Thus, the critique was: why was, in this case, the protection of data not relevant? (Maldita, 2020).

In the context of de-escalation, two new committees advised the government. On one hand, there was the *De-escalation Committee of Experts*, comprised of individuals from outside the government who advised on the design of a de-escalation plan, and which depended on the Ministry for Ecological Transition, headed by the fourth vice-president Teresa Ribera (see Annex II for their names and expertise). This group included more than fifteen people, civil servants and external experts who joined their knowledge of public health with economic and international issues (“Estos son los”, 2020). Together, these experts analysed how to return to normality after the confinement and designed the de-escalation plan (*Plan para la Transición hacia una Nueva Normalidad* in Spanish).

Sometimes, newspapers and news reports wrongly conflated the previous group with the other committee, which had responsibility for the return to normality. The second group was the Technical Committee for De-escalation, which decided which provinces progressed through new phases during de-escalation. This technical group comprised eleven individuals, including technicians and civil servants who were members of the Directorate General of Public Health and the CCAES, and who always reported to the Ministry of Health, particularly under the leadership of the Director General of Public Health, Pilar Aparicio. The Government did not provide information about these de-escalation committees until July 30, 2020, when, amidst complaints by some Autonomous Communities regarding the progress to normality through de-escalation, they requested the criteria for assigning phases and the requirements for transitioning between them. However, the criteria have never been made public.

The next committee of experts took shape after the official end of the first wave of the pandemic. The *Committee of Experts for preparing the Spain 2030–2050 report* was set up in June 2020 to work for the National Office for Prospective and Strategy linked

to Presidency of Government. This large Committee comprised 100 external experts (economists) to analyse Spain's future challenges (Spain 2030–2050), especially the economic ones. Some names appeared among the members, such as Toni Roldán, the former spokesperson for the Economy and member of parliament for Ciudadanos Political Party; the head of Economic Analysis at BBVA Research, Rafael Doménech; Professor of Economic Analysis at the University of Valencia, Javier Andrés; OECD economist, Olga Cantó; Professor of Economics at University College, Antonio Cabrales; Professor at the University of Alcalá, Olga Cantó; Professor of Economics at the University of the Basque Country, Sara de la Rica; a professor at the University of Oviedo and Fedea researcher; and Florentino Felgeroso, among others (“Sánchez recurre”, 2020). The experts were divided into ten working groups to address the different issues such as growth and productivity, inequality, structural unemployment and precariousness, in addition to the pension system, improving the performance of the education system, life in the cities and rural depopulation, and so on (Cué, 2020).

An eighth advisory committee, known as the *COVID-19 Vaccination Strategy for Spain*, was published on 20 December 2020. The document containing the strategy was released one day before the likely approval of the first COVID-19 vaccine in Europe. The authors of this document, coordinated by Aurora Limia, include professionals from the General Directorate of Public Health of the Ministry for Health and representatives from the health departments of eight autonomous communities, several scientific societies (SEMFYC, ANENVAC and AEV), the Spanish Bioethics Committee, as well as other public entities. In addition, it was stated that the document had been reviewed by the Vaccination Programme and Registry Committee, the Public Health Commission of the CISNS, and several professional and patient associations.

Once all the committees and advisory boards had been revised, some conclusions about their composition and reports need to be raised. Regarding their composition, it is almost impossible to know how those committees were formed, as sometimes there is neither an official notice of its creation, nor a formal name or information about their members. A list of members has only

been published in three out of eight cases (see Annex II). In other cases, the information compiled above for writing this chapter is based on videos and pictures published in newspapers and on the internet (mainly the Ministry of Health's official Twitter account). That is how we know, for example, that the Ministry for Health's coronavirus monitoring and evaluation committee had been appointed by the President, the Health Minister and Simon on 10 August 2020. Other incorporated more people, such as one announced on 29 September 2020 with six individuals, including the first ones, Iván Redondo and Silvia Calzón (Maldita, 2020).

Regarding the reports issued by the Committees, in cases where they are available, they are also difficult to find. In fact, only the *Multidisciplinary Working Group of the Ministry of Science and Innovation* and the *Technical Committee for De-escalation* provided them after complaints were lodged by mass media. The Ministry for Health's *Coronavirus Evaluation and Monitoring Committee* did not publish proper reports except diaries on the coronavirus situation in Spain. Fernando Simón presented those daily diaries at the press conferences, but only the Ministry for Health and the Centre for the Coordination of Alerts and Health Emergencies (CCAES) signed them, not the committee, although they can be counted as being from the committee if we take into account that Simón gave the press conferences to present the report after a meeting with all the members (Maldita 2020).

The second wave added complexity to this network of committees as it witnessed the setup of a new type of committee between the central government and Autonomous Communities, as was the case between Madrid and the Central Government in September 2020. At its first meeting, on September 21, the so-called "*COVID-19 Group*" was attended by all its members: the Health Minister, Salvador Illa, and the Territorial Policy and Public Function Minister, Carolina Darias, on behalf of the central government, and the Vice-President of the Community, Ignacio Aguado, and the Regional Health Minister, Enrique Ruiz Escudero, on behalf of the regional government. This group also has a technical health spokesperson that attends to society's demands for information ("*Grupo COVID para*", 2020).

### 3.3 Deficit of transparency

Most of the calls for transparency concerned process to de-escalation and the “expert committee” advising the government on transitioning phases towards “normality”. This serves as a notable example of opacity, as the Government denied the existence of an “expert committee”, labelling it a “technical committee”, defined as “a group composed by public employees, experts in public health and epidemiology, reinforced with professionals with the same profile”. This explanation was related to a claim made by *Maldita.es*, a Spanish media outlet dedicated to fact checking. Its aim is to provide citizens with “tools to avoid being cheated”. It has different branches dedicated to monitoring political discourse and all the information that circulates on the web<sup>130</sup>. They complained to the Council on Transparency and Good Government asking for the names of the experts contributing to the de-escalation committees. Their reasoning was as follows: if the members of the *De-escalation Committee of Experts* are external experts, then article 6.1 of the Transparency Law (*Ley 19/2013, de 9 de diciembre, de transparencia, acceso a la Información pública y buen Gobierno*) stipulates an obligation to publish information on the heads of the committees, their profile and background. However, the answer was that the committee overseeing the de-escalation phases was another one composed of technical experts (The Technical Committee for de-escalation). As the members were not classified as external experts, the government could keep their names, profiles and positions secret without failing to comply with that law.

This situation provides a clear insight into the opacity with which the government has operated in terms of advice and decision-making, as well as the questions and controversies surrounding the composition of those boards. Since if the committees incorporated experts, they were obliged to disclose names and profiles. Consequently, most of the committees established to address COVID-19 in the Spanish context only included public civil servants and policy advisors. However, opacity also affected the decisions and reports issued, not only those from “internal” committees but also those stemming from committees that included external experts. The debate revolved around a clash of rights: “between the right of access to information and the right to the

protection of personal data (...) arguing that the latter prevails” (Maldita, 2020).

The pandemic response could have potentially led to the politicisation of science, as Massen and Weingart identified, due to its novelty and the sudden need for specialised knowledge. In such a context, one might have expected, as it had happened before in debates about nuclear energy, environmental protection, or more recently on climate change scientists to be drawn in the political process. “They were instrumentalized as experts whose technical know-how was to support political positions on both sides in vicious controversies over technical issues” (Massen & Weingart, 2005, p. 2).

However, as analysed above, that was not the case in Spain for two main reasons. First, there was a lack of external experts willing to participate in the decision-making process, as revealed in an interview with an expert on vaccines who was involved in the management of the hospital set up in IFEMA during the first wave of COVID-19 in Spain: “no-one wanted his/her name to appear in public”. In their case, a group [doctors, epidemiologist] that were advising the government had a chat during the first wave with politicians”.

The doctor also noted that all the “serious scientists” had gradually distanced themselves and none of them wanted media exposure<sup>131</sup>. Second, the Government sought to avoid transparency and accountability in a highly politicized environment surrounding the extensions of the state of emergency after April 2020 and the de-escalation decisions. A decision-making framework that was far removed from public debates or hybrid fora (Callon et al., 2009) aligned with Latour’s analysis of scientific debates conducted within laboratories or behind closed doors, resulting in a unanimous voice that did not question official discourse (Latour, 2004). Another explanation lies in the experience with viruses and the structures and experts already in place within the public health system at the time of the outbreak. This experience and knowledge made it possible to rely on existing expertise and technical knowledge within the public sphere, reducing the need to involve external experts, which neither the government nor the experts themselves seemed to desire.

It is evident that all those committees have played an important role in suggesting policies and measures to counteract the spread of coronavirus in Spain, as predicted in Lavazza and Farina (2020). As Williams and colleagues outline, “multidisciplinary special advisory committees or working groups have been central to government policy making in Spain (Williams et al., 2020, p. 19). While we can debate their characteristics, but whatever the reason for their composition and place, the government opted for more “internal” and technical experts embedded in the policy process rather than external or scientific knowledge. Despite that choice, the management of the crisis did not escape criticism from “other experts”. In fact, in August 2020, a group of twenty experts<sup>132</sup> called for an independent evaluation of the management of the first wave in order to learn lessons for future waves or epidemics. These experts identified three key areas for evaluation to understand why Spain was affected in such a way despite having a good health system: governance and decision-making, scientific and technical advice, and operational capacity (García-Basteiro, 2020). This was not the first time that a group of experts used a publication of *The Lancet* to ask for measures, decisions or actions. For example, in March 2020, a group of experts called for a “complete lockdown” (Mitjà et al., 2020). Nor was it the last time, as in October 2020, a group of five experts called for detailed data (Trias-Llimós et al., 2020).

#### **4. What is the prevailing configuration of the country’s political landscape?**

Boint and colleagues assure us that

Crisis experience tends to favour decentralisation of crisis response authority: top leaders and national policy makers have learned that, particularly in highly dynamic and technically complex crises, they are usually better off relying upon and supporting local authorities and expert agencies and skilful operators rather than ‘taking charge’ themselves. ... commanding structures for crisis are built on the premise that only those decisions that cannot be taken on the spot will rise to the top where crisis leaders reside (Boin et al., 2005, p. 54).

However, this was not the first response by the Spanish government. Pedro Sánchez, the Prime Minister, centralised the crisis management, taking himself the lead in the declaration of the state of emergency on 15 March, a “tough” response to COVID-19 pandemic, which included a total lockdown with very limited possibility of movement for over 47 million individuals. This exceptional measure needed to be extended regularly, and throughout all these requests, the government was criticised and struggled at times to achieve extensions with most of the Parliament groups against them. During the debates in Congress, prior to the adoption of the decision to prolong the state of emergency, opposition groups cited the lack of information regarding the decisions being taken and the lack of communication between the government, the parties and the autonomous communities (Díez, 2020). Those opposition parties also argued that the state of emergency allowed for the opacity the Government needed to hide its calamitous management of the crisis. The political environment became increasingly difficult, especially after the second extension on 9 April, and for the last extensions, there were serious doubts there would be agreement.

One important point of disagreement was the de-escalation Plan as some Autonomous Communities and the opposition parties wanted to end the “tough” lockdown as soon as possible and arrive at the “new normality”. Madrid has been one of the most belligerent communities regarding the government’s decisions, as it is led by a political party that is in opposition. After all, disagreement is part of the politicisation of the management of the pandemic, as indicated above. The discussion in Madrid context can thus be simplified as “health versus economics” and, between these two extremes, sometimes the central government and communities such as Madrid have observed an antagonistic stance (Valdés, 2020).

Madrid’s government criticised the state of emergency and the centralisation of crisis management on the basis of the political devolution to regional governments of Health competencies that is the consequence of that political devolution incrementally implemented over the last 35 years in Spain (García de Blas, 2020). Spain has as a consequence acquired a very decentralised health system with service delivery organised at the regional level. In this

context, one of the reasons for management at the regional level was that local politicians were more competent and responded better to crises than the central government.

Despite devolution, or because of it, coordination is crucial, as the responsibility for health is devolved to and shared among 17 very diverse regions. The Law 14/1986 of 25 April 1986 on General Health (LGS) and its implementing provisions establish that, among others, the state has exclusive competence for the bases and general coordination of health issues. In this domain, the State is responsible for establishing the rules that set the minimum conditions and requirements, pursuing a basic equalisation of conditions in the operation of public services. In this context, the Spanish Ministry of Health develops the policy guidelines and oversees the national health budget. With regard to health coordination, it should be understood as the establishment of means and systems of relations that make reciprocal information possible, such as technical homogeneity in certain aspects and joint action by the state and community health authorities in the exercise of their respective competencies, in such a way as to achieve the integration of partial acts in the overall health system. These and other principles related to coordination are set out in the LGS, which also specifies the instruments of collaboration and creates the Inter-territorial Council of the National Health System (CISNS) as the coordinating body. The CCAES, directed by Fernando Simón, coordinates the Epidemiological Surveillance Working Group of the Public Health Commission of the Interterritorial Council of the National Health System (*Consejo Interterritorial del Sistema Nacional de Salud*). Thus, the CCAES provides a mechanism for coordination between the national and regional governments. This mechanism has not, however, ensured that measures are fully coordinated.

All the problems and critics during the state of emergency and the pressures from the Autonomous Communities can be identified as possible explanations for the management of the second wave. As the Editorial of the *Lancet* assured readers in October 2020,

Spain's political polarization and decentralized governance might also have hampered the rapidity and efficiency of the public health

response. However, whereas the first wave might have been unpredictable, the second wave in some parts of Spain was quite predictable (*The Lancet*, 2020, p. 5).

The political politicisation and the weakening of the government in its discussion with the Autonomous Communities determined the management of the second and third waves, in which the central government affirmed that the Autonomous Communities had sufficient instruments to manage the pandemic in their territories. Some authors have seen this change towards a decentralisation strategy, namely the coordination with regional authorities, as somehow normal and desirable in federations (Greer et al., 2020). However, in this case, this new phase cannot be considered as “a voluntary cooperation case to solve coordination problems” (Greer, 2020, p. 101).

At the end of the first wave and the beginning of the second, the test-trace-isolate triptic, which is the cornerstone of the response to the pandemic, obviously remained weak. When the national lockdown was lifted in June, some regional authorities were probably too fast at reopening and too slow at implementing an efficient track and trace system (*The Lancet*, 2020). In October 2020, with COVID-19 cases increasing, the authorities were again looking at lockdowns to contain the spread of the virus, but this time the government decided to provide Autonomous Communities with a legal framework allowing them to take responsibility for the response and management. This is the context in which the government declared a nationwide state of emergency on 25 October 2020 in order to contain the spread of infections caused by SARSCoV-2, and this extended several times until 9 May 2021. The new declaration clearly states that “for the purposes of the state of emergency, the competent authority is the national government. In each Autonomous Community or Autonomous City, the delegated competent authority is whoever holds its presidency”.

## 5. Conclusion

As stated in the academic literature, in normal times, experts can relate to politics in two main, and opposed, ways. Firstly,

they can be called to provide expert knowledge to design policies, formulate and envisage solutions to difficult problems as functional experts and also serve as process experts and analysts providing advice at different stages of the policy process, namely implementation and evaluation. Secondly, they can also be expected to support policy decisions with some kind of “data/empirical evidence” that supports politicians on a specific issue and lends authority to a particular policy position, which is sometimes called a politicisation of science or knowledge. One important question is how these two tasks perform in crisis times. As analysed before, experts can perform the same roles under the pressure of time due to the urgency to act. The analysis of the current COVID-19 crisis response in Spain conducted in this chapter has allowed us to answer some relevant questions about experts and politicians’ management. As observed, there has been no collision between the personification of crisis management, with a super-expert, Fernando Simón, and the setup of specialised and expert committees and advisory boards. The first wave of the crisis has been managed with three main personalities leading decisions and communication: the president of the government, Pedro Sánchez, the Health Minister, Salvador Illa, and the Chief of the CCAES and a network of expert committees, totalling seven during the first wave. What has been particularly surprising, compared to other countries, such as Italy (Caselli et al., 2023), is the opacity about the deliberations and decisions as well as the names of most of the participants in the diverse committees.

In terms of political communication and media interventions, government ministers and civil servants spearheaded the communication of information provided to the public during the pandemic’s initial wave with daily press conferences, leaving little room for other experts on TV and in mass media. In this sense, the case of Spain illustrates the dominance of politicians over experts.

This setup has been named as “a network of advisory Committees”; a network characterised by its (1) multidisciplinary: involving a mix of disciplines and expertise related to public health but also to economic and even foreign affairs; (2) “internal”: predominantly comprising a huge number of technical and

civil servants; and (3) “established”, since the experts were not new to policy-making and had worked for a long time in the Public Health System. Although due to the lack of precise information, it is not possible to classify the different profiles of experts, whom Colebatch, Hoppe and Noordegraaf (2010) describe as functional experts, the preceding analysis shows that this type of experts has been important in the response and management of the crisis. This categorisation of experts is made even more difficult by the possibility of considering some of the experts, such as Fernando Simón, as both a functional expert and a process expert.

The setup, work, reports and decisions of most of those committees must be criticised on the basis of opacity, dilution of responsibilities and lack of accountability. The complexity of the committees’ network, with a huge variety of committees, can also contribute to avoid monitoring their work. Regarding their composition and reports, as stated, the composition of five out of eight committees is unknown, and their reports or assessments of the situation were not published. Some organisations, mass media and groups of experts have repeatedly raised their voices for details concerning Committees’ actions and decisions. The examination by waves allows us to have a continuous view of the experts in the management of COVID-19 pandemic. It perpetuated the presence of government members and official experts during the management of the first wave, which allowed for a justification of the measures adopted, ensuring the legitimacy of the decisions taken. This situation came to an end during the debates on the extension of the state of emergency, with a belligerent opposition and the politicisation of the management of the pandemic. This fact, together with citizens’ figure fatigue due to the duration of the harsh confinement and the decentralisation of the Health System, allow us to speak of a second phase in the management of the pandemic, which began during the de-escalation with the criticisms of the Autonomous Communities, and that lasted during the second wave. The management of the second wave that started in September and was extended until the end of 2020 was characterised by a continuity in public experts but with a decentralised management of the pandemic. An example of this is the creation of a new advisory committee incorporating members

of the central government and the Community and City Council of Madrid. During the second wave, the Autonomous Communities were in charge of specifying the measures derived from the state of emergency and their implementation, which led to less wear and tear on the central government, as well as greater flexibility and a local adaptation of decisions. In this context, the different parties in the autonomous governments have chosen their position in the health-economy axis.

## Declaration of conflicts of interest

Nothing to declare.

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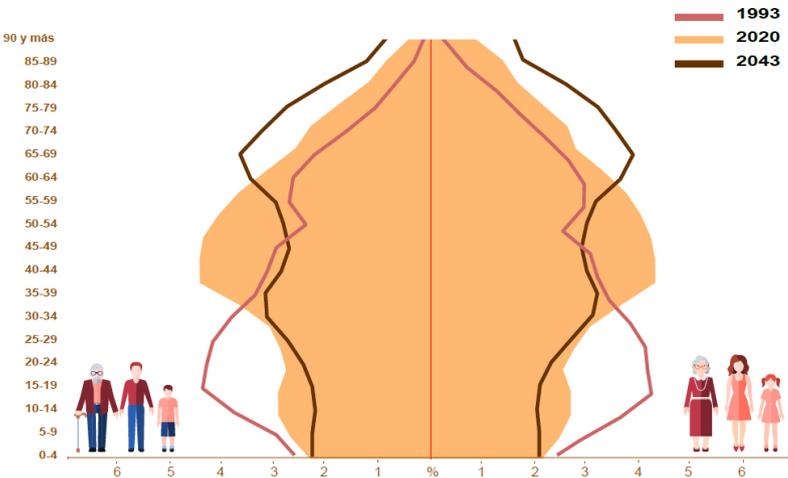
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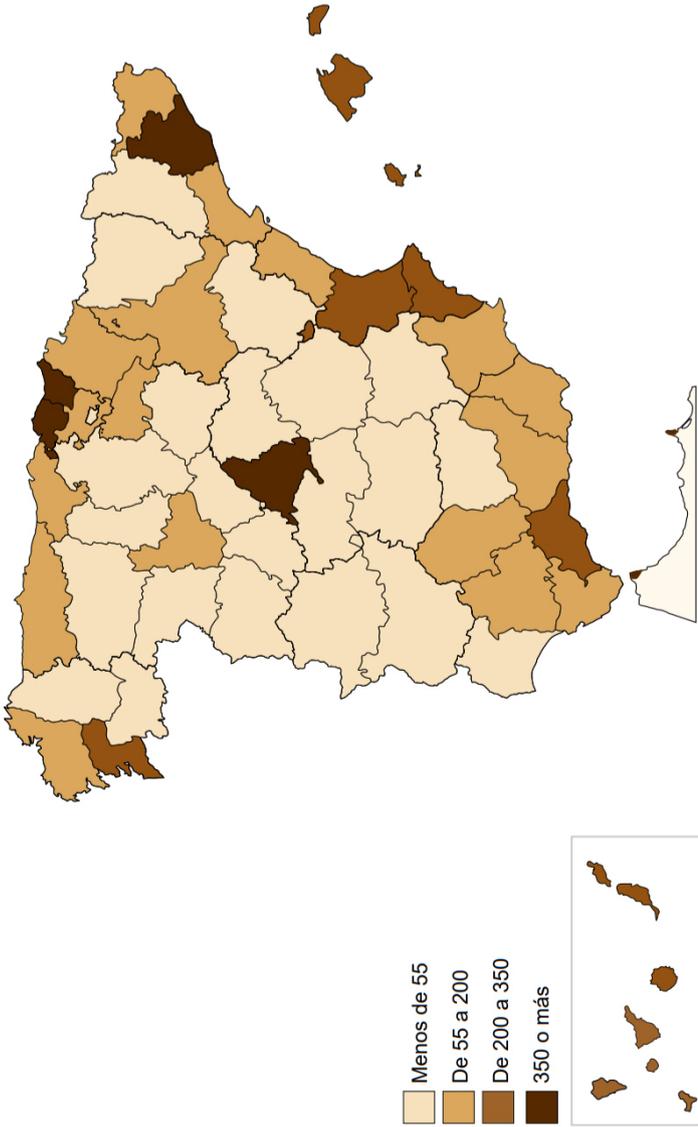
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## Annex I



**Figure 1.** Evolution of the Population Pyramid in Spain (1993, 2020 and 2043).

Fuente: INE: Population figures, Population projections INE – Spain, June 2020.



**Figure 2.** Population density by province.  
Source: National Institute of Statistics.

**Table 1.** Number of infected and deaths by Autonomous Community (29 January 2021).

Autonomous Community	Number of people infected	Number of deaths
Andalucía	391,102	6,260
Aragón	96,962	2,918
Asturias	35,966	1,505
Baleares	51,575	577
Canarias	35,014	524
Cantabria	22,186	453
Castilla-La Mancha	148,459	4,542
Castilla y León	184,134	5,610
Cataluña	492,228	9,404
Ceuta	3,904	71
Comunidad Valenciana	298,389	4,633
Extremadura	64,241	1,429
Galicia	93,195	1,711
Madrid	515,790	12,578
Melilla	5,957	51
Murcia	97,921	1,066
Navarra	48,104	1,028
País Vasco	132,768	3,321
La Rioja	25,224	638

Source: Ministry of Health, Spain. (Mucientes et al., 2021).

There is no doubt that the stakes of counting and publishing the data of a phenomenon are high, especially in the public eye and regarding the demands and accountability of policy makers. Moreover, in a “crisis context” such a publication will provide an insight into the evolution of the phenomenon, and its comparison with data from elsewhere. In relation to the “refugee crisis” of 2015 and 2016, Rea et al. stated that: “the numerical assessment firstly fuels the public perception of these events as either an encroaching menace or a humanitarian disaster. Secondly, it helps

provide a better understanding of the extent of the political action taken by both the EU and its individual states. Finally, it highlights the use and misuse of the data by public institutions, the media and scientific researchers” (Rea et al., 2019, p. 16).

## **Annex 2. Composition of Expert Committees**

### **1. Technical-Scientific Committee**

This was chaired by Fernando Simón and included the Ministry of Health and from time to time the President of the Government. The Science and Innovation Minister, Pedro Duque, also participated. It was composed by other seven members.

- Antoni Trilla García, Head of the Preventive Medicine and Epidemiology Service of the Hospital Clínic de Barcelona;
- Hermelinda Vanaclocha Luna, Deputy Director General of Epidemiology, Health Surveillance and Environmental Health of the Generalitat Valenciana;
- María Teresa Moreno Casbas, Director of the Research Unit on Health Care and Services (Investén-ISCIH) of the Carlos III Health Institute;
- Agustín Portela Moreira, head of the Official Medicines Control Laboratory for Biological Products (vaccines and plasma derivatives) of the Spanish Agency for Medicines and Health Products (AEMPS);
- Inmaculada Casas Flecha, virologist at the National Microbiology Centre of the Carlos III Health Institute;
- Miguel Hernán, professor of Biostatistics and Epidemiology at the Harvard University School of Public Health;
- and Javier Arranz, coordinator of Infectious Diseases at the Balearic Islands Health Research Institute Foundation and latest addition.

### **2. Multi-disciplinary Committee (information published on 22 April 2020)**

The Fourth Vice-President of the Government and Minister for Ecological Transition and the Demographic Challenge, Teresa Ribera, and the Science and Innovation Minister, Pedro Duque,

have met with the Multidisciplinary Working Group that advises and supports the Ministry of Science and Innovation on scientific matters related to COVID-19 and its future consequences. It also coordinates the preparation of reports and will propose the necessary modifications to improve the response to similar crises.

This group will begin by studying in depth the position paper of the German Academy of Sciences and its applicability to the current situation in Spain. It will also make proposals along the lines of the experimentation necessary to obtain useful data for decision-making.

Subsequently, it will be responsible for making strategic proposals on the promotion of research and innovation in Spain, such as the reordering of priorities, proposals to speed up research times, the promotion of strategic lines to boost value chains or to carry out a strategy for the promotion of adaptable dual capacities for critical situations.

This group is made up of:

- Beatriz González López-Valcárcel, professor of quantitative methods in economics at the University of Las Palmas de Gran Canaria and researcher in health economics, specifically in human resources for health, health technologies or pharmaceuticals. She has carried out consultancies in several countries.
- José M. Ordovás, PhD in biochemistry from the University of Zaragoza, professor and researcher in nutrition at the USDA-Human Nutrition Research Center on Aging at Tufts University in Boston, where he is also the director of the Nutrition and Genomics Laboratory. He is moreover a researcher at the Instituto Madrileño de Estudios Avanzados (IMDEA) Alimentación. He acts as chairman of the group.
- Marco Inzitari, specialist in geriatric medicine. He is the director of Intermediate Care, Research and Teaching at Parc Sanitari Pere Virgili, and associate professor at the Autonomous University of Barcelona. He is also a researcher at the Vall d'Hebron Research Institute.

- José Javier Ramasco, PhD in physics from the University of Cantabria and tenured scientist at the Spanish National Research Council (CSIC). He works at the Institute of Interdisciplinary Physics and Complex Systems. He is the author of more than 86 scientific publications cited more than 7,500 times.
- Itziar de Lecuana, PhD in law from the University of Barcelona, lecturer in the Department of Medicine and deputy director of the Bioethics and Law Observatory (OBD). UNESCO Chair in Bioethics at the University of Barcelona.
- Alfonso Valencia, PhD in molecular biology from the Autonomous University of Madrid, is Director of the Department of Life Sciences at the Barcelona Supercomputing Center- Centro Nacional de Supercomputación. He is also Director of the National Institute of Bioinformatics (INB-ISCIII) and coordinator of the Spanish node of the European ELIXIR infrastructure. He is furthermore an ICREA research professor.
- Diego Puga, PhD in economics from the London School of Economics, professor of economics at the Centro de Estudios Monetarios y Financieros in Madrid. His research interests include urban economics, economic geography and international trade.
- Laura M. Lechuga, research professor at CSIC, director of the Nanobiosensors and Bioanalytical Applications Group at the Catalan Institute of Nanoscience and Nanotechnology.
- Mario Esteban, Ad Honorem professor at the National Biotechnology Centre of the CSIC and head of the Vaccines Group.
- Jose Molero, professor of applied economics at the Complutense University of Madrid and professor of industrial economics and economics of innovation.
- Pedro Jordano, CSIC research professor at the Doñana Biological Station (Seville). Expert in the study of biological diversity (biodiversity) from ecological and

evolutionary perspectives. Received the National Research Award in 2018.

- Alfonso Gordaliza, PhD in mathematics from the University of Valladolid, professor of statistics and operations research at the University of Valladolid and president of the Spanish Committee of Mathematics. He is an expert in robust statistics.
- Rocío-García-Retamero, professor in the Department of Experimental Psychology at the University of Granada. She is an expert in risk perception and health psychology and medical decision-making.
- Agustín Portela, PhD in biological sciences from the Autonomous University of Madrid, was a researcher in basic virology. He is head of area at the Spanish Agency for Medicines and Health Products where he is responsible for the clinical evaluation of human vaccines and the Biological Products laboratory.
- Ramón López de Mántaras, research professor at the CSIC and founder and former director of the Artificial Intelligence Research Institute (IIIA). He is a pioneer of AI in Spain, with almost 300 research articles. Received the National Research Award in 2018.
- Francisco Sánchez Madrid, PhD in biochemistry from the Autonomous University of Madrid in 1980. He completed his training in Immunology at Harvard Medical School, Boston (USA). He has been professor of immunology in the Department of Medicine at the Universidad Autónoma de Madrid since 1990, and head of the Immunology Department at the Hospital Universitario de la Princesa since 2009, as well as scientific director of the Instituto de Investigación Sanitaria Princesa.

3. Expert committee of de-escalation (EFE 2020, April 29) <https://www.efc.com/efc/espana/portada/este-es-el-consejo-de-sabios-que-asesora-al-gobierno-en-la-desescalada/10010-4234460>

Experts in epidemiology, public health, debt, new technologies, philosophy, inequality, artificial intelligence, economics and

international relations make up the multidisciplinary panel of wise men advising the government on how to de-escalate after the coronavirus pandemic.

Numerous professionals have contributed to the “Plan for the transition to a new normality”, for which autonomous communities, city councils, companies, trade unions, governmental organisations, academics and a multidisciplinary working group created by the Science and Innovation Minister, Pedro Duque, have also contributed information.

However, a central panel of experts from different disciplines is responsible for analysing how to return to normality from confinement and for establishing priorities for the gradual return to routine, both in the health field and in the economic, social and international dimension of the crisis.

Here are some of the professionals who composed the team:

- Ana María García is professor of preventive medicine and public health at the University of Valencia and researcher at the Centre for Research in Occupational Health (CISAL) at the Pompeu Fabra University in Barcelona. She was director general of public health in the Valencian Community between 2015 and 2019.
- Antoni Plasencia, director of the Barcelona Institute for Global Health since 2014 and consultant physician in the Department of International Health at the Hospital Clínic in Barcelona. A specialist in epidemiology, preventive medicine and public health, he was director general of public health at the Generalitat de Catalunya between 2004 and 2011. He has lectured at the Universitat Autònoma de Barcelona, the Pompeu Fabra University and the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health.
- Raquel Yotti, director of the Instituto de Salud Carlos III. Clinical researcher for the National Health System, she holds a PhD in medicine and surgery from the Complutense University of Madrid and is a specialist in cardiology. Until her appointment as director general

of the ISCIII, she held the post of head of the clinical cardiology section at the Gregorio Marañón University General Hospital and worked as an associate professor in the Bioengineering and Aerospace Engineering Department of the Carlos III University of Madrid. For 18 years she combined her research, healthcare and teaching activities.

- Manuel Cuenca, deputy director general of applied services, training and research at the Carlos III Institute of Health. He holds a PhD in medicine and surgery, a degree in history and is an expert in probability and medical statistics. He has been director of the National Microbiology Centre of the ISCIII, is a microbiologist, expert in fungal infections and lecturer on several doctoral and master's degree programmes at the Complutense University of Madrid, the University of Alcalá and the Autonomous University of Madrid.
- Miguel Hernán, professor of biostatistics and epidemiology at the Harvard School of Public Health. His research focuses on learning what works best for the treatment and prevention of infectious diseases, cancer, cardiovascular diseases and psychosis. His classes focus on generating, analysing and interpreting data to guide public health policy and clinical decisions.
- Carlos Cuerpo Caballero, former director of the Economic Analysis Division of AIREF, where his daily work revolved around macroeconomic forecasts for Spain and its debt. He is currently director of macroeconomic analysis at the Ministry of Economy and Digital Transformation. With a degree in economics from the University of Extremadura, he completed his studies with a master's degree in economics at the London School of Economics and a PhD in economics from the Autonomous University of Madrid. He is recognised as a national expert at the European Commission's Directorate-General for Economic and European Affairs.
- Borja Barragué Calvo, professor of philosophy of law at the UNED, specialising in inequality, political philosophy

and normative economics. Author of the book *Larga vida a la socialdemocracia: cómo evitar que el crecimiento de la desigualdad acabe con la democracia*. A graduate in law from the University of Deusto and political science from the Autonomous University of Madrid, he has been a visiting researcher at the Hoover Chair of Social and Economic Ethics at the Catholic University of Louvain (Belgium) and at the Faculty of Law of McGill University in Montreal (Canada). He was also hired as research staff at the Faculty of Economics and Business Studies of the University of the Basque Country. He is currently a lecturer in Philosophy of Law at the UNED.

- José Fernández Albertos, permanent researcher at the Institute of Policies and Public Goods of the CSIC and advisor to the Ministry of Inclusion, Social Security and Migration. He holds a PhD in political science from Harvard University, is a member of the Juan March Institute and his research work at the intersection of political economy and comparative politics has been published in several international journals.
- Miguel Otero Iglesias, economist and senior researcher at the Real Instituto Elcano and professor at the Instituto de Empresa. He is also an associate researcher at the European Union-Asia Institute of the ESSCA Business School in Paris and his areas of specialisation include the European monetary union and monetary cooperation in other regions of the world, as well as international monetary and financial relations.
- Carme Artigas, secretary of state for digitalisation and artificial intelligence. She is one of Spain's leading experts in the practical application of big data and artificial intelligence. She holds a degree in chemical engineering from the Institut Químic de Sarrià and chemical sciences from Ramon Llull University, as well as a degree in executive management in venture capital from the Haas School of Economics (University of Berkeley) in California.

- Manuel Muñiz, secretary of state for global Spain, a position reporting to the Ministry of Foreign Affairs, and dean of international relations at the Instituto de Empresa. He is in charge of communication, public diplomacy and networks, as well as economic diplomacy, and is moreover responsible for the design of strategy, foresight and coherence of external action. A graduate in law from the Complutense University of Madrid, he holds a master's degree in stock exchange and financial markets from the Instituto de Estudios Bursátiles, another in public administration from the Kennedy School of Government and a PhD in international relations from the University of Oxford.
- Bruno Sánchez Andrade, astrophysicist born in Oviedo in 1981, he worked for NASA, was an advisor to the World Bank and collaborated on several projects and NGOs linked to climate change. PhD in astrophysics and writer, he is the author of the book *Impact Science* (2019) focused on the social impact of the scientist's work. In May 2019, Sánchez Andrade headed the Spanish candidacy of Volt Europe, the first political party to run simultaneously in eight EU countries in the European elections.
- Angel Alonso Arroba, ambassador-at-large for Spanish Global Citizenship. A graduate in journalism and social anthropology from the University of Seville with a master's in international security from the School of Foreign Service at Georgetown University, he has developed his professional career at the Organisation for Economic Co-operation and Development (OECD) in Paris. He has been a member of the Cabinet of the Secretary-General of the OECD, holding the positions of head of division and head of management and communication, as well as adviser to the secretary-general. He also completed postgraduate studies in political science and constitutional law at the Centro de Estudios Políticos y Constitucionales (2003) and in international relations at the Instituto Universitario

Ortega y Gasset and worked as an analyst at the Democracy Coalition Project (Open Society Institute) and as a consultant for the World Bank in Malawi and at the Club de Madrid.

- Diego Rubio, director of the National Office of Foresight and Long-Term Country Strategy. A graduate in history from the Autonomous University of Barcelona, he obtained the highest mark in the country and received the first National Award for Academic Excellence from the Ministry of Education. D. from Oxford University. He is a specialist in applied history, theory of change, foresight and anticipatory governance. His research seeks to understand how societies change over time, paying special attention to the effects of innovation and geopolitical transformations. Born in Cáceres in 1986, he has been professor of applied history and government at IE University and has advised international organisations such as the United Nations, the European Commission and the Ibero-American General Secretariat.
- Diego Martínez Belio, a career diplomat, has been director of the cabinet of the secretary of state for the European Union, Juan González Barba, since February this year.

## Endnotes

125. Spain is territorially organised in autonomous communities (in Spanish: *comunidad autónoma*). That is the intermediate level of political and administrative decision-making, with the State above and the municipalities below. This organisation was created in accordance with the Spanish Constitution of 1978. Spain is not a federation, but a decentralised unitary country.

126. Instituto de Salud Carlos III. Vigilancia de los excesos de mortalidad por todas las causas: MoMo. July 19, 2020. [https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/MoMo/Documents/informesMoMo2020/MoMo\\_Situacion a 19 de julio\\_CNE.pdf](https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/MoMo/Documents/informesMoMo2020/MoMo_Situacion a 19 de julio_CNE.pdf)

127. The initial chronology has been compiled on the basis of information from different sources: <https://stories.lavanguardia.com/ciencia/20210125/33068/coronavirus-cronologia-de-una-pandemia-en-espana>

128. <https://www.cmaweblines.org/ontarget/grid-index-tracking-the-global-leadership-response-in-the-covid-19-crisis/>. This is based on an algorithm that was developed by incorporating the number of tests per million of the population (weighted positive score), the number of deaths per cases (weighted negative score), the number of deaths per million of the population (weighted negative score), the number of cases per million of the population (weighted negative score) and the *CP Index* (weighted positive score)

129. (27 September 2020) [https://www.lasexta.com/programas/el-objetivo/noticias/quienes-son-los-expertos-que-estan-asesorando-al-gobierno-para-controlar-la-pandemia-en-espana\\_202009275f7070b822fo50001b0177f.html](https://www.lasexta.com/programas/el-objetivo/noticias/quienes-son-los-expertos-que-estan-asesorando-al-gobierno-para-controlar-la-pandemia-en-espana_202009275f7070b822fo50001b0177f.html)

130. [https://www.eldiario.es/autores/maldita\\_es/](https://www.eldiario.es/autores/maldita_es/) (accessed 21 May 2021).

131. Phone conversation in June 2020 with a public health doctor.

132. Most of them prominent Spanish researchers in different medical fields working at Hospitals, international research centres and institutions, and Universities such as: ISGlobal, Hospital Clínic, Universitat de Barcelona, Universidad de Alicante, Universitat Rovira i Virgili, Centro de Biología Molecular Severo Ochoa (MDV); the Interdisciplinary Platform on Global Health at the Spanish National Research Council, Madrid, Spain (MDV); Universidad de Alcalá de Henares : Johns Hopkins Bloomberg School of Public Health, University of Lleida, Barcelona Institute for Global Health, the University of Toronto, the University of Oxford, CIBER of Epidemiology and Public Health; the London School of Hygiene & Tropical Medicine; and the National University of Singapore.