

Local governance in the COVID-19 response: Challenges, strategies, and lessons – a multinational integrative review

Governança local na resposta à COVID-19: Desafios, estratégias e lições, uma revisão integrativa multinacional

Gobernanza local en la respuesta a COVID-19: Retos, estrategias y lecciones, una revisión integradora multinacional

Received: 07/01/2025 | Revised: 07/08/2025 | Accepted: 07/08/2025 | Published: 07/10/2025

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Abstract

This integrative review aims to examine the role of local governance in addressing the COVID-19 pandemic across diverse countries. Based on 39 scientific articles published between 2020 and April 2025 in the following databases: PubMed, Web of Science, Scopus, Science Direct, and Google Scholar. Findings reveal that the effectiveness of public health crisis responses was intrinsically linked to local governments' adaptive capacity, intergovernmental coordination, and social participation. Six key thematic categories were identified: (i) adaptive capacity and resilience; (ii) coordination structures; (iii) enabling factors (resources, leadership); (iv) structural challenges (fragmentation, underfunding); (v) social participation; and (vi) contextual variations. Countries such as China, South Korea, and Bangladesh demonstrated effective local-community articulation, whereas Brazil, Sweden, and Zimbabwe faced limitations due to centralization and federative weaknesses. The study concludes that decision-making autonomy, adequate funding, and multi-level cooperation are critical for effective responses to health crises. It recommends strengthening local institutional arrangements for future emergencies. As one of the pioneering multinational comparative analyses of local governance during COVID-19, this review provides an analytical framework applicable to future health crises, offering practical insights for designing resilient decentralized governance systems.

Keywords: Local governance; Public policies; Health policies; COVID-19; Pandemic response; Health crisis management.

Resumo

Esta revisão integrativa analisa o papel da governança local no enfrentamento da pandemia de COVID-19 em diversos países, com base em 39 artigos científicos publicados entre 2020 e abril de 2025 nas bases de dados: PubMed, Web of Science, Scopus, Science Direct e Google acadêmico. Os resultados destacam que a eficácia das respostas à crise sanitária esteve intrinsecamente vinculada à capacidade adaptativa dos governos locais, à coordenação intergovernamental e à participação social. Foram identificadas seis categorias-chave: (i) capacidade adaptativa e

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resiliência; (ii) estruturas de coordenação; (iii) fatores habilitadores (recursos, liderança); (iv) desafios estruturais (fragmentação, subfinanciamento); (v) participação social; e (vi) variações contextuais. Países como China, Coreia do Sul e Bangladesh destacaram-se pela articulação local-comunitária, enquanto Brasil, Suécia e Zimbábue enfrentaram limitações devido à centralização e fragilidades federativas. Conclui-se que a autonomia decisória, o financiamento adequado e a cooperação multinível são críticos para respostas eficazes em crises sanitárias. Recomenda-se o fortalecimento de arranjos institucionais locais para futuras emergências. Esta revisão integrativa situa-se entre as pioneiras ao apresentar uma análise comparativa multinacional sobre governança local na COVID-19, mediante um arcabouço analítico com categorias aplicáveis a futuras crises sanitárias, gerando insights práticos para o desenho de sistemas de governança descentralizados.

Palavras-chave: Governança local; Políticas públicas; COVID-19; Resposta pandêmica; Coordenação intergovernamental; Gestão de crises sanitárias.

Resumen

Esta revisión integradora tiene como objetivo examinar el papel de la gobernanza local en la respuesta a la pandemia de COVID-19 en diversos países. Basada en 39 artículos científicos publicados entre 2020 y abril de 2025 en las siguientes bases de datos: PubMed, Web of Science, Scopus, Science Direct y Google Scholar. Los hallazgos revelan que la efectividad de las respuestas a la crisis de salud pública estuvo intrínsecamente ligada a la capacidad adaptativa de los gobiernos locales, la coordinación intergubernamental y la participación social. Se identificaron seis categorías temáticas clave: (i) capacidad adaptativa y resiliencia; (ii) estructuras de coordinación; (iii) factores facilitadores (recursos, liderazgo); (iv) desafíos estructurales (fragmentación, subfinanciación); (v) participación social; y (vi) variaciones contextuales. Países como China, Corea del Sur y Bangladesh demostraron una articulación local-comunitaria efectiva, mientras que Brasil, Suecia y Zimbabue enfrentaron limitaciones debido a la centralización y debilidades federativas. El estudio concluye que la autonomía en la toma de decisiones, el financiamiento adecuado y la cooperación multinivel son críticos para respuestas efectivas ante crisis sanitarias. Recomendamos fortalecer los arreglos institucionales locales para futuras emergencias. Como uno de los análisis comparativos multinacionales pioneros sobre gobernanza local durante la COVID-19, esta revisión proporciona un marco analítico aplicable a futuras crisis de salud, ofreciendo perspectivas prácticas para diseñar sistemas de gobernanza descentralizados resilientes.

Palabras clave: Gobernanza local; Políticas públicas; Políticas de salud; COVID-19; Resposta pandêmica; Gestão de crises sanitárias.

1. Introduction

The COVID-19 health crisis demanded that global authorities mobilize complex strategies to confront it (Sestelo et al., 2020). The success of these measures depended decisively on the commitment of local governments in implementing public policies. Research indicates that national coordination was a central element (Rossi et al., 2022), with local governance emerging as a critical factor in the effectiveness of national responses (Chikerema, Chakunda, & Mukunyadze, 2024). This observation reinforces the understanding that health-disease determinants are associated with the person-time-space triad (Filho & Barreto, 2011), elements equally decisive in the formulation of health policies, the effectiveness of which is intrinsically linked to local governance (Savignon et al., 2024). In this context, strategies such as local health systems (Schneider et al., 2023), territorial planning (Teixeira & Solla, 2006), and social participation (Kapologwe et al., 2023) bring health interventions closer to citizens.

Within the conceptual framework, local governance is understood as the decision-making process at the territorial level, involving municipal governments, civil society, the private sector, and citizens (Torrens, 2012). It is guided by principles of participation, transparency, and equity (Zaleski et al., 2024) and operates in areas such as health, education, and infrastructure to improve quality of life (Lacerda & Silva, 2019). Health policies, in turn, constitute state responses to health determinants, encompassing the production, regulation, and distribution of services (Paim & Teixeira, 2006), materialized through health-promoting actions in specific territories (Andrade, 2012).

Regarding the objective and analytical approach, this study examines the heterogeneity of responses to COVID-19 (Chikerema, Chakunda, & Mukunyadze, 2024), taking as its central axis the degree of cohesion between governmental levels. Cases analyzed include Sweden, where there was a fragmentation of responsibilities (Chatterjee & Arapis, 2023), and Brazil,

which experienced a lack of federal coordination (Touchton et al., 2021). Given the gap in studies on local governance during the pandemic (Mao, 2023), this research addresses the question: How did local governance position itself in the response to COVID-19 across different countries? We analyzed the international scientific contributions on the relationship between local governance and the implementation of health policies during the crisis, focusing on three dimensions: (i) integration into multi-level governance arrangements (Bache & Flinders, 2004), (ii) determinant capacities for effectiveness (Fukuyama, 2013), and (iii) explanatory factors for national differences (Ansell & Boin, 2019).

This integrative review aims to examine the role of local governance in addressing the COVID-19 pandemic across diverse countries.

2. Methodology

This is an integrative review (Whittemore & Knafl, 2005) to systematize the available evidence in the international scientific literature examining the relationship between the role of local governance and public health policies in responding to the most recent experience of the COVID-19 health crisis across different countries.

A research of quantitative nature on the quantity of articles and qualitative about discussions of those articles was carried out (Pereira et al., 2018) in a systematic way (Snyder, 2019)

Search Strategy

A comprehensive search was conducted in the PubMed, Web of Science, Scopus, Science Direct, and Google Scholar databases to retrieve relevant studies. The search strategy was constructed by combining health descriptors related to the theme, available in the dictionaries: DeCS (Health Sciences Descriptors) MESH, such as: (“Health policy” OR “Health Services” OR “Health Management”) AND (Cities OR Municipalities OR “Local Government” OR “Local Governance”) AND (“Public Policy” OR “Social Policy” OR “Public Administration”) AND (COVID-19 OR “2019 nCoV Disease” OR “2019 Novel Coronavirus Disease”).

Inclusion and Exclusion Criteria

Empirical studies published between January 2020 and April 2025 were included if they focused on local governance and the health-disease process, public health, health policies and programs, or COVID-19 response. Articles in Portuguese, English, or Spanish, freely available in full text, and centered on local governance and health were considered. Studies in languages other than those specified, not freely accessible in full text, or addressing the topic tangentially or generically were excluded.

Additionally, for analytical purposes, this study considered the following as fundamental elements of local governance in the health-disease process: coordination, analytical and regulatory capacity, and service provision to citizens, as suggested by Mao (2023).

Study Selection Process

Study selection was performed by three independent reviewers (MDV, EC, and FM). Initially, all retrieved titles and abstracts were screened for relevance to the inclusion criteria. After initial duplicate removal, reviewers independently examined all titles and abstracts using the Rayyan tool (Van der Mierden et al., 2019). Subsequently, potentially eligible articles were assessed in full by two reviewers (MDV and EC), and any discrepancies were resolved through consensus. This process ensured the inclusion of only highly relevant and methodologically rigorous studies.

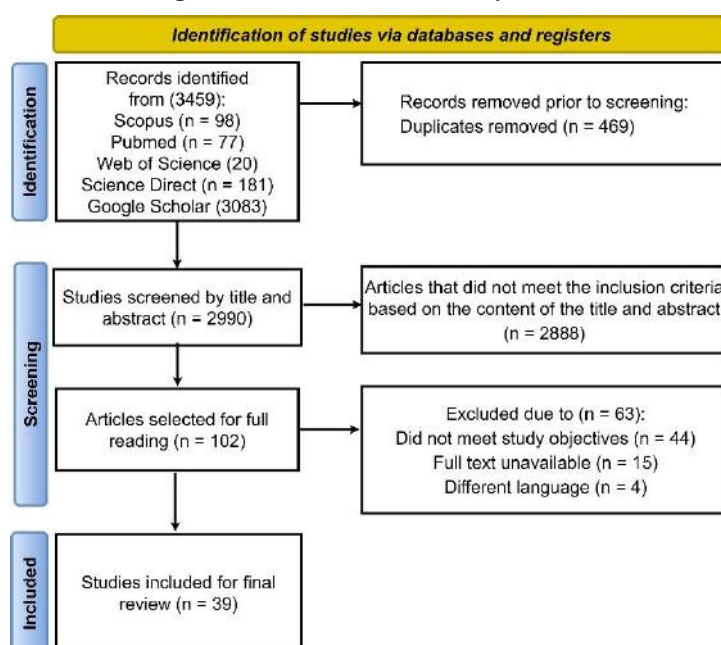
Data Extraction

Data from eligible studies were extracted by two reviewers (MDV and EC) into an extraction matrix. The extracted information included: article identification (title, author, publication year, and country studied), study objectives, methodology, main results, and key conclusions. After extraction, a third reviewer (FM) verified the data to ensure quality and consistency in the collected information).

3. Results and Discussion

The initial broad search yielded 3,459 studies, from which 469 duplicates were identified and removed. After screening titles and abstracts, 2,888 studies were excluded. A total of 102 articles underwent full-text review, and 39 studies that fully met the inclusion criteria, research question, and study objective were ultimately included in the final review sample (Figure 1).

Figure 1 - Flowchart of the study search.



Source: Prepared by the Authors.

Characteristics of the articles included in this study

The distribution of articles across databases, initial quantities, and final included studies was as follows: PubMed (77 articles, 15 included), Scopus (98 articles, 11 included), Web of Science (20 articles, 4 included), Science Direct (181 articles, 3 included), and Google Scholar (3,083 articles, 6 included). The chronological distribution of publications (Table 1) revealed: 5 (12.82%) in 2020, 4 (10.26%) in 2021, 8 (20.51%) in 2022, 10 (25.64%) in 2023, 9 (23.08%) in 2024, and 3 (7.69%) in 2025. This distribution demonstrates a generally increasing trend over time, albeit with minor fluctuations in 2021 and 2024. Regarding 2025, we cannot definitively conclude a reduction in scientific output, as our search only extended through April.

Table 1 - Distribution of studies according to database, article title, authors, year of publication, method used, country of origin, and research results (2020–April 2025).

Databases	Title	Authors	Year	Methodology	Country	Results/Contributions
PUBMED	The local governance of COVID-19: Lessons learned and ways forward in rural Bangladesh	Alam et al.	2024	Case study	Bangladesh	The pandemic highlighted the critical relevance of resilient, inclusive, and adaptable local governance in rural Bangladesh. District administrations demonstrated diligence and readiness in service provision, a decisive factor for crisis mitigation
PUBMED	Examining COVID-19 response among local governments through the political market framework	Chatterjee, V. & Arapis, T.	2023	Comparative case study (political market structure)	USA	Municipalities with council-manager governance exhibited a significantly higher tendency to implement integrated public policies (health and socio-economic) compared to alternative administrative models.
PUBMED	The capacities of local government in early response to Covid 19: Evidence from South Korea	Chung, K. H.; Kim, D. & Shim, D. C.	2024	Descriptive study	South Korea	The relative importance of local leaders' capacities and territorial infrastructure varied across disaster response phases. Decision-making agility was crucial in the short term, whilst infrastructure became more determinant in prolonged crises.
PUBMED	COVID-19 Testing in Sweden During 2020–Split Responsibilities and Multi-Level Challenges	Fredriksson, M.; & Health, A. H.	2020	Qualitative case study	Sweden	Despite progressive adaptation, institutional fragmentation remained a structural obstacle to national coordination
PUBMED	What accounts for the different regional responses to COVID-19 in China? Exploring the role of institutional environment, governance capacity and legitimacy	Mao, Y.	2023	Comparative case study	China	Regional governments with robust governance capacity enhanced crisis management through: (a) interorganisational collaboration, (b) evidence-based analysis, (c) decision-making agility, and (d) effective policy implementation.
PUBMED	Organisation of local health systems in remote rural Brazilian municipalities during the COVID-19 pandemic	Martinelli, N. L.	2024	Qualitative multiple-case study	Brazil	Municipal health systems were restructured via federal/state decrees. Technical cooperation from regional bodies, particularly the Inter-Managers Regional Commission (CIR), was decisive for decision-making and contingent measures.
PUBMED	Governing public health emergencies during the coronavirus disease outbreak: Lessons from four Chinese cities in the first wave	Li.	2023	Qualitative comparative case study	China	Effective pandemic control requires comprehensive government strategies adaptable to local contexts. The study proposes optimisations for subnational responses and identifies institutional barriers.
PUBMED	Indonesia's fight against COVID-19: the roles of local government units and community organisations	Pradana et al.,	2020	Case study	Indonesia	Local governance mediated between central government actions and communities, playing a crucial role in pandemic response
PUBMED	The effect of local government budget capacity on covid-19 cases handling: study in district government Of kalimantan island (projection in facing pandemic)	Indriani,	2022	Descriptive qualitative study	Indonesia	Communities attributed higher credibility to regional governments than federal entities in crisis management.

PUBMED	The challenges of financing COVID-19 response in Brazil's SUS within the federal pact	Fernandes & Pereira,	2020	Qualitative-quantitative study	Brazil	Subnational financing constraints limited effective pandemic responses, underscoring structural deficiencies in Brazil's health system.
PUBMED	How Policy Mix Choices Affect the COVID-19 Pandemic Response Outcomes in Chinese Cities: An Empirical Analysis	Shi et al.,	2022	Case study	China	Local governance autonomy led to divergent yet effective policy implementations in two Chinese cities, yielding contrasting outcomes.
PUBMED	Public Health Policy and Local Government Responses in NIGERIA: Lessons from the COVID-19 Pandemic	Owutuamo & Chilaka	2025	Qualitative research	Nigeria	The resource asymmetry, precarious health infrastructure, and inefficient financial management substantially constrained local governments' performance, particularly in rural regions
PUBMED	UK local government experience of COVID-19 Lockdown: Local responses to global challenges	Machin,	2023	In-depth interview	United Kingdom	Despite significant budgetary pressures, local government played a pivotal role in supporting vulnerable citizens; ultimately, synergy between stakeholders proved crucial for policy effectiveness.
PUBMED	Municipal Pathways in Response to COVID-19: A Strategic Management Perspective on Local Public Administration Resilience	Clement; Esposito & Crutzen	2023	Survey	Belgium	From a multilevel governance perspective, the context encompasses the critical obstacles and relevant actors (from the public sphere and civil society) affected during the pandemic. The municipal response to the COVID-19 crisis varied according to territorial capacities and local institutional arrangements.
PUBMED	Capacity and crisis: examining the state-level policy response to COVID-19 in Tamil Nadu, India	Sriram et al.,	2025	Estudo empírico exploratório	INDIA	The capacity to formulate public policy responses during crises at subnational scales constitutes a theoretical lacuna in the health policy processes literature.
WEB OF SCIENCE	Gaining agency? Pandemic governance and the Indian city	Bhide, A.	2024	Estudo de caso	India	Pandemic responses were constrained by path dependence within pre-existing local governance structures
WEB OF SCIENCE	Urban services and the invisibility of local governments in Nigeria in a COVID-19 pandemic context	Oyalowo, B.	2024	Qualitative study - Focus group discussion	Nigeria	The pandemic response structure has relegated local governments due to historical federal asymmetries. However, it is through these state-state relations that both the transfer of resources and the municipal capacity for equitable distribution to disadvantaged populations in crisis contexts are made possible.
WEB OF SCIENCE	Local government crisis management in response to COVID-19: the case study of south sulawesi, indonesia	Mustari.	2021	Case study	Indonesia	Whilst normative control and health surveillance formed the robust pillars of local regulation during the pandemic, auditing emerged as the fragile component within the governance framework
WEB OF SCIENCE	The Emergent Role of Local Government on COVID-19 Outbreak In Indonesia: A New State-Society Perspective	Fridayani.	2023	Case study	Indonesia	The municipal tier of government assumes unique relevance in operationalising centralised policies by converting them according to local variables and cultural settings.
SCOPUS	Exploring the impact of locking down citizen's voice on citizen participation in local government budgeting during COVID-19 public restrictions in Zimbabwe	Chikerema et al.	2024	Qualitative case study	Zimbabwe	Prioritising administrative expediency over inclusive mechanisms, municipal authorities centralised budgetary allocation without meaningful public consultation. This normative framework drastically curtailed opportunities for qualified civic engagement

SCOPUS	Implications of decentralisation for disaster governance in Nepal's federalism: A case study of COVID-19 response of four selected local governments	Pokharel, K.	2023	Qualitative research	Nepal	The Nepal case underscores the significance of governmental decentralization for pandemic response, yet highlights critical barriers to improving local institutional effectiveness.
SCOPUS	Governing pandemics: Resilience and community responses for COVID-19 in Bengaluru and Shanghai	Xu, Z.	2024	Mixed methods	India e China	The interaction between local governance and community initiatives shaped area-specific outcomes in the public health emergency response.
SCOPUS	Decentralization, policy capacities, and varieties of first health response to the COVID-19 outbreak: evidence from three regions in Italy	Chaparro, R. et al.	2021	Comparative study	Italy	Italy's devolved health system –marked by technical capacity inequalities – generated regionally fragmented COVID-19 policies with stark differences in implementation efficacy and population reach
SCOPUS	Corona-regionalism? Differences in regional responses to COVID-19 in Italy	BOSA et al.	2021	Case studies	Italy	Despite national governance structures, regions functioned as key agents in contextualised decision-making that proved crucial for localised COVID-19 containment
SCOPUS	The Dutch COVID-19 approach: Regional differences in a small country	Hoekman; Smits & Koolman,	2020	Case studies	Netherlands	Acting contrary to national policy guidance, the three northern provinces consistently upheld containment protocols, achieving successful interruption of autochthonous COVID-19 transmission
SCOPUS	The state's role in managing the covid-19 crisis: divergent perspectives on federalism and union-municipal relations	Censon, D & Barcelos,	2020	Documentary analysis and non-systematic review	Brazil	Given deficient central coordination, subnational entities took operational initiative in procuring critical human capital and fiscal allocations necessary for emergency management and citizen welfare provisions
SCOPUS	How Effective Is a Traffic Control Policy in Blocking the Spread of COVID-19? A Case Study of Changsha, China	Xiang et al.,	2022	Case study	China	In Changsha, the implementation of mobility restrictions resulted in a 66.03% reduction in peak infectious case incidence alongside a 58-day temporal displacement of the community transmission peak period
SCOPUS	Organised groups, social activism and narratives of the pandemic in vulnerable territories in the city of Rio de Janeiro, Brazil	Gutiérrez et al.,	2023	Case study	Brazil	The collaborative governance framework between Family Clinics (FCs) and territorially-organised social mobilisation initiatives consistently demonstrated an essential and potent partnership, emerging from sustained bidirectional exchanges within this reciprocal dynamic
SCOPUS	Contingency plans and state coordination in the COVID-19 pandemic	Ferreira & Lima.	2024	Documentary research	Brazil	Os estados passaram a exercer o papel de coordenação, visando à integração, ao alinhamento e à cooperação entre os setores envolvidos
SCOPUS	Central-Local Government Coordination During the COVID-19 Response: A Case Study Analysis of Jordan and Morocco	Alshoubaki & Zemrani,	2022	Case study	Jordan and Morocco	Subnational coordination between provincial and municipal entities enabled the operationalisation of sanitary measures, while Morocco's central government – retaining national policy design functions – devolved implementation competencies to local and intermediate

						administrative levels
SCIENCE DIRECT	COVID-19, community response, public policy, and travel patterns: A tale of Hong Kong	Chan	2021	Case study	China ((Hong Kong)	Time-series data reveals measurable responsiveness competencies within the local government–civil society–community triad during crisis implementation phases.
SCIENCE DIRECT	A study of the decentralised administrative arrangements between the central and local governments in Bangladesh during the COVID-19 pandemic crisis	Al Farid Uddin et al.,	2024	Qualitative content analysis and interviews	Bangladesh	Deficient local government involvement in strategic planning and joint coordination arrangements demonstrated the absence of functionally decentralised management frameworks.
SCIENCE DIRECT	Decentralization: A handicap in fighting the COVID-19 pandemic? The response of the regional governments in Spain	Erkoreka, M. & Hernando-Pérez, J	2022	Quantitative and qualitative research	Spain	Regional governments assumed primary responsibility for coordinating policy responses to the convergent public health, economic, and social emergencies triggered by the COVID-19 pandemic
Google Scholar	Brazilian Federalism in the Pandemic	Abrucio; Grin & Segatto	2021	Qualitative research	Brazil	Subnational governance structures acted as essential bulwarks against federal executive overreach, blocking anti-scientific directives and alleviating pandemic consequences
Google Scholar	Combating COVID-19 Pandemic: Role of Local Government Institutions of developed and developing countries and assessing the activities of Ward 28 of Dhaka from this perspective	Farha et al.	2025	Extensive literature reviews	Bangladesh	Local governance entities delivered community support interventions via socioeconomic aid provisioning, personal protective equipment allocation, public health awareness initiatives, and compliance monitoring of physical distancing protocols
Google Scholar	Local implementation of public health policies revealed by the COVID-19 crisis: the French case	Mériade; Rochette & Cassière.	2023	Case study	France	Three implementation planes – policy-setting, organisational management, and service delivery – characterised local COVID-19 health interventions
Google Scholar	City diplomacy and public policy in the era of COVID-19: networked responses from the Greek Capital	Karvounis,	2022	Case study	Greece	When confronting transnational threats – notably climate disruption and pandemic emergencies – municipal authorities pioneer innovative governance models via cross-jurisdictional networks that address policy vacuums left by national governments.
Google Scholar	Impact of the COVID-19 pandemic on public policy in the local health sector a multi-level analysis	Aroni	2023	Mixed methods (qualitative and quantitative)	Indonesia	The identified challenges and adaptive responses highlight the criticality of subnational governance during global sanitary crises, pressing the case for health systems featuring agile responsiveness and systemic shock-absorption capabilities
Google Scholar	Capacity and crisis: examining the state-level policy response to COVID-19 in Tamil Nadu, India	Sriram et al.,	2025	Exploratory empirical study	India	The specialised literature reveals a recognised scarcity of theoretical frameworks addressing subnational entities' adaptive capacity for public policy formulation during health crises

Source: Prepared by the Authors.

Methodologically, as reported by study authors, case studies (single, multiple, or comparative) predominated (21 studies, 53.85%), followed by descriptive research (2, 5.13%), qualitative studies (focus group discussions, content analysis, and interviews; 5, 12.82%), mixed-methods approaches (4, 10.26%), documentary research (2, 5.13%), literature reviews (2, 5.13%), surveys (1, 2.56%), in-depth interviews (1, 2.56%), and exploratory empirical studies (1, 2.56%). The predominance of descriptive (non-experimental) studies, particularly qualitative research, while providing valuable contributions to the field, inherently limits our ability to draw definitive causal inferences from their findings. This limitation underscores the need for future investigations employing experimental or quasi-experimental designs.

Geographically, the studies originated from Bangladesh (3, 7.32%), USA (1, 2.44%), South Korea (1, 2.44%), Sweden (1, 2.44%), China (6, 14.63%), Brazil (6, 14.63%), Indonesia (5, 12.20%), France (1, 2.44%), Greece (1, 2.44%), Spain (1, 2.44%), Belgium (1, 2.44%), Netherlands (1, 2.44%), UK (1, 2.44%), Jordan (1, 2.44%), Morocco (1, 2.44%), Nepal (1, 2.44%), Zimbabwe (1, 2.44%), Italy (2, 4.88%), India (3, 7.32%), Nigeria (2, 4.88%), and Turkey (1, 2.44%). Notably, Brazil and China led with six articles each, followed by Indonesia with five. All continents except Oceania were represented, with Asia contributing the most countries (7) and articles (20, 48.78% of total). Europe, including six countries (considering Turkey as transcontinental but counted only in Asia for continental calculations), contributed seven articles (17.07%). The total country count (41) slightly exceeds the final sample size (39) because two articles referenced cases from two countries (Alshoubaki & Zemrani, 2022; Xu et al., 2024), which were counted in both nationalities.

The critical analysis of the selected studies allowed to organize their findings into three thematic axes: i) Progress and persistent challenges at the intersection of local public policies and health policies; ii) The role of local governance in the health-disease process; and iii) Local governance in addressing the COVID-19 health crisis. The first two axes are transversal to the theme of local governance, while the third constitutes the central focus of this research and, for this reason, received more in-depth analysis.

Local public policies and health policies: progress and current challenges

Studies addressing the relationship between local governance and health broadly reinforce that this governmental decentralisation mechanism constitutes the main space for interaction between State and citizens (Kapologwe et al., 2023). This sphere is essentially characterised by the production, distribution and redistribution of goods and services to satisfy multiple needs, in response to diverse public problems (Semensato, 2021). These mechanisms require authorities to formulate and maintain effective public policies with impact on population health.

For the realisation of local health governance, projects guided by ethical values, economic viability, cultural sensitivity and ecological respect are needed, aiming at citizen health (Andrade, 2012). In this regard, effective local governance has been considered fundamental to improve public health outcomes, by enabling community participation and decision-making decentralisation (Mayanja & Akunda, 2023).

As an example, a study on decentralised administration and health service provision in Uganda observed a positive correlation between governance quality and public service quality, through improved service delivery (Mayanja & Akunda, 2023). Furthermore, it is evident that the decentralisation and deconcentration of powers give local governments greater planning and decision-making autonomy (Modríguez et al., 2023; Scheffler & Smith, 2006).

However, it should be noted that, despite increased local autonomy, this leadership often faces limitations in financial capacity to effectively meet health demands. This scenario stems from inequalities in local resource mobilization, conditioned by the size and socioeconomic characteristics of each jurisdiction (Idiculla & Mukherjee, 2023). Therefore, underfunding or

defunding reveals itself as a critical element, particularly when subnational instances depend excessively on transfers from the central level.

Another crucial limitation refers to the insufficiency of analytical and interpretative capacity of local managers to understand fundamental concepts like equity and universality in health when preparing health plans (Ritsataki, 2009). Additional challenges include the lack of trained leadership, difficulties in intersectoral coordination, governmental ambiguity in responding to health needs, and the absence of performance metrics, measurable political goals and health and wellbeing indicators (Lilly et al., 2023).

In this context, innovative proposals emerge in public planning and management, such as the management of purchases by local governmental agencies - encompassing demand formation, tender processes, market cycles and results evaluation - aiming at improvements in public health and healthy acquisitions (Noonan et al., 2013). In China, Xu et al. (2024) point to the need for efficient allocation of community health resources. In the USA, Hoornbeek et al. (2019) suggest expanding capacities or merging smaller Health Departments to reduce costs and increase effectiveness in service provision.

As can be inferred, the listed issues demonstrate, on one hand, significant advances and, on the other, the persistence of critical challenges and the emergence of new obstacles, resulting from social dynamics and the inclusion of multiple actors in the various stages of the public policy cycle (Casula, 2017; Dam et al., 2023). Such implications are directly reflected in local health policies and plans (Kapologwe et al., 2023; Schultz et al., 2023).

Specifically, this scenario has generated growing disarticulation between central and local government spheres in various countries, marked by central level disengagement in local issues, underfunding, defunding or irregularities in transfers for local health policies (Kinner; Pellegrini, 2009; Martineau et al., 2014). The conflicts relative to the limits of local power in decision-making about public health aspects result in interferences or restrictions by the central government (Dam et al., 2023).

Aspects of local governance in the health-disease process

A comprehensive understanding of the health-disease process requires recognition of its intrinsic relationship with human interaction involving biotic, abiotic, sociopolitical and cultural factors. These elements determine either the maintenance of health states or the occurrence of diseases and health impairments in populations (Bonita; Beaglehole & Kjellström, 2010).

Within this context, effective implementation of local health policies enables the identification, detection and containment of emerging problems and global health threats, including epidemics and pandemics (Barrio; Simard & Saprara, 2018). Consequently, management systems and power dynamics among strategic actors significantly influence access to health services (Rodríguez et al., 2023). This occurs through intersectoral policies addressing housing, sustainability, social services and infrastructure - an approach Lilly et al. (2023) term 'health in all policies'.

These aspects constitute social determinants of health that may either exacerbate or mitigate population health risks (Belmon et al., 2022). Notably, high-magnitude local problems may be neglected due to central authorities' priorities, compromising local regulation development and increasing vulnerability among families and social groups (Lilly et al., 2023).

Successful experiences include local AIDS response policies in Brazil (Le Loup et al., 2009); oral health promotion in Victoria, Australia (Heilbrunn-Lang et al., 2016); obesity control in Chile; smoke-free environments in Uruguay; Cuba's 'Municipality for Health' movement; urban health in Guatemala; and Argentina's 'Healthy Municipalities and Communities' initiative (Chaparro et al., 2020).

These initiatives support the thesis that locally-managed municipal governments tend to implement more effective public health and socioeconomic strategies (Chatterjee & Arapis, 2023). This factor should guide local political projects in

both technical assistance and financial resource allocation, since municipalities reflect and drive national progress (Roesler et al., 2022). Such implementation occurs through regulations on risk practices and behaviours (Martineau et al., 2014); quality control and health service oversight (De Vocht et al., 2016); local governance policies serving as mechanisms for reducing social inequalities via resource allocation, structures and health programmes (Schultz et al., 2023). Schultz et al. (2023) identify two axes of health equity-promoting factors: i) internal factors: clear equity conceptualization; equity-focused organizational culture; competency development; ii) external factors: stakeholder support; community engagement; state legislation; NGO partnerships.

However, power and resource imbalances in political-economic systems perpetuate health inequities (Montel, 2023). Illustrative cases include: religious opposition obstructing family planning programmes in the Philippines due to weak government support (Lee; Nacionales & Pedroso, 2009); corruption in non-health sectors emerging as a risk factor for disparities in Denmark (Holt et al., 2017); asymmetric hospital bed allocation favouring private facilities and socioeconomically privileged regions in Iran (Chavehpour et al., 2019); and service provision limitations stemming from responsibility fragmentation in Adelaide, Australia (Roesler et al., 2022).

The relationship between local governance and health-disease processes thus constitutes a multifaceted issue whose variations critically impact both health maintenance and disease progression (Mayanja & Akunda, 2023). Beyond understanding these dynamics, government actors across all levels must commit to tangible actions prioritising population wellbeing.

Local governance in addressing the covid-19 public health crisis

This section presents the key evidence systematizing the main contributions of the review, with particular emphasis on local governance during the COVID-19 public health crisis. We first highlight findings that demonstrate effective responses, followed by an examination of federal challenges in the relationship between central and subnational government entities.

Regarding the thematic categories emerging from the findings, we identified six analytical categories: i) Adaptive Capacity and Resilience of Local Governance; ii) Coordination Structures and Intergovernmental Relations; iii) Enabling Factors for Local Effectiveness; iv) Structural Challenges and Constraints; v) The Role of Social Participation and Community Engagement; and vi) Contextual Variations and Public Policy Lessons. Table 2 presents these emergent thematic categories from our analysis of the findings, cross-referenced with the countries where they were observed.

Table 2 - Key emergent categories from findings.

Synthesis of analytical categories	
Adaptive and resilient capacity	Sweden (FREDRIKSSON; HEALTH, 2021), Brazil (MARTINELLI <i>et al.</i> , 2024) and South Korea (CHUNG; KIM; SHIM, 2024)
Intergovernmental Coordination	Brazil (CENSON; BARCELOS, 2020), Sweden (FREDRIKSSON; HEALTH, 2021), Nepal (POKHAREL <i>et al.</i> , 2023), Italy (CAPANO; LIPPI, 2021)
Enabling Factors (leadership, resources)	China (MAO, 2023), USA (CHATTERJEE; ARAPIS, 2023), Indonesia (FRIDAYANI; SOONG, 2021; INDRIANI, 2022)
Structural Challenges	Zimbabwe (CHIKEREMA; CHAKUNDA; MUKUNYADZE, 2024), Brazil (FERNANDES; PEREIRA, 2020), Bangladesh (AL FARID UDDIN <i>et al.</i> , 2024)
Social Participation	Indonesia (PRADANA <i>et al.</i> , 2020), Brazil (GUTIÉRREZ <i>et al.</i> , 2023), Nigeria (OYALOWO, 2024)
Contextual Variations	China (SHI <i>et al.</i> , 2022(LI <i>et al.</i> , 2023)), Netherlands (HOEKMAN; SMITS; KOOLMAN, 2020), Italy (BOSA <i>et al.</i> , 2021)

Source: Prepared by the Authors.

Adaptive Capacity and Resilience of Local Governance

This category focused on the ability of local governments to reconfigure strategies, infrastructure, and processes during the crisis. Key evidence includes: The progressive adaptation of Swedish regions and municipalities to expand testing capacity (Fredriksson & Health, 2021); The reorganization of health systems in Brazilian rural municipalities through federal/state decrees (Martinelli et al., 2024); The crucial role of leadership capabilities in acute crises in South Korea, where findings indicate: "In short- and medium-term scenarios requiring rapid decisions, local leaders' competencies prove determinant. Conversely, during prolonged crises, local infrastructure assumes greater relevance in crisis management" (Chung; Kim & Shim, 2024).

Coordination structures and intergovernmental relations

This analysis examined articulation dynamics between government levels (central, regional, local) and institutional collaboration. Contrasting evidence emerged: Fragmentation as a response obstacle in Sweden (Fredriksson & Health, 2021); Interfederative cooperation among subnational entities in Brazil (Martinelli et al., 2024); State-level coordination compensating for federal gaps in Brazil (Censon & Barcelos, 2020); The effectiveness of Regional Intermanagement Commissions (CIR) in decentralized decision-making (Martinelli et al., 2024).

Enabling factors for local effectiveness

This dimension identified catalysts for effective local responses, including: i) Technical and governance capacity: interorganisational collaboration and evidence-based decision-making (Mao, 2023; SHI et al., 2022); ii) Budgetary autonomy: the positive impact of financial resources on building community trust (Indriani, 2022); iii) Managerial models: greater effectiveness in governments with 'council-administrator' structures (Chatterjee & Arapis, 2023).

Structural challenges and constraints

This category identified institutional, financial, and political barriers hindering local responses: i) Institutional fragmentation creating coordination difficulties in Sweden (Fredriksson & Health, 2021); ii) Insufficient funding limiting response capacity in Brazilian municipalities (Fernandes & Pereira, 2020); iii) Decision-making centralisation excluding citizen participation in Zimbabwe (Chikerema; Chakunda & Mukunyadze, 2024).

The role of social participation and community engagement

Focusing on non-state actors' involvement, evidence included: i) Partnerships between local governments and community organizations in Indonesia (Pradana et al., 2020); ii) Co-management with organized groups in vulnerable Rio de Janeiro territories (Gutiérrez et al., 2023); iii) Community trust in regional governments in Indonesia (Fridyani & Soong, 2021; Indriani, 2022).

Contextual variations and public policy lessons

This critical category examined regional response differences and their policy implications: i) Disparities among Chinese cities due to governmental autonomy (Shi et al., 2022); ii) Resilience of Dutch provinces through local strategies (Hoekman; Smits & Koolman, 2020); iii) The need for flexible public policies adaptable to local contexts (Li et al., 2023).

4. Discussion

The public policies adopted by local governments were decisive in tackling COVID-19 at different levels of social organization (Alam et al., 2024). Community participation and the engagement of social movements, mediated by efficient communication channels, facilitated collaboration between communities and governments to implement public health measures. This synergy strengthened adherence to sanitary restrictions and helped contain the virus's spread (Mao, 2023).

Decentralization as a strategy of the local governance emerged as a pillar of public health (Mao, 2023), functioning both as a mechanism for state decentralization and as a primary space for state-citizen interaction (Bhide, 2024). This approach enabled agile, context-specific decisions, with gains in autonomy and adaptive capacity evidenced in Nepal and Italy (Capano & Lippi, 2021; Pokharel *et al.*, 2023).

Notable cases include China, where the local leadership was pivotal, with standout examples in Bengaluru and Shanghai where territorial institutions and associative policies strengthened community engagement (Xu et al., 2024). South Korea's rapid local-level decisions proved decisive for sustainable crisis management (Chung, Kim & Shim, 2024), while Bangladesh's coordination between civil administrators, local governments and community organizations ensured rural management efficacy (Alam et al., 2024). In India, continuous support to local governments boosted public trust and response effectiveness (Dutta & Fischer, 2021).

Concerning structural limitations, despite progress, pre-existing intergovernmental relations constrained local action in contexts like Nigeria, where centralization marginalized local governments (Oyalowo, 2024), Nepal with its resource scarcity and weak central leadership (Pokharel *et al.*, 2023), and South Korea where tensions between local capacities and centralized oversight exacerbated gaps in complex crisis structures (Chung, Kim & Shim, 2024).

As persistent challenges emerged, it was observed that the local governments faced critical obstacles including inadequate financial resources, limited health workforce training, and dysfunctional central-local relations (Pokharel *et al.*, 2023). The climate of uncertainty, poor infrastructure, misinformation and economic pressure compounded these challenges (Alam *et al.*, 2024), compromising responses to the crisis's magnitude.

Regarding the determinates of local action, findings indicate that local governments' public health efficacy remains constrained by political-economic and funding restrictions, central-subnational governance dynamics, and tensions between scientific communities, social groups and partisan conflicts (Machado et al., 2024; Medina, Bousquet & Aquino, 2020).

Decentralization as a structural axis, as Kapologwe *et al.* (2023) note, decentralization involves producing and distributing goods and services for diverse public needs, addressing complex problems (Semensato, 2021). Evidence shows emergency plans and robust central support structures enhance local responses (Chatterjee & Arapis, 2023), while multilevel governance gaps create disease control disparities (Fredriksson & Health, 2021).

Regional disparity factors, Mao (2023) highlights how unequal institutional ecosystems shape crisis management, with strong regional governments achieving superior outcomes through interinstitutional collaboration, evidence-based policymaking and agile implementation.

Primary care and innovation, effective local governance improves primary care by decentralizing decisions and engaging communities (Mayanja & Akunda, 2023), enabled by public communication, health unit preparedness and expanded basic service access (Martinelli et al., 2024), while digital technologies further optimized health management (Martinho et al., 2025).

Therefore, structural financing gaps (systematic underfunding and unstable allocations) combined with weak subnational decision-making authority represent the primary implementation bottleneck. Thus, persistent challenges include

unequal local resource mobilization and dependence on central transfers (Idiculla & Mukherjee, 2023), spanning technical feasibility, political will in resource allocation (Gleriano, 2020), workforce training and infrastructure gaps.

From a horizontal governance perspective, such obstacles necessitate strategic frameworks designed to foster horizontal relationships between national and subnational authorities, accounting for contextual specificities).

5. Final Considerations

Predominant literature converges on the relevance of local governance for public health, highlighting its potential to improve living conditions through health-promoting and disease-preventing actions and infrastructure. However, critical dissonances persist between the theoretical ideal and the observed reality, particularly associated with chronic underfunding; lack of verification indicators; overly generalist aspirations regarding health and sustainability.

This study underscores the urgent need to strengthen local planning anchored in actual population needs. Such progress requires efficient governance; decision-making autonomy; political legitimacy; consistent commitment from the central government, ensuring not only financial transfers but full cross-sectoral integration.

Furthermore, establishing harmonious relationships among governmental spheres demands efforts to build alliances within environments of political contestation, with the imperative of protecting citizens' health as a national priority.

Contrasting evidence, democratized spaces for action enabled local governments to implement effective responses to COVID-19, saving lives. Conversely, environments characterized by hostility and political confrontation led to discrediting of governance systems; Collapse of health systems; Public tragedies involving thousands of preventable deaths; Physical and psychological sequelae in millions of citizens. Such scenarios evidence that political efficacy is decisive in mitigating health crises.

This study analyzes local governance patterns in federal (Brazil, USA), unitary (China, South Korea), and post-colonial (Nigeria, Zimbabwe) contexts, revealing how adaptive capacities, multi-level arrangements, and social participation determined the success of responses.

By establishing transferable analytical frameworks for future emergencies, this integrative review stands out as one of the first multinational comparative analyses of local governance during COVID-19, offering practical insights for building effective decentralized systems.

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