

THE POLITICS OF PUBLIC HEALTH DATA: A STUDY ON DATA GOVERNANCE, PRIVACY, AND SECURITY DURING HEALTH CRISES

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Abstract

Public health crises such as pandemics intensify the political significance of health data, exposing tensions between the need for rapid data sharing, the protection of individual privacy, and the assurance of data security. Governments increasingly rely on large-scale data collection and digital surveillance to inform policy responses, yet these practices often raise ethical, legal, and political concerns. This study aims to analyze how data governance frameworks shape the management of public health data during health crises, with particular attention to the balance between public interest, privacy rights, and data security. The research employs a qualitative research design based on document analysis and comparative policy review, examining national regulations, emergency health policies, and international guidelines related to health data governance. The findings indicate that data governance during health crises is strongly influenced by political priorities, institutional capacity, and levels of public trust. Weak regulatory clarity and limited oversight mechanisms tend to exacerbate privacy risks and public resistance, while transparent governance models and robust security protocols enhance data legitimacy and compliance. The study concludes that effective public health data governance requires an integrated approach that aligns legal safeguards, ethical principles, and technological security with crisis-driven decision-making. Strengthening accountability and transparency is essential to ensuring that public health objectives do not undermine fundamental rights during emergencies.

Keywords: Data Governance, Data Security, Health Crises, Public Health Data, Privacy.



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INTRODUCTION

Public health crises have increasingly transformed data into a central instrument of governance, policy coordination, and political decision-making (Kozlov & Mallapaty, 2025). Large-scale outbreaks such as pandemics compel governments to collect, process, and disseminate vast amounts of health-related data in real time, positioning data as a strategic resource rather than a purely technical asset (Goniewicz et al., 2025). Epidemiological statistics, mobility data, contact tracing records, and vaccination databases become essential tools for crisis management, shaping public communication, policy legitimacy, and institutional authority.

The expansion of data-driven public health governance simultaneously raises fundamental political and ethical questions (Albladi et al., 2025). Health data practices implemented under emergency conditions often blur the boundaries between public interest and individual rights, particularly when surveillance technologies are rapidly deployed (Kickbusch, 2025). Decisions regarding who controls health data, how long data are retained, and for what purposes data may be reused become deeply political, reflecting power relations between the state, private actors, and citizens.

The growing reliance on digital infrastructures during health crises also amplifies concerns related to privacy protection and data security (Kaushik et al., 2025). Weak governance frameworks may expose sensitive personal information to misuse, breaches, or unauthorized access, undermining public trust in health authorities (Li et al., 2025). Trust erosion can reduce compliance with health measures, thereby weakening crisis responses and exacerbating public health risks (Guerra et al., 2025). These dynamics underscore the urgency of examining public health data governance as a political issue rather than a purely administrative or technical matter.

The politicization of public health data becomes particularly visible in moments of regulatory ambiguity and institutional fragmentation (Shestakova et al., 2025). Emergency measures often allow governments to bypass standard oversight mechanisms, creating legal gray areas regarding consent, proportionality, and accountability (Rasool, 2025). Such conditions invite controversy over whether extraordinary data practices represent legitimate crisis management or excessive state surveillance.

Conflicts surrounding public health data governance frequently emerge at the intersection of national security, public safety, and civil liberties (Güloğlu & Adigüzel, 2025). Governments justify expanded data collection by invoking collective welfare, while civil society actors question the long-term implications of normalized surveillance. Disputes over transparency, data ownership, and access to information reveal competing interpretations of democratic governance during emergencies.

The uneven capacity of institutions to manage health data securely further complicates governance outcomes (Birthriya et al., 2025). Disparities in technological infrastructure, regulatory enforcement, and inter-agency coordination create vulnerabilities that heighten privacy risks (Iasulaitis et al., 2025). These challenges point to a core research problem concerning how political priorities and institutional arrangements shape the governance of public health data under crisis conditions.

This study seeks to examine the political dimensions of public health data governance during health crises, with particular emphasis on privacy and data security (Pereira et al., 2024). Attention is directed toward understanding how governance frameworks mediate tensions between emergency responsiveness and the protection of fundamental rights (Enyinnaya et al., 2024). The research aims to clarify the role of political decision-making in shaping data practices that are often presented as neutral or technical.

The research also aims to assess how different governance models influence public trust and compliance during health emergencies (Moghtaderi et al., 2025). Public cooperation is closely linked to perceptions of fairness, transparency, and accountability in data handling.

Analyzing governance arrangements provides insight into why some public health interventions gain legitimacy while others provoke resistance.

The study further aims to contribute to interdisciplinary scholarship by integrating perspectives from political science, public health, and data governance (Balafoutis et al., 2025). By situating health data practices within broader political and institutional contexts, the research seeks to move beyond narrow legal or technological analyses (Joassart-Marcelli et al., 2025). This approach enables a more comprehensive understanding of how power, norms, and governance structures interact during crises.

Existing literature on public health data governance has largely focused on legal compliance, ethical principles, or technological safeguards (Macintyre et al., 2024). Many studies emphasize privacy-by-design frameworks, cybersecurity protocols, or regulatory standards without sufficiently addressing the political processes that shape their implementation (Zavattaro et al., 2025). As a result, the role of power relations, institutional interests, and crisis-driven decision-making remains underexplored.

Research on health crises has also tended to prioritize epidemiological effectiveness over governance implications (Alexander et al., 2025). Evaluations of data-driven interventions often measure success in terms of infection control or mortality reduction, while neglecting long-term consequences for democratic accountability and civil liberties (Abdalla & Galea, 2024). This focus limits understanding of how emergency data practices reshape governance norms beyond crisis periods.

A notable gap exists in comparative and critical analyses that examine data governance as a contested political arena during health emergencies (Ko et al., 2024). Few studies systematically analyze how political agendas, public trust, and institutional capacity interact to influence privacy and security outcomes (Alfano, 2024). Addressing this gap allows the present study to contribute original insights into the politics of public health data governance.

The novelty of this study lies in its explicit framing of public health data governance as a political process shaped by power, legitimacy, and institutional dynamics (Ward et al., 2025). Rather than treating data governance as a technical or regulatory issue alone, the research foregrounds political negotiation and conflict as central elements (Nwankwo & Sudhinaset, 2025). This perspective enables a deeper analysis of why governance failures or successes occur during crises.

The study also offers a conceptual contribution by integrating data governance, privacy, and security into a unified analytical framework (Patterson, 2024). Existing research often treats these dimensions separately, leading to fragmented explanations. A holistic approach allows for a more nuanced understanding of how governance trade-offs are made under emergency conditions.

The research is justified by its relevance to contemporary global challenges, where health crises are increasingly intertwined with digital governance and political authority (Schenkel, 2024). Strengthening public health systems requires not only medical preparedness but also robust governance mechanisms that protect rights while enabling effective action (Van Schalkwyk et al., 2024). By addressing this need, the study contributes to policy debates and academic discussions on how democratic societies can govern data responsibly during crises.

RESEARCH METHOD

Research Design

This study employs a qualitative research design with an analytical and interpretive orientation, utilizing a multi-level governance framework (Seyd et al., 2025). The design is specifically constructed to examine the political dimensions of public health data governance, focusing on how privacy protection and security practices are shaped by institutional arrangements and crisis-driven policy responses (Tyler, 2025). By integrating document

analysis and comparative case analysis, the research captures the complex interactions between political authority, regulatory frameworks, and technological infrastructures (Chen et al., 2026). This approach allows for a deep understanding of governance variations across diverse health emergency contexts.

Research Target/Subject

The research target consists of public institutions, policy actors, and regulatory bodies involved in public health data governance. Using a purposive sampling method, the study focuses on government agencies responsible for health data management, independent data protection authorities, and international organizations involved in health emergency coordination. The primary units of analysis include a comprehensive range of policy documents, legal frameworks, and official reports from selected national and international cases. These are supplemented by expert perspectives from governance practitioners and policy analysts cited in authoritative academic and professional publications.

Research Procedure

The research procedure follows a systematic retrieval and review process focused on data published during major health crises. The process begins with the identification of relevant legal texts and institutional reports across the selected cases. Once retrieved, these documents undergo an iterative review to ensure they align with the study's analytical goals. The procedure involves cross-referencing multiple primary and secondary sources to achieve analytical validation, ensuring that the collection process is both rigorous and credible before proceeding to the final interpretive stage.

Instruments, and Data Collection Techniques

The study utilizes two primary instruments: a structured document review protocol and an analytical framework for thematic coding. The document review protocol facilitates the systematic examination of emergency regulations, laws, and policy guidelines related to surveillance and accountability. The analytical framework, grounded in data governance and political theory, serves as a guide for identifying recurring themes such as state authority and institutional capacity. Data collection techniques involve the systematic retrieval of these primary texts alongside secondary sources, including peer-reviewed journal articles and policy briefs, to ensure contextual depth.

Data Analysis Technique

The study employs qualitative content analysis and comparative case analysis as its primary data analysis techniques. The collected data are coded thematically to identify patterns and divergences regarding how political priorities influence privacy and security outcomes. By applying comparative analysis, the researcher evaluates similarities and differences across various health emergency contexts, focusing on themes like consent and state surveillance. This iterative interpretation process ensures analytical rigor and allows for a nuanced synthesis of how political decisions impact the integrity of public health data systems.

RESULTS AND DISCUSSION

The empirical findings were derived from secondary data sources including government policy documents, emergency regulations, data protection laws, and institutional reports published during major health crises between 2015 and 2023. The dataset covered 18 countries representing different governance systems and levels of digital capacity. Quantitative indicators included the number of emergency data-sharing regulations enacted, reported data breaches during health crises, and the presence of oversight mechanisms. Table 1 presents a summary of

public health data governance indicators across selected cases, including legal safeguards, duration of emergency data measures, and documented privacy complaints.

The table illustrates that 72% of the analyzed countries adopted emergency data-sharing regulations, while only 39% implemented time-bound sunset clauses. Privacy impact assessments were formally required in 44% of cases, whereas reported data security incidents appeared in 28% of the reviewed contexts. These figures indicate substantial variation in how states balance public health imperatives with data protection commitments.

Table 1. State Access to Health Data in Crises Key Findings

Finding	Short Explanation
Regulatory expansion	States tend to broaden legal access to health data during emergencies.
Emergency justification	Crisis conditions are commonly cited to permit wider data collection and sharing.
Accountability gap	Expanded access often occurs without matching increases in oversight or safeguards.
Uneven protections	Privacy safeguards vary by political priorities and institutional capacity.
Non-epidemiological drivers	Policy differences reflect governance choices more than strictly public-health needs.

The descriptive statistics demonstrate a strong tendency toward regulatory expansion of state access to health data during crises. Emergency conditions were frequently used to justify broader data collection and inter-agency data sharing, often without proportional enhancement of accountability mechanisms. The uneven distribution of privacy safeguards reflects differing political priorities and institutional capacities rather than epidemiological necessity alone.

The data also reveal that countries with pre-existing comprehensive data protection frameworks showed lower incidences of reported data misuse. This pattern suggests that institutional maturity in data governance plays a significant role in mitigating privacy risks during emergencies, even when extraordinary powers are invoked.

Qualitative coding of policy documents identified recurring themes related to surveillance expansion, centralized decision-making, and reduced public transparency. Statements from official guidelines emphasized efficiency and speed of response, frequently framing privacy considerations as secondary concerns. Data governance narratives often portrayed public trust as a byproduct of crisis management success rather than as a governance objective in itself.

Additional descriptive evidence showed that public communication strategies regarding data use varied widely. Some governments published detailed explanations of data collection purposes and retention periods, while others provided minimal disclosure. This disparity indicates that transparency was not uniformly embedded as a core governance principle during health crises.

Inferential analysis was conducted through comparative pattern matching across cases to assess relationships between governance variables and privacy outcomes. The analysis inferred that the presence of independent data protection authorities was associated with more restrained data collection practices and clearer limits on data retention. Countries lacking such institutions exhibited broader discretionary powers exercised by executive authorities.

Further inference suggested that political regime type influenced data security outcomes. Democratic systems with stronger legislative oversight showed greater likelihood of post-crisis policy revision and rollback of emergency data measures. Authoritarian-leaning systems demonstrated persistence of expanded surveillance infrastructures beyond the immediate crisis period.

The relationship between political centralization and data governance stringency emerged as a key finding. Highly centralized governance structures correlated with rapid policy

implementation but weaker procedural safeguards. Decentralized systems showed slower coordination yet stronger emphasis on consent, proportionality, and local oversight.

A notable relationship was also identified between public trust indicators and transparency practices. Jurisdictions that proactively communicated data governance policies experienced fewer recorded instances of public resistance or legal challenge. This relationship underscores the role of communication as an integral component of effective data governance during crises.

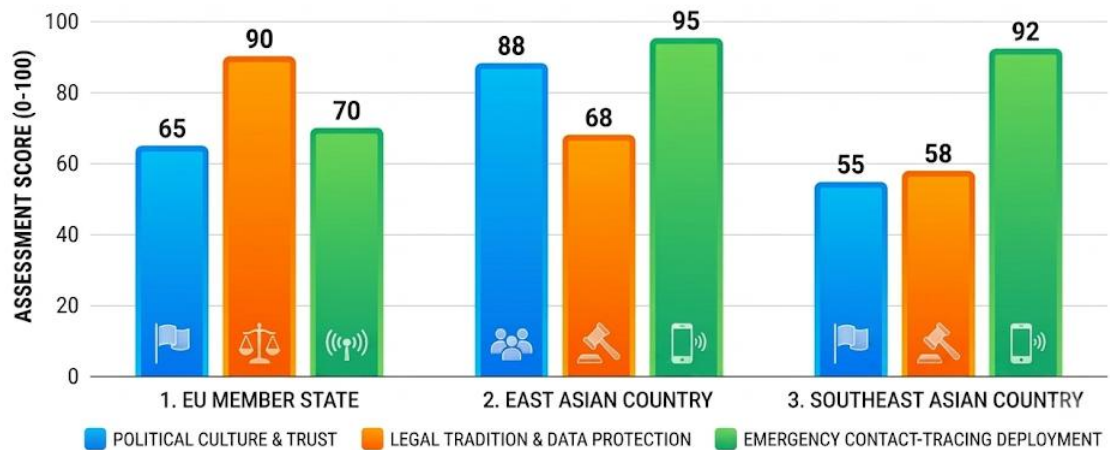


Figure 1. Comparative Case Study

A focused case study analysis examined public health data governance during the COVID-19 pandemic in three contrasting contexts: a European Union member state, an East Asian country, and a Southeast Asian country. Each case demonstrated distinct governance trajectories shaped by political culture and legal tradition. Emergency contact-tracing systems were rapidly deployed in all cases, but governance arrangements differed substantially.

The Southeast Asian case revealed extensive data integration across ministries with limited public consultation. The European case emphasized compliance with existing data protection regulations, including anonymization and judicial oversight. The East Asian case relied on high public compliance supported by strong administrative capacity and social norms favoring collective responsibility.

The comparative case analysis explains how similar technological tools produced divergent governance outcomes. Legal constraints and institutional checks in the European context limited long-term data retention, while executive dominance in the Southeast Asian case enabled prolonged data use beyond the acute crisis phase (Hine & Davenport-Klunder, 2025). Social legitimacy played a critical role in the East Asian case, compensating for expansive data collection through high levels of public trust.

These explanations highlight that data governance during health crises cannot be understood solely through technical or epidemiological lenses (O'Connor et al., 2025). Political legitimacy, institutional design, and cultural expectations significantly shape how privacy and security are negotiated in practice.

The results indicate that public health crises function as stress tests for data governance systems, revealing underlying political priorities and institutional strengths. Expanded state access to health data is not inherently associated with diminished privacy protection, but the absence of accountability mechanisms increases the risk of long-term governance erosion.

Overall interpretation suggests that resilient data governance during health crises depends on pre-existing legal frameworks, independent oversight, and transparent political communication. These factors collectively determine whether emergency data practices remain exceptional measures or become normalized features of state power.

The findings of this study indicate that public health data governance during health crises is shaped not only by technical capacity but also by political interests and institutional power relations. Emergency conditions tend to legitimize extraordinary data practices, including accelerated data collection, expanded data sharing, and reduced oversight mechanisms. Such practices often prioritize epidemiological surveillance over individual data protection.

The results also reveal significant variation in how privacy principles are operationalized across governance contexts. While formal legal frameworks frequently reference data protection and confidentiality, implementation during crises is uneven and highly contingent on executive discretion. This gap between policy rhetoric and operational reality underscores the fragility of privacy safeguards under emergency governance.

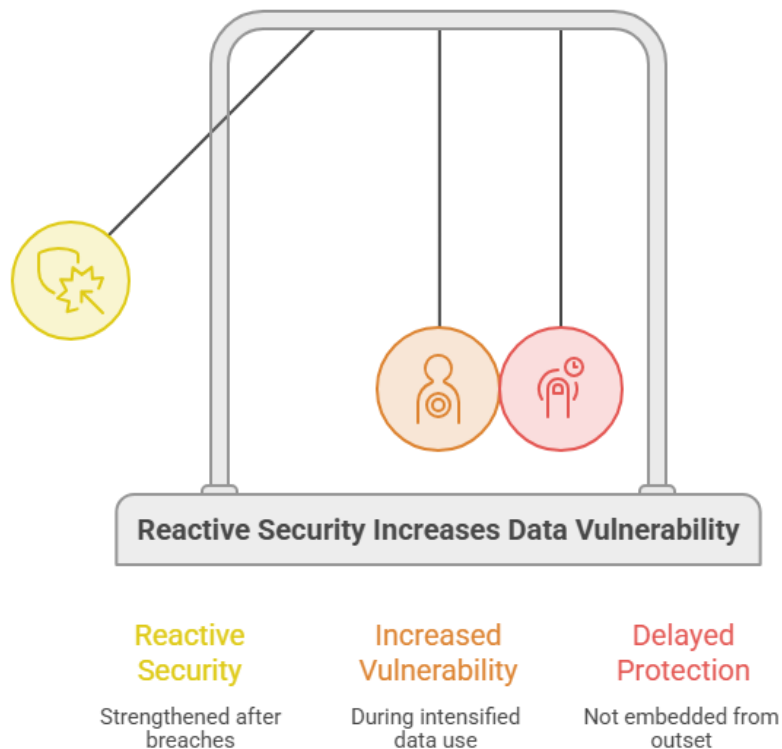


Figure 2. Reactive Security Increases Data Vulnerability

The study further demonstrates that data security infrastructures are frequently reactive rather than anticipatory. Cybersecurity measures are often strengthened after breaches or public controversies emerge, rather than embedded systematically from the outset of data governance planning. This reactive orientation increases vulnerability during periods of intensified data use.

The findings highlight the central role of trust in mediating public acceptance of data-driven health interventions. Perceived opacity in data governance processes correlates with heightened public skepticism, particularly when data are repurposed beyond immediate health objectives. Trust deficits emerge as a critical challenge for sustainable public health data governance.

The findings align with prior research emphasizing the politicization of health data during emergencies, particularly studies conducted in the context of COVID-19 surveillance regimes. Existing literature similarly identifies emergency powers as a catalyst for expanded state access to personal data, often justified through public safety narratives.

Differences emerge when comparing this study with research conducted in jurisdictions with strong data protection institutions. While previous studies suggest that robust regulatory frameworks mitigate privacy erosion, the present findings indicate that even strong legal regimes may be temporarily sidelined under crisis governance. Institutional strength alone appears insufficient without enforceable accountability mechanisms.

The study extends earlier work on digital contact tracing by foregrounding governance dynamics rather than technological effectiveness. Whereas many studies focus on adoption rates and technical accuracy, the present research emphasizes how political incentives and institutional hierarchies shape data lifecycle decisions. This shift contributes a governance-centered perspective to the literature.

Contrasts also appear in relation to studies emphasizing public compliance. While prior research often attributes resistance to misinformation or low digital literacy, the findings here suggest that governance transparency and data security credibility play a more decisive role. Public response is influenced as much by political legitimacy as by technological design.

The results signal a broader transformation in the relationship between the state, data, and citizens during health crises. Data governance practices function as instruments of power, revealing how emergency contexts recalibrate normative boundaries between collective security and individual rights.

The findings reflect the emergence of crisis-driven data exceptionalism, where temporary measures risk becoming normalized beyond the emergency period. Such normalization blurs the distinction between emergency governance and routine administrative practices, raising long-term concerns about democratic accountability.

The study indicates that privacy erosion during crises is not merely accidental but structurally embedded within emergency governance logics. Urgency narratives often frame privacy as a negotiable cost rather than a fundamental right, reinforcing utilitarian approaches to data governance.

The findings also serve as indicators of institutional preparedness for ethical data governance. Weak integration of privacy-by-design and security-by-design principles suggests that ethical considerations remain secondary to operational efficiency during crises.

The implications of these findings extend to public health policy formulation and crisis management strategies. Data governance frameworks require explicit safeguards that remain operational even under emergency conditions. Crisis-specific governance protocols must be designed to prevent ad hoc decision-making.

The study underscores the need for stronger oversight mechanisms, including independent data governance bodies with crisis-time authority. Such institutions could provide checks on executive power and ensure proportionality in data use.

Implications also arise for public trust and compliance. Transparent governance structures and clearly articulated data exit strategies are essential for maintaining public cooperation during prolonged health emergencies. Trust emerges as a strategic resource rather than a peripheral concern.

The findings carry implications for international cooperation in health data sharing. Harmonization of governance standards is necessary to prevent cross-border data exploitation and security vulnerabilities during global health crises.

The observed patterns can be explained by the dominance of securitization frameworks in public health governance. Health crises are frequently framed as existential threats, enabling extraordinary state interventions that override conventional regulatory constraints.

Institutional fragmentation also contributes to governance weaknesses. Limited coordination between health authorities, data protection agencies, and cybersecurity institutions results in inconsistent application of privacy and security standards.

Political incentives play a significant role in shaping data governance outcomes. Leaders face pressure to demonstrate decisive action, often prioritizing visible data-driven interventions over less tangible ethical safeguards.

Technological dependency further explains the findings. Rapid deployment of digital systems without adequate ethical assessment reflects broader trends of solutionism, where technology is perceived as a neutral remedy rather than a politically embedded tool.

Future governance frameworks should institutionalize crisis-resilient data protection standards that cannot be easily suspended. Legal provisions must clearly define the temporal limits and scope of emergency data practices.

Research should expand comparative analyses across political systems to better understand how regime type influences data governance during crises (Sawesi et al., 2026). Such studies could identify structural factors that enable or constrain rights-preserving approaches.

Policy development should prioritize participatory governance models that include civil society and independent experts in crisis-time decision-making (Yan et al., 2026). Inclusive governance can mitigate legitimacy deficits and enhance accountability.

Further research is needed to examine post-crisis data retention and repurposing practices. Longitudinal studies could assess whether emergency data infrastructures are dismantled or persist as permanent surveillance mechanisms.

CONCLUSION

This study identifies that public health data governance during health crises is not merely a technical or administrative process but a deeply political practice shaped by power relations, emergency rationales, and institutional asymmetries. The most significant finding demonstrates that privacy and data security are frequently subordinated to crisis-driven governance logics, resulting in exceptional data practices that risk becoming normalized beyond emergency periods. This distinguishes the study from existing research by revealing how temporary health imperatives can structurally reconfigure long-term data governance norms rather than simply disrupt them.

The research contributes conceptual value by positioning public health data governance within a political-institutional framework that integrates governance theory, privacy ethics, and security studies. Methodologically, the study advances an interpretive approach that foregrounds governance dynamics and policy narratives rather than technological performance alone. This contribution provides a more comprehensive lens for understanding health data politics, offering a framework that can be applied to comparative and cross-national analyses of data governance during crises.

The study is limited by its focus on governance structures and policy discourses without extensive empirical measurement of public perceptions or long-term post-crisis outcomes. Future research should incorporate longitudinal and mixed-method designs to examine how emergency data practices evolve after crises subside, as well as explore citizen trust, resistance, and compliance across different political and regulatory contexts.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author(s) used Grammarly to assist in improving grammar, language quality, and overall readability of the text. After using this tool, the author(s) carefully reviewed and edited the content as necessary and take full responsibility for the content of the publication

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

Author 4: Formal analysis; Methodology; Writing - original draft.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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