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COMMENTARY



The comparative politics of COVID-19: The need to understand government responses

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ABSTRACT

COVID-19 has created a ramifying public health, economic, and political crisis throughout many countries in the world. While globally the pandemic is at different stages and far from under control in some countries, now is the time for public health researchers and political scientists to start understanding how and why governments responded the way they have, explore how effective these responses appear to be, and what lessons we can draw about effective public health policymaking in preparation of the next wave of COVID-19 or the next infectious disease pandemic. We argue that there will be no way to understand the different responses to COVID-19 and their effects without understanding policy and politics. We propose four key focuses to understand the reasons for COVID-19 responses: social policies to crisis management as well as recovery, regime type (democracy or autocracy), formal political institutions (federalism, presidentialism), and state capacity (control over health care systems and public administration). A research agenda to address the COVID-19 pandemic that takes politics as a serious focus can enable the development of more realistic, sustainable interventions in policies and shape our broader understanding of the politics of public health.

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COVID-19 is a dramatic global public health challenge, and in many countries has created a ramifying public health, economic, and political crisis. The numbers involved are stupefying, whether they speak of infection and mortality, the scale of public health measures such as mobility restrictions, or the economic consequences for unemployment and public sector spending. Entire economies have been put into medically induced comas, unthinkable tough public health measures have become widespread with levels of public compliance or noncompliance that often surprise, and health care systems as well as states are being put to tests many have not recently seen.

There will be no way to understand the different responses to COVID-19 and their effects without understanding policy and politics. The disconnect between scholars of politics and scholars of public health and health services is long-established and much-bemoaned (Carpenter, 2012). Thus, for example, there is a real risk that political scientists and economists will publish analyses that try to attribute morbidity and mortality to policy and politics without understanding the serious and highly political limitations on data about COVID-19 infections and attributable mortality

(Karanikolos & McKee, 2020). There is equally a high risk that public health researchers will recycle theories of politics that are too macroscopic to explain much, or overlook the subtleties of policies as well as social and political contexts, omitting mid-level theories on topics such as political institutions in favour of explanations that are too local or too big and imprecise (Greer et al., 2018). The COVID-19 pandemic offers the chance to remedy these disciplinary silos across the globe, helping us to understand the public health decisions being taken now as well as better grasp global health politics in the future.

Our goal is to start to identify and explain what matters most in addressing COVID-19, across and within regions and countries (Kavanagh & Singh, 2020) (Bal et al., 2020). These multidisciplinary explanations will help to shape the future conversations about the meaning and lessons of this disease for comparative politics, health policy, and global health more broadly. Drawing on political science and health politics research, we identify four broad hypotheses for research on COVID-19 political responses:

Social policy matters to crisis management as well as recovery: It is tempting, but wrong, to think that social and economic policy is only an issue for recovery. It is also an issue for emergency response. Relatively authoritarian public health measures (such as physical distancing or temporary economic shutdowns) depend on societal compliance. That is the case even in authoritarian regimes. Compliance requires not just things like good communication and trust, but also a political economy that permits people to stay at home without starving. The pre-existing social policies of the country as well as the ones enacted specifically to respond to the COVID-19 challenge will shape the extent of compliance with public health measures as well as life after the pandemic.

Regime type matters: ‘Regime’ is political scientists’ term for the basic cluster of institutions in a state, more than any one kind of politician, e.g. democratic, monarchical, or authoritarian. Comparative research on democratic, hybrid, and authoritarian regimes in particular has sharpened some of our expectations about regime effects and some surprising patterns. We suggest that the most promising hypothesis for understanding COVID-19 politics comes from comparative authoritarianism: Authoritarian regimes are bad at maintaining the internal and external flow of good information, but only some are good at forceful action (Shih, 2020). The internal and external information flows of both China and Russia inhibited crucial information, but only China also chose and implemented really effective action. Democratic regimes might have more difficulty taking forceful or even appropriate action but can benefit from better information flow and public trust. Within countries, there is an echo of this regime effect – leaders with an authoritarian approach in a democratic country will damage the flow of information. Thus, Presidents Trump in the United States and Bolsonaro in Brazil both adopted destructive denialist approaches to the epidemic, which undermined efforts to respond effectively.

Formal political institutions matter: Institutions are the level of specific political institutions below the level of the regime. So far, two stand out. One is *federalism* – the presence of powerful general purpose elected governments that shape politics in, among others, Argentina, Australia, Brazil, Germany, India, Russia, South Africa, and the United States. Federal states are often reproached for coordination problems and there have been some of those, for example in Italy and Spain. But in several cases, as different as Brazil, Russia, and the United States, central governments shirked their responsibilities, forcing subnational governments into leading roles. For instance, in Brazil, for decades governors have had limited influence in national politics (Cheibub et al., 2009); however, state governors’ disputes with President Bolsonaro over physical distancing appear to have unified voters around the governors in a ‘rally-round-the-flag effect’ which made them more popular as Bolsonaro’s mismanagement damaged his popularity (Melo, 2020). Voters in Brazil, as well as much of the United States, initially decided that their state governors were the people they trusted to lead them. Despite the deficiencies of these countries’ overall responses, it is precisely the lack of a hierarchy and tight coordination that produced state-level responses that likely saved lives. The other is *presidentialism* – the presence of a directly elected president in charge of the executive. Presidentialist countries tend to be less stable and have a propensity to authoritarian actions and stalemates (Linz &

Valenzuela, 1994) – as we see in, for example, the United States and Brazilian cases. Bolsonaro’s relationship with the Ministry of Health was fraught and politically vertiginous. As the epidemic evolved in Brazil, the president was able to replace the health minister with a military officer closer to his preferences, such as touting of hydroxychloroquine as a ‘cure’, and maneuvered to reduce the leadership of subnational leaders.

The evidence is less clear with regard to political parties. There is no clear pattern across countries during the first wave, though we might hypothesise that there was poor performance by politicians of the populist radical right. Parties’ effects strengthen over time as they take clearly redistributive decisions (e.g. about social policy or income replacement) and privilege some interests over others. We can therefore expect that political parties matter more and more as time goes on and governments make decisions that shape health and social outcomes (Falkenbach et al., 2019). For example, different parties will emphasise austerity or social investment as countries try to exit the crisis.

Finally, *state capacity matters*. State capacity, including control over health care systems as well as public administration, matters to all elements of response and shapes what policymakers perceive as available options. Many accounts of comparative politics overstate just how much control and capacity states have on the ground (Thomas, 2015), but equally we have seen middle and lower income states such as Mongolia, Montenegro, and Vietnam implement a more effective public health response to COVID-19 than some higher income countries. Investment in state capacity to deliver services and enforce rules matters, even if it often happens in ways that defy outside advice. Having strong state capacity does not mean it will be used well – as the once well-regarded public health systems of the United States and United Kingdom have proved – but strong or weak state capacity changes available policy options substantially.

It is too early in most cases to identify the effect of policy decisions on the course of the ongoing pandemic, but it is not too early to start understanding why governments make the decisions that they do. A research agenda to address the COVID-19 pandemic that takes politics as a serious focus can enable the development of more realistic interventions in policies and shape our broader understanding of the politics of public health.

Disclosure statement

SLG has consulted for the U.S. Army Engineer Research and Development Center and the European Observatory on Health Systems and Policies. Other authors report no potential conflict of interest.

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