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Democrats, Authoritarians, and the Coronavirus: Who is Winning at Policy Efficacy?

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Abstract

Are democrats or authoritarians ``winning'' in their responses to the 2019-2020 Coronavirus Pandemic? In this paper, we study the effects of political regime type on the stringency of adopted public health policies and on the time lag between the first reported cases of COVID-19 and the adoption of the most stringent national policies to date. We learn that political regime type does not impact the stringency of policies adopted but that authoritarian regimes are quicker to implement their most stringent public health policies in response to COVID-19. Our results provide newfound knowledge to policymakers involved in responding to the coronavirus.

Policy Recommendations

- Democratic governments ought to be mindful of and work to counteract otherwise desirable institutional constraints (e.g. checks and balances) in moments of crisis to aid prompt policy responsiveness.
- Wealthier countries ought to guard against slow policy responsiveness enabled by strong institutional capacity and healthcare infrastructure.
- Insofar as policy responses impact the severity of the crisis, they also have the potential to indirectly impact political regime stability. Democratic governments ought to be wary of this possibility.

Overview

COVID-19, the infectious respiratory disease first identified in December 2019 in Wuhan, China, has since spread globally and overturned the lives of many around the world. As governments scrambled in response, the media has taken to reporting the perceived successes and failures of adopted national policies. Through these reports, a common narrative has emerged that early and proactive preparations, surveillance-aided contact tracing efforts, and strict enforcement of stringent public health policies have helped South Korea's and Singapore's efforts to flatten the curve (Rizvi March 27, 2020; Klingner March 28, 2020). The media has also conceded that the gradual and patchy implementation of lax public health policies in Italy and the United States and the inaction and prioritization of economic concerns in Iran have facilitated the rampant spread of the virus (Pisano, Sadun, and Zanini March 27, 2020; B. L. Jewell and N. P. Jewell April 14, 2020; Oztaskin April 9, 2020). Such observations have raised the question of whether democracies (including South Korea, Italy, and the United States) or authoritarian regimes (including Singapore and Iran) are better positioned to develop impactful and swift responses to the pressing public health challenges arising from the 2019-2020 Coronavirus Pandemic. Insights from academic literature and reports on COVID-19 introduce theoretical tenets with disparate implications for the relationship between political regime type and policy efficacy - the combination of policy stringency and responsiveness.

The academic literature is replete with claims and supporting evidence that democracies outperform authoritarian regimes in various measures of public health (e.g. infant mortality, life expectancy, mortality from non-communicable diseases, etc.) (McGuire 2013; Ortiz- Ospina June 24, 2019; Wigley and Akkoyunlu-Wigley 2011; Bollyky et al. 2019). In his classic book, *Development as Freedom*, Sen (2001) argues that this established positive relationship between democracy and well-being exists because "[democratic] rulers have the incentive to listen to what people want if they have to face their criticism and seek their support in elections" (Sen 2001). McGuire (2010) refines Sen's (1999) fundamental claim and adds that wealthier democracies, in comparison with authoritarian regimes, guarantee citizens the civil liberties to demand social services and public policies conducive to optimal public health outcomes and the information to hold politicians accountable for their (in)abilities to deliver in this area (McGuire 2010). In essence, both Sen (2001) and McGuire (2010) make the claim that democratic regimes deliver better health outcomes because democratic leaders are incentivized to adopt good public health policies that reflect the demands of their constituents.

Baumgartner et al. (2017) suggest that on top of this productive incentive structure, democracies are positioned to develop better public health policies than their authoritarian counterparts due to their enhanced information capabilities. Specifically, these scholars advance the notion that democratic regimes, in comparison with authoritarian regimes, are more willing and able to gather accurate and diverse information. This information equips democracies with the knowledge to make informed policies that cater to public interest (Baumgartner et al. 2017). Chan (2016) corroborates Baumgartner et al.'s (2017) finding and deduces that authoritarian regimes experience "serious delays in the discovery of and adjustment to emerging issues" (Chan and Zhao 2016).

On the basis of each of these arguments, there are compelling reasons to suspect that democracies, in comparison to authoritarian regimes, would adopt public policies conducive to optimal public health outcomes. Regarding the 2019-2020 Coronavirus Pandemic, scientists and medical professionals largely concede that, in the absence of a vaccination or anti-viral therapies, some of the most effective public health policies are those that restrict social interactions through which the virus might spread. These policies may include, but are not limited to, school closures, workplace closures, and public event cancellations. Insofar as the aforementioned mechanisms

proposed to explain the established positive relationship between democracies and public health translate to our contemporary coronavirus reality, it follows that democracies, in comparison to authoritarian regimes, may adopt more stringent 'lockdown style' public health policies to limit social interactions.

However, the logic underlying some of these mechanisms may break down in moments of crisis, such as that induced with the 2019-2020 Coronavirus Pandemic. There are a number of rationales to suggest the present disruption of "politics as normal" in periods of duress. First, moments of crisis tend to produce rallying effects and to increase government approval irrespective of policies enacted (Mueller 1973; Hetherington and Nelson 2003). From this, it follows that, in emergency situations, traditional democratic accountability mechanisms may break down and dissuade democratic political leaders from pursuing policies that respond to public will. Second, conventional wisdom is that voters are myopic, meaning that only the conditions close to Election Day influence electoral behavior (Achen and Bartels 2017; Healy and Lenz 2014). If elections are not scheduled to take place shortly following the crisis,[1] it is plausible that electoral accountability for policies surrounding the coronavirus (without long- lasting implications) may not occur. If democratic leaders anticipate this, they may adopt policies that cater to interests other than those relating to public health. Third, moments of crisis may serve to exacerbate tensions between political priorities. Put in the context of the 2019-2020 Coronavirus Pandemic, Berengaut (2020) claims, "during a public health crisis, governments in the United States and the rest of the world are forced to consider measures - such as requiring health checks, limiting movement, and instituting quarantines - that infringe on individual liberties" (Berengaut February 24, 2020). The tradeoff between public health and the protection of individual liberties is particularly problematic for democratic regimes due to their presumed commitments to uphold said liberties. Fourth, the previously discussed mechanisms assume that accurate and well-tailored information is available to democratic governments to use to make informed policy decisions. The novel nature of this coronavirus means that this essential information is largely absent, thus, reducing democratic regimes' potential advantages. All of these arguments cast doubt on the automatic translation of purported mechanisms underlying the positive relationship between democratic political regimes and satisfactory public health outcomes to the unique political conditions ushered in with the 2019-2020 Coronavirus Pandemic. This suggests that in light of the 2019-2020 Coronavirus Pandemic, democracies, in comparison with authoritarian regimes, may not adopt more stringent public health policies.

In recent research, Kleinfeld (2020) raises the possibility that neither political regime type is superior in developing effective responses to the 2019-2020 Coronavirus Pandemic. She states that "Despite attempts by politicians to use the crisis to tout their favored political model, the record so far does not show a strong correlation between efficacy and regime type" (Kleinfeld 2020). Rather, she suggests that other factors might be more impactful in shaping prospects for "success" in addressing the pandemic. On the basis of her evaluation of the SARS Epidemic, Kleinfeld (2020) makes the argument that countries with legitimate and trusted political systems, high state capabilities, and affinities toward science-driven solutions are better positioned to develop policies that effectively combat pandemics. Whether these conclusions extend beyond the SARS Epidemic to explain the dynamics surrounding the Coronavirus Pandemic remains to be tested.

Without solid empirical or anecdotal backing, we are left to logic to deduce hypotheses pertaining to the relationship between political regime type and public health policies. Using logic as well as knowledge about authoritarianism as a guide, there are compelling reasons to suggest that authoritarian regimes, in comparison with

[1] Presently, many global elections have been postponed.

democracies, may adopt more stringent public health policies. Chiefly, the disassociation between authoritarianism and individual liberties may better position authoritarian regimes to adopt rigorous public policies that privilege public health priorities at the expense of restricting individual behaviors and rights. The absence of [some] competing policy priorities might empower authoritarians to adopt more stringent policies than their democratic counterparts.
However, policy efficacy hinges not only on public health policy stringency but also on policy responsiveness. There are direct theoretical arguments to be made that institutionalized systems of checks and balances and norms of factoring public will into policymaking put democratic regimes at a comparative disadvantage in expeditious policymaking. In comparison with democracies, authoritarian regimes have fewer institutional barriers to and veto players involved in policy formation (Baumgartner et al. 2017). Authoritarian regimes also differ from democratic regimes in the sense that they have fewer incentives to incorporate public demands into policymaking due to the absence of democratic accountability mechanisms. These features uniquely empower authoritarian regimes to "respond quickly in reaction to shifting contexts," like those ushered in with the 2019-2020 Coronavirus Pandemic (ibid.). It follows that authoritarian regimes, in comparison with democracies, may respond more quickly to the unfolding global pandemic.

In this paper, we assess the applicability of outlined theoretical tenets and rationales in the COVID-19 global environment. To do so, we implement empirical tests of the relationship between political regime type and both the stringency of public health policies and the timeliness of public policy responsiveness. In what follows, we introduce our approach to research, followed by our research findings. To preview, we find that neither democratic nor authoritarian regimes produce more stringent policies than the other but that authoritarian regimes respond more swiftly to the 2019-2020 Coronavirus Pandemic.

Research Design

In an effort to understand the relationships between political regime type and responses to COVID-19, we, first, visually inspect the geographic dispersion of both the stringency of public health policies and the time lapse between the 100th reported case of the coronavirus and the adoption of the most stringent public health policies to date. These reported indicators serve as our primary dependent variables - the outcomes we wish to explain. The data contributing to these measures comes from the Oxford COVID-19 Government Response Tracker (Hale et al. 2020).

Figure 1: Maximum Stringency of Global Social Distancing Policies During COVID-19 Pandemic

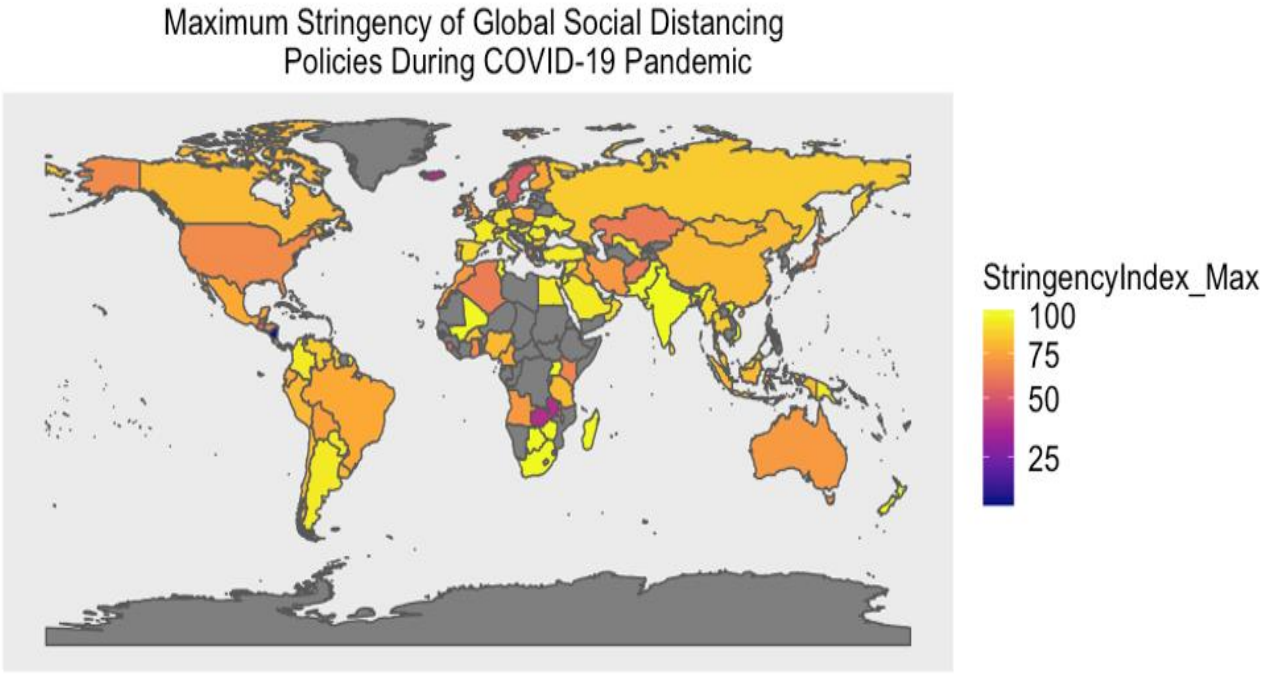
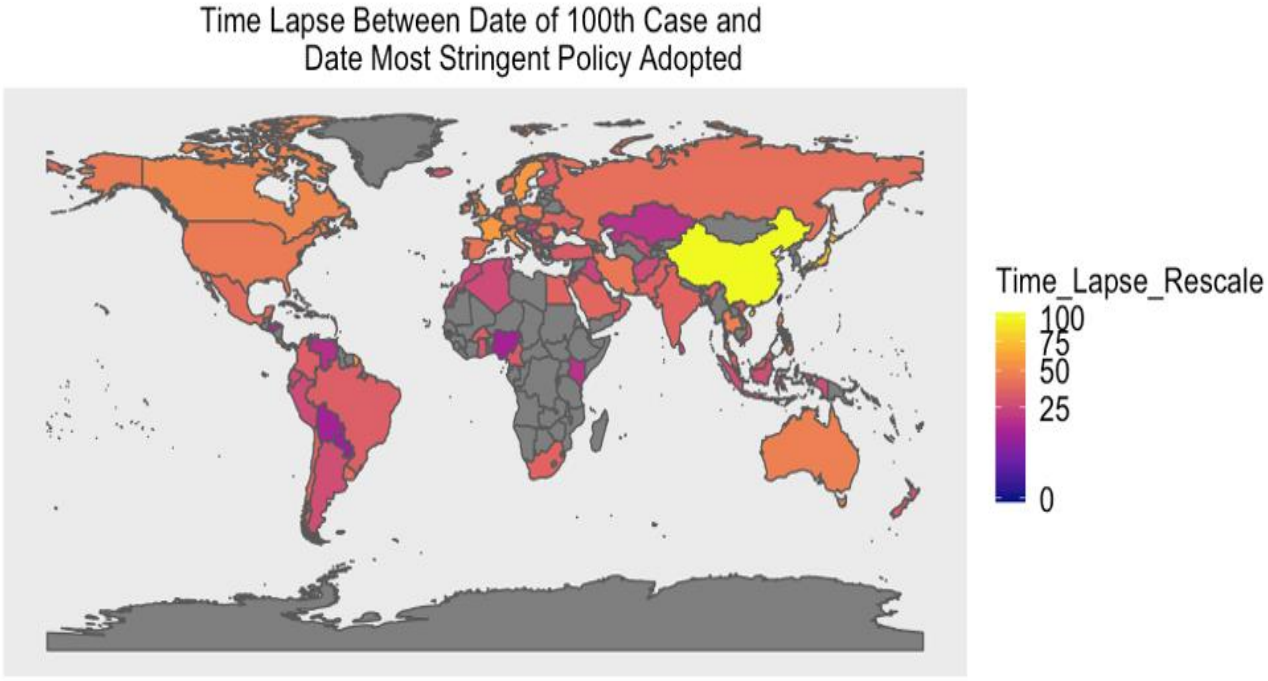


Figure 2: Time Lapse Between Date of 100th Case and Date Most Stringent Policy Adopted



The Oxford COVID-19 Government Response Tracker scores the stringency of national governments' 'lockdown style' policies aimed to restrict social interactions and adopted in response to COVID-19 and aggregates national scores from seven different policy areas into a COVID-19 Government Response Stringency Index (Hale et al. 2020). These policy areas include school closure, workplace closures, public event cancellations, public transport closures, public information campaigns, restrictions on internal movement, and international travel controls. The maximum Stringency Index value to date serves as the first of our two primary dependent variables. Among the 121 countries evaluated, the highest maximum Stringency Index value was 100. The countries receiving this maximum Stringency Index value include Bermuda, Botswana, Costa Rica, Croatia, India, Israel, Jordan, Lebanon, Madagascar, Mali, Mauritius, New Zealand, Pakistan, Qatar, Rwanda, Serbia, Slovenia, South Africa, Tunisia, Uganda, Vietnam, and Zimbabwe. The lowest maximum Stringency Index value was 11.9 in Nicaragua.

We also use data from the Oxford COVID-19 Government Response Tracker to inform our second dependent variable. This variable is a rescaled calculation of the number of days in between the date on which the 100th case of the coronavirus was reported and the date on which the most stringent public policies to date were adopted. We rescaled the calculated number of days from 0 to 100 to ease interpretability. Lower values of this second dependent variable signal that aggressive public policies were adopted prior to the 100th reported case of the virus, and higher values of this second dependent variable signal that aggressive public policies were adopted following the 100th reported case of the virus. The most proactive country per this measure was Taiwan (which adopted its most stringent policy to date twenty-five days prior to its reported 100th case), and the least proactive country per this measure was China (which adopted its most stringent policy to date sixty-seven days after its reported 100th case). Table 2 in the Appendix demonstrates the time lapse variation across countries in the raw number of days.

In this paper, we aim to assess whether political regime type helps us to make sense of this variation across countries. In doing so, we seek to systematically analyze the validity of previously reviewed theoretical tenets and anecdotal statements made about political regime type and responses to the pandemic. Specifically, we test the following hypotheses:

Hypothesis 1: Democratic regimes will be more likely to adopt stringent public policies in response to COVID-19 in comparison with authoritarian regimes.

Hypothesis 2: Authoritarian regimes will be more likely to adopt stringent public policies in response to COVID-19 in comparison with democratic regimes.

Hypothesis 3: There is no relationship between political regime type and the stringency of public policies adopted in response to COVID-19.

Hypothesis 4: Authoritarian regimes will react more quickly to COVID-19-induced threats than democratic regimes.

To analyze our relationships of interest, we estimate a series of ordinary least squares regression models. These assess the effect of political regime type on both the stringency of adopted public health policies and the time lapse between the 100th reported case of the coronavirus and the adoption of the most stringent public policy to date (i.e. policy responsiveness). Specifically, we estimate numerous variants of the following modeling specification:

$$Y\mathit{COVIDPolicyResponse}_c = \alpha + \beta \mathit{PoliticalRegime}_c + \delta c + \varepsilon c$$

$Y\mathit{COVIDPolicyResponse}_c$ represents our primary dependent variable, either the stringency of public policies or the time lapse between the 100th reported case of the coronavirus and the adoption of the most stringent public policy to date. As previously mentioned, the data for our primary dependent variables comes from the Oxford COVID-19 Government Response Tracker.

βPoliticalRegimec represents our primary independent variable of interest. To test our hypotheses, we employ several different specifications of this political regime variable that leverage the few indicators of this regime type updated for the onset of 2020: 1) Free (as indicated by Freedom House's 2020 cross-country political regime classification scheme), 2) Old Democracy (coded as countries that have been democratic for at least fifty years per Boix, Miller, and Rosato's (2013) democratic duration coding in the 2010 version of the Quality of Government dataset) (Teorell et al. 2020; Boix, Miller, and Rosato 2014), and 3) Civil Liberties Tradition (per Donner et al.'s (2020) coding of civil society traditions in the 2020 version of the Quality of Government dataset rescaled from very weak (1) to very strong (10)) (Teorell et al. 2020; Donner, Hartmann, and Schwarz 2020). δc represents a vector of control variables including the number of confirmed cases, early concerning countries (i.e. China, Italy, and Iran), gross domestic product per capita at purchasing power parity, infant mortality per 1,000 live births, region, and population. The data contributing to these control variables comes from public knowledge about the coronavirus and the World Bank Development Indicators. Finally, εc is our error term.

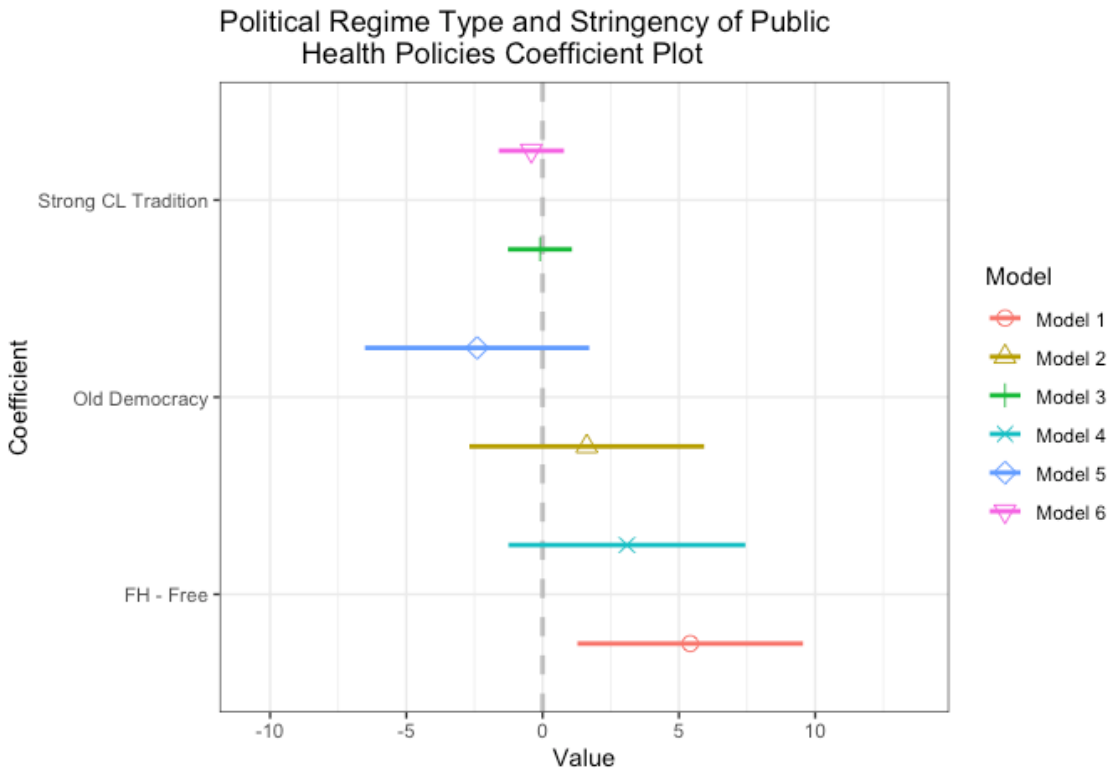
In the next section, we present our results. To preview, we find support for our third hypothesis and fourth hypotheses. We find that there appears to be no apparent difference between the stringency of public health policies adopted in response to the 2019-2020 Coronavirus Pandemic across political regime types but that countries that are not free, that do not have a long democratic history, and that do not have a rich tradition of upholding civil liberties respond to the coronavirus more quickly than their counterparts without these qualities.

Results

Figure 3 includes the relevant output from our regression models designed to estimate the impact of various measures of political regime type on the stringency of public health policies adopted in response to the 2019-2020 Coronavirus Pandemic.2 As such, it contains the results of our empirical tests. To refresh, our empirical tests assess Hypothesis 1 (that democratic regimes adopt more stringent public health policies), Hypothesis 2 (that authoritarian regimes adopt more stringent public health policies), and Hypothesis 3 (that neither political regime type outperforms the other in its adoption of stringent public health policies).

[2] Table 3, in the Appendix includes the complete output of these models.

Figure 3



In this case, Figure 3 provides largely consistent results across modeling specifications: There is no relationship between political regime type and the maximum stringency of public policies, irrespective of the measure of political regime type used. This provides strong evidence disconfirming Hypotheses 1 and 2 and confirming Hypothesis 3.

Curiously, like political regime type, few control variables reported in Table 3 are statistically significant. This suggests that the stringency of adopted public policies is near haphazard, unexplained not only by political regime type but also by the number of confirmed cases, infant mortality, region, and population. There is some, albeit inconsistent, evidence of a negative and statistically significant relationship between gross domestic product per capita at purchasing power parity and the stringency of adopted public policies. This suggests that as countries become wealthier, they are less likely to adopt more stringent public health policies. This effect is independent of regime type. Future research might assess whether institutional capacity, access to new technologies, and/or cultural factors better explain variation in public health policy stringency.

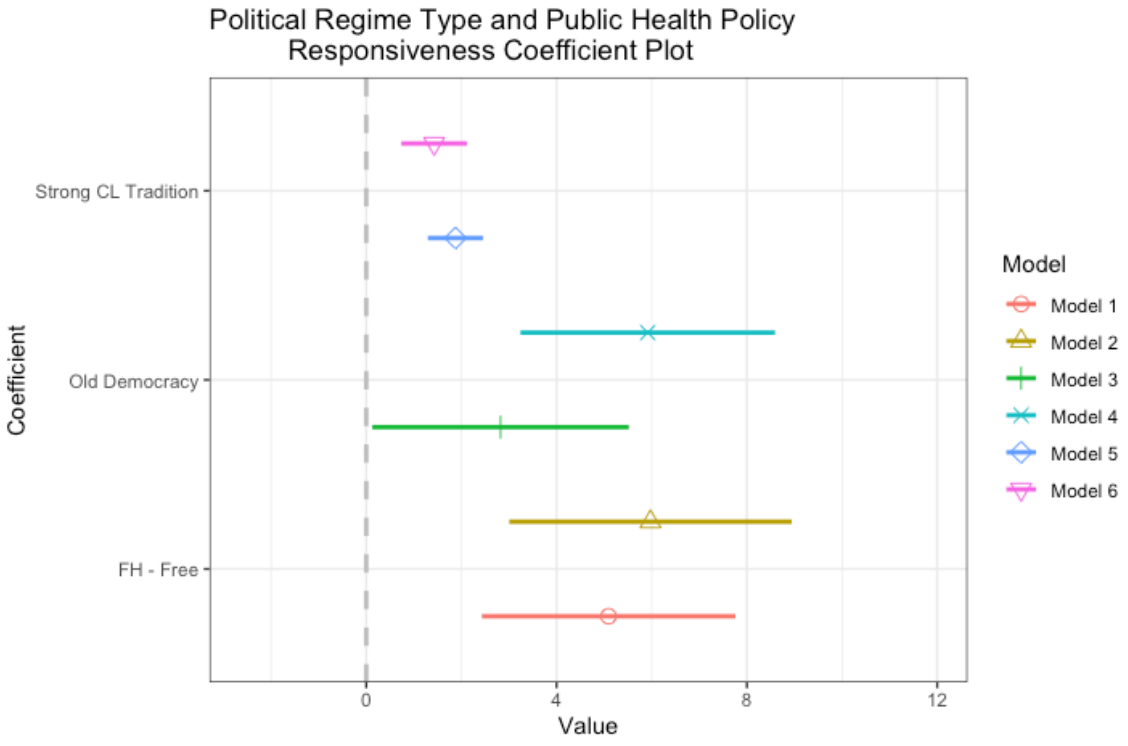
In sum, Figure 3 serves to partially confirm Kleinfeld's (2020) claim of no relationship between political regime type and policy efficacy. However, political efficacy can be viewed as two-part, comprised of both policy stringency and policy responsiveness. In what follows, we introduce the results of our models designed to test the relationship between political regime type and policy responsiveness.

Table 1 includes the output of regression models designed to estimate the impact of various measures of political regime type on policy responsiveness (i.e. the time lapse between the 100th reported case of COVID-19 and the adoption of the most stringent policy to date). Figure 4 highlights the primary findings of interest from Table 1. As such, both contain the test results of Hypothesis 4 (that authoritarian regimes react more quickly to COVID-19-induced threats).

Table 1: Political Regime Type and Stringency of Social Distancing Public Health Policies

	Dependent Variable:					
	Maximum Stringency of Social Distancing Public Health Policies					
	(1)	(2)	(3)	(4)	(5)	(6)
FH - Free	5.416			3.095		
	(4.140)			(4.347)		
Old Democracy		1.620			−2.404	
		(4.309)			(4.117)	
Strong CL Tradition			−0.096			−0.413
			(1.174)			(1.195)
Confirmed Cases	0.00003	−0.0001	−0.0002	−0.00004	−0.0002	−0.0003
	(0.0002)	(0.0002)	(0.0003)	(0.0002)	(0.0002)	(0.0003)
GDP per capita	−0.0002**	−0.0002*	−0.0001			
	(0.0001)	(0.0001)	(0.0001)			
Infant Mortality				−0.041	−0.161	−0.230
				(0.129)	(0.134)	(0.142)
Asia	5.036	1.895	0.239	4.260	2.528	3.108
	(5.716)	(5.819)	(7.224)	(5.767)	(5.859)	(7.039)
Eurasia	3.981	1.588	0.577	4.326	1.811	0.860
	(9.863)	(9.770)	(10.234)	(10.142)	(9.875)	(10.031)
Europe	4.453	5.224	11.203	1.284	1.590	10.187
	(5.202)	(5.183)	(7.116)	(5.082)	(4.949)	(6.835)
MENA	11.591*	9.368	4.808	7.851	6.111	3.956
	(6.226)	(6.170)	(7.009)	(6.009)	(5.818)	(6.483)
SSA	0.112	0.695	0.872	4.302	9.437	11.342
	(5.400)	(5.467)	(5.913)	(7.158)	(7.429)	(7.694)
Pouplation	0.000	0.000	0.000	0.000	0.000	0.00000
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Constant	82.277***	84.141***	83.730***	79.391***	83.379***	86.937***
	(4.268)	(3.953)	(8.601)	(4.876)	(4.289)	(9.007)
Observations	93	89	65	94	90	66
R^2	0.077	0.058	0.064	0.031	0.042	0.109
Adjusted R^2	−0.023	−0.049	−0.089	−0.073	−0.066	−0.034
Residual Std. Error	15.527 (df = 83)	15.663 (df = 79)	15.868 (df = 55)	15.985 (df = 84)	15.872 (df = 80)	15.622 (df = 56)
F Statistic	0.770 (df = 9; 83)	0.540 (df = 9; 79)	0.417 (df = 9; 55)	0.295 (df = 9; 84)	0.387 (df = 9; 80)	0.759 (df = 9; 56)
Note:						*p<0.1; **p<0.05; ***p<0.01

Figure 4



In contrast with the results from Figure 3, the results from Table 1 (highlighted in Figure 4) indicate that political regime type does partially play into policy efficacy. All Models, except Model 3, confirm that there is a statistically significant relationship between political regime type and policy responsiveness.

Models 1 and 2 confirm that there is a positive and statistically significant relationship between political regime type and policy responsiveness. Chiefly, policy responsiveness is slower in countries that are conceived of as “free” per Freedom House’s classification of political regime type than in countries conceived of as “partly free” or “not free.” Controlling for other plausibly confounding factors, on average, the time lapse between the 100th reported cases of COVID-19 and the adoption of the most stringent policy to date is between five and six days longer in “free” countries than in “partly free” or “not free” countries.

Model 4 suggests that there is a positive and statistically significant relationship between “old democracies” (countries that are considered to have been democratic for at least fifty years) and policy responsiveness. It indicates that older democracies are slower to respond to rapidly emerging public health crises in comparison with newer democracies and non- democracies. Holding other plausibly confounding factors constant, on average, the time lapse between the 100th reported cases of COVID-19 and the adoption of the most stringent policy to date is almost six days longer in older democracies than in newer democracies and non-democracies.

Models 5 and 6 imply a positive and statistically significant relationship between civil society traditions and policy responsiveness. The interpretation of this is that as civil society traditions become stronger (an observable signal of the participatory elements expected of democratic governance), policy responsiveness is slower. Controlling for other plausibly confounding factors, on average, the time lapse between the 100th reported cases of COVID-19 and the adoption of the most stringent policy to date increases by between one and two days for each 1-point increase on the 10-point civil society traditions scale.

Alongside the positive and statistically significant coefficients associated with numerous interpretations of political regime type, Table 1 highlights the predictive capabilities of several other factors. Chiefly, all modeling specifications indicate that early concerning countries (e.g. China, Italy, and Iran), Asian countries, and countries with higher levels of development (i.e. GDP per capita PPP) took longer to respond to the emerging COVID-19-induced crisis than poorer, non-Asian countries and countries exposed to the virus later in the global cycle. Models 2 and 4 also suggest that countries with higher levels of infant mortality responded to the coronavirus more quickly than countries with lower levels of mortality - a finding to be expected given the uncovered closely associated relationship between GDP per capita and policy responsiveness. We interpret these findings as evidence that early exposed countries took longer to adopt their most stringent measures in response to COVID-19, plausibly due to a lack of precedence and uncertainty associated with the future trajectory of the virus. By contrast, countries with lower levels of capacity reacted more quickly to the spread of the virus, and sometimes even preemptively, likely due to the foresight of an incapacity to adequately treat those infected.

In sum, our results provide evidence of a partial relationship between political regime type and policy efficacy. While political regime type does not predict the stringency of public health policies (which, themselves, appear to be more or less haphazard), it does prominently factor into policy responsiveness. Irrespective of modeling specification or measure of political regime type used, it is clear that authoritarian regimes adopt their most stringent public health policies in response to COVID-19 more quickly after notable virus exposure than democratic countries.

Discussion and Conclusion

As governments around the world have scrambled to respond to the 2019-2020 Coronavirus Pandemic, the media has taken to reporting the perceived successes and failures of adopted national policies. Through these reports, a common narrative has emerged that the aggressive and prompt responses of South Korea and Singapore have aided these countries' abilities to flatten the curve while the disorderly and delayed responses of Italy, the United States, and Iran have hampered similarly effective responses. Such observations have led scholars, policymakers, and pundits alike to question the influence of political regime type on public health policy stringency and policy responsiveness. In this paper, we moved beyond providing relevant anecdotal evidence and case studies to introduce what are the first, to our knowledge, empirical studies on the effects of political regime on public health policy efficacy.

Our empirical tests find no support for a significant relationship between regime type and public health policy stringency. In fact, with the exception of partial support for a positive relationship between wealth and policy stringency, policy stringency appears almost haphazard. We do find, however, that regime type does appear to have a relationship with response timeliness in moments of public health crises. More specifically, we find that authoritarian regimes are quicker to implement their most stringent public health policies than democracies. Relatedly, our tests confirm that longer-standing democracies and countries with strong civil society traditions are slower to adopt stringent policy responses to the coronavirus than new democracies and non-democracies and countries with weak civil society traditions, respectively. Viewed in tandem, these results help us to understand the effect of the principles underlying democratic governance on responses to public health crises.

Democratic regimes, especially those whose existence is more prolonged, tend to have institutionalized systems of checks and balances and established norms that consider the demands and criticisms of their citizens. Though attractive guarantors against abuse of power and participatory governance in ordinary times, these systemic features may serve as barriers to policymaking in times of crisis. Authoritarian regimes, conversely, have fewer roadblocks to policymaking and limited incentives to consider the demands of their citizens in creating public policies. Though inimical to consociational governance, these systemic features of authoritarianism may facilitate policymaking in times of crisis. In "normal times," democracies may have an informational advantage over authoritarian regimes that may compensate for slow policymaking. However, pandemics, such as the 2019-2020 Coronavirus Pandemic, may strip democracies of this equalizer. Rather, they may level the playing field by leaving democratic and authoritarian regimes alike more or less equally uninformed and unknowing. For these reasons, it makes sense that democracies, specifically long-standing democracies with strong civil society traditions, may lag in their response to COVID-19.

Aside from political regime type, our studies also uncover several other factors that help us to understand the variation in public health policy responsiveness across countries. We learn that early concerning countries, wealthier countries, and Asian countries took longer to adopt strict policies in response to COVID-19 exposure than their later exposed, poorer, and non-Asian counterparts. We interpret these results as preliminary evidence that wealthier countries languished in determining whether to prioritize public health or economic activity and posit that they could afford to do so due to their strong institutional capacity and healthcare infrastructure. Poorer countries, by contrast, were likely compelled to adopt stringent public health policies quickly due to a lack of basic sanitation, an absence of medical supplies, and an insufficient public healthcare infrastructure. Beyond the logic associated with development, we deduce that countries with early exposure to the virus encountered more unknowns than their counterparts with late exposure to the virus and suspect that these unknowns made them less likely to

establish effective public health policies in timely manners. We urge scholars to further unpack these relationships in public policy research aimed at investigating pandemic responses.

In addition to speculating on the relationship between political regime type and policy stringency, effectiveness, and responsiveness, many have identified both the potential for and the reality of democratic backsliding in light of the 2019-2020 Coronavirus Pandemic. Specifically, arguments that the coronavirus-induced crisis has fostered conditions ripe for consolidating political power in the hands of executives have become routinized. According to Bieber, "In times of crisis, checks and balances are often ignored in the name of executive power. The danger is that the temporary can become permanent" (Bieber March 30, 2020). For a compelling example of this reality, look no further than Hungary, where Prime Minister Viktor Orbán has initiated a "Draft Law on Protecting Against the Coronavirus." Couched as fundamental to promoting public health, this law is designed to sideline parliament indefinitely, thereby removing the few remaining checks on Orbán's political power. While an especially egregious offender of democratic principles, Orbán is not alone.

Presently, over fifty countries have declared states of emergency in response to the coronavirus (Brown, Brechenmacher, and Carothers April 6, 2020). This statistic both lends credence to Bieber's (2020) claim and speaks to the vast expansion of executive power during this moment of crisis ushered in by COVID-19. To the extent that such adopted power expansions are indefinite, unaccompanied by consistent and scheduled reviews of the progression crisis, and amenable to executive development of power-consolidating legislation (such as appears to be the case in Hungary), there are compelling reasons to fear enduring democratic backsliding (ibid.).

In addition to outright power grabs, illiberal democrats and newfound authoritarians have leveraged the unique conditions of the coronavirus to alter or maintain scheduled electoral contests to their own political benefit. For example, Polish President Andrzej Duda has insisted in holding elections scheduled for May 2020, despite public resistance, in an attempt to hamper the opposition's ability to put together a competitive campaign. Democratic countries all across the globe are resolving themselves to the postponement of elections at a time where country leadership is absolutely essential. Though the rethinking of electoral practices and standards is understandable, indefinite postponement of elections, too, appears threatening to the integrity of democratic election processes.

As political scientists, scholars of public policy, and others continue to probe the politics of the 2019-2020 Coronavirus Pandemic, they will undoubtedly have to grapple with the compelling bidirectionality of the relationship between political regime type and public health policy stringency and responsiveness. In a time of great uncertainty and fear, it is essential that we work toward understanding the preconditions that aid and constrain policy stringency and effectiveness. With this information, we can inform political leaders and policymakers of the unique challenges and opportunities that they will encounter in developing coherent and effective public health policy responses. At the same time, it is critical that we develop a more thorough understanding not only of the political factors contributing to disparate responses to the virus but also of the political implications of responses to this unprecedented global public health crisis. If heeded, this information will prove critical in developing balances between adopting pandemic-fighting solutions without halting or decomposing the democratic progress that has taken many countries a lifetime to achieve.

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Appendix

Table 2: Political Regime Type and Public Health Policy Responsiveness

Country	FH Status	Time Lapse (Days)
Afghanistan	Not Free	-1
Algeria	Not Free	-1
Argentina	Free	0
Australia	Free	18
Austria	Free	7
Bahrain	Not Free	16
Belgium	Free	11
Bolivia	Partly Free	-13
Brazil	Free	6
Brunei	Not Free	-12
Bulgaria	Free	-2
Burkina Faso	Partly Free	6
Cameroon	Not Free	4
Canada	Free	20
Chile	Free	8
China	Not Free	67
Colombia	Partly Free	6
Costa Rica	Free	13
Croatia	Free	2
Cuba	Not Free	-9
Czech Republic	Free	8
Denmark	Free	8
Dominican Republic	Partly Free	6
Ecuador	Partly Free	-1
Egypt	Not Free	8
Finland	Free	6
France	Free	29
Germany	Free	17
Ghana	Free	3
Greece	Free	10
Honduras	Partly Free	-10
Hong Kong	Partly Free	25
Hungary	Partly Free	-5
Iceland	Free	5
India	Free	8
Indonesia	Partly Free	0
Iran	Not Free	15
Iraq	Not Free	-3

Ireland	Free	15
Israel	Free	11
Italy	Free	25
Japan	Free	41
Jordan	Partly Free	-6
Kazakhstan	Not Free	-8
Kenya	Partly Free	-8
Lebanon	Partly Free	6
Malaysia	Partly Free	8
Mauritius	Free	-3
Mexico	Partly Free	11
Morocco	Partly Free	-2
Netherlands	Free	16
New Zealand	Free	3
Nigeria	Partly Free	-13
Norway	Free	16
Oman	Not Free	5
Pakistan	Partly Free	7
Panama	Free	-6
Paraguay	Partly Free	-15
Peru	Free	-1
Philippines	Partly Free	17
Poland	Free	16
Portugal	Free	5
Qatar	Not Free	13
Romania	Free	16
Russia	Not Free	12
Rwanda	Not Free	-15
Saudi Arabia	Not Free	9
Serbia	Partly Free	1
Singapore	Partly Free	26
Slovenia	Free	6
South Africa	Free	8
South Korea	Free	30
South Sudan	Not Free	-12
Spain	Free	13
Sri Lanka	Partly Free	-4
Sweden	Free	28
Switzerland	Free	16
Taiwan	Free	-25
Thailand	Partly Free	18
Tunisia	Free	-3
Turkey	Not Free	5
Ukraine	Partly Free	8
United Arab Emirates	Not Free	11
United Kingdom	Free	23
United States	Free	16

Uruguay	Free	11
Uzbekistan	Not Free	-1
Venezuela	Not Free	-9
Vietnam	Not Free	5