Governance in Crises:
Ideologies, Political Systems, and Pandemic Responsiveness

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Why are some governments more active in responding to the COVID-19 pandemic than others? Based on ample literature on the political determinants of pandemic responses, this paper seeks to understand the question with an interactive framework of ideology strategies and their political conditions. Resorting to a dataset of 155 countries and their COVID responses in the year of 2020 (before the world enters into the vaccination phase in 2021), we find that government COVID responsiveness is associated with the interactions between the specific character of ideological legitimation strategy (socialist or conservative) invoked by the government and the political system (democratic or decentralized) where it operates. Overall, this research contributes to a multifactor understanding of the political explanations for government responses to crises. It also provides insight for policy choices and designs that are more suitable for the leadership and political contexts.

Keywords: government ideologies, democracy, decentralization, bureaucracy, COVID responses

INTRODUCTION

Since the early stage of the COVID-19 pandemic, many scholarly works have documented a popular view that liberals tend to embrace quarantines and lockdowns to prevent the spread of the virus while conservatives are in favor of resuming activities to prevent economic hardship (Gadarian, Goodman, and Pepinsky, 2021; Cakanlar, Trudel, and White. 2022; Rosenfeld, 2020). This purported association is perplexing as other research has found that conservative, collectivistic or culturally "tight" populations have also been able to adopt stringent mitigating measures swiftly (Frey, Chen, and Presidente, 2020; Gelfand et al., 2021). To reconcile these apparently inconsistent observations, Fischer, Chaudhuri and Atkinson (2020) offer a potential explanation with "the dual dimensions of ideology".[1] Respectively, people on the political right might be either *slow*, or *quick*, to embrace COVID measures due to respective priorities on maintaining normal economic activities (economically conservative), or on threat sensitivity, pathogen aversion and group conformity (culturally conservative). Conversely, people on the political left might be either *quick*, or *slow*, to comply by strict measures, motivated by empathic concern for the welfare of the general public (economically progressive), or by the tenet of individual autonomy and openness to change (socially progressive), respectively.

Driven by the puzzling relationship between political ideologies and COVID responses, we approach this question by contextualizing ideologies in their political environments. Instead of engaging in the debates over the contents and dimensions of ideologies, this study examines whether the uncertain association between political orientations and COVID responses are conditioned by *the political system* wherein they operate. For instance, researchers of comparative politics have placed emphasis on regime types, federal structures, and state capacities to account for pandemic responses (Greer et al., 2021). These factors may have interacted with official ideologies to influence government response in turbulent times.

We pinpoint two crucial distinctions in the analytical foci of our study. First, our research is interested in *the official ideologies* of the national government, rather than the political orientations of the public. Most existing research has relied on public survey data to measure individual ideologies and generate predictions between political orientations and support, or the lack thereof, for COVID measures promulgated by the government. There have not been cross-national studies that explore the relationship between governmental ideologies and their COVID responses. Second, we focus on *state responsiveness* to a public health emergency rather than the stringency or the effectiveness of the responses. As the pandemic constitutes a typical type of public health crisis that challenges governance under normal circumstances, we consider *responsiveness* itself and refrain from judging it as being over or under-restrictive; nor do we make any claim about the desirability of the degree of responsiveness with regard to its effectiveness in containing the virus. We simply regard responsiveness as a unique and essential feature of government behavior, which is structured by its political environment.

While we are concerned with the overarching research question of why some governments are more active in responding to the COVID-19 pandemic than others, we set off to ponder a particular question: What is the relationship between official ideologies and government responsiveness to the pandemic in different political environments? Our study argues that the ideological strategy of the incumbent government does not affect its COVID responses in a straightforward fashion; rather, ideological influences might be ameliorated or reinforced depending on the operating political systems. In what follows, we first put forward a theoretical framework that accounts for the ideological underpinnings of the government interacting with different political conditions under emergent circumstances. Next, we introduce our dataset and the main variables, followed by a statistical analysis of the findings. Then we select a small number of illustrative country cases to elaborate their COVID responsiveness in light of this interactive framework. The last section concludes this study and tentatively provides insight for policy choices and designs that are more suitable for the leadership and political contexts.

GOVERNANCE IN CRISES: ESCAPTING BUREAUCRATIC NORMALCY AND INERTIA

Different from the citizens' ideologies that are often embedded in individualized socio-economic surroundings, the working environment of a given government's official ideology is, by default, a bureaucratic one. Under normal circumstances, governance is characterized by bureaucratic administration, featuring a most rationalized and efficient organizational workflow known to modern states. However, in such "Weberian bureaucracies," rules trump humanity, and the process trumps task (Waters and Waters, 2015). Given the hierarchical top-down nature of bureaucracy, it lacks innovative incentive, systemic learning, or interdepartmental coordination. Studies often show that oversized state apparatuses feed institutional inertia and impede swift decision-making on the ground (Purnomo et al., 2021). The problem of bureaucratic inertia is also manifest as a fundamental property of health systems as static organizations become increasingly out of step as the surrounding environment changes (Coiera, 2011). Yet bureaucratic rigidity and inertia are by no means insusceptible to stimuli. Neo-institutionalists of path dependency and critical junctures have long argued that crises and sudden exogenous shocks interrupt institutional stability and make major changes possible (Eldredge and Gould, 1972; Collier and Collier, 1991; Pierson, 2000). As an epoch-making pandemic, COVID-19 injected a drastic stimulus to bureaucratic administrations of public health across the globe. Therefore, we set off to conceptualize the potential of different ideologies to escape from bureaucratic normalcy and galvanize the government into emergency measures.

The Ideological Underpinnings of Crisis Management

In his 1944 book, *Bureaucracy*, Ludwig von Mises contrasted two fundamentally different styles of management - bureaucratic management for public administration and profit management for private enterprises - and attributed the bane of bureaucracies to the impossibility of rational economic calculation. Emphatically, he proclaimed that "the strait jacket of bureaucratic organization paralyzes the individual's initiative, while within the capitalist market society an innovator still has a chance to succeed …Capitalism is progressive, socialism is not." (Mises, 1944, pp. 124–25) Applying the Misesian theorem to the COVID pandemic, Haeffele and Hobson (2021) point to the slow and rigid reaction of the U.S. federal Government, especially the Centers for Disease Control and Prevention (CDC) and the Federal Drug Administration (FDA), and applaud the "Misesian entrepreneurs" who drive progress and recovery. Candela and Geloso (2021) also contend that economically free societies have greater flexibility and robustness to deal with the impact of exogenous shocks, including natural disasters, warfare and pandemics. However, the alleged advantage of capitalism in responding to disasters is famously challenged by Naomi Klein (2007), who developed the concept of "disaster capitalism complex" to reveal how neoliberal capitalism capitalizes cataclysmic events to advance privatization, exacerbate pre-existing inequalities, and leave social safety net ruptured, exemplified by the post-Katrina disaster response itself.

Along the debate between relaxed and restrictive approaches to the pandemic, the ideological discussion has quickly fermented into a significant contestation between neoliberal and social democratic visions of governance and society writ large (Walby, 2021). The social democratic model, which has historically characterized the Nordic welfare states (Esping-Andersen, 1990), embraces a long tradition of universalistic, comprehensive, and egalitarian approaches. It usually fits in an environment of "welfare bureaucracy" as opposed to "Weberian bureaucracy" and does not necessarily assign a high priority to objectivity and productivity (Presthus, 1961). In the first stage of the COVID crisis the key characteristics of Nordic welfare states continued in a path-dependent way with limited change in its overall generosity (Greve et al., 2021). Arguably, with a social democratic ruling ideology, the government might be less responsive to the COVID crisis, perhaps due to the unwieldiness of large welfare states as well as the confidence in the abundance and resilience of existing medical and social protection systems.

Contextualizing Government Ideologies and COVID Responses

Based on foregoing preliminary knowledge of ideological underpinnings of crisis management, we contemplate testable hypotheses about the aptness of neoliberal and socialist ideologies to government action. Tentatively, we speculate (1) a potentially positive relationship between neoliberal ideology and COVID responsiveness, and (2) a potentially negative association between socialism and COVID responsiveness. Yet such relationships are derived rather uni-dimensionally as the bureaucratic extensions from the doctrinal economics of official ideologies. Empirical observations seem to readily deviate from these predictions. For instance, socialist countries, like China and Vietnam, have responded robustly and rapidly, while the conservative governments in the United States and Switzerland (mainly the second wave/Fall 2020) have been criticized for their relaxed measures. We therefore continue to consider the political contexts that might have conditioned the relationships between government ideologies and COVID responsiveness.

First and foremost, regime types may influence and interact with the bureaucratic context of government ideology. "The myth of the authoritarian advantage" in public policymaking resides in the absence of electoral cycles, the insulation from particularistic pressures, and the greater capacity to pursue unpopular policies (Maravall, 1994). Through the lens of escaping bureaucratic inertia in crises, the relationship between regime types and public health might work differently than in normal times. Arguably, socialist authoritarian regimes are equipped with their own political instruments to mobilize and coordinate national resources effectively. China, in particular, is chastised by the international community for the earlier "information repression phase" yet recognized for its later "mobilization for containment phase" (Shih 2021). Researchers have attributed its swift, consorted, and uncompromising responses to a variety of factors that feature China's socialist system, including the revolutionary legacy, the Leninist party structure, and grassroots mobilization capacity (Martinez, 2020; He, Shi, and Liu, 2020). With the

campaign-style of governance being a built-in part of the modus operandi of socialist China (Chen, 2021), the society also accepts the switch to war-time narratives in the COVID crisis uniquely smoothly. In democracies, however, the lack of such penetrating capacity of the state and the presence of an independent, vigorous civil society often call iron-fisted approaches into question.

Therefore, we hypothesize that, during a crisis, the lack of responsiveness of socialist ideology (presumably prone to "welfare bureaucracy") might be reduced in less democratic countries, where authoritarian approaches are less likely to be opposed. And the potentially greater responsiveness of conservative ideology (presumably more subscribed to "Weberian bureaucracy") might be weakened in more democratic countries by the burden of political negotiations and procedural deliberations.

Second, we expect the relationship between government ideologies and COVID responses to be conditioned on subnational government structure, or central-regional dynamics (Czypionka and Reiss, 2021). For federal as well as unitary countries, the notion of decentralization bringing governance closer to citizens is deeply rooted in the classic writings of Mills, Montesquieu, and de Tocqueville (Faguet, 2014). It is widely perceived that decentralization better aligns welfare policies with local preferences and demands (Wallis and Oates, 1988; Bunte and Kim, 2017). However, decentralization might also hinder the implementation of national policies, especially when regional governments are run by the opposition, or deliver erratic welfare performance in clientelistic and predatory states (Niedzwiecki, 2016; Tillin et al., 2015; Pierson, 1995).

Given subnational variations, the small-government philosophy purportedly associated with conservative governments, and the large-welfare bureaucracy with socialist ones, could hardly translate into greater or lower COVID responsiveness nationwide straightforwardly. In particular, decentralization might easily disperse the greater responsive potential conservative governments supposedly possess. Joseph de Weck (2020), for instance, referred to federalism as one stumbling block for Switzerland, where its 26 cantons were given the competence to introduce their own containment measures but lacked the determination to take action, especially given the Swiss penchant for fiscal conservatism. After emerging from the first wave in Spring 2020, Switzerland quickly forsook the cautious course of "soft lockdown" and embraced economic reopening. In the U.S., the response of the decentralized Unemployment Insurance (UI) to the economic impact of the pandemic remained uneven cross the states due to administrative deficiency and political struggles over benefits extension program, which weakened its apparently impressive counter-cyclical policies (Rocco, Béland, & Waddan, 2020; Goger, Loh, & George, 2020).

For the governments that resort to socialist or social democratic ideology, however, decentralization seems able to inject a modest amount of regional discretion and energy into excessive regimentation of bureaucracy, without disturbing a nationally coordinated and vertically more sensible approach for crisis management. For instance, under the socialist leadership of the ruling Chama Cha Mapinduzi (CCM) party in Tanzania, where opposition parties had made some inroads at the local level since 2015, the scope of street-level innovation and adaptation to COVID were enhanced as the central government downplayed the pandemic, although those adaptations were undertaken in a highly constrained decision space (Carlitz et al., 2021). In China, the authorities' responsiveness epitomized some features of "fragmented authoritarianism" (Huang, 2022), a term in the lexicon of Chinese politics coined by Kenneth Lieberthal and Michel Oksenberg (1992) to conceptualize the fragmented and disjointed policymaking authority among central leadership, provincial governments, and various bureaucratic departments. After the SARS epidemic of 2003, China has sought to improve its prevention and control systems of infectious diseases by both centralizing early reporting and decentralizing authority to respond to local health emergencies (Lv, Luo, and Duckett, 2022).

An Interactive Framework

To sum up, the theory we propose in this article is essentially an interactive one; its conceptual framework is provided in Figure 1 below. We set out from the initial premise that the momentum for crisis management needs to be activated from the bureaucratic normalcy of inertia and rigidity, which is by and large a *constant* for most modern states. Given different ideological underpinnings of bureaucratic administration, the governments guided by streamlined conservative ideologies and philosophies seemingly

tend to be better positioned to give responses than those under socialist or social democratic leadership. However, we argue that government ideologies do not dictate COVID responses in a vacuum; the political contexts where the ideological strategies are invoked may intensify or attenuate the ideological influences of the governments on their pandemic responses. Specifically, we expect that (1) For a government that resorts to socialist ideologies, being *more democratic* puts more strain on its responsiveness to COVID, whereas being *more decentralized* alleviates the burden of its socialist ideology on policy responses; and that (2) for a government that employs conservative ideologies, being *more democratic* and *more decentralized* dilute the potential benefit of conservatism for policy responsiveness.

FIGURE 1
CONCEPTUAL FRAMEWORK
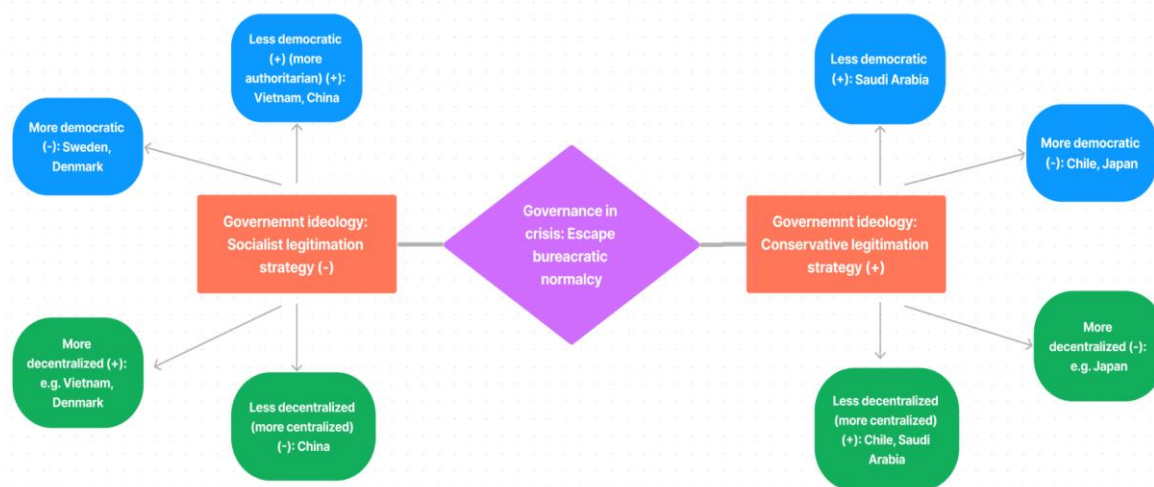
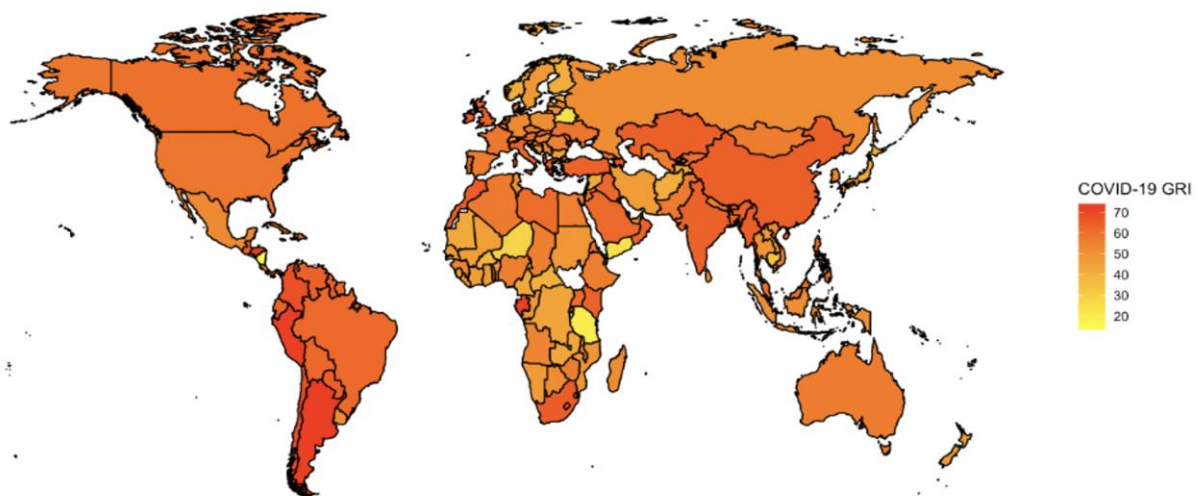
(Compiled by the authors.)

DATA AND VARIABLES

The measurement of the dependent variable (DV) of this study, i.e. variation in COVID responsiveness, utilizes the Government Response Index (GRI) from the Oxford COVID-19 Government Response Tracker (Hale et al., 2020).[2] The GRI incorporates 16 indicators of three policy categories: containment and closure policies (e.g. school closing, event cancellation, travel bans), economic policies (e.g. income support, debt relief), and health system policies (e.g. testing, contact tracing, facial covering requirement). In this study, the GRI is averaged by each country since the first case was confirmed until December 31, 2020, i.e. the pre-vaccine period of the pandemic. It is noteworthy that we do not claim this index measures the appropriateness and proportionality of the responses or the effectiveness of the policies adopted. We primarily expect the GRI to approximate the magnitude of government responses in the COVID crisis in its relatively early stage. The average GRI in 2020 records significant variation across countries, ranging from 13 (Nicaragua) to 74 (Argentina). The mean and median score on the index are 54 and 56, respectively (Figure 2).

The independent variables - government ideology strategies and the political systems in which they are wielded - are drawn from the Variety of Democracy (V-Dem) project (Coppedge et al., 2021). First, for government ideologies, we employ the variable, *characteristic* of the ideology (v2exl_legitideolcr) in the year of 2019, which gives the nature of the ideological legitimacy claims or the justification for the form of rule made by the incumbent government. Importantly, the government's ideological claims are construed as part of their legitimation strategies, rather than how ordinary citizens judge the legitimacy of their rulers.

The former is consistent with the object of our inquiry in this study, i.e. the ideological basis of government action, whereas the latter pertains to public trust in the government and implies popular compliance with COVID policies (Christensen and Lægreid, 2020; Kleinfeld, 2020; Willoughby, 2021), which relates to policy effectiveness but not the main interest of this study. Based on the literature about the ideological influence on COVID as reviewed above, we focus on *socialist* (v2exl_legitideolcr _1) and *conservative* (v2exl_legitideolcr _2) ideologies as the two mainstream legitimation strategies of contemporary governments (Tannenberg et al., 2019). Figure 3 below plots the country cases in our dataset onto the two ideological dimensions.

FIGURE 2
GOVERNMENT COVID RESPONSE, YEAR 2020 AVERAGE

(Source: Oxford COVID-19 Government Response Tracker; world map generated by the authors)

Second, we operationalize the political systems, in which the incumbent governments project their ideological legitimation strategies, with a regime variable and a decentralization - or subnational regionalism - variable. The V--Dem's Multiplicative Polyarchy Index (v2x_mpi), computed by multiplying indices measuring freedom of association, clean elections, freedom of expression, elected executive, and suffrage, is utilized to give the country's democracy score. And the Regional Government Index (v2xel_regelec) measures the extent to which the country's regional governments are elected and operate without interference from unelected bodies at the regional level.

FIGURE 3
CHARACTERISTIC OF THE (OFFICIAL) IDEOLOGY, V-DEM, 2019
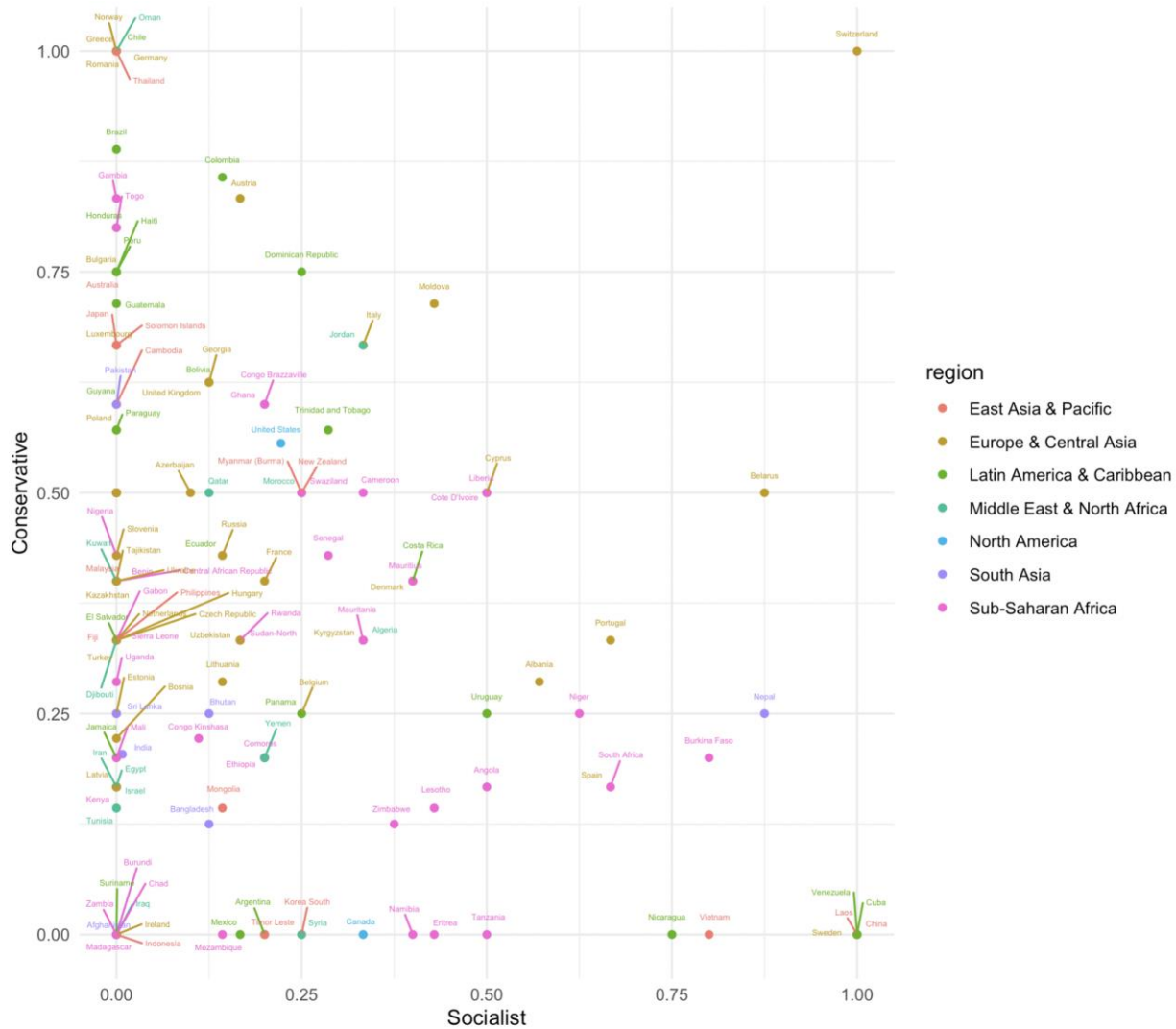
We also consider and control a set of confounding variables that might influence government COVID responsiveness. First, scholars have frequently suggested state capacity, which is typically defined as the ability of a government to administer its territory effectively (Skocpol 1985), is aligned with COVID preparedness and response (Kavanagh and Singh, 2020). What does the "political capacity" entail specifically? In *Coronavirus Politics*, Jarman (2021) details four categories of state functions and capacities involved in tackling COVID: **governance, surveillance, coercion,** and **social policy.** These key aspects of state capacities may have reinforced, hindered or penetrated government responses to the pandemic in different ways. These four categories help us navigate the operationalization of the compound "capacity" concept as follows:

- Governance pivots at decision making and implementing, especially with regard to a state's ability to coordinate action horizontally and vertically. To measure the aspect of governing capacity, data on government effectiveness are collected from the World Bank's Worldwide Governance Indicators (WGI, coded as gov.eff). Given widespread skepticism toward WGI's highly compound scores (Apaza, 2009; Langbein and Knack, 2010) and perceptional bias for

fewer regulations among business elites (Kurtz and Shrank, 2007), it is not entirely clear whether the "government effectiveness" index in fact captures more of the quality (efficiency) or the quantity (excess) of bureaucracy. In our statistical models, we simply refer to it as the bureaucracy variable.

- Surveillance involves collecting, analyzing, and disseminating data, which feeds the government with ample and precise digital information for policy making, implementation, and social management. During this pandemic, the state's tracing, tracking and isolation abilities are primarily dependent on the technology-intensive activity of surveillance (Jarman, 2021). In this study, the measurement of state surveillance capability is approximated with the V-Dem data on cyber security capacity of the main political parties (v2smpolcap).

- Coercion refers to "the use of the state's legal authority to make and enforce rules … by changing the behavior of individuals and organizations" (Jarman, 2021, p.57). Data on transparent laws with predictable enforcement (v2cltrnslw) from the V-Dem are included to capture the enforcement aspect of state capacity.

- Social policy may include a long list of pre-COVID health-related social services, such as health systems, healthcare costs, insurance schemes, housing and childcare, pensions, and so on and so forth, that preconditioned government abilities to deal with COVID, which are broadly understood as part of preexisting welfare state.[3] Based on data availability, we include two main pre-COVID health system variables into the dataset for statistical tests: government health expenditure (as percentage of GDP, WHO, 2018) and the number of hospital beds (per 10,000 population, WHO, 2019 or latest data available).

In addition, we also consider whether the country has dealt with previous pandemics or major epidemics, such as SARS and Ebola. It is argued that relevant past experience may nurture a realistic level of confidence, prudent awareness of infectious diseases, and knowledges of weaknesses in existing health systems, which prompt strong efforts to quell a newly emerging threat (Capano et al., 2020). Then, the numbers of confirmed cases are extracted from the Oxford dataset to calculate the infection rate (per 1,000,000 population) so that the general COVID severity in each country in 2020 is more comparable, though the true infection rates are unknowable due to wide variation in testing rates and the prevalence of asymptomatic infection. Finally, we control the senior population (ages 65 and above as percentage of total population) in each country, given that older people are disproportionately more vulnerable to SARS-CoV-2, especially in the first wave.

TABLE 1
STATISTICAL SUMMARY OF KEY VARIABLES

	Number of cases	Mean	SD	Min	Max	Range	Standard error
Socialist (v2exl_legitideolcr_1)	155	0.19	0.27	0.00	1.00	1.00	0.02
Conservative (v2exl_legitideolcr_2)	155	0.39	0.27	0.00	1.00	1.00	0.02
Regime/democracy score (v2x_mpi)	155	0.35	0.30	0.00	0.86	0.86	0.02
Decentralization (v2xel_regelec)	155	0.43	0.41	0.00	1.00	1.00	0.03

	Number of cases	Mean	SD	Min	Max	Range	Standard error
Bureaucracy (gov.eff)	155	-0.06	0.99	-2.28	2.22	4.50	0.08
Cyber capacity (v2smpolcap)	155	0.21	1.13	-2.33	3.92	6.25	0.09
Law enforcement (v2cltrnslw)	155	0.72	1.35	-2.41	3.83	6.23	0.11
No. of hospital beds	155	26.93	23.68	1.00	129.80	128.80	1.90
Government health expenditure (h.exp)	149	3.44	2.26	0.40	9.95	9.55	0.19
Prior epidemic exposure	155	0.36	0.82	0.00	4.00	4.00	0.07
Infection rates (per 1,000,000 population)	154	4031.56	5073.35	3.19	30498.05	30494.86	408.82
Senior (% of population)	154	9.07	6.63	1.16	28.00	26.85	0.53

Source: The Variety of Democracy, Worldwide Governance Indicators (World Bank), WHO, The Oxford COVID-19 Government Response Tracker.

ANALYSIS OF FINDINGS

Our statistical analysis presents four models, which report the performance of socialist and conservative ideologies in interaction with the political systems, respectively, with state capacity indicators and other COVID-related variables being controlled. The results of ordinary least squares (OLS) regression are shown in Table 2.

In Model 1 and 2, socialist legitimation strategy of the incumbent government appears to be negatively associated with government COVID response index (GRI), while the democracy score and the extent of decentralization are positively associated with GRI. Yet the statistical significance of the interaction terms between socialism and political systems denote such effects are conditional. In Model 1, the negative sign of the interaction term between socialism and democracy (est. = -5.222, $p < .001$) suggests that, as the democracy score increases, the negative effect of socialist legitimation on COVID response is exacerbated. Put conversely, the influence of socialist legitimation strategy becomes increasingly less substantial on COVID responsiveness in more authoritarian political systems. As shown in Figure 3, Panel A, the slopes get steeper as democracy/mpi increases). Substantively, for instance, for the countries dominated by socialism to the same extent (soc=1), the socialist ideology reduces state responsiveness in China (mpi=0) by 3.92 points only [-3.92-5.222x0], as opposed to 8.33 points [-3.92-5.222x0.844] in Sweden (mpi=0.844).

Meanwhile, in Model 2, the positive interactive effect between socialism and decentralization (est. = 3.996, $p < .001$) points to the scenario that the negative effect of socialism on COVID response might be remedied in a more decentralized state. In other words, the influence of socialist legitimation strategy becomes increasingly greater on COVID responsiveness in more centralized political systems (Figure 3, Panel B; the slopes get slightly smaller as decentralization/regelec increases). Substantively, two similarly socialist countries (soc=1), the socialist ideology reduces state responsiveness in a more decentralized Cuba (reg=0.73) by 4.71 points [-7.623+3.996x0.73] only, compared to 7.54 points [-7.623+3.996x0.021] in a centralized China (reg=0.021).

TABLE 2
**RESULTS OF ORDINARY LEAST SQUARES (OLS) MODELS**

Dependent variable: Government COVID Responsiveness (GRI)

Ideological legitimation strategies	Soc.mpi (Model 1)	Soc.reg (Model 2)	Con.mpi (Model 3)	Con.reg (Model 4)
Socialist (v2exl_legitideolcr_1)	-3.920 (.368)***	-7.623 (.095)***		
Conservative (v2exl_legitideolcr_2)			6.073 (.231)***	7.006 (.155)***
Political systems				
Regime (v2x_mpi)	10.759 (.050)***		13.156 (.037)***	
Decentralization (v2xel_regelec)		5.949 (.020)***		10.034 (.004)***
Interactions				
Socialist*Democracy (v2exl_legitideolcr_1:v2x_mpi)	-5.222 (.581)***			
Socialist*Decentralization (v2exl_legitideolcr_1:v2xel_regelec)		3.996 (.583)***		
Conservative*Democracy (v2exl_legitideolcr_2:v2x_mpi)			-8.398 (.384)***	
Conservative*Decentralization (v2exl_legitideolcr_2:v2xel_regelec)				-8.691 (.225)***
Controls				
Bureaucracy (gov.eff)	1.449 (.394)***	1.926 (.254)***	1.547 (.367)***	2.042 (.229)***
Cyber security capacity (v2smpolcap)	2.599 (.004)***	2.446 (.005)***	2.519 (.006)***	2.335 (.008)***
Law enforcement (v2cltrnslw)	-2.062 (.085)***	-.993 (.288)***	-2.205 (.063)***	-.946 (.316)**
Hospital beds (per 10,000 pop)	-.065 (.179)	-.057 (.224)	-.056 (.243)	-.055 (.238)
Govt health expenditure (h.exp)	-.363 (.564)	-.577 (.350)	-.395 (.527)	-.654 (.293)*
Past experience (prior_log)	.308 (.476)	.143 (.737)	.262 (.546)	.065 (.878)
Infection rate (inf)	.001 (0.000)*	.001 (0.000)***	.001 (.001)	.001 (0.000)
Senior	-.179 (.494)	-.147 (.548)	-.204 (.447)	-.153 (.541)
Constant	54.433 (0.000)***	55.193 (0.000)***	51.815 (0.000)***	51.581 (0.000)***
Observations	147	147	147	147
R^2	.245	.278	.232	.267
Adjusted R^2	.184	.219	.169	.207
Residual Std. Error (df = 135)	9.581	9.372	9.666	9.443
F Statistic (df = 11; 135)	3.986***	4.717***	3.701***	4.465***

*Notes: *P < .05; **P < .01; ***P < .001*

Models 3 and 4 present a positively significant relationship between conservative legitimation strategy and GRI, with democracy and decentralization being consistently positively associated with GRI. However, the ideological effects of conservatism on COVID responsiveness also depend on regime and decentralization. Both the signs of the interaction terms between conservative ideology and political system are negative here. It indicates the potentially positive effect of conservatism on government COVID responsiveness is increasingly diluted as democracy score and decentralization increases. Put it conversely, in more authoritarian and centralized political systems, the potentially positive influence of conservative ideology gets more pronounced (Figure 3, Panel C and D; the slopes get smaller as democracy and decentralization increase). Take two similarly conservative countries, Saudi Arabia (con=0.5, mpi=0, reg=0.005) and the U.S. (con=0.556, mpi=0.711, reg=0.998), as examples. The conservative ideology adds 3.04 points [(6.073-8.398x0)x0.5] and 3.48 points [(7.006-8.691x0.005)x0.5] to Saudi state responsiveness in Model 3 and Model 4, respectively, whereas the same dominant official ideology only only adds to U.S. responsiveness by a bit of 0.06 points [(6.073-8.398x0.711)x0.556] in Model 3, but actually reduces it by 0.93 points [(7.006-8.691x0.998)x0.556], due to the high degree of decentralization.

FIGURE 4
VISUALIZATION OF INTERACTION TERMS
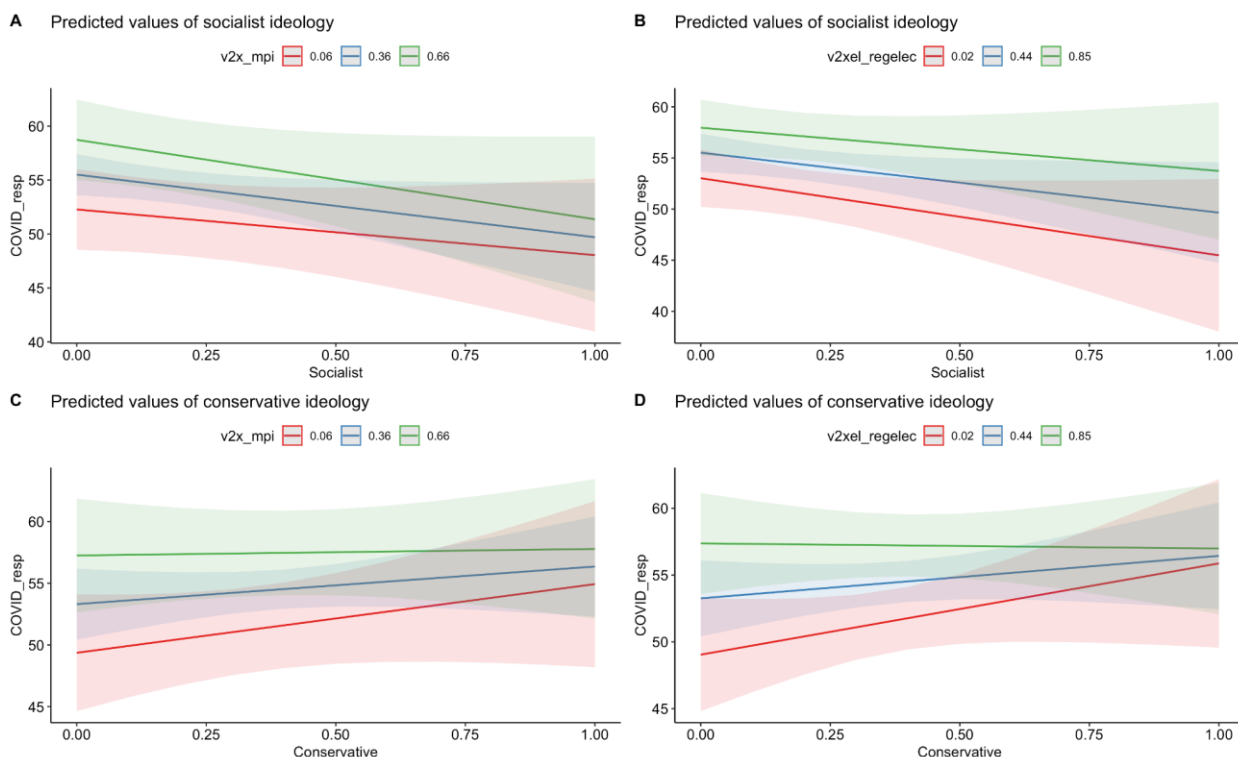
To briefly comment on the control variables: First, the governing capacity, operationalized by a holistic bureaucracy variable, is positively associated with COVID response in all the models. As mentioned earlier, we invoke the WGI's "government effectiveness" as a coarse measurement of bureaucracy in its totality, which dubiously conflates administrative efficiency, quality of infrastructure, coverage of and satisfaction with education, transportation and health systems, absence of red tape, and policy stability altogether.[4] Yet this result seems to be generally in line with the promise of streamlined bureaucracy prompting government response in crises. Then, the measure of the surveillance aspect of state capacity - political party's cyber security capacity (v2smpolcap) - is found to be positively associated with government response, whereas

predictable law enforcement (v2cltrnslw), rather counterintuitively, is correlated with GRI negatively in all the models. Finally, the number of hospital beds and public health expenditure, capturing the social service aspect of state capacity, are not statistically significant factors of COVID response. In Model 4, health expenditure is slightly negatively associated with GRI. Given commonly perceived correlations between wealthier countries and greater health expenditures, this perhaps reveals the high-income countries' initial complacency in their relatively abundant health resources, which might have marred their sober estimation and cost them the best opportunity to prepare for and respond to the spread of virus before being hit hard by the first wave. Overall, it proves the necessity of disaggregating "state capacity" analytically as not all of its conceptual components contribute to active response uniformly.

DISCUSSION OF CASES

TABLE 3
SUMMARY OF COUNTRY CASES

	Dominant government ideology [0, 1]	Democracy score (v2x_mpi) [0, 0.858]	Decentralization (v2xel_regelec) [0, 0.998]	GRI (DV) [13.4, 73.94]	Country Case ID
Sweden	Socialist	0.844	0.897	Low (47.6)	#133
Denmark	Socialist	0.858	0.97	Medium (53.3)	#40
Vietnam	Socialist	0.003	0.92	Medium (52.7)	#151
Chile	Conservative	0.706	0.197	High (68.0)	#25
Japan	Conservative	0.722	0.991	Low (41.6)	#74
Saudi Arabia	Conservative	0	0.005	High/Medium high (61.8)	#122

Sweden and Denmark: The Unwieldy Social Democracies

Both being highly-rated democracies under the leadership of social democratic parties, COVID responses of Sweden and Denmark in 2020 are ranked low to medium, with Sweden having a still less active COVID response than Denmark. Sweden stood out with its laissez-faire approach (Vogel, 2020), following existing policy and relying on ordinary public health service rather than setting up a crisis team as Denmark did. As most responsibility for determining response went to the Public Health Agency (PHA), the Swedish government took a management role instead. This role, of setting policy and allowing public authorities to implement that policy, is business as usual in the Swedish system of independent public authorities where public authorities have substantial legal and organizational autonomy (Seing et. al., 2021).

The logic of electoral politics in democracies helps shed light on dissimilar COVID responses of these two countries. Both countries held parliamentary elections in the two years preceding the pandemic. After Denmark's 2019 election social democrats took back the reins of government effectively, ousting the center right coalition previously in power. In Sweden, the 2018 election led to a hung parliament, with the social democrats first losing and then winning a confidence vote, barely hanging on to power after their worst electoral performance since 1908. In Denmark, policies to combat COVID-19 were primarily adopted by the Parliament and ministerial government in the form of laws and executive orders (Seing et. al., 2021). This made the Danish government directly accountable for its COVID response policy with potential electoral consequences for being seen to not respond appropriately. In Sweden, however, the PHA is

insulated from electoral politics by being appointed rather than elected. In other words, Sweden's large bureaucratic apparatus provide a relief valve for the government sitting on a weak coalition. The extensive autonomy granted to the national public health authorities might work well under normal circumstances, but it hinders effective crisis management in new situations when rapid and coordinated decisions are imperative.

Overall, democratic regimes under socialist ideology seem to lack additional political instruments to rein in large welfare bureaucracies and take bold, decisive action in crisis situations. Coalitional governments in multi-party parliamentary democracies, in particular, are vulnerable to a confidence vote from even a minor defection and may hand over policymaking authority to bureaucratic agencies and select scientific groups, i.e., the so-called "tyranny of experts" problem (Bylund and Packard, 2021).

Vietnam: The Decentralization Remedy for Socialist Nondemocracies

Since the founding of the communist-led government in 1945, the Vietnamese Communist Party (VCP) has maintained a hierarchical, extensive party-state structure and relied on community organizations to penetrate the society. With the state-society relations characteristic of state corporatism (Unger and Chan, 1995), citizens of Vietnam are expected to participate in party-affiliated organizations, including peasants, labor, and women's unions, as well as cultural and religious associations, which are tasked with both delivering party doctrine and transmitting information back to higher-level officials (Vasavakul, 2019). Many group leaders and members are paid small stipends in various capacities down to the local level to inform party officials of suspected dissenters (Vu, 2014).

Being widely praised as the "Vietnamese success" in this pandemic (World Economic Forum, 2020), the government's response can be attributed, in large part, to the organizational capacity of the VCP with its existing network turned out to be valuable tools in rolling out a swift, preventative, and low-cost strategy to combat COVID (London, 2014; Willoughby, 2021). Based on a deep-rooted party-state structure, the whole political system was mobilized with the great unanimous force of integration of the whole society and the entire troops to prevent and control the disease from the early days (Le et al., 2020). Tapping into its revolutionary legitimacy, the VCP's mobilization strategy also resembled wars the party led against the French and American forces in the last century (Le et al., 2020).

Another feature of the COVID responses in Vietnam, distinctive from its familiar image of "authoritarian advantage" outlined above, is decentralization. Since 2015, the Vietnamese health system has begun decentralizing from a pyramid to a wheel (Hub and Spoke) model of service organization and delivery. This decentralization reform has established "regional hospitals" with the central government's investment in both facilities and human resources, aiming to improve the system capacity and provide high-tech, high-quality services at the district and provincial level (Nguyen et al., 2021). Vietnam's existing health system enabled the government to decentralize treatment for COVID-19 while maintaining its effectiveness. Having more advanced treatment in key areas, Central hospitals conduct research and provide guidance and technical assistance to the local level, while the Provincial CDCs function as focal points for the preventative medicine system (Tran et al., 2021). The vertical coordination and division of labor reduced the unnecessary patient referrals, allowed desirable regional discretion, and mitigated the socialist bureaucratic burden on government response.

Chile: High Response in A Centralized Conservative Democracy

In 2017, conservative candidate Sebastián Piñera won a second term as Chile's president. With a wider margin than expected, the victory of President Piñera and his coalition (Chile Vamos) marked another decisive rightward shift in a region - e.g., in Peru, Argentina and Brazil - that until that time was largely governed by leftist leaders who rose to power promising to build more egalitarian societies (Bonnefoy and Londono, 2017). Piñera promised to slash red tape which had bogged down progessive projects under the outgoing President Michelle Bachelet and campaigned on a platform of scaling back her tax and labor laws, seen by business elites as crimping investment and straining the economy (The Guardian, 2017). Meanwhile, the COVID pandemic hit the country in the midst of an ongoing constitutional crisis and called

out for an additional "social committee" that could monitor and provide advice to respond to the outbreak (Jimenez, Hidalgo and Marshall, 2021).

Chile is a highly centralized country divided into 16 regions, each of them under the control of an Intendant, who is currently appointed by the President of the Republic at will. Despite the critiques on the country's long-standing centralization and strong executive power (Mendez, 2021), President Piñera promoted the establishment of the Social Committee for COVID-19 ("Mesa Social COVID-19", or "Social Roundtable COVID-19") to improve coordination and collaboration, headed by the Minister of Interior and formed by representatives of municipal associations (mayors), central government authorities, academics and professionals from the health sector (Government of Chile, 2020). And the Committee was replicated at the regional level (OECD, 2020).

According to the Constitution, the central responsibility during an emergency lies with the central government, therefore municipalities were not allowed to adopt measures that could restrict fundamental rights, such as freedom of movement (Office of the Comptroller General, 2020). Although many municipalities enacted municipal ordinances regulating a wide range of issues, such as mandatory face coverings, closures of industries and commerce, and the prohibition of entry to specific localities, the legal grounds for enacting these ordinances were very fragile and had been subject to critical scrutiny by the Office of the Comptroller-General.[5] The Office might find them unlawful insofar as they depart from central government policy, since the Constitution allocates emergency powers exclusively to the President of the Republic (Jimenez, Hidalgo and Marshall, 2021).

For another instance, in May 2020, the central government started to distribute food and hygiene products boxes in the communes under lockdown, known as the Food for Chile program.[6] The implementation of this program was only possible through extraordinary funds available as a result of the state of catastrophe. Within an extremely short period of time, the government rapidly signed contracts with food suppliers, and the municipalities, acting only as implementers, delivered the boxes to the families.

Saudi Arabia: Authoritarian and Centralized

The unprecedented precautions in Saudi Arabia in this pandemic were preconditioned by two unique factors: 1) The expectation that millions of Muslims from all over the world would visit the Kingdom for Umrah and Hajj, which are considered among the largest global mass gatherings, making the country a potential hotspot or superspreader (Algaissi et al., 2020); and 2) the fact that Saudi Arabia has acquired valuable experience in dealing with the Middle East Respiratory Syndrome (MERS) since 2012 (Assiri et al., 2013; Algaissi et al., 2020).

The Saudi response was essentially pre-emptive: early intervention and application of national mitigation measures. From early January 2020, way before the first confirmed case detected in the country on March 2nd, a concerted, multidisciplinary national emergency committee was established to develop measures of prevention and response across all sectors and regions. The committee consists of the Ministry of Health (MOH), the Ministry of Hajj and Umrah, the Global Center for Mass Gatherings Medicine, ministers of Education, FDA, Interior and many others. The MOH took an early initiative to disseminate information about the unknown virus, routes of its transmission, and precautionary actions through television, radio, SMS text messaging and social media, with clear instructions of handwashing and personal hygiene being displayed in all public places and means of transport (AlFattani et al., 2021). Based on the risk assessment tool of the Saudi CDC issued warnings against traveling to risky countries at an early stage of the pandemic (Khan et al., 2021). For the holy event in Hajj, a total of 1,000 pilgrims from 160 different countries were randomly selected to perform the rituals. It was reported that, with the facilitation of healthcare personnel and nonmedical employees, no confirmed cases of COVID-19 were identified during or after Hajj (Jokhdar et al., 2021).

As a highly centralized absolute monarchy, Saudi Arabia demonstrated impressive capacity in marshaling medical resources and services to deal with this pandemic. In order to facilitate user's access to the healthcare and transfer between care types, the MOH launched the Health Clusters - integrated mobile networks of health care providers (includes primary, secondary and tertiary care) serving a certain geographical area under one administrative structure - in all the Kingdom's 13 regions (AlFattani et al.,

2021). The Health Clusters played an important role in triaging and transferring Covid-19 patients to appropriate specialized care centers within regions.

Japan: Democratic and Decentralized

As the oldest population in the world (The World Bank Group, 2019), Japan was hit by the COVID pandemic under the conservative agenda of Abe's second administration. Given the high risk in this context, Japan's responsiveness in 2020 was remarkably low. The government created a type of *ad hoc*, fit-to-purpose crisis team, Novel Coronavirus Response Headquarters (NCRH), as the highest authority for the COVID-19 response, instead of an expert-led national decision-making agency that coordinates and controls responses to infectious diseases. The country's responses depended mainly on the consciousness, self-discipline, and self-restraint of the Japanese nationals, who subscribed to a tight culture and were suspicious of outsiders (Yan et al., 2020).

The Japanese bureaucracy, based on a career-based, closed system of recruitment for civil servants, has traditionally been characterized by professionalism, autonomy, and political neutrality, and a small and efficient nature (Pempel, 1992; Moon et al, 2021). Since the early 1990s the independence and power of bureaucracy in Japan has been challenged by the political authorities, with several attempts to reform the bureaucracy to be more responsive to the needs of political actors (Mishima, 2017; Terada, 2019). Based on this, the administration launched "Abenomics" to revive the quasi-muribund economy, which underlined the yen depreciation and the connections with the business community. And the mitigation of COVID-19 was not initially considered a top policy priority. The political context of the Tokyo 2020 Olympic Games also appeared to have contributed to the somewhat passive responses (Moon et al., 2021).

The relaxed crisis responses may be linked to the need to respect the restrictions imposed by decentralized liberal democracy. On the one hand, Japan has a more limited state of emergency compared to other states with the Japanese constitution lacking explicit emergency provisions (Moon et al., 2021). In Japan, the declaration of a state of emergency acts as a signaling measure to legitimate changes of behavior required of citizens, unlike in other states where the state of emergency acts as a trigger for special powers not available in business as usual. Similar to the case of Sweden, the contemporary Japanese constitution lacks explicit emergency provisions, and the country's legal tradition does not allow for granting the government emergency powers. On the other hand, although Japan has a unitary government system, subnational governments - the prefectures and municipalities - have negotiated and accumulated policymaking autonomy on issues such as economy and finance (Jacobs, 2003). For instance, local policies in Tokyo and Hokkaido are adopted much earlier than the national government's recommendation to guide citizens' sanitary and hygiene practice (Yan et al., 2020). The high degrees of decentralization and democracy seem to have weakened the crisis responsiveness of the country's conservative leadership.

CONCLUSION

This study is driven by a series of intriguing questions and their uncertain answers about the political conditions of government COVID responses. Do authoritarian countries handle pandemics better? Has socialism been a useful tool of enforcement? Does party alignment determine COVID policy compliance? We certainly do not think we have fully comprehended these questions but advocate for a multifactorial analysis that contextualizes ideologies in their political systems. In particular, we shun a purely ideological debate that claims definite associations between political right or left and COVID response. We start from reviewing neoliberalism and its discontents regarding governance in crises, contemplate the conservative and socialist/social democratic underpinnings of "Weberian bureaucracies" as opposed to "welfare bureaucracies", and speculate the aptness of different government ideologies to escape bureaucratic normalcy and respond to crisis. More importantly, we test these hypotheses in interaction with regime types and decentralization degrees and demonstrate that the association between government ideology and COVID response is indeed conditioned by political systems. We argue that the purported lack of responsiveness in the government under socialist ideology (presumably prone to unwieldy "welfare bureaucracy") might be exacerbated by higher degree of democracy (e.g., Sweden) but remedied by

decentralization (Vietnam), while the responsive potential of the government under conservative ideology (presumably more subscribed to streamlined "Weberian bureaucracy") might be significantly attenuated in more democratic and decentralized systems (e.g., Japan).

As we have stated repeatedly, the unique goal of our study is not to judge the "better-ness" of policies, which is extremely difficult to determine due to measurement standards and uneven data reliability across the globe, but to understand systematically why some governments respond to the COVID crisis more actively in the first stage, while others tend to be more inactive. Connecting official ideologies of the incumbent government and the political contexts where they operate, we suggest that there is nothing inherently more advantageous to crisis response with different governing ideologies. Yet given the persistence of ideological orientation of parties and leaders and the low likelihood of regime change in the short run, policy choices and designs in the preparation for future public health crises might maximize the utility of decentralization (and centralization) in their own political context to boost or inhibit desired agency in state actions.

ENDNOTES

[1]. The two dimensions specified by Fischer et al. (2020) are the "right-wing authoritarianism" (RWA) and "social dominance orientation" (SDO).

[2]. The Oxford COVID-19 Government Response Tracker also publishes the Stringency Index, which is widely cited by and used in other studies. But for the research purpose of this study, we employ the Response Index only.

[3]. They differ from those immediate social policies adopted by the governments after the conception of the pandemic, which are partially captured by the economic component of the dependent variable, i.e. GRI, in this study.

[4]. WGI documentation https://info.worldbank.org/governance/wgi/Home/Documents.

[5]. The independent specialized body that scrutinizes supreme decrees and administrative regulations exclusively on legal grounds before promulgation.

[6]. See Presidency Press Briefing, 'President Piñera launches Food for Chile scheme' (22 May 2020).

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