INTRODUCTION

Patterns, confluence, regions

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Covid-19 is a worldwide test of governance and social resilience. Now with smartphones everyone has comparative data at their fingertips. Everyone does, so to speak, global studies. How do societies deal with the virus, what is the spread of health outcomes? What works and what doesn't? How, according to which criteria do we map, organize and interpret data? Simply by country, by region, or according to patterns of governance?

Data [per early December 2020] indicate that South Korea (11 deaths per million of population), China (3), Taiwan (0.3), Vietnam (0.4), Thailand (0.9), Rwanda (4), Cuba (12), New Zealand (5) have functioned well in preparedness, delivery and health outcomes, several west European countries relatively well (Germany 228), while other countries show high mortality rates (US 870, UK 900, Spain 989, Brazil 830, Peru 1,092, Chile 815).

According to a *Wall Street Journal* headline in October, 'As West Reels, Asia Keeps Coronavirus Cases at Bay'. The report quotes an American public health expert: 'If you can control the virus, you can get 95% of your life back' (Stancati and Yoon 2020). In the words of a Finnish epidemiologist, Pekka Nuorti, 'A pandemic is really a mirror of a whole society's functioning and organization as a whole' (in Milne 2020).

With 4 percent of the world population the US has around 22 percent of the world's Covid-19 deaths. With 17 percent of the world population, Africa has 3.5 percent of Covid deaths (Pilling 2020). How do we explain the wide variation in approaches to the pandemic and in health outcomes?

Two major approaches to Covid-19 are *control the movement of people* (close borders, ban travel, quarantine) for a limited time, and second, *control the movement of the virus* (checkpoints, testing, tracing). Tomas Pueyo calls this the hammer and the dance (2020a, b). The hammer is control movement, close borders, shutdown,

methods that go back to ancient times and the Middle Ages. The dance hinges on two movements: pinpoint the virus (testing) and monitor and contain its spread (tracing). The dance is selective, precise and agile. Also the hammer can be pointed and focus on hot zones, if data are available and coordination works. Combine these two phases and it is possible to control the virus spread and gradually resume social and economic activity; thus, societies can coexist with Covid-19.

Societies across the world have adopted these methods with different degrees of success. The hammer and the dance require adequate governance and public health systems. They require competent government, trust in government and effective leadership, which is widely recognized (e.g. Fukuyama 2020). The more chaotic the governance, the longer the virus crisis lasts. The hammer without the dance doesn't work. The dance but no hammer doesn't work either. Another option is no response, no hammer, no dance—deny or trivialize the virus, as many authoritarian and rightwing populist governments do.

When this volume is submitted in early December 2020, it has been in the making since April. In November we enter a second phase of Covid-19 and another round of lockdown in much of Europe. In the US, the spread of Covid-19 reached a new peak with hospitals in many states nearing top capacity and approaching a third of a million Covid deaths. Meanwhile, in most of Asia reopening is working. This introduction presents patterns that seek to organize the avalanche of information. Second, actual responses to Covid-19 stem from a confluence of variables that help or hinder dealing with the virus. Third, regional variation matters as well. This introduction gives an overview of these intersecting strands—patterns, confluence, regions.

Pattern analysis

We would expect public health to function best in societies where public services generally are held in high regard and the public interest is institutionally embedded. In societies that provide services such as universal healthcare, social benefits, affordable mass transit, affordable higher education, public broadcasting and policing as public service, public health too would rank high. In what kind of societies are these conditions likely to exist?

Varieties of market economies provide some orientation. Varieties of capitalism approaches draw distinctions between liberal, coordinated and state-led market economies (Whitley 1999, Hall and Soskice 2001). This approach has been elaborated in institutional analysis, comparative capitalisms, business studies and regional research (Amable 2003, Jackson and Deeg 2008, Fainshmidt et al. 2016, Lim, Pieterse and Hwang 2018). The approach can be further fine-tuned: break state-led market economies (SME) down into developmental, traditional and crony types; add rightwing populism as a category. Varieties of capitalism (VoC) is mostly associated with the differences between liberal and coordinated market economies (LME and CME), the US, UK and continental Europe. I opt for varieties of market economies (VME) as a more comprehensive approach.

TABLE 0.1 Institutions in diverse market economies

Market economies		*Institutions*	*Beneficiaries*	*Examples*
Liberal ME		Deregulation	Corporations, finance	US, UK, Chile
	Populist	Weakening	Cronies, base	Trump, Bolsonaro, Modi
Coordinated		Crucial	Stakeholders, public	EU, Northeast Asia
State-led	Developmental	Crucial	State, legitimacy	China, Singapore, Vietnam
	Traditional	Crucial	State, supporters	Saudi Arabia, Iran, Turkey
	Extractive	Selective	Regime, cronies	Russia, Angola, Cambodia

VME concern the *dominant* institutional pattern that sets the terms for other interactions but is not exclusive (e.g., in China, three forms of capitalism coexist: the state-led sector, the private enterprise sector and public-private partnerships in the states; Nederveen Pieterse 2015). Institutions are keynotes in differentiating types of market economies. Institutions refer to norms and principles that organize economic behavior; they refer to rules of the game rather than the game. Institutions feature in development studies with concerns such as the governance-policy gap (policies can be right but need institutions to back them up) and sustainable development (Rodrik, Subramanian and Trebbi 2004). Table 0.1 is a sketch of institutions in VME.

VME shed light on governance, inequality, populism and regulation of technology (Nederveen Pieterse 2018, 2018b). Are they also relevant in analyzing countries' responses to Covid-19 and public health performance? If we take as key criterion *how governance serves the public interest*, in a schematic fashion we can outline the following *expectations*. 1) We expect public health to function best in market economies where public interest is institutionally anchored in coordinated governance, 2) in *state-led market economies* of a developmental type, public interest ranks high as part of the overall priority of national development. China, Singapore, Vietnam, Rwanda and Cuba match this profile at different development levels, 3) in *liberal market economies*, public interest tends to be defined in terms of growth, jobs and innovation, which are deemed best left to market forces, which prioritize profitability, also in a public health crisis, 4) in SME of a traditional bend, traditional elites hold the front seats, and in extractive SME, the interests of crony elites come well before the public interest and 5) rightwing populist and new authoritarian governments are based on unstable political coalitions, tend to remain in campaign mode and politicize crisis and public health. Table 0.2 outlines types of authoritarian governance.

If we compare Covid-19 containment methods and outcomes in a sample of countries, as in this volume, *do the first two categories mentioned above indeed function better in the crisis*, or do other types of market economies exceed expectations and different variables matter?

TABLE 0.2 Types of authoritarian governance

Types	*Bases*	*Sample*
Conservative	Ethnic or religious elites	Saudi Arabia, Emirates, Brunei, Iran
	Military-monarchy	Thailand, Morocco, Jordan
National security states	Deep state	Israel, Pakistan, N. Korea, Guatemala
	And kleptocracy	Egypt, Syria, Myanmar, Honduras
Developmental states	State-led economies	China, Singapore, Rwanda, Ethiopia, Cuba
	Post-Soviet	Belarus, Turkmenistan, Tajikistan
	Post-communist	Vietnam, Laos
	Post-socialist	Nicaragua, Venezuela
Extractivist-oligarchic	Kleptocracy	Russia, DRC, Angola, Kazakhstan, Afghanistan
New authoritarianism	Unstable coalitions	Turkey, AKP; India, BJP; Brazil, Bolsonaro; Philippines, Duterte

Two chapters also discuss analytical frameworks to address approaches to Covid-19. Nina Callaghan and co-authors discuss varieties of institutional systems (Fainshmidt et al. 2016) which overlap with VME; applying these to developing and emerging economies and Africa is work in progress (Chapter 21). Adalberto Cardoso and Thiago Peres compare eight South American countries, four of which adopt *collective responsibility* in relation to Covid-19 (Uruguay, Argentina, Colombia, Bolivia) and four treat Covid-19 as a matter of *individual responsibility* (Brazil, Chile, Peru, Ecuador). Covid-19 cases and mortality in the first category are much lower than in the second (Chapter 16). The differences were significant but faded later when most countries (not Uruguay) began to relax social distancing under economic and political pressure. Collective responsibility implies proactive states while individual responsibility in effect means state abdication.

Does this pattern correlate with VME? Coordinated and developmental state-led market economies tend towards collective responsibility. CME prioritize public interests—though how they actually perform also depends on other variables. In Northeast Asia, experience with infectious diseases, capacious states, focused leadership and island nations (several), all work in tandem.

LME lean towards individual responsibility, materially because the state has been eviscerated and isn't up to the job; morally because individual responsibility (bootstraps) is a general credo; ideologically because of anti-big government ideology. More important than public health is that the economy stays open. Narratives paper over the gap—'it will magically disappear' (Trump), 'just sniffles' (Bolsonaro). The idea of herd immunity has been toyed with (in the UK, US and Sweden), which epidemiological experts widely reject (Alwan et al. 2020). Liberal market economies that have bet on corporations for decades, defunded state agencies and pooh-poohed society, Republicans in the US, Tories in the UK, arrive empty handed at a public health crisis. The siren call of rightwing populists—'deconstruct the administrative

state' (Steve Bannon), bypass the civil service (Dominic Cummings)—leaves them empty handed. Neoliberalism and rightwing populism are fair weather stories and when crisis arrives—financial, economic, natural or viral—tax payers are supposed to be delighted to bail out.

Crony state-led market economies shirk responsibility—'all is under control', according to Putin, while abdicating responsibility to the penniless states. The spread of virus in the US, Brazil, India and Russia has been greater than anywhere else: because of false narratives there is no containment. Authoritarian regimes such as Belarus, Kazakhstan and Cambodia follow a similar route. Thaler provides an in-depth discussion of authoritarian indifference in Nicaragua (Chapter 18). Without the hammer and the dance, economies cannot open without major mortality.

VME concern fundamentals of collective organization that resonate widely. How do VME relate to *social inequality*? The pattern of inequality trends in the same direction as public health. Inequality tends to be lower in coordinated and developmental state-led market economies and higher in liberal and crony market economies (Nederveen Pieterse 2018). In LME, a high Gini index comes with resistance to ameliorating the lot of the less well-off. The higher the Gini index, the lower the capacity to contain risk and the greater the risk of infection. Social inequality itself is a risk factor and among advanced economies is most pronounced in the US. The US' Gini index is .48 in 2020 (compare Nordic Europe around .30; Northeast Asia slightly higher). The Gini index of Manhattan is .59, at the same level as Brazil, Haiti and South Africa.

A substantial literature shows that high inequality is detrimental to public health (e.g., Wilkinson and Pickett 2009). The precariat include the poor who survive on day labor and with closure there is no work; the homeless who are to shelter in place but have no place, to stay clean but where can they wash, to keep distance but how in slums, camps and prisons? More vulnerable still are refugees and migrants in zones of war and crisis such as Yemen, Syria, Afghanistan, Gaza and Lebanon. Also 'Xinjiang battles scores of infections' (Yang and Shepherd 2020). Every crisis is also a *distribution crisis* (Rasmus 2020). In the UK, 'coronavirus is a class issue' ('the hardest hit include taxi drivers, bus drivers, security guards, chefs and care workers') and also matches ethnic divides (Jones 2020). In the US, black Americans are 'dying of Covid-19 at three times the rate of white people' (Pilkington 2020).

Inequality as a spreader includes migrant workers (Sammadar 2020). Headlines such as this have been common: 'Kerala reels as migrants return to India. Pandemic exposes economic weakness of state that relies of remittances' (Parkin and Singh 2020). Migrant workers and undocumented migrants escaped the hammer and produced virus surges in Singapore, Borneo, Kerala, Nepal and the Emirates, as Narayanan and Vishnu Poruthiyil, Ratna Nepal, and Habib Khondker discuss (Chapters 4, 5, 22).

Many religious gatherings escaped the hammer such as evangelical megachurches in the US, churches in Korea and Tabliq Jamaat gatherings in Delhi and Kuala Lumpur. Large gatherings have been virus spreaders such as carnival in Germany, Mardi Gras in New Orleans, football matches in Bergamo and Valencia, concerts,

weddings, funerals, street and student parties and election rallies in the US (Chapter 15).

VME also shape the character of *federalism* and center-periphery relations. In coordinated and developmental state-led market economies, the center and the states tend to share a common purpose. Federal states with national economic strategies tend to function well—such as China and Germany (Chapters 1, 12). Federal states without national cohesion where decentralization means fragmentation and local elite capture, don't do well in crisis. Governance dysfunction in tandem with decentralization plays a part in Indonesia and Kenya (as Meckelburg/Bal and Kalebi discuss, Chapters 6, 20). In liberal and crony market economies, provinces or states replicate divisions at the center. In the US, states are to fend for themselves and compete for frontline basics such as personal protective equipment (PPE) and ventilators; each state and cities within states follow different approaches, often along party lines (Chapters 14, 15).

Indigenous communities across the world have applied the hammer and the dance; they have barred entry and exit, have applied traditional medicines and selective outside engagement, with uneven outcomes.

Confluence

What does Covid-19 reveal about the quality of institutions? This volume presents country analyses. Institutions derive from history, their backdrop is structural change, whereas politics is situational (Chapters 4, 14, all). *Governance* arises from a confluence of institutions and politics. Do institutions, politics and policies align or clash? Upon a change in government, institutions and politics may be out of whack. A public health emergency reveals the dynamics at play.

How the Covid-19 crisis intersects with other crises and reveals underlying social organization or disorganization is a theme that runs through all chapters. Cuba is the target of 60 years of American hostility and embargo; Iran suffers American sanctions; China is the target of an American trade and propaganda war; in each of these, institutional synergies buffer the impact (Chapters 17, 8, 1). India and Brazil are political economies in transition. The UK is experiencing the Brexit process, as Colin Tyler discusses (Chapter 10). Turkey is experiencing economic crisis (Chapter 14). Spain is recovering from years of corrupt Popular Party government (1989–2018).

Governance is not all about government, also in a public health crisis. Martin Wolf notes, 'Covid exposes society's dysfunctions' (2020). Yet crisis also catalyzes social resources and resilience; across the world, community organizations step up, in spite of or against the grain of state dysfunction. Examples discussed in this book are China, Kerala, Indonesia, Thailand and Rwanda (Chapters 1, 4, 6, 7 and 19). In Spain, cooperatives, nonprofits, and small business and local government partnerships provided relief in the wake of the economic crisis of 2008 as well as in the Covid crisis, which Mariah Miller takes up (Chapter 11).

Varieties of market economies are a pattern with radar functions, but the map is not the territory. Schemas lack granularity and how they are used can carry bias. One risk is reproducing or producing stereotypes of countries: pardon shorthand labeling in this introduction; this section adds qualifications. VME function not only at the level of countries but also in part of countries.

Responses to Covid-19 and its economic ramifications are a *confluence* of many variables in different combinations in different countries and parts of countries and at different times. Lines of causality are opaque and the combinations are so many that they cannot be modeled. Covid-19 is a moving target, a pandemic in flux, knowledge about the virus is incomplete (how does it mutate, what are side-effects) and countries and parts of countries are at different stages of spread curves. In Kerala, India's majority Christian, socialist-led state, public services and public health performance stand out (Chowdhury and Jomo 2020; Tharoor 2020; Chapter 4). States in India, north and south, east and west differ widely. What is also at issue in India is a gap between state and society that goes back to colonial times.

Perplexities of governance yield perplexities of dealing with Covid-19. Ultra-orthodox Haredim in West Jerusalem resist social distancing and masks (as they do in Brooklyn). When their stance is referred to Israel's Rabbinical Court, it is not condemned because Haredi parties are a crucial part of Netanyahu's Likud coalition.

> One of the drivers for the Haredi alliance with the right is the perception that the left wants to secularize them and instill progressive universal values … It is clearest in the left's harsh criticism of the Haredi community's treatment of women, its views on homosexuality, and the number of children they have.
>
> *(Kalev 2019)*

Not just *what* is done matters (hammer and dance) but also *how* it is done. Unlike neighboring countries, Japan skipped lockdown, just as Sweden's approach deviated from other Scandinavian countries, but Japan came with a masking culture. Sweden saw its case numbers and deaths per million soar (698) but Japan did not (18) and was able to contain surges (Chapter 3).

Speed and timing also matter. China (after a delay), South Korea, Singapore, Rwanda, Cuba, Nepal and other countries applied the hammer swiftly (Noor and Jomo 2020), though later faced virus surges. 'Go hard and fast' was Jacinda Ardern's motto in New Zealand. Several chapters discuss timing (1, 2, 3 and 5).

Culture, collective conditioning and learning over time informs governance and policy. In cultures of low trust in government (weak society-state relations or anti-government ideology), the same policies (hammer and dance, vaccines) work out differently than in high trust settings.

Experience matters as part of collective learning. In East Asia public health preparedness has been at a high level after the SARS and MERS outbreaks (Chapters 2, 3). In Africa, after HIV and Ebola (Chapters 19, 21). As a dynastic monarchy Saudi

governance may be less effective, yet as Frank Fanselow shows, as a world custodian of vast religious gatherings (hajj, Umrah) it is thoroughly experienced in matters of public health, prudent and efficient (170 deaths per million; Chapter 9). Saudi Arabia is also in the process of turning into an entrepreneurial state.

Is there a relationship between VME and *data and science*? Power and knowledge tend to move in tandem. In liberal market economies, science is a profit center. Data points organize accumulation. In developmental state-led market economies, science serves national development and is a source of pride, as Roberto Zurbano discusses in Cuba (Chapter 17). In coordinated market economies, science is a public good, which also competes in budget battles and in the crisis attention economy (Chapter 23). In traditional state-led market economies, science coexists with religious authority, as in Iran and Saudi Arabia (Chapters 8, 9). In rightwing populism, science is politicized. The US is experiencing a clash of narratives and a 'coronavirus data crisis' (Warzel 2020; Chapters 15, 24). In authoritarian regimes, data and science are censored and under political camouflage (as in Nicaragua, Chapter 19).

The *reliability of Covid-19 data* and mortality figures varies considerably. Data for several countries are unreliable under counts (such as Belarus 128, Indonesia 65, Myanmar 39, India 101, Venezuela 32, Brazil 830). For Cambodia there are no Worldometer data. As the World Health Organization (WHO) notes, this is also a global infodemic. Extensive research by BlackBird.AI shows that 40–60 percent of social media content, clustered around key narratives (reopen economy, medical misinformation, Covid) is manipulated through a combination of propagandists, conspiracy theorists and bots seeding networks from where disinformation spreads to mainstream media (Khaled 2020). Khaled and UzZaman discuss organizational patterns in disinformation (Chapter 24).

In a public health crisis, science emerges not as product (validated, chiseled to precision) but as process, with a higher level of uncertainty and ambiguity than publics associate with science. People are used to science as product, not as ongoing experiment balancing many variables as part of a political arena. Luciano d'Andrea and Andrea Declich discuss science and politics in the setting of Italy (Chapter 23).

In this volume the key standard of measurement are *Worldometer* data (Covid deaths/per million of population, etc.), which are readily available and readers can easily verify and update. This introduction uses Worldometer data per early December 2020.

Regions

In November we enter a second phase in much of Europe. In the US cases reached a new peak. In most of Asia reopening is working. In China and Northeast Asia, the hammer and the dance have worked well. Economic recovery is way ahead of other regions. Because South Korea, Taiwan, Singapore, Hong Kong and Japan are island nations or nations where entry is easily controlled, the hammer was light and easy to apply. Experience was on their side. Public health preparedness has been at a high

level after the SARS and MERS outbreaks. Masking culture is common. Capable states, leadership and trust in government prevail. Shanghai scholars Guo and Fan attribute China's success to swift, effective organization and people's commitment (Chapter 1). Korean scholars Lee, Kim and Kwak also refer to cultural legacies of Confucianism (Chapters 2, 3). Hyug Baeg Im draws a comparison between US and South Korean governance institutions in relation to Covid-19 (Chapter 14). 'South Korea had a strategy from the very start—called "TRUST", the action plan was spelled out by the acronym: "Transparency; Robust screening and quarantine; Unique but universally applicable testing; Strict control; and Treatment"' (Seung-Youn 2020; Noor and Jomo 2020).

Pattern variations in Southeast and South Asia tend to match VME—effective in developmental SME (Singapore five deaths per million of population, Vietnam 0.4); less effective in crony market economies (Indonesia 65, Myanmar 39, India 101, Nepal 54, Philippines 78). Thailand (0.9) and Malaysia (12) show remarkably low scores; in a public health crisis they function as CME.

In West Europe, austerity after the 2008 crisis cut social services alongside 'creeping liberalization' (Streeck 2011). LME (US, UK) and societies undermined by austerity and institutional decay (Italy, Spain) underperform because of the erosion of public services: no slack, no health care surge capacity, dysfunctional agencies, lack of coordination, low trust in government. Besides, is a society a surplus or a deficit economy? Differences between Nordic and Mediterranean Europe played a part in the aftermath of the 2008 crisis and continue to play a part (Royo 2014, Sánchez 2020; Chapters 10, 11, 15, 23).

In Europe, the hammer stopped in July because of summer travel and again in September because of returning holiday travelers. Amsterdam, a city of 880,000 saw an inflow of 110,000 students in September. Belgium counted suspected, but not confirmed Covid-19 deaths in nursing homes as Covid deaths. Either Belgium over counted or all other counties under counted (Bergeron 2020). Yet overall high Covid mortality over time (1,486 deaths per million) indicates more is going on: 'One reason Belgium is suffering so badly is its long history of weak central government and deep regional divisions … "That's Belgian politics— it's a real lasagna"' (Peel 2020).

Specific conditions affect each country. Since summer the Netherlands government recommended but did not require mask wearing in public places (according to the prime minister, because the Dutch are adults they don't need rules). By end October Covid cases went through the roof, the Dutch were among the hardest hit in Europe (565 deaths per million) and lockdown is back in effect since fall (Erdbrink 2020). Angela Merkel noted, 'The virus punishes half-heartedness' (Chazan 2020).

This volume brings together analyses of Covid-19 developments in countries and regions with a wide-angle lens on governance. What works, what hasn't and isn't, and why? Features of the book are wide international scope and analytical depth, combining institutions, policies and politics. Together the authors represent a diverse and formidable database of experience and understanding. They include

sociologists, anthropologists, scholars of development studies and public administration, and MD specialists in public health. The book is engaged, without jargon and speaks to a wide international public on a topic that has deep and broad appeal.

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