Article

The Perilous Mix of Populism and Pandemics: Lessons from COVID-19

Michael Touchton [1,2,*] , Felicia Marie Knaul [3,4], Timothy McDonald [5] and Julio Frenk [4,6]

1   Associate Professor of Political Science, College of Arts and Sciences, University of Miami,
    Coral Gables, FL 33146, USA
2   Faculty Lead for Global Health, Institute for Advanced Studies of the Americas, College of Arts and Sciences,
    University of Miami, Coral Gables, FL 33146, USA
3   Director, College of Arts and Sciences, Institute for Advanced Study of the Americas, University of Miami;
    Coral Gables, FL 33146, USA
4   Department of Public Health, College of Arts and Sciences, Miller School of Medicine, University of Miami;
    Coral Gables, FL 33146, USA
5   Researcher, Health Systems Division, RAND Corporation, Washington, DC 22202, USA
6   President, University of Miami, Coral Gables, FL 33146, USA
*   Correspondence: miketouchton@miami.edu

Abstract: Populist leaders have consistently rejected evidence-based policies in responding to the ongoing COVID-19 pandemic. They acted later and with less intensity than non-populists in implementing public health measures such as physical distancing, lockdowns, and developing public health data sets. We describe the responses of ten large countries with populist leadership at the onset of the pandemic (Brazil, Hungary, India, Mexico, the Philippines, Poland, Russia, Turkey, the United Kingdom, and the United States). Together, these countries account for a disproportionately large number of cases and deaths associated with COVID-19 relative to their population. We categorize the policy responses into two types: (1) slow and ineffective, and (2) strict and illiberal. We conclude that while not all countries that responded poorly to the pandemic were led by populists, no countries with populist leadership performed well in either applying public health measures or achieving desirable health outcomes.

Keywords: COVID-19; governance; populism; health policy; health system; stewardship

1. Introduction

The COVID-19 pandemic has killed more than 10 million people and infected more than 1 billion as of June 2023. While no country has been left untouched by the pandemic, the suffering—measured in illness and loss of life—has been unevenly distributed around the world. Poverty and inequity, the strength of health systems, the age of populations, and the presence of comorbidities have important roles in explaining the variation in incidence and mortality, as do politics and the strength or weakness of national stewardship.

Populist leaders stand out as negative performance outliers because their professed disdain for science, discrediting of experts, and distrust of scientific institutions led many to discount the need for a strong public health response. Kavakli shows how populist leaders systematically responded more slowly to the pandemic than other leaders in a sample of more than 100 countries (Kavakli 2020). At the beginning of the pandemic, these governments implemented fewer public policy measures to contain the disease and inform the public. In March 2020, populist leaders also implemented fewer restrictions on population mobility (Kavakli 2020). In parallel, other populist leaders used a public health crisis to consolidate authority, with public health as an afterthought.

Effective stewardship of national resources is a key function of political leadership during a pandemic or other health emergency because rapid, often population-wide measures and coordinated policies are required. During health emergencies, and especially those

that involve contagious infection, public health leaders may even be granted the power to direct other areas of government and to place restrictions on the rights and freedoms of whole populations. Furthermore, these are the times when national leaders must also become health leaders and are particularly emblematic in their own health behavior.

The rapidity and rigor with which governments enact non-pharmaceutical interventions (NPI), adapt health facilities, and implement vaccination policies helps to explain why some countries have fewer COVID cases and deaths than others (Demirguc-Kunt et al. 2020; Kapoor et al. 2020; Lu and Borgonovo 2020; World Health Organization 2020). Understanding why some governments responded more quickly and more effectively than others to save lives is imperative for strengthening the response to this and future pandemics. Hence, it is important to evaluate the link between populism and pandemic responses.

2. Materials and Methods

We draw on case studies and descriptive analyses of quantitative data to evaluate the ten most populous countries with populist leadership and data of reasonable quality, as identified in the Populism in Power database: Brazil, Hungary, India, Mexico, the Philippines, Poland, Russia, Turkey, the United Kingdom, and the United States (Kyle and Meyer 2020). We categorize the responses into two types: (1) slow and ineffective, but not encroaching on freedoms, and (2) strict and illiberal. We conclude that while not all countries that responded poorly to the pandemic were led by populists, no countries with populist leadership performed well from the perspective of protecting both public health and democratic rights.

Populism has spread faster than any other political movement in the last decade, and several studies document a peak in the number of countries led by populist leaders coinciding with the onset of the pandemic (Kyle and Meyer 2020). Many democratic societies have struggled to respond effectively to complex societal challenges in recent years, creating openings for leaders, regardless of their espoused politics, who demonize, divide, spout demagoguery, over-promise easy solutions, polarize, create an "other" that they aim to eliminate, disdain science, and consistently reject the evidence it generates for making policy.

We follow Kyle and Meyer and conceive of populist leaders as those making two fundamental claims: "(1) that a country's 'true people' are locked into a moral conflict with 'outsiders' and (2) that nothing should constrain the will of the 'true people'." (Kyle and Meyer 2020, p. 31). One of populism's most frequent characteristics is distrust of elites, science, and expertise (Mudde and Kaltwasser 2017). Populist leaders may divert resources and funding (or not assign them in the first place) from health systems or other functions of the state that experts believe to be essential. In this conception, populists see these expenses as superfluous, in many cases precisely because experts see them as essential. Populist leaders may also decline to invest their resources in an issue area to advance their personal agenda. Thus, populist defunding of health systems may be deliberate as well as negligent. This combination creates the potential for erratic, unaccountable governance and divisive, deleterious policy that can harm state capacity—all leading to deadly outcomes during a pandemic.

Populism takes many forms and is not ideologically consistent nor is it imbued with programmatic policy prescriptions. Populist leaders often take positions that do not fall neatly into traditional Left- or Right-wing categorization or align with their parties' historic policy preferences. Populists on the political Left and Right share many of the same characteristics, though they position themselves rhetorically on opposite ends of the ideological spectrum. For example, Brazil's Jair Bolsonaro, the Philippines' Rodrigo Duterte, Turkey's Recep Erdogan, and the United States' Donald Trump claimed to be on the political Right yet govern or governed similarly to Mexico's Andrés Manuel López Obrador (AMLO), Nicaragua's Daniel Ortega, or Venezuela's Nicolas Maduro, who situate themselves on the political Left.

There are three major areas where government action during a pandemic can mitigate health impacts. First, the implementation of non-pharmaceutical interventions (NPI), such as reducing population mobility, educating the public, promoting social distancing, and mandating the use of facemasks are highly effective near-term responses to the COVID-19 pandemic. Second, strengthening and adapting existing health facilities to receive and manage a large influx of acute patients can manage surges when they occur. Third, vaccine purchasing, vaccination campaigns, and vaccine mandates are evidence-based, far-reaching, and immediate-onset policies designed to slow the spread of the disease. We also include a measure of Chaisse and Banik's health infrastructure index prior to the pandemic, which influences COVID-19 outcomes in many cases (Chaisse and Banik 2021).

Of the variety of public health policy options at leaders' disposal during a global pandemic, we identified a measurable sub-set and considered the following dimensions of the policy response: information transparency, restricting population movement or gatherings, initiating testing and contact tracing, vaccination, or mask mandates, and invoking emergency powers or empowering or removing public officials who support or oppose the health measures. Our data set of populist countries is based on population size and quality of data. Our analysis excludes Venezuela because of suspect data: Venezuela reported only 6500 COVID-19 related deaths by June 2023, with a population of almost 30 million people.

In the first set of countries, which we categorize as slow and ineffective, leaders downplayed the risk of COVID-19 for their citizens and oversaw limited, slow policy responses. It is not surprising that populist leadership corresponds to extremely high numbers of cases and deaths in these countries. The United States, Brazil, and Mexico together only comprise 8% of the global population but have experienced 36% of total COVID-19 deaths at the time of writing (Johns Hopkins University COVID-19 Tracker 2023). This is without accounting for known deficiencies in reported cases and deaths.

In the second set of countries, which we call strict and illiberal, we highlight that not all populist leaders downplayed the seriousness of the virus or implemented limited policy responses. Some responded forcefully with lockdowns but not in a way that was conducive to public health. These populist leaders both took the virus seriously and exploited it to expand their powers or to settle political scores, using a public health crisis as an excuse to consolidate power and undermine their political opponents.

3. Results

We describe the results of the analysis for countries categorized by their general trends in public policy responses to the COVID-19 pandemic.

3.1. Slow, Ineffective Responses

3.1.1. Brazil

Brazil had one of the worst national performance records during the COVID-19 pandemic. Cases and deaths in Brazil have consistently been the highest in Latin America in absolute terms and represent the second highest toll globally. Like other populist presidents, Jair Bolsonaro denied the pandemic's severity and mounted only a limited campaign to combat the disease (Touchton et al. 2021). Bolsonaro then cycled through three health ministers since the pandemic began. He fired the first minister on 17 April 2020, for promoting and defending subnational governments' "stay-at-home" orders (Touchton et al. 2021). The replacement minister resigned after only one month when Bolsonaro ordered gymnasiums to reopen. Finally, the third and current health minister is a Bolsonaro loyalist from the army, with no prior public health experience (Touchton et al. 2021). On 6 June 2020, Bolsonaro ordered the Ministry of Health to stop releasing data on COVID-19 cases and deaths, which also highlights Bolsonaro's disdain for the free press and evidence-based policies (Johns Hopkins University COVID-19 Tracker 2023). Brazil also had high levels of health infrastructure prior to the pandemic, which suggests that the number of cases and

deaths could have been considerably higher without a relatively capable health system (Chaisse and Banik 2021).

3.1.2. Mexico

Mexico's national policy response was slow and limited, like in Brazil. State and local governments in Mexico also initiated policy responses to fill the void left by the absent federal government (Knaul et al. 2021b). Nevertheless, these governments' responses varied, with some states and municipalities doing much more to combat the spread of COVID-19 than others. As with Brazil, a patchwork of policy responses without strict internal travel restrictions allowed for rapid spread of the virus throughout the country (Knaul et al. 2021b). Lockdowns were late and partial compared to other countries, and testing and contact tracing were extremely limited (Knaul et al. 2021b).

Mexico's COVID-19 total cases and deaths are second only to Brazil in Latin America (Johns Hopkins University COVID-19 Tracker 2023). Though the decision occurred before the pandemic, Mexico's President Andrés Manuel López Obrador (AMLO) rejected expert advice and dismantled Seguro Popular, which had dramatically expanded insurance coverage prior to AMLO's 2018 election (Knaul et al. 2012; Frenk 2015). The new administration's unproven replacement was implemented chaotically just prior to the pandemic, which exacerbated COVID-19's impact on a population left vulnerable by health disparities and comorbidities (Knaul et al. 2021a). AMLO also consistently denied and downplayed the COVID-19 threat, encouraging the population to continue to maintain daily activities and interactions. Thus, despite relatively high levels of health infrastructure, Mexico's cases and fatalities were higher than others in the region (Chaisse and Banik 2021).

3.1.3. Russia

President Vladimir Putin's domestic political agenda greatly inhibited the Russian COVID-19 response. Between January and April 2020, Putin focused intently on amending the Russian Constitution through a plebiscite and a celebration of WWII's end. Putin downplayed COVID-19's severity and delegated crucial policy decisions to governors as cases and deaths mounted (Aslund 2020).

Russia had a moderately low case-fatality rate compared with Western European countries and a similar number of deaths per capita as regional peer Ukraine until the end of 2020, but those numbers worsened dramatically relative to regional peers during 2021 (Johns Hopkins University COVID-19 Tracker 2023). Additionally, the COVID-19 health outcomes in Russia might be much worse than publicly reported, as many experts suspect continued large undercounts of cases and deaths due to low testing rates, lax reporting standards, and widespread misinformation surrounding public health data (Cohen 2020; Cordell 2020). Somewhat surprisingly, Russia has a higher score on the global Health Infrastructure Index than the UK and many other wealthy democracies, which may have mitigated fatalities from the virus (Chaisse and Banik 2021).

3.1.4. The United Kingdom

Prime Minister Boris Johnson's government was late to issue stay-at-home orders or shut borders in early 2020. The government's first policy approach was to pursue herd immunity by allowing the public to contract the virus. The government issued confusing, contradictory advice, frequently emanating from anonymous sources, not public health experts (Sparrow 2020). This incoherent messaging allowed rumors and conspiracies to flourish, which undermined safe public behavior and scientific credibility.

Johnson also personally ignored public health advice to maintain physical distance and wear masks, including while visiting with hospitalized patients infected with COVID-19. Johnson contracted the disease and was admitted to an ICU for treatment. The Johnson government took the pandemic more seriously from that point up to his loss of leadership in July 2022. Nevertheless, the UK has experienced one of the highest case and death rates from the virus in Europe (Johns Hopkins University COVID-19 Tracker 2023). At the time

of writing, the UK had the second-highest total COVID-19 deaths in Europe, after Russia. The UK has low scores on the Health Infrastructure Index relative to the United States and many other wealthy European democracies, which may have also contributed to the relatively high case-fatality ratio in the country (Chaisse and Banik 2021).

3.1.5. The United States

President Donald Trump's rejection of science predated the pandemic and exacerbated its impact. First, Trump disbanded the Global Health Security and Biodefense unit in 2018, which protected against pandemics. In late 2019, Trump eliminated the job of a top epidemiologist working for the CDC in China to protect against new disease outbreaks (Taylor 2020). The White House also rejected guidance from health experts within the Trump administration and the Centers for Disease Control (CDC) at every opportunity. Trump also spread false information about the timing of the U.S. reopening, the likelihood of a safe, widely distributed vaccine, and the United States' rate of cases and deaths compared to other wealthy democracies. Additional examples range from falsely claiming that hydroxychloroquine could protect against the virus to urging governors to reopen their states at the height of the pandemic. The lack of a national strategy for testing, contact tracing, or a mandate to wear masks builds on earlier missteps during the pandemic and reflects Trump's underlying disdain for science. It is important to note that the poor COVID-19 outcomes evident in the United States occurred despite ranking in the top 10% globally in health infrastructure (Chaisse and Banik 2021).

3.2. Strict, but Illiberal Responses

3.2.1. Hungary

Viktor Orban has consistently weakened constitutional checks and balances in Hungary since his election in 2010. Hungary implemented a strict lockdown relatively early in the pandemic. However, during that lockdown, Orban pushed legislation through parliament that gave him the ability to ignore separation of powers and to jail opponents for up to five years if he determined they were spreading false information. Opposition leaders could not mount public protests against these actions given the lockdown. Parliament eventually rolled back some of these powers, but the powers the president now holds are much greater than prior to the pandemic.

Hungary's per-capita cases and deaths have been below the European mean (Johns Hopkins University COVID-19 Tracker 2023). In this case, again, the populist damage during the pandemic was not primarily to public health but to Hungary's political system. Viktor Orban has threatened Hungary's democracy since taking office and used the pandemic to strengthen his position, possibly for years after the COVID-19 threat subsides. Hungary's Health Infrastructure Index score is also above the European mean, which may have helped mitigate fatalities from COVID-19 (Chaisse and Banik 2021).

3.2.2. India

Prime Minister Narendra Modi oversaw one of the world's strictest COVID-19 lockdowns in 2020. India quickly enacted measures that virtually eliminated population mobility. Modi's government also punished those defying regulations surrounding social distancing and face masks (Rab et al. 2020). Modi also weaponized COVID-19 restrictions against political opponents, limiting travel and public gatherings to extinguish demonstrations against controversial legislation. Moreover, Modi used emergency pandemic powers to detain key individuals from Muslim protests against the government and to blame Muslims for the virus (Mathur 2020).

India's strict, quick response led to relatively low per-capita COVID-19 cases and fatalities during the early months of the pandemic. However, tight travel restrictions greatly disrupted the Indian economy and caused widespread destitution among internal migrant workers (Ghosh et al. 2020). Moreover, there is a high likelihood of having undercounted COVID-19 cases due to lack of testing in the country, at least compared to the USA and the

UK, among other wealthy democracies (Banik 2020b). COVID-19 cases spiked after the Modi government eased social distancing restrictions in the summer of 2020 to address rising poverty. India had already fallen behind many countries at similar income levels in per-capita healthcare spending and health infrastructure, which created conditions suitable for a COVID-19 crisis (Chaisse and Banik 2021; Banik 2020a). However, India's mortality rate would probably not have reached that of countries with much older populations with greater burdens of chronic diseases (Ghosh et al. 2020).

3.2.3. The Philippines

Rodrigo Duterte was outspoken in his pre-pandemic support for violent, extrajudicial measures intended to protect law and order. He publicly asked police to "shoot to kill" if they encountered anyone violating quarantine or not wearing a mask in public. As of July 2020, Filipino police had arrested 80,000 people for violating public health rules, among them, journalists, opposition leaders, and citizens who criticized Duterte on social media (Caboto 2020).

The Philippines per-capita cases and deaths from COVID-19 are higher than in other Southeast Asian countries (Johns Hopkins University COVID-19 Tracker 2023). However, these rates are far lower than in Brazil, Mexico, the US, or the UK. Duterte took the COVID-19 pandemic seriously: for the public health response, to defeat his political opponents, and to weaken constraints on state authority. The country had sufficient health infrastructure to protect the population when coupled with extensive NPI, at least compared to other countries in our study (Chaisse and Banik 2021).

3.2.4. Poland

The Polish government, led by President Andrzej Duda, implemented restrictions on movement, closed schools, and shut down businesses by 16 March 2020. The government took lockdowns seriously but also used lockdowns to force legislation through the Polish parliament while opposition resistance had been severely weakened. For example, controversial legislation restricting abortion and sex education passed soon after the lockdown began. Similarly, Duda's efforts to seize control of the judiciary and limit civil liberties increased during the pandemic, under the guise of being necessary to combat COVID-19. The Polish judiciary played little role in the ensuing public health response, which makes transparent Duda's ambitions to consolidate political power. Duda's government also limited public protests as a tool to contest disputed policy goals during Poland's reopening.

Like Hungary, Poland's cases and deaths from COVID-19 are below Europe's overall mean (Johns Hopkins University COVID-19 Tracker 2023). President Duda took the pandemic seriously and took advantage of the crisis: separation of powers, checks and balances, and the popular will are the primary victims of the Polish COVID-19 response. Poland also has Health Infrastructure Index scores that are mid-range for Europe, which are high globally. These elements of infrastructure likely prevented more COVID-19 fatalities (Chaisse and Banik 2021).

3.2.5. Turkey

President Recep Erdogan took advantage of the COVID-19 pandemic to persecute the media and further erode opposition power, much like in other populist-led countries that also implemented lockdowns and took the virus seriously. Social media users critical of the government response were jailed. Further, cities with strong opposition sentiment and leadership—like Istanbul and Ankara, the country's two largest cities—were kept in the dark as to when restrictions would be imposed or relaxed and were completely removed from policy discussions affecting their cities.

Turkey's cases and deaths from COVID-19 are also well below Europe's overall mean (Johns Hopkins University COVID-19 Tracker 2023). President Erdogan's policies have saved lives in the pandemic but have also been used to intimidate challengers in the political opposition strongholds of Istanbul and Ankara. Turkey's health infrastructure

prior to the pandemic was similar to other countries in this study, such as Mexico, which places it above the global mean but below most European countries (Chaisse and Banik 2021). This level of health infrastructure appears sufficient to prevent higher fatalities when coupled with NPI at the national level.

3.3. Public Health Outcomes in Populist Countries Compared

To complement our case-study analysis, we analyzed populist countries' performance relative to others. Specifically, we ranked deaths per 100k population and then compared this to countries' rank for GDP per capita. The indicator reflects wealthier countries' better position to manage the pandemic through better-funded health systems. A negative score means that the country performed poorly compared to its GDP per capita considering global rankings of each area. Despite likely underreporting, populist-led countries still have very high per-capita death tolls relative to their per-capita GDPs.

The global mean rank is −15.60 (SD of 47.06) with a wide range of values. Andorra has the minimum score (−145), while Kuwait has the maximum (84). The mean for populist-led countries in our analysis is −20.30 (SD of 26.48). Thus, populist-led countries performed worse than the global average by 30%. The worst performer among the populist countries analyzed is Brazil (−72), and the best is Turkey (23). Only the US, the UK, and Turkey performed above the global average.

Latin American countries performed especially poorly relative to the global mean. The mean for Latin America and the Caribbean for the rank indicator is −36.6 (SD of 36.40). Uruguay performed best (10), and Cuba performed worst (−103). Our populist-led countries in Latin America scored −72 (Brazil) and −47 (Mexico), which is considerably worse than other middle-income countries in the region, such as Chile (−29), Costa Rica (−23), Panama (−20), and Uruguay (−10). Only Colombia (−74) and Peru (−93) performed worse among middle-income countries. Some lower-income countries, such as the Dominican Republic (24), performed much better than Brazil and Mexico.

The mean score for all middle-income countries in the sample is −19.56 (SD 31.84). The mean score for populist-led middle-income countries is −26.25 (SD 26.38). Thus, populist-led middle-income countries performed ~36% worse than the middle-income average. The mean score for upper-income countries is 39.11 (SD 27.25); the mean for lower income is −41.18 (SD 45.74). Populist-led regimes in our sample performed far worse than upper-income countries, as did upper-income populist-led countries, such as the US, at 7, and the UK, at 0.

Not all populist regimes acted alike, which is reflected in these performance indicators. The slow, weak response group has a mean score of −26.2, while the strict, illiberal group has a mean score of −13.6. Hence, implementing strict responses, even with an ulterior motive to advance a populist leader's political goals, performed better than slow weak responses.

Poor performance holds across most of the countries in our sample—an otherwise very diverse group, spanning income levels and global regions. The populist-led countries in our sample performed far worse than the global mean, the middle-income country mean, or the regional mean of Latin America, which is the worst-performing region in the world.

4. Limitations

It is important to note that our analysis carries several limitations. First, our study is limited to ten countries' cases with populist leaders. Seven out of 10 cases recorded COVID-19 mortality rates above the global average, but many other countries without populist leaders did as well. Moreover, not all the populist cases led to higher-than-average mortality rates. This observation suggests three points: first, that populist leaders did not perform well in the pandemic, but that many other non-populist leaders also did not perform well. There is wide variation in pandemic governance around the world, though it is difficult to find an instance where populist leaders performed at a high level. Second, some populist-led countries fell below the global mean mortality rate, which aligns

with some of our arguments: populist leadership can sometimes negatively affect other areas, such as political rights and civil liberties, without similarly negatively impacting health systems, treatment of patients, and mortality rates above and beyond parallel global trends. Third, there are many other factors beyond populist leadership that impacted mortality rates during the COVID-19 pandemic. These include health system capacity, resilience, vaccine access, age, and burden of disease within the population, exposure through workplaces and multi-generational housing, etc. Some of these factors, such as access to vaccines, stem partially from government decision-making, but many others do not and are common in populist-led and non-populist-led countries. Hence, our study developed hypotheses from a subset of global cases that require further testing against the universe of cases—populist-led and non-populist-led—to estimate the broader impact of populist leadership on performance during the COVID-19 pandemic.

5. Discussion

The COVID-19 pandemic has revealed the grave consequences of poor government leadership during times of public health crisis. Populism is strongly associated with ineffective policy responses to the pandemic leading to fatal, avoidable consequences. For each of the ten countries in our data set, populist leadership was a driver of poor pandemic management and outcomes whether for public health, democratic rights, or both.

Health system infrastructure can mitigate the negative impact of populist leadership on management of the COVID-19 pandemic (Chaisse and Banik 2021). Many countries with strong infrastructure might have experienced worse outcomes if populist leaders had not met with at least somewhat resilient health systems. In other countries, populist leaders worked with their health systems to implement NPI, though they did so selectively, for political reasons, and frequently restricted opposition rights.

Ultimately, evidence from the COVID-19 pandemic shows that many populist leaders impeded the publication of cases and deaths, were late to implement lockdowns, claimed the virus was not harmful, and fired or undermined public health officials who contradicted the leaders or enacted or advocated for a more forceful approach. Further, the implementation of some containment measures and the intensity of enforcement varied. Several populist regimes have biased enforcement records, with opposition groups and regions facing much stricter lockdowns, prohibitions against assembling in public (i.e., for protests), or in delivering financial assistance.

This behavior also risks a partisan pandemic, whereby the supporters of politicians who deny reality infect others and put themselves in danger.

Leadership by example is essential in a pandemic, as it is during any national crisis. A pandemic is no time to play politics or to reject scientific advice. Using disinformation to score political points is shortsighted and potentially lethal. Populism in a pandemic threatens lives in some cases, democracy in others, and, in the worst examples, both. For future pandemics, governments should strengthen health systems and improve health infrastructure as much as possible to prepare in advance (Knaul et al. 2022). These measures can mitigate against poor populist stewardship of the health system and allow for health ministries to maintain activities during a pandemic. Such a strategy is not a panacea, by any means, but building strong institutions and resilient systems is a necessary, but sometimes insufficient step for preventing populist leaders from exacerbating future health crises.

Author Contributions: Conceptualization, M.T., F.M.K., T.M. and J.F.; methodology, M.T. and F.M.K.; investigation, M.T. and T.M.; writing—original draft preparation, M.T. and T.M.; writing—review and editing, F.M.K. and J.F.; project administration, M.T. and F.M.K.; funding acquisition, F.M.K. All authors have read and agreed to the published version of the manuscript.

Institutional Review Board Statement: IRB approval was not required for this research.

References

Aslund, Anders. 2020. Responses to the COVID-19 Crisis in Russia, Ukraine, and Belarus. *Eurasian Geography and Economics* 61: 532–45.

Banik, Nilanjan. 2020a. Dealing with a Health Catastrophe. *Times of India*, January 26.

Banik, Nilanjan. 2020b. To test or Not to Test: The Case of COVID-19 in India. *Journal of Economic & Policy Analysis* 1: 2020.

Caboto, Regine. 2020. Duterte Turns to Drug-War Tactics to Fight Pandemic. *The Washington Post*, July 28.

Chaisse, Julien, and Nilanjan Banik. 2021. Global Health Law & Governance amidst the Pandemic. *Annals of Health Law and Life Sciences* 30: 207.

Cohen, Jon. 2020. Russia's Claim of a Successful COVID-19 Vaccine Doesn't Pass Smell Test. *Science*, November 11.

Cordell, Jake. 2020. Russia Statistics Still Provide More Questions Than Answers. *The Moscow Times*, August 11.

Demirguc-Kunt, Asli, Michael M. Lokhsin, and Ivan Torre. 2020. *The Sooner, the Better: The Early Economic Impact of Non-Pharmaceutical Interventions during the COVID-19 Pandemic*. World Bank Policy Research Working Paper. Washington: The World Bank.

Frenk, Julio. 2015. Leading the way towards universal health coverage: A call to action. *The Lancet* 385: 1352–58. [CrossRef] [PubMed]

Ghosh, Aritra, Srijita Nundy, and Tapas K. Mallick. 2020. How India is dealing with COVID-19 pandemic. *Sensors International* 1: 100021. [CrossRef] [PubMed]

Johns Hopkins University COVID-19 Tracker. 2023. *COVID-19 Cases and Deaths*. Baltimore: Johns Hopkins University.

Kapoor, Rolly, Haedong Aiden Rho, and Kinpritma Sangha. 2020. *The Impact of Early Social Distancing on COVID-19 Outbreaks*. NBER Working Paper. Washington: National Bureau of Economic Research.

Kavakli, Kerim Can. 2020. *Did Populist Leaders Respond to the COVID-19 Pandemic More Slowly? Evidence from a Global Sample*. CEPR Working Paper. London: Centre for Economic Policy Research.

Knaul, Felicia Marie, Eduardo González-Pier, Octavio Gómez-Dantés, David García-Junco, Héctor Arreola-Ornelas, Mariana Barraza-Lloréns, Rosa Sandoval, Francisco Caballero, Mauricio Hernández-Avila, Mercedes Juan, and et al. 2012. The quest for universal health coverage: Achieving social protection in Mexico. *The Lancet* 380: 1259–79. [CrossRef] [PubMed]

Knaul, Felicia Marie, Michael M. Touchton, Hector Arreola-Ornelas, Renzo Calderon-Anyosa, Silvia Otero-Bahamón, Calla Hummel, Pedro Pérez-Cruz, Thalia Porteny, Fausto Patino, Rifat Atun, and et al. 2022. Strengthening Health Systems To Face Pandemics: Subnational Policy Responses To COVID-19 In Latin America: Study examines policy responses to COVID-19 in Latin America. *Health Affairs* 41: 454–62. [CrossRef] [PubMed]

Knaul, Felicia Marie, Michael Touchton, Héctor Arreola-Ornelas, Rifat Atun, Renzo J. C. Calderon Anyosa, Julio Frenk, Adolfo Martínez-Valle, Tim McDonald, Thalia Porteny, Mariano Sánchez-Talanquer, and et al. 2021a. Punt politics as failure of health system stewardship: Evidence from the COVID-19 pandemic response in Brazil and Mexico. *The Lancet Regional Health-Americas* 4: 100086. [CrossRef] [PubMed]

Knaul, Felicia, Héctor Arreola-Ornelas, Thalia Porteny, Michael Touchton, Mariano Sánchez-Talanquer, Óscar Méndez, Salomón Chertorivski, Sonia Ortega, Mariana Chudnovsky, Pablo Kuri, and et al. 2021b. Not far enough: Public health policies to combat COVID-19 in Mexico's states. *PLoS ONE* 16: e0251722. [CrossRef] [PubMed]

Kyle, Jordan, and Brett Meyer. 2020. *High Tide? Populism in Power, 1990–2020*. Working Paper 47. London: Tony Blair Institute.

Lu, Xuefei, and Emanuele Borgonovo. 2020. Is Time to Intervention in the COVID-19 Outbreak Really Important? *arXiv* arXiv:2005.01833.

Mathur, Chandana. 2020. COVID-19 and India's Trail of Tears. *Dialectical Anthropology* 44: 239–42. [CrossRef] [PubMed]

Mudde, Cas, and Cristobal Kaltwasser. 2017. *Populism: A Very Short Introduction*. Oxford: Oxford University Press.

Rab, Shanay, Mohd Javaid, Abid Haleem, and Raju Vaishya. 2020. Face masks are new normal after COVID-19 pandemic. *Diabetes & Metabolic Syndrome* 14: 1617–619.

Sparrow, Andrew. 2020. Boris Johnson to Hold Daily Coronavirus Press Briefings. *The Guardian*, March 15.

Taylor, Marisa. 2020. U.S. Axed CDC Expert Job in China Months Before Virus Outbreak. *Reuters*, March 22.

Touchton, Michael, Felicia Marie Knaul, Héctor Arreola-Ornelas, Thalia Porteny, Mariano Sánchez, Oscar Méndez, Marco Faganello, Vaugh Edelson, Benjamin Gygi, Calla Hummel, and et al. 2021. A partisan pandemic: State government public health policies to combat COVID-19 in Brazil. *BMJ Global Health* 6: e005223. [CrossRef] [PubMed]

World Health Organization. 2020. *COVID-19 Strategy Update*. Geneva: WHO.