

Government policies in combating global pandemic COVID-19: A comparative analysis of different political regimes

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Abstract

Significant problems with public health, the economy, and politics have been brought on by COVID-19 in numerous nations worldwide. We offer a preliminary comparison of monarchies, democracies, and authoritarian regimes along with policy recommendations to strengthen their governance and ability to fight the pandemic, while the global effort to combat the virus continues in their responses to COVID-19 and addresses these research gaps. The present study examines the measures implemented by several government regimes in China, the United States, Saudi Arabia, Pakistan, Germany, and the United Kingdom to counteract the global pandemic, utilizing diverse approaches. According to the findings, countries that employ authoritarian tactics are better at containing the pandemic. Although they are unhappy with the information flow, Saudi Arabia, an absolute monarchy, and China, an authoritarian regime, are more successful in containing the outbreak. Democratic administrations might find it more difficult to react rapidly to pandemics. The study also found that, in Saudi Arabia and China, the number of instances was comparatively lower than in the US, UK, and Germany when mixed approaches were employed under the constitutional, federal, and democratic governmental frameworks.

Keywords

Covid-19, Political regimes, Government policies, authoritarian, democracy

Introduction

The Covid-19 pandemic has not only claimed millions of lives, but it has also resulted in growing disparities and societal fragmentation. The pandemic has emerged as a crippling threat, shattering global losses. The world is facing a variety of challenges, such as business and school closures, lockdowns, unemployment, recession, travel restrictions, medical emergencies, political pressures, and so on. Above all, the outbreak poses a significant challenge to governments of various political regimes in terms of public health system capacity, preventative and epidemiological measures, and disaster management. The World Health Organization declared it a pandemic on March 11 after more than 125,300 cases and 4,981 deaths were reported worldwide (Abrar et al., 2021). Since late March 2020, the overall number of illnesses has increased at a nearly linear rate. The government's attempts to lower the infection and mortality rates are what matter most to a country. While some were worse off, some nations were able to stop the virus's spread and avoid deaths (Ahmad, Boubakar, et al., 2022).

In reaction to the virus's quick spread, millions of deaths, and expected exponential multiplication, many countries have implemented lockdown measures (Frank & Grady, 2020) (Ahmad, Cherif, et al., 2022). Thus, the virus's impacts include not just physical ones like illness and hospitalization, but also financial ones like job loss and financial instability, as well as psychological ones like stress, anxiety, loneliness, and hypertension (McKibbin & Fernando, 2020) (Ahmad, Ijaz, et al., 2022). In nations with limited citizen surveillance and control, the effectiveness of lockdowns to contain COVID-19 depends on a difficult voluntary process of information processing and institutional compliance. While rejecting incorrect information and conspiracy theories, people and society must have faith in and pay attention to the advice of experts, lawmakers, and law enforcement (Ahmad, Manzoor, Naseer, Ghaffar, & Hussein, 2021). Previous pandemic-era initial research also produced contradictory results. According to a research conducted there during the H1N1 pandemic, people in the US have a high degree of faith in public health specialists (Paek, Mindlin et al., 2008; Hribar & Quinn, 2013). At first, people's confidence in government and industry was high, but it has since declined, according to Bangerter et al. (2012) (Kaur et al., 2022a). Nevertheless, there has been a recent rise in pandemic anxiety. A few instances include SARS in 2003, H1N1 in 2009, MERS in 2012, Ebola in 2014, the Zika virus in 2016, and most recently, COVID19 (Ahmad, Manzoor, et al., 2022). The spread of fear caused by Covid-19 is actually significantly worse than that of any disease, making it far more hazardous than these infections. Confusion, instability, disinformation, and inadequate planning have caused the government's response to the present public health emergency to be hurried and inadequate, which has led to significant mistakes in managing the Covid-19 outbreak. Over the past few decades, a number of state, federal, and international government agencies have released confusing, erroneous, and contradicting messages due to complex public health crises (Rowan,

Sparks, and colleagues, 2005; Farnsworth et al., 2008; Taylor-Clark, Blendon, and colleagues, 2010). Covid-19 spreads in many countries in the actual world in a variety of ways because to differences in social systems, lifestyles, cultural backgrounds, and governmental systems (Chakraborty, 2020) (Riaz et al., 2022). All nations must agree to embrace the inclusion and responsibility of the global community, put aside national and ethnic barriers, and fortify international collaboration in order to effectively combat this once-in-a-century epidemic (Gates, 2020) (H. Ali et al., 2022). As the pandemic's harmful effects lessen, so does the necessity for international cooperation. These disparities occasionally did not synchronize to adapt effective epidemic responses from other countries' favorable experiences (Guo & Li, 2020) (Ali, Khan, & Naseer, 2022).

As the global battle to combat the virus continues in their responses to Covid-19, we address these research gaps and offer policy recommendations to increase the governance and pandemic preparation of monarchies, democracies, and authoritarian regimes. This perspective will examine how political regimes that are authoritarian, monarchical, or democratic have responded to COVID-19 (Naseer, Ghafoor, et al., 2021). This essay looks at how different political systems have caused nations to modify their responses to the worldwide pandemic. The political systems of China, the US, Saudi Arabia, Germany, and the UK are compared as the foundation of the study. This article adds a great deal of novel ideas to the body of literature (Naseer et al., 2018b) (Arsalan, Burhan, Naseer, & Rehman, 2022). First, by emphasizing the importance of governance structure and political regime in adopting preventative and reactive methods to Covid-19, we settle the literature issue over the contradictory assertions regarding the role of governance in pandemic management. Second, we selected China, the US, the UK, Saudi Arabia, Pakistan, and Germany as the five major economies for the article. These nations are G20 members and have regional political clout in the world. The fact that these six countries have various political systems that many other countries have adopted is another rationale for selecting them as an example (Ahmad, Boubakar, et al., 2022) (Benkirane et al., 2023). Third, this essay examines how these powerful nations combat the Covid-19 pandemic. Due to this, the paper adds to the body of knowledge about how governments of various political regimes exert influence over the populace during pandemics (Bokhari et al., 2022).

Literature Review

In a short amount of time, the pandemic drastically altered the world, hence it is important to reveal how various countries throughout the world react to the pandemic. Due to a lack of medical resources, virus detection technologies, reliable epidemic data, and financial constraints, many countries may be even more at danger of experiencing major epidemics. While the world's richest country, the United States, has also endured a great deal with the same epidemic, the greatest pandemic reactions have been noticed from economically struggling nations like Greece (Faouri et al., 2022; Ghafoor, Nawaz, Munir, & Saleem, 2022). More

crucially, nations like Vietnam, China, the United Arab Emirates, and Saudi Arabia have shown successful responses. In contrast, strong democracies like Australia, New Zealand, and many others have also engaged in oppressive acts (Baker & Wilson, 2020)(Muhammad Ehsan Malik, Muhammad Mudasar Ghafoor, & Salmen Naseer, 2011). It indicates that effective country responses to pandemics do not necessarily depend on resources or political alignment. Instead, leadership and the capacity to instill a feeling of shared sacrifice are crucial (Ishfaq et al., 2022a). The finest results so far have come from leaders that recognized the threat early on and relied on science to inform their policy responses (Bowe & Gibson et al., 2021) (Ishfaq et al., 2022a). All affected countries' governments have been closely scrutinized for their responses in light of the pandemic. People all across the world, particularly in democracies, initially blamed China's government of hiding the outbreak's knowledge. Several responsible mass communicators waited for the accurate information at the same time. An urgent and significant question regarding the sort of regime and Covid-19 reactions is brought up by this perspective change (Alon & Li, 2020) (Jabeen, Zia, & Naseer, 2021).

Our ability to evaluate and compare the responses of royal, democratic, and authoritarian regimes to the COVID-19 circumstance allows us to better understand how different political systems exert control over the public during pandemics. The national responses to the pandemic have received little scholarly attention. To combat the new coronavirus, numerous researchers have created government-level proposals (Kaur et al., 2022b). The ongoing COVID-19 epidemic has highlighted shortcomings in how the global community responds to virus epidemics. In response, nations put their pandemic plans into motion (Appuhamy et al., 2010) and took steps to stop the disease's spread (Effler et al., 2010). Numerous topics relating to the Covid-19 epidemic have been studied by academics. Leung et al. 2020 and Obermann et al. 2008, for example, discovered that governance structure and public health investment both influence public health outcomes, such as the volume of tests conducted, diagnoses, and active and critical cases (Ahmad, Manzoor, et al., 2022) (Khan et al., 2023).

Alon, Farrell, and Li (2020) suggested an early comparison of democracies and authoritarian regimes in response to Covid-19. They demonstrated that democracies are not necessarily less capable of responding to crises than authoritarian regimes and that a dictatorship is not necessary for a crisis response to be effective (Muhammad Ehsan Malik, Muhammad Mudasar Ghafoor, & Salman Naseer, 2011). In light of this, David & Peter (2020) noted the U.S. Covid-19 pandemic reaction from the standpoint of the policy regime. He asserted that the absence of political commitment, unmet objectives, and dysfunctional institutional dynamics had hindered the response. Additionally, Guilhem and Steenvoort (2020) looked into the relative effectiveness of social exclusionary practices in democracies and autocracies. They discovered that aside from their political systems, democracies and autocracies had systematically different traits (Naseer & Chaudhry, 2011).

In order to assess how governments responded, Petersen (2020) examined data from 85 nations using the SARS-COV-2 testing campaign. In addition to testing democracies and non-testing authoritarian regimes, his testing campaign findings indicate that there have also been tests of authoritarianism in democracies and tests of democracies in non-testing authoritarian regimes (Naseer, Ghafoor, bin Khalid Alvi, & ul Islam, 2022). In all cases, anocracies are non-testing. Some scientists contend that a centralized governance structure favorably influences pandemic response and outcomes; others contend that a decentralized system has a greater impact (Schatz and Berlin 2011; Jiang et al. 2020). Such findings are problematic because they restrict executive and governmental action in the case of a pandemic and result in theoretical conflicts. As a result, there is disagreement among academics as to whether type of government—democracy, monarchy, or authoritarianism—is best suited to combat the pandemic (Naseer, Ghafoor, et al., 2021).

Theoretical Conceptualization and Consideration: Political Regimes & Types

A political regime is a group of institutions that together form a nation's government. A political regime may be described as a particular style of government, a state organization, or a democratic system (Naseer et al., 2012). The phrase "political regime" can also refer to a particular ruler or group of rulers inside a democratic system (Diamond & Morlino, 2004). Political systems come in a wide variety in the modern world, and there have always been many more. For instance, fascism or military dictatorships are authoritarian systems, whereas anarchism is a directly democratic political system (Naseer, Liu, & Sarkar, 2019). Regimes are referred to by a variety of words in political science. The number of influential individuals and the degree of authority held by the government both influence the terminology that political scientists use frequently (Naseer et al., 2018a).

Table 1: Representations of power and regimes

Kibds Regimes	of Powerful individuals in number	Example
Monarchy	One	Saudi Arabia, Brunei, UK, Nepal, Jordan
Dictatorship	One	North Korea, Cuba, Libya
Aristocracy	A few, typically the small ruling	Ancient Sparta

class

Oligarchy	A few (often a small number of affluent people)	Renaissance Venice
Democracy	Numerous or entirely	USA, Germany, France, India, Indonesia, Philippines

There are numerous varieties of regimes. For instance, Queen Elizabeth has a very restricted amount of power in the United Kingdom, which is a constitutional monarchy (Naseer et al., 2017). Although the British monarchy has historically been mostly ceremonial, the empress is technically the country's head of state. The legislative and enacting body, the Parliament, now has real political sway (Naseer, Liu, Sarkar, Shafiq, & Choi, 2021).

Table 2: Regime and Level of Government Power

Type of Regime	Amount of Governmental Power	Example
Totalitarian	Total authority that governs every element of its residents' life	Nazi Germany, North Korea, Soviet Union
Autocratic	Less powerful than a totalitarian regime often linked with a single ruler	Saudi Arabia, Morocco, Qatar
Authoritarian/ Unitary State	A unitary state is one in which the central government is the supreme authority.	Egypt, France, UK, Indonesia
Constitutional	Specific regulations, such as individuals' rights to free speech and freedom of religion	Germany, Canada, United States, Japan
Anarchist	When a government loses its legitimacy, there is no longer any power, or just no government.	Somalia

Note: A proposed conceptual model by the Author with five political regimes as classified by the number of people with political power.

Since the Covid-19 began, governments all over the world have initiated extensive actions in an effort to lessen its effects as quickly as possible (Naseer & Mahmood,

2015). The type and structure of a country's strategy is determined by its political system. While studies in the past have shown that democratic governments produce better health outcomes than autocracies (Kudamatsu, 2012; Bollyky et al., 2019; Pieters et al., 2016), current research suggests that democratic nations may be performing substantially worse in the COVID 19 pandemic (Sorci et al., 2020). That is, in a democratic nation, the fatality rate is 7.3 times higher than in a nation with an autocratic government 50 days following the start of a pandemic (Sandhu, Haider, Naseer, & Ateeb, 2011b).

A discussion has started in an effort to identify the causes of these differences in political regimes (Ang, 2020): Few authoritarian governments are effective at taking decisive action, but most are weak at maintaining accurate information flowing both internally and externally (Shih & Hsueh et al., 2020). Vital information was suppressed by both China and Russia's inner and outside information streams, but only China actually chose and took action (Sandhu, Haider, Naseer, & Ateeb, 2011a). Compared to other political regimes, democratic regimes may struggle harder to take decisive or even required actions, but they can gain from better public trust and information flow (Li, 2009; Megan, 2018). This regime impact is echoed within nations: in a democracy, authoritarian leaders will impede knowledge flow. As a result, the outbreak was handled in an unscientific manner by both Trump and Bolsonaro, the presidents of the United States and Brazil, hindering efforts to successfully respond (Scott et al., 2020). Similar to this, Cepaluni et al. (2020) assert that democracy was associated to greater deaths per capita in the early stages of the pandemic and that this link was caused by insufficient governmental reactions (Satti et al.). According to Cheibub et al. (2020), democracies took longer to respond to the pandemic than authoritarianism because they did not restrict civil freedoms. This may help to explain Cepaluni et al. (2020) findings of a greater excess death rate. According to Frey et al. (2020), authoritarianism enforced more regulations, mobility decreased and more common in democracies, and collectivist cultures were more prevalent in countries than individualist ones (Shahzad et al., 2021).

The Political System and Covid-19 Response Effectiveness

Since Covid-19 was deemed a global pandemic, governments all over the world have adopted various tactics to combat the virus. The five most powerful countries' pandemic plans will be covered in this section. Various types of policies have been pursued by these nations, with varied degrees of success (H. Ali et al., 2022). Different political systems and state capacities result in different policies for the governments of China, the United States, the United Kingdom, Germany, and Saudi Arabia (Ishfaq et al., 2022b). These nations have advanced healthcare systems, are G20 members, have strong economies, and have political clout around the world. These countries' efficient healthcare systems contribute significantly to the eradication of coronavirus illness (Velusamy et al., 2021).

One part of managing the pandemic that depends mostly or totally on governments is testing for the virus that causes this coronavirus sickness, SARS-CoV-2. While there is much disagreement on the accuracy of antigen or "quick" tests, Polymerase Chain Reaction (PCR) testing has been shown to be the most accurate diagnostic technique (Hahn et al., 2020; Whitman et al., 2020; Woloshin et al., 2020). In contrast, the majority of exams are only given by the government, which is the only body permitted to do so in almost all nations (Naseer, 2021). Testing is a helpful method for assessing how the government responded to COVID-19 in both authoritarian and democratic contexts (Zaman-ul-Haq et al., 2022). According to the research, a country's emphasis on testing will increase as it grows more democratic (Khalid, Imtiaz, & Naseer, 2016). Democracies like Lithuania, Germany, the UK, Luxembourg, Iceland, Denmark, and Portugal are among those that carry out a lot of testing. Other democracies have only carried out small-scale testing programs and don't perform significant testing, like Vietnam, Thailand, Bangladesh, Vietnam, Cuba, and Iran (Petersen, 2020; Kavanagh & Singh 2020; Walker et al., 2020). Nonetheless, three categories of nations are not covered by the theoretical predictions. Greece, France, Japan, Uruguay, and Costa Rica are the first democracies that did not conduct experiments. Second, there is a modest but increasing amount of evidence showing that authoritarianism is testable. Nations such as Russia, Belarus, Bahrain, and Qatar contest the notion that governments lacking accountability are incapable of exercising prudent control over pandemics (Naseer, Saleem, et al., 2023). The bulk of the non-testing scenarios are found in anocracies, such as Romania, El Salvador, Nepal, and Paraguay, suggesting that the incentives to score poorly on tests are not exclusive to democracies or authoritarianism, but rather the absence of both. Second, by putting money into the health care system, routines and processes for dealing with outbreaks are in place, and a pandemic can be dealt with more quickly, which could have an impact on the Covid-19 reactionary response (Riaz et al., 2022). China, for example, has made significant investments in health care, which has encouraged not only information dissemination but also the creation of knowledge synergies, such as digital technology, to respond effectively to the crisis. Similarly, Germany has a well-developed healthcare system and used telemedicine to respond effectively to the Covid-19 outbreak (Wang et al., 2020). Chinese "sweeping, top-down attempts to monitor the virus's success." 2020 (Westcott). The containment paradigm used by China is superior to the democratic one, and for the time being, China appears to be winning the geopolitical game (Brands, 2020).

Germany's response to coronavirus pandemic

By monitoring coronavirus infections, the German government's prompt action during the first Covid-19 outbreak contributed to the low death rate (Arshad et al., 2023). The government ensured early on that all citizens, including those without symptoms, were checked. In the state of Bavaria, the first case in Germany was officially confirmed on January 27, 2020 (Adil, Ghafoor, Shafqat, Munir, & Murtaza, 2023). Germany's public health system was equipped to combat the

pandemic at that time (Shaukat, Ghafoor, Khalid, & Naseer). The country was spared the epidemic because of its outstanding policies, which included widespread testing and other containment measures. (Deen, Alabaster, and Seidlein, 2020). Because it has a complex healthcare system with many hospitals and intensive care beds, the government may be able to bend the curve. One of the best healthcare systems in the world is thought to be found in Germany (Naseer, Ghafoor, bin Khalid Alvi, Zafar, & Murtaza, 2023). Germany has shown potential in all four of the Covid-19 pandemic's readiness and response stages: containment, detection, prevention, and treatment. However, starting in October 2020 and continuing through January 2021, the nation saw a sharp rise in cases and fatalities. A lockdown was implemented by Germany from March 22 to May 3, 2020, in response to the epidemic's increasing case counts and serious consequences in nearby countries, particularly Italy. It included the shutting of all non-essential businesses, preschools, schools, and colleges, as well as a significant reduction in operations. It also forbade both private and public meetings (Muller, Lu, & Jahn, 2020; Fagiuoli, & Remuzzi, 2020). Strong and unified political leadership, as well as extensive, fact-based information and discussion of national and worldwide pandemic developments in German media, are other factors that are probably important (Meier, Glatz, & Guijt, 2020).

Due to the second epidemic wave's quick spread and the appearance of even more dangerous developments in neighboring European countries, a second, albeit lesser, lockdown was imposed at the start of November 2020 (Kupferschmidt, 2020). The German "toothless tiger" corona warning software prioritizes data security and does not provide health agencies with personal information (Bohmer, Buchholz, Corman, et al., 2020). The government has followed protocol and raised billions of dollars to support individuals affected by pandemic measures on a personal and professional level since the first lockdown (Ahmad, Manzoor, et al., 2022).

By March 2020, the number of Covid-19 cases had started to increase exponentially (Muller, Lu, & Jahn, 2020). Germany experienced fewer fatalities during the first wave than other severely hit European countries like France, Italy, Spain, and the United Kingdom (ECDC, 2020). As of March 24, 2021, there were 2,699,231 confirmed cases and 75,255 fatalities, or 20,969 cases every day for seven days. Prior to the winter increase, 90% of Germany's weekly PCR testing capacity was accounted for by decentralized commercial labs, with a capacity of about 1.1 million tests. Positive rates rose in tandem with the number of cases, even with the enormous capacity. Between December 2020 and January 2021, Germany came very close to meeting the 10% test positivity standard established by the World Health Organization (Carrel, & Poltz, 2020). German Chancellor Angela Merkel said on March 3, 2021, that the pandemic containment measures would be in place until April 18. The federal government and state governments

reached a consensus on this because of the high dynamics of the outbreak (Naseer, Liu, et al., 2021).

China's response to coronavirus pandemic

The authoritarian response mechanism was standardized by the Chinese government. In South China's Guangdong province, the first severe acute respiratory syndrome (SARS) outbreak was caused by a coronavirus in 2002 and 2003. As to Quanlin & Yumin et al. (2010), the initial outbreak is believed to have originated in bats and was transmitted to humans through civets. In the aftermath of the SARS pandemic, the Chinese government committed over \$100 million toward the establishment of "the world's largest framework" for a "direct-reporting network for infectious diseases and sudden public health incidents." If medical professionals utilized the system, they could swiftly and directly notify the federal government of any indications of a disease outbreak at any time (CDC, 2019; Cidiwuyan, 2020). Following the Wuhan epidemic in December 2019, China experienced a sharp rise in confirmed Covid-19 infections (Muller, Lu, & Jahn, 2020). In response, the Chinese government moved quickly to implement a variety of public health initiatives, such as social exclusion along with other well-known non-pharmaceutical treatments (NPIs) (Cyranoski, 2020). During the first few days, authorities implemented a number of critical public health measures (National Health Commission, 2020), such as: (1) public reporting of the unexplained viral pneumonia outbreak; (2) intensive surveillance and epidemiological investigations (Naseer & Mahmood, 2015); (3) medical observation of close contacts to obtain proof of human-to-human transmission (Ralph & Roux, 2020); (4) environmental hygiene and disinfection, along with the January 1 closure of the Huanan seafood market; (5) quarantine, case finding, and management; (6) public risk communication, including efforts to raise public awareness and the implementation of self-protection measures (Manson, 2020); (7) virus isolation and RNA sequencing, (8) interactions with the WHO and other nations; and (9) development and distribution of PCR deTEC

The Chinese government has implemented legislation and initiatives with the aim of directing, standardizing, and making Covid-19 prevention and control actions legitimate. The government released a set of instructions for immediate psychological crisis intervention amid the Covid-19 outbreak on January 26, 2020. The government established a 24-hour hotline in each province to address and provide assistance with psychiatric illnesses (Qian, Guo, & Fang et al., 2020). People continued to get education on several crucial subjects both online and offline, and numerous books on the Covid-19 prevention and control were quickly produced. The general public regularly have access to the material in a variety of languages via official WHO websites or local government websites.

China reported 548 instances on January 22, 2020, and an additional 101,560 cases on March 23, 2021. 4,636 deaths in all were recorded (JHU CSSE, 2021). China's policies include early diagnosis and isolation of cases, close monitoring and isolation of connections, and disseminating guidelines to guarantee public awareness of and adherence to control measures. Rapid and comprehensive activation of the public health system along with extensive social engagement can effectively prevent and control COVID-19 (Xu, Fang, & Chen, et al., 2020). In addition, doses of 115 million and 65 million of the coronavirus immunization have been given in China and the US, respectively. A notice from the Shanghai Municipal Health Commission states that foreign nationals of legal age can book vaccination appointments via the Jiankang Yun (Health Cloud) APP beginning on March 29, 2021 (Sandhu et al., 2011a).

Saudi Arabia's response to coronavirus pandemic

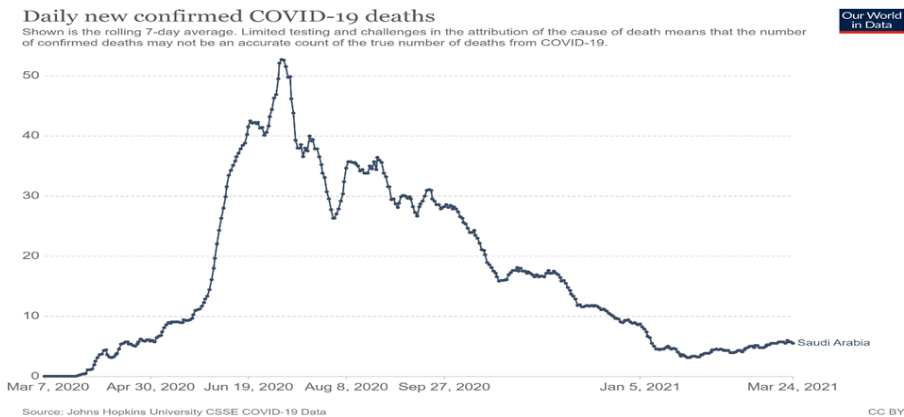
The kingdom of Saudi Arabia is an absolute monarchy, with the royal family in charge of all administrative affairs. The Saudi authorities handled the issue with great acclaim, opting for an authoritarian containment strategy (Dunne, 2020). Preventive measures were taken by the Saudi government before any cases were confirmed in the country, and before the WHO declared Covid-19 to be a worldwide pandemic. The administration acted immediately and relentlessly to halt the outbreak. Initially, a group was established to determine and implement Covid-19 response policies. Nineteen government ministers representing the departments of the interior, FDA, health, and education make up the committee (Satti et al.).

Public healthcare is free in Saudi Arabia, the largest economy in the Arab world, and all key ministries actively participated in implementing this policy. Kingdom has been making comments on pandemic preparedness and following WHO guidelines for infection prevention and control (IPC) as a signatory to the WHO (International Health Regulations (IHR) 2005). Beginning on February 27, 2020, visits to Mecca and Madinah's holy mosques and Umrah pilgrimages are prohibited. Furthermore, the congregational prayers and weekly Friday prayers that were conducted at neighboring mosques have been discontinued (Abolfotouh et al., 2021). Individuals from the Gulf Cooperation Council (GCC) who had visited nations infected with the SARS-CoV-2 virus were prohibited from entering Saudi

Arabia. Notwithstanding these restrictions, on March 2, 2020, KSA declared the first confirmed case of COVID-19 (Algaissi, Alharbi, Hassanain, & Hashem, 2020). The Saudi government swiftly responded on March 8, 2020, by introducing remote learning and interactive classrooms in educational institutions. In order to combat the pandemic, the government also promised to donate \$10 million to WHO on March 9, 2020.

On March 15, 2020, all international flights—both inbound and outbound—ceased. Starting on March 16, 2020, Saudi Arabia discontinued operations in a number of government offices. Stores and shops have closed, and events in parks, beaches, and resorts are forbidden. Restaurants were closed, with the exception of takeout (Obeid, Al-Qahtani, et al., 2020). All domestic flights, as well as intercity bus, taxi, and train services, were terminated on March 21, 2020. On March 26, 2020, the KSA outlawed travel between its regions. A curfew was in place for the entire nation from 7 p.m. to 6 a.m. (Ministry of Health, 2020). It's significant to remember that all of these measures were implemented when the reported case count in Saudi Arabia was still less than 300, even though the country's population (General Authority of Statistics, KSA) is over 34 million. In figure 2, this data is displayed.

Figure 2: Saudi Arabia Covid-19 Deaths until March 24, 2021



Dealing with a range of recently emerging infectious diseases, such as the introduction and spread of MERS-CoV, which was first found in Jeddah in 2012 and is currently endemic in the region, has clearly taught Saudi Arabia a lot. Nearly 90% of the instances have occurred in Saudi Arabia, despite the fact that MERS-CoV has spread to 27 countries (Zaki, Bestebroer, & Fouchier, 2012). The Ministry of Health (MoH) swiftly formed the Center for Disease Control and Prevention (SCDC), which is now leading the country's response to SARS-CoV-2 (Ministry of Health, KSA).

The United States response to coronavirus pandemic

The unprecedented severity and spread of the Covid-19 outbreak knocked the United States off balance and caused disaster throughout the world. On August 9, 2020, the United States passed the milestone of five million Covid-19 cases, making up just under a quarter of all cases globally. On that day, coronavirus hot areas were identified in more than half of the country (Kates et al., 2020). The governor's mandatory mask order was issued at the same time to 40 million Californians when the state's attempts to open up the economy led to an outbreak of Covid-19 infections (Naseer & Chaudhry, 2011). The Democratic mayor of Atlanta and the Republican governor of Georgia got into a disagreement over the mayor's authority to adopt stricter public health laws than the governor. In Texas and Florida, two key regions where the sickness was spreading, there were similar conflicts between Democratic mayors and pro-Trump Republican governors. (Yen, Woodward, 2020).

According to Leonhardt (2020), the weak centralized federal structure is the main cause of the U.S. response to Covid-19, which was insufficient owing to governance and leadership failings rather than healthcare. As an illustration, 33 states had mandatory mask laws in place at the time of writing, whereas the remaining states had weaker laws or none at all (KFF, 2020). The public's reaction to the outbreak has been strange and unsettling. Along political lines, states and citizens have reacted to Covid-19 in radically different ways, as if the world were being torn apart by both red and blue pandemics. As a result, there was a considerable decline in the public's ability to stop the disease from spreading throughout red America (Hamel & Kearney et al., 2020). Almost every facet of the outbreak demonstrates the political polarization. Republicans are about twice as likely as Democrats to believe that the worst of the American plague is still to come. Democrats and Republicans have developed a significant split over the discussion of school openings (Menasce Horowitz, 2020).

As of March 23, 2021, about 30 million cases of Covid-19 have been reported across the country, according to surveillance conducted by Johns Hopkins University. Although the pandemic's initial epicenter was New York, California, Texas, and Florida have seen more incidents than the Big Apple, with California recording over 3.6 million. America has lost about 540,000 people so far. According to Reuter's tracker, 58,104 new infections are reported on average every day in the US, making up 23% of the peak and the highest daily average since January 8. Since the pandemic began, there have been 545,582 deaths associated with the coronavirus and 30,053,993 illnesses worldwide. A man who had returned from Wuhan on January 15 was diagnosed with Covid-19 on January 20, 2020, in the Pacific Northwest state of Washington. As of now, as illustrated in the figure 8 below, there have been roughly 53 thousand additional instances since October 12,

2020. As of March 25, 2021, there had been 30,103,835 documented cases, 546,340 fatalities, and 1,054,317 vaccinations. (Worldometer2021)

The federalist system stimulates the creation of creative solutions to "wicked problems" unique to local circumstances and prohibits the U.S. government from developing flexibility in the provision of public services. It culminated in a response to the current pandemic from the states and localities that had substantial gaps, was inconsistent, and was ambiguous. In states where the general public was unaware of the infectious and asymptomatic nature of Covid-19, this shortcoming has decreased the effectiveness and productivity of containment and mitigation measures (Hu, & Basu, 2020).

The recent outbreaks that are more recognized to Americans, including swine flu, mosquito-borne Zika, H1N1, and dengue, pale in compared to Covid-19 in terms of viral infectiousness and its debilitating health effects (McLaughlin & Almasy, 2020). In contrast, nations like China and South Korea, which have recently been severely affected by pandemics like SARS and MERS, responded to Covid-19 with considerably more vigor and success (Lu et al., 2020). It partially attributed to the meaningful lessons they have taken away from their painful experiences (Moon, 2020). Furthermore, political conservatives' persistently dismantling government services in the United States have severely undermined the public health sector's systemic ability at both the federal and state levels to respond to pandemics. Real public health spending per person decreased by 9.3% between 2008 and 2014, while public health's proportion of total health expenditures decreased by 7% between 2002 and 2014 (Himmelstein & Woolhandler, 2016).

United Kingdom response to coronavirus pandemic

The United Kingdom is both a parliamentary democracy and a constitutional monarchy. The ability to execute quick measures is a strong central capability for the UK (Williams, 2008). On March 3, 2020, the U.K. pandemic strategies were centrally released. The coronavirus act, which went into force on March 25, 2020, granted the British government the authority to improve vital services and enabled legislation, enabling all four of the country's governments to take action (Ferguson, 2020). On January 31st, 2020, the first case of Covid-19 was identified in the United Kingdom. From there, the disease spread quickly, resulting in 100,000 illnesses and 13,000 fatalities by April 17. Because the government didn't act quickly enough, the nation had the highest rate of illnesses in all of Europe. The major NPIs being used regarding the Covid-19 pandemic scenario internationally and instructing to maintain social alienation and social separation are, in addition to personal hygiene recommendations (e.g., emphasizing regular and rigorous hand-washing), (NHS, 2020). Public gatherings are prohibited, schools are closed, along with other non-essential shops, services, and workshops, and a distance of at least two meters from others is advised. According to social alienation procedures, there should be a 7-day quarantine for someone showing Covid-19 symptoms or testing

positive, and a 14-day quarantine for anyone else living with them (National Health Service, 2020) (Ahmad, Cherif, et al., 2022).

The Covid-19 Job Retention Scheme (JRS), introduced by the British government, pays employees who lost their jobs as a result of the outbreak 80% of their salary up to 2,500 pounds per month. After considering the present situation, the plan's original intended end date of June 2020 was extended to September 2021 (Pope, Dalton, & Tetlow, 2020). The U.K.'s health system has faced criticism as a result of the pandemic. Tens of thousands of retired doctors have been asked to join the National Health System (NHS) because there aren't enough doctors and nurses to handle the pandemic. To help the NHS fight Covid-19, the British government has also committed to enlist up to 250,000 volunteers (Ramachandran & Ravindran, 2020).

Figure 3: Cumulative number of jobs furloughed under the job retention scheme U.K. 2021

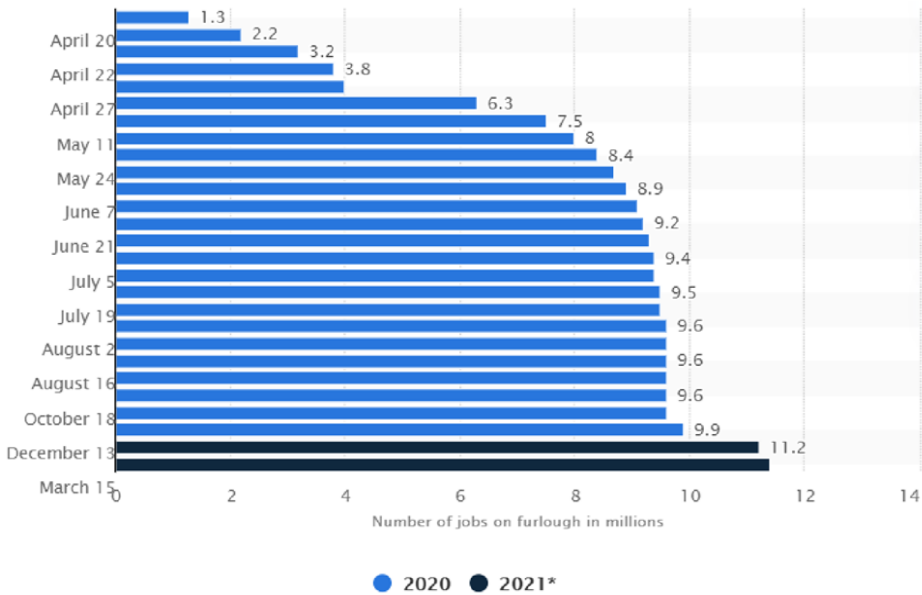


Figure 3 shows that as of March 15, 2021, 1.3 million different firms in the UK had furloughed roughly 11.4 million employees as a result of the government's workforce retention initiative. May 8, 2020 saw 8.86 million jobs on the work retention program being furloughed at the same time, making it the day with the largest simultaneous furloughs (Statista, 2021). According to reports, the work preservation plan cost the U.K. government 46.4 billion pounds, and by the time it was completed in October 2020, that cost was expected to reach 80 billion pounds. The government would very probably need to borrow at a rate not seen since World War II in order to budget for this plan and others. Estimates of deaths from the Covid-19 epidemic are more than five times greater in the United Kingdom than in Germany and many other European nations, which has resulted in a pattern

of policy failures (Johns Hopkins, 2020; Monbiot, 2020). But there is a serious economic problem. Significant portions of the U.K. economy have been shut down, and employees and employers have been forced into inactive status.

The U.K. government's response has been criticism for being delayed and insufficient, with some contending that they should defend poor policy choices and draw lessons from prior successful administrations (Powell-King and Hill, 2020). Some claim that the U.K. government responded to the "wrong pandemic," thinking that Covid-19 should be handled similarly to influenza (Pegg 2020). The British government later responded to the outbreak with a number of measures, including the Coronavirus Bill 2019-2020, government-backed and guaranteed loans, the Covid Corporate Financing Facility, the Coronavirus Business Interruption Loan Scheme (CBILS), and changes to emergency measures legislation. The Emergency Procedure (Section 45R) of the Public Health (Control of Disease) Act of 1984 was used by the government to introduce the Health Protection (Coronavirus) Regulations 2020.

Conclusion

Authoritarian and democratic regimes both reacted to the Covid-19 pandemic with varying degrees of efficiency and promptitude. It is viewed unfavorably when authoritarian governments are able to guarantee the free flow of information. Some people, though, are able to move swiftly and firmly. China, for instance, restricted important information while selecting and putting into practice sensible policies. Conversely, authoritarian democratic governments harm the free exchange of information. Similar to what happened in the United States, the government's harmful denialist tactics to the pandemic hampered attempts at an effective response. The monarchical Kingdom of Saudi Arabia has implemented authoritarian tactics and swiftly reacted by implementing precautionary measures. The extraordinary steps taken by the Saudi Arabian administration shield the nation from the deadly virus. It might occur because KSA gained enough confidence to take the necessary safeguards after being informed about the previous outbreak in China, Iran, and Italy. As a result, the Saudi government's actions were successful in sparing the nation from the same calamity that befell the United States and several European nations. The United States, United Kingdom, and Germany saw their first cases in January. The Chinese governments were aware of the epidemic's progression, but they took no prompt action. It was too late to stop the rapid spread of the virus when the governments began to take action in March. Notwithstanding the autocratic and monarchical structure, China's audacious and prompt reaction—followed by KSA—offers many stakeholders a successful Covid-19 battle experience (Benkirane et al., 2023).

Finally, success is what counts; authoritarian tactics have helped Saudi Arabia and China successfully contain the epidemic (see Table 3)(Ahmad, Boubakar, et al., 2022). During public health emergencies, governments need to use their authority, disseminate timely, evidence-based information, and keep an eye out for

misleading rumors in order to prevent panic(Satti et al.). As indicated in table 3 below, this study also shows that when mixed methods have been employed under the constitutional, federal, and democratic political framework, the number of instances went slightly lower in Saudi Arabia and China than in the United Kingdom, the United States, and Germany. China saw a negative number, or -0.27, while Saudi Arabia's new Covid-19 cases showed an absolute change of 11.17%. The table also reveals that the number of Covid cases increased in the United States (161.04%), the United Kingdom (81.54%), and Germany (163.78%).

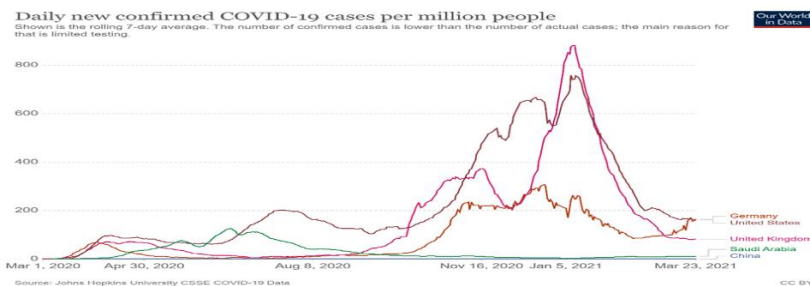
Table 3: Daily new confirmed Covid-19 cases (per 1M)

Country	March 1,2020	March 23,2021	Absolute Change	Relative Change
UK	0.14	81.68	+81.54	+58,665%
Unites States	<0.01	161.05	+161.04	+2,300,629%
Saudi Arabia	0.02	11.19	+11.17	+53,205%
China	0.29	0.01	-0.27	-95%
Germany	0.19	163.97	+163.78	+84,421%

Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University; <https://github.com/CSSEGISandData/COVID-19>

A variety of tactics were employed by the governments of Europe within the framework of the democratic political system. To fight the pandemic, Germany, for example, implemented decentralized and devolved regulations. On the other hand, the United Kingdom established centralized plans along with some laws that gave regional governments the authority to respond to the coronavirus (Bokhari et al., 2022).

Figure 4: Comparative confirmed Covid-19 Cases;



prerequisites for COVID-19 regulation to be successful. China, along with the WHO Western Pacific Area, has successfully eliminated COVID-19 or, in the very least, maintained extremely low case counts. Germany was able to contain the outbreak during the first wave, but when the number of cases began to rise once more, it did not strengthen the regulations, which resulted in a more severe second wave. There are some restrictions on this paper. Initially, we have selected five nations—China, the United Kingdom, the United States, Saudi Arabia, and Germany—to examine their national policies aimed at addressing the pandemic. To examine how governments have responded to the pandemic, other nations can be included in the sample. Second, further research can be done in comparison with various political systems, such as anarchist, autocratic, totalitarian, and dictatorship (Ahmad et al., 2021).

Furthermore, our findings have significant implications for public health policy decision-makers. To address the COVID-19 scenario, officials need to have a reasonable plan in place and notify the public of it right away, without any room for doubt. Despite the fact that the pandemic is at different stages worldwide and far from under control in some countries and different political regimes, the time has come for political scientists and public health experts to start analyzing how and why governments reacted as they did, how accurate these reactions tend to be, and what lessons we might learn about effective public health policymaking in advance of the next wave of COVID-19 or the next pandemic. We argue that it will be hard to understand the various responses to COVID-19 and its effects without a solid understanding of politics and policy (Abrar et al., 2021).

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