More than just a regime type: how Southeast Asian countries respond to COVID-19

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Abstract
As early as the pandemic has spread to Southeast Asian countries and elsewhere, observers have been tempted to associate regime type with COVID-19 responses. This trend encompasses the debate between democratic vs. authoritarian regimes that has been particularly helpful in identifying the normative basis to global pandemic responses. However, it leads into an inquiry whether the comparison of regime as part of variable isolation is scientifically viable in assessing the public policy, given the fact that the comparative matrix is vague. The comparison between democracy and the authoritarian regime will not bring a fair debate, but only to insinuate epistemological obstacle due to socially constructed dichotomy between the two even if the authoritarian regime has done any good practice. Furthermore, such a dichotomy only reflects a binary oversimplification of reality, which neglects an alternative explanation. Drawing on the framework of typology of COVID-19 responses by Greer et. al. (2020)—which includes four key foci, i.e., social policies and crisis management, regime type, formal political institutions, state capacity—this article will extend the framework by applying to the case of Southeast Asian countries, where these countries share similar structure and challenges, yet some countries arguably have been more successful.

Keywords: Authoritarian, COVID-19, Democracy, Regime Type, Southeast Asia

Pada awal masanya, pandemi telah menyebar ke negara-negara Asia Tenggara dan di tempat lain, para pengamat tergoda untuk mengaitkan tipe rezim dengan tanggapan COVID-19. Tren ini mencakup perdebatan antara rezim demokratis vs rezim otoriter yang telah sangat membantu dalam mengidentifikasi dasar normatif untuk tanggapan pandemi global. Namun, perdebatan mengarah pada penyelidikan apakah perbandingan rezim sebagai bagian dari isolasi variabel layak secara ilmiah dalam menilai kebijakan publik, mengingat fakta bahwa
matriks komparatifnya tidak jelas. Perbandingan antara demokrasi dan rezim otoriter tidak akan membawa perdebatan yang adil, tetapi hanya untuk menyindir hambatan epistemologis karena dikotomi yang dibangun secara sosial di antara keduanya meskipun rezim otoriter telah melakukan praktik yang baik. Lebih jauh lagi, dikotomi semacam itu hanya mencerminkan penyederhanaan biner yang berlebihan dari realitas, yang mengabaikan penjelasan alternatif. Terdapat kerangka tipologi tanggapan COVID-19 oleh Greer et. Al. (2020)—yang mencakup empat fokus utama, yaitu kebijakan sosial dan manajemen krisis, tipe rezim, institusi politik formal, dan kapasitas negara. Artikel ini akan memperluas kerangka dengan menerapkan kasus negara-negara Asia Tenggara, di mana negara-negara ini memiliki struktur yang sama dan beberapa tantangan, namun beberapa negara bisa dibilang lebih berhasil.

Kata kunci: Asia Tenggara, COVID-19, Demokrasi, Otoritarian, Tipe Rezim

Introduction

Following the increase of COVID-19 cases spread in the region since 2020, the governments of Southeast Asian countries have responded differently. This black swan event, which no one would have expected, has been a disastrous not only to public health crisis but also to economy which, in turn, resulted in recession. While in the early of the pandemic, countries like Singapore, Vietnam, and Thailand had been able to contain massive virus outbreak, thanks to their swift responses. The temptation to link regime type to public health crisis management has, indeed, lured public discourse as a matter of debate.

However, it is an error of logic to expound a monocausal analysis as if the regime type is necessarily and solely imperatives to the COVID-19 response, without taking into account other factors that might or might not affect the success of one country’s response—although the definition of success per se is arguably contentious. Whether democracy or authoritarian or a combination of regimes, the debates on the regime types might have drawn serious attention to the public. Yet, it would have been fruitless to debate on one single issue, particularly for policymakers.

There is a growing debate on democratic vs. authoritarian regimes which touch upon the issue of transparency, accountability, and rigid bureaucratic structure. Mérieau (2020), among many analysts for example, has critically started the debate of comparative politics of regime type on pandemic responses, predominantly on the
issue where the fact that Western democracies have articulated their superior complex vis-à-vis China’s political regime in particular.

However, such dichotomy between democracy and authoritarianism and the discourse of democratic superiority was in vain—because other authoritarianism countries, notably Singapore, Thailand, Vietnam, have been relatively success in containing the pandemic. On the other hand, it also prompts an inquiry as to whether the comparison of regime per se as part of variable isolation is scientifically viable in assessing public policy, given the fact that the comparative matrix is vague.

The comparison between democratic and authoritarian regime will not bring a fair debate, nonetheless, but only insinuate, as Mérieau (2020) argues, an epistemological obstacle due to socially constructed dichotomy between the two even if the authoritarian regime has done any good practice. Similarly, Alon, Farrell, and Li (2020) argue that such dichotomy only reflects a binary oversimplification of reality, which neglects an alternative explanation. This suggests that regime type alone, though useful, does not necessarily reflect the empirical public policymaking process. Therefore, it needs a broader analytical tool to assess the response of the government in dealing with the COVID-19 crisis. Therefore, this paper aims at extending the theoretical limit whether the typologies which will be provided are testable in the case of Southeast Asian governments whose country system differ one another yet sharing similar social and geographical structures. After providing the background information, this paper will explore the existing literatures which focus on comparative matrices with which this paper will follow. The following section will apply the typology and comparative metrics in the selected countries and will come up with a conclusion.

**Literature Review and Discussion**

Comparative analysis on the responses of governments to COVID-19 has been drawing the attention of many. A study derived from Chen et al. (2021) which includes selected countries and sub-regions in Asia has come up with two primary factors that influences the success rate of a country when dealing with the COVID-19 pandemic. Those are Initial Response Index (IRI) and Modified Stringency Index (MSI). This valuable study has shed light on an insight that stringent measures on public health in accordance with outbreak acceleration and swift responses to COVID-19 to have been successful in containing the outbreak.

Unlike the afore mentioned study above, the existing comparative analysis on Association of Southeast Asian Nations (ASEAN) member countries’ responses to COVID-19 has been put forward by Djalante et al. (2020) that argue that ASEAN has the
potential to play a major role in leading the coordination among its member countries through constructive role. Furthermore, the constructive role which is what ASEAN also usually does is left unexplored for its greatest potential. This is due to the fact that regional and national responses are largely influenced by politics and policymaking process by which each country is struggling with its political and legislative procedure.

Furthermore, this paper shares a similarity to what Djalante et al. (2020) has studied in which ASEAN member countries were selected to apply 10 factors policy sciences—policy making; crisis management and response; global policymaking and transnational administration; policy networks; implementation and administration; emotions and public policy; narratives and messaging; scientific and technical expertise; learning; and policy success and failure—which are then classified into three clusters, i.e., policy and decision making; communication and perception; and science and learning.

These factors might have been adequate to comparatively analyzes Southeast Asian countries’ responses to COVID-19. Such factors have been able to shed light on regional level emphasis as to why ASEAN member countries lack coordination, thereby defying an effective coordination that otherwise could have been achieved. However, this paper offers slightly different foci on which the argument will based.

Drawing on the typology in understanding COVID-19 responses, as proposed by Greer, King, da Fonseca, and Peralta-Santos (2020), they argue that there are four key foci, which include social policies and crisis management, regime type, formal political institution, state capacity. These put into another perspective in which the necessity to better understand the governments’ response is not merely under the realm of political science. Rather, it needs a comprehensive range approach and requires an interdisciplinary strategy that involves scientists and other stakeholders. The political theories that are too macroscopic, as Greer argues, will only recycle an argument which omits mid-level theories.

The typology starts with social policies and crisis management which altogether complement emergency responses as well as recovery strategy. In this regard, the early lockdown measures taken by the government depend on the societal compliance which would also entail the degree of trust in government. Also, it reflects the willingness of citizens and businesses to take part and support the government’s policies. Consequently, the extent to which citizens and businesses comply with the government’s policy, in turn, affect its legitimacy. However, the trust in government also plays a major role in ensuring a deliverable and effective policy. It is a must for the government, in the time of crisis, to understand and identify an effective communication strategy to socialize a policy which may truck a slight freedom from the
society for a greater good. Yet, regardless of what communication strategy with which the governments prepared, political economy aspect also comes into the equation. This has to do with the fact that not all of those who underwent quarantine could afford it, which also goes with the argument that self-quarantine is luxury and for privileged ones.

The second focus is the sexiest topic which is regime type that revolves around political processes and institutions comparison. However, what distinguishes regime type and the third focus, i.e., formal political institution is that regime type refers to process—by which the government influences policymaking—whether it is democratic, monarchical, authoritarian, etc.—and to check and balances mechanism. The latter is an important factor from which the balance of power is determined. In relations with the public, there is an entangled factor as to why some countries are arguably more successful. This is due to the regime per se—for example, at least in theory, authoritarian would have implemented forceful action its tight restriction on mass mobility, hence a more visible impact. Unlike autocracy, democracy might face difficulties in implementing tight restriction.

Third is formal political institution which Greer et al. (2020) refer to specific political institutions and their form of decision-making process. Pointing out that there are two types, i.e., federalism and presidentialism, they have been able to clarify country’s responses according to the coordination mechanism and the capability between national and sub-national government. As for the former, coordination between national and sub-national government is then key to imposing an effective measure. Presidentialism, on the other hand, is a form of coordination whose president is the key figure in coordinating a centralized strategy, thereby allowing state-level responses. Nonetheless, presidentialism also has a tendency to be undemocratic which has been the case in many countries.

The fourth factor is state capacity which is an intersection between health care system and public administration. Big countries, backed by political resources and economic power, do not necessarily indicate their state capacity. In fact, some countries which are considered as small power have shown effective public health responses.

Laying out all country responses to the COVID-19 with each country’s timeline and policies not the main purpose of this paper. Instead, the contribution of this paper is to provide an answer as to why comparing the regime type of a certain country vis-à-vis other countries will not offer a fair debate. By applying the four typologies, i.e., social policies and crisis management; regime type; formal political institution; and
state capacity, to the analysis, it is expected that this paper will contribute to policy debate.
The Southeast Asian governments’ responses to COVID-19 have been vary and depend upon different variables to which health policies adjust accordingly. While the fatality ratio (Case Fatality Rate (CFR)) in SEA countries also differ, Indonesia, based on data from March to May, was the highest-reaching at 6.66% (Puno, Puno, & Maghuyop, 2021). The Philippines, on the other hand, was the second highest with 6.59%. Countries like Malaysia and Thailand were below two percent; 1.85% and 1.88% respectively and Singapore with the lowest rate CFR, which was 0.068%.

From the excerpts above, it can be concluded that the responses of the SEA governments in terms of economic policies to COVID-19 also vary, depending upon the extent to which CFR becomes the underlying basis of macroeconomic policies. Ideally, at least in theory, countries that perform well in coping with the virus would be implementing business as usual scenario instead of stringent measures which include either total or partial lockdown. Keeping this ideal scenario in mind, it offers a new insight which explains the real-world situation in which economic is prioritized over public health. This also expounds that emerging and/or developing countries where informal job sectors are the primary driver of economy are more prone to strict lockdown measures due to such sectors require mobilizations.

Frankly, some countries which one-sidedly believe that they are big and strong nations—oftentimes driven by the fact that their constructive narratives are misleading—have revealed their internal weaknesses and unpreparedness during the
pandemic time. What is meant by internal weakness is that countries have downplayed the severity of the pandemic in the beginning. Hence, the public measures taken were already late and irresponsible. This in turn only perpetuates the damage that have obstructed the national health system.

In other words, Mietzner (2020) captures this phenomenon—as to why this narrative was bought by a lot of people—as the ‘populist anti-scientism’. Referring to the case of Indonesia where the government has poorly responded to the disease, it is believed that the study on Indonesia offers a great benefit to intellectual debate even at the theoretical level. The concept of populist anti-scientism fueled by democratic backsliding which puts a top-down leadership in delivering policies has been evident in showcasing that the incompetency of the leaders is self-serving, omitting the medical advice that has been advocated by many. On the other hand, non-populist democratic countries are likely to show the acceptance of medical advice from experts whose expertise is important within decision-making process.

Individual country responses cannot be separated from regional responses through which the ASEAN collectively initiated mitigation measures. In this regard, Djalante et al. (2020) have specifically examined the regional responses in which ASEAN plays a major role, particularly through the initiative of ASEAN Plus Three Senior Officials Meeting for Health Development (APT SOMHD) Mechanism Responding to COVID-19; ASEAN Health Ministers and ASEAN Plus Three Health Ministers in Enhancing Cooperation on COVID-19; and ASEAN BioDiaspora Virtual Centre (ABVC) for Big Data Analytics and Visualization.

**Social Policies and Regime Type**

Evidence has shown that countries have had similar stage of grievances in which the governments had undergone denial phase before citizens and civil society organizations started expressing their angers toward the government. When it reached the lowest point at which the governments imposed stricter measures due to increased number of cases, the frustrations and anxieties had mounted up due to number of reasons, including the number of deaths, hoaxes, scarcity of masks, etc. Further, political economic reasoning on tight mobility restriction and large scale of quarantine have become a phenomenon to which social class analysis can be applied.

Crisis management, by way of implementing contact tracing and quarantine, does not only the responsibility of the government. Society is also part of the country’s success. This reiterates that cultural norm is an important factor in public compliance with mandatory mask regulation, for example. The inability of the government in
providing adequate social policies, especially class-sensitive measures, would only ramify the already overwhelming problem.

On the other hand, whole of society approach also plays a major role in containing the virus. Whenever the society feels to be engaged with and involved in the government’s policy, it increases the success rate. This is in line with public compliance as well. Thailand, as the country where the first case outside China was detected, has provided a swift crisis management by creating an integrated QR code app and scanner with which people could only access or enter public places. This compulsory requirement to public places, shop owners, mall, etc. was possible because of trust in government’s effort in handling the pandemic professionally—despite several clashes with the government due to different issues.

**Regime Type**

Political observers who solemnly believe that regime type alone affect the way in which countries respond to the COVID-19 pandemic are unfortunately wrong. This believe might give a false positive. Moreover, biases that suit the argument from which it was delivered tend to be politically incorrect. The view toward certain states by comparing the regime types between democracy and authoritarian will not bring a fair debate, but only to insinuate epistemological obstacle due to socially constructed dichotomy between the two even if the authoritarian regime has done any good practice. Furthermore, such a dichotomy only reflects a binary oversimplification of reality, which neglects an alternative explanation. This distinction, perhaps, can only be clear on paper. However, the reality seems to mix, and the division line is blurry. Some countries are in fact democratic, at least constitutionally, yet their approach in tackling the pandemic has shown more authoritarian features.

On the other hand, democratic countries may have undergone democratic deficits before the pandemic hit. This can go hand in hand with the acts or regulations implemented during the COVID-19 responses formulation in the early of pandemic. Countries like the Philippines which enforces Bayanihan to Heal as One Act has “...authorized the President to exercise powers necessary to carry out urgent measures to meet the current national emergency related to COVID-19 only for months unless extended by COVID-19”. It reinforces the role of president as the strongest decision maker, although it also seems to be relatively democratic because it has democratic element and balance of power in it. Yet, it is way less clear that hybrid form of regimes might be the case in this unprecedented time.

Thailand, with authoritarian power, on the other hand, had been successful in delivering COVID-19 responses despite undemocratic means it underwent. Yet, the process of policymaking by involving competent leaders and reliable inputs and taking advice from public health experts does not necessarily reflect regime type. The
considerations must have been more than prioritizing the regime per se although legitimacy is still important. The government must have made a decision where public health is a priority that can only be achieved if it acted swiftly. The other reasons might be due to deteriorating economy which needs the different role of societies in reviving economy.

**Formal Political Institution**

The evidence on this factor is less clear when it was applied to Southeast Asian states. Nonetheless, countries which have clear coordinating mechanism and thorough political process would result in better responses as opposed to who do not. In this regard, expeditious responses were needed to be imposed by the governments in order to deliver effective public health measures. Centralized coordination led by the national government, however, does not necessarily reflect a responsive and successful public health management. On the other hand, decentralized measures that emphasize on the role of sub-national government in tackling the pandemic at sub-region level also seems not to be the most effective measures. Instead, it is the securitization against COVID-19 that bring national and sub-national government onto the same page by which the virus has been targeted as the common enemy. This evidence is clear cut. Discourse analysis on how Southeast Asian countries’ leaders had approached COVID-19 as a ‘war between human and intangible existent’—hence the use of war metaphor—would back up this claim, nonetheless.

**State Capacity**

Indonesia and Lao PDR, for example, have begun their responses by establishing a decentralized task force which comprises of public-private partnership. On the other hand, countries such as Singapore, Vietnam, Brunei, and Malaysia have chosen ministerial level centralized responses in tackling the pandemic. State’s capacity across Southeast Asia is divergent, ranging from high to low. This is developed from the fact that countries that have a good health care system to begin with have been benefitted from it. For instance, Thailand was praised by World Health Organization (WHO) for its strong leadership and administrative system adaptation to the situation (WHO, 2020). Furthermore, strong capacity to trace and contact tracing which is under public administration allows Thailand to be one of the most successful countries in managing early and effective measures.
Singapore is another example of a country where health care system and public administration are the best in the world. State capacity does not translate into military or economic power. Despite the fact that Singapore is a small country, it has been able to show a strong state capacity in managing contact tracing, quarantine facility, and tight lockdown measures. This then also correlates to the first and third factor which emphasizes on the crisis management and formal political institution that have been the underlying basis of decision-making process during the pandemic.

Countries with low state capacity in the early pandemic had shown chaotic responses given the unpreparedness, incapable of conducting high number of contact tracing, and low quality of health care system in general, including inadequate number of hospital bed, logistic, etc.

Table 1. Country Responses Based on Typology

| Country           | Social policies and crisis management | Regime type²       | Formal political institutions | State capacity |
|-------------------|--------------------------------------|--------------------|--------------------------------|-----------------|
| Brunei Darussalam | Politically closed authoritarian      | ministry-led responses | n.a                           |                 |
| Cambodia          | State of emergency law was issued in April 2020. | Hegemonic electoral authoritarian | n.a                           | n.a             |
| Indonesia         | Health emergency law was implemented in the end of March 2020 to support the government implementing crisis management and mitigation. | Electoral democracy | Presidential, decentralized taskforce | Low capacity    |
| Country     | Actions                                                                 | Political System                  | Leadership Structure                          | Capacity |
|------------|------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|----------|
| Lao PDR    | Prime minister had taken the role in leading the crisis management.    | Politically closed authoritarian  | Prime minister order, decentralized taskforce | n.a      |
| Malaysia   | Movement control order was taking place to limit the mobility due to soaring number of cases. | Competitive authoritarian         | Prime minister order, ministry-led responses  | Medium capacity |
| Myanmar    | The government formed COVID-19 Control and Emergency Responses Committee. | Politically closed authoritarian  | Presidential, ministry-led responses          | n.a      |
| The Philippines | The Bayanihan to Heal as One Act was conducted. | Electoral democracy              | Presidential, state-level                    | Low capacity |
| Thailand   | Emergency Decree was enforced.                                         | Politically closed authoritarian  | Prime minister order, ministry-led responses  | High capacity |
| Singapore  | COVID-19 Act was formulated.                                            | Hegemonic electoral authoritarian | Ministry-led responses                        | High capacity |
| Vietnam    | National Steering Committee for for COVID-19 Prevention and Control    | Politically closed authoritarian  | Ministry-led responses, decentralized         | High capacity |

Source: (Djalante et al., 2020)² (Carlson & Turner, 2009)
Conclusion

Comparing the country’s responses to the COVID-19 pandemic solemnly based on the regime type is not only wrong but also perpetuating logical fallacy and bias. Democracy has been claimed to be more effective in handling the virus. However, that is not necessarily true as other countries with different regime type have also been arguably successful in containing the pandemic. Instead, democratic backsliding which paves the way for populist anti-science leader is the one that contributes to exacerbating the COVID-19 crisis. The implementation of measures in curbing COVID-19 by mixed regime types—either democracy with authoritarian approach or vice versa—has been less clear. However, it is the combination of four different elements—which include: social policies and crisis management; regime type; formal political institution; and state capacity—that determine the country’s success in its effort to tackle the virus.
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