Explaining variations in state COVID-19 responses: psychological, institutional, and strategic factors in governance and public policy-making

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\section*{ABSTRACT}
The fight to curb the spread of COVID-19 underscores the central role that governments play in many policy areas, including public health, and the need to understand the reasons for observed differences in governance responses to the pandemic in different countries and jurisdictions. Drawing on secondary sources and media interviews with prime minister and ministers, the paper demonstrates how examination of a combination of psychological, institutional, and strategic factors operating in policy and governance arenas helps explain the policy and governance choices different governments made in their fight against COVID-19. Psychological factors include elite panic and limited government attention spans while institutional factors include the level of government effectiveness, their degree of freedom to manoeuvre, levels of social trust, the existence of separate ministries of health and health ministers with a medical background, the extent to which ruling parties are well established, state governors’ actual power vis-à-vis the federal government, as well as a legacy of generous social policy and existent universalistic social programs. Strategic factors include political considerations underlying policy and governance choices when elected executives face deep uncertainty. Focusing on these factors and arenas helps state-centric governance theory produce explanations rather than describe patterns of policy-making.

\section*{1. Introduction}
The coronavirus pandemic is a human tragedy which took the world by surprise in early 2020, with catastrophic results in many countries across multiple policy sectors. On the policy front, countries invoked a wide variety of policy measures to deal with the COVID-19 pandemic and its social and economic fallout. These included both public health measures such as lockdowns and closings, virus testing and contact...
tracing, as well as a wide variety of fiscal stimulus and other measures intended to fight the economic costs of the pandemic, including unemployment and the costs incurred by businesses and others observing those same public health interventions (Capano et al. 2020).

The fight against COVID-19 thus entailed actions by a range of government agencies, departments, and ministries, at multiple levels, especially those responsible for health, economy, education, and social issues and brought to the fore the central role that the government plays in many areas, including public health governance.

How to explain variations across jurisdictions in the governments’ response to COVID-19, however, is not immediately obvious. Analysis for example could focus on policy interventions or governance arrangements, or both, and the initial choice of lens for understanding the response to the crisis matters a great deal in determining what factors are examined and, ultimately, attributed causal status for understanding COVID-19 policy and governance dynamics. For example, prior research on public governance choices largely ignores the role of psychological factors, such as cognitive biases among decision-makers (e.g. overconfidence) which made them more or less susceptible to taking advice from experts. Furthermore, whether governance is defined by looking at actors (e.g. Stoker 1998) or actions (Fukuyama 2013), is highly significant in affecting how scholars explain observed differences in governance and policy processes which occurred in response to the pandemic.

While the application of theories and concepts from the policy sciences focusses attention on a variety of institutional, psychological, and strategic choices made by decision-makers (Howlett, Ramesh, and Perl 2020), the application of governance theory focusses attention on various kinds of institutional, organizational, and network arrangements which affect how policy actors interact. Utilizing both lens on policy-making, it is argued here, provides a better explanation and understanding of different state responses to COVID-19 than focusing exclusively on one or the other. Insights from governance thinking can help explicate the significance of institutional factors while policy theory helps reveal the significant impact of psychological and strategic thinking on policy decision-making and resulting outputs.

Drawing on secondary sources regarding policy and governance responses to COVID-19 and on media interviews with prime ministers and ministers, the paper demonstrates how this combination of institutional, psychological, and strategic factors operating in policy and governance arenas better helps explain the policy and governance choices different governments made in their fight against COVID-19.

Psychological explanations focus here on the role of elite panic (Clarke and Chess 2008) such as occurred in Norway and Israel, for example—while factors such as limited government attention spans (e.g. Jones and Baumgartner 2005) can also be seen to have shaped some of the initial responses by government to COVID-19; such as in the United Kingdom.

Institutional factors revolving around the role of government effectiveness, degrees of freedom and social trust, and the existence of separate ministries of health and health ministers with a medical background, can also be seen as governance-related factors in the EU member states, the UK, Switzerland, Iceland and Norway, that distinguish governments that acted with greater speed and more decisively on a policy level.
compared to those who underreacted. Other similar institutional factors explain why the reactions of countries such as Argentina, Brazil, and Mexico were so different including how well established was the President’s party, state governors’ actual power vis-à-vis the federal government, and any legacy of generous social policy and existing universalistic social programs.

Strategic factors are also significant and were key in the Israeli case, for example, wherein the spread of COVID-19 occurred in the midst of a constitutional crisis, political deadlock, and a prime minister who was scheduled to appear in court on March 2020, on charges of fraud, bribery, and breach of trust. Strict measures employed early on to curb the spread of the coronavirus, especially complete national lockdown, enabled Prime Minister Netanyahu to adopt thereafter unorganized, uncoordinated, unregulated, and uninformed modes of governance in order to achieve political gains (Maor 2020a). In this “noisy” governance environment, Netanyahu was able to implement disproportionate policy responses in an almost unimpeded manner, for example selecting differential policies when evidence called for general ones, and vice versa (Maor, Sulitzeanu-Kenan, and Chinitz 2020).

Combining these factors while undertaking policy and governance-based analyses together in this way helps better explain the choices governments made in the fight against COVID-19 than when any of such factors or perspective are ignored or downplayed. The argument advanced here is that the COVID-19 case underscores how a combined focus on psychological/emotional, institutional, and strategic factors in policy and governance arenas helps state-centric governance theory produce explanations rather than describe patterns of policy-making.

The paper is structured as follows. The first section elaborates on the fundamental challenge faced by governance as a theory, or a perspective on policy problems. The second section is divided into three subsections, elaborating on the roles played by each of the psychological, institutional, and strategic factors in explaining governments’ policy and governance choices in the fight against COVID-19 and demonstrating their interlinked nature. The third section provides several concluding notes about the need to overcome the largely descriptive nature of governance propositions and combine its insights with those from the policy sciences if analytical rigor and purchase is to be achieved.

2. The problem of governance as a theoretical lens for understanding COVID-19 policy dynamics and outcomes: state vs. societal perspectives

The fight against the coronavirus crystalized the fact noted by Capano (2011) and others (Pierre 2020; Peters 2019a) that how government steered the economy and society during the crisis was crucial in all cases. The relationship between governance arrangements and state policy-making is a significant driver of how policies are designed and implemented across the territory of a state and highlight the need to adopt a governance perspective on the subject.

But governance is a contested term and often quite vague, that refers in general to the processes through which the steering of society happens. It is “an interactive process structured by political institutions and intermediary structures such as the political
parties” which affects the relationships found in society between governments and their citizens and societal organizations (Peters 2019a, 8). Since the 1980s, governance scholarship has moved toward a focus on social issues and a larger, more societal, understanding of governance as a relationship involving different modes of interaction between states and non-state actors.

Although there exists a consensus that “decision making is at the heart of governing and governance” (Peters, 2019a, p. 1) and that the kinds of institutional factors which governance studies highlight are important in understanding policy-making, a wide gap has emerged between those who adopt a society-centric approach to the subject (e.g. Stoker 1998) and those more state-centric governance scholars who highlight the transformation in the process of governing and the continuing role for the state in directing the course of both societal interactions and policy-making (Bell and Hindmoor 2009; Pierre and Peters 2000; Sørensen 2004).

In the societally-centered approach, governance is examined mainly through the study of actors and their positions, focusing attention when examining policy-making, for example, on social networks and the structuring of interactions within them (e.g. Kickert, Klijn, and Koppenjan 1997; Kooiman and Van Vliet 1993; Marin and Mayntz 1991; Sørensen and Torfing 2005). In this interactive model of governance, “the essence of governance is its focus on governing mechanisms which do not rest on recourse to the authority and sanctions of government” (Stoker 1998, 17).

This perspective, however, is an ongoing problem in the application of governance studies to public policy-making. As noted by Peters (2019a, 7): “Governance to this point has been much better at describing patterns than at producing explanations.”

The fundamental challenge faced by governance theory has been to explain any observed differences in outcomes of governance processes, and to validate these explanations with measurable factors that enable those adopting a governance lens on policy-making to make strong statements about governance performance.

And the societal governance approach is problematic in studying policy-making since not only do societal actors affect government ones, but vice-versa. Indeed, from a policy perspective decision-making structures and operational management procedures are put into place to help design, implement, monitor, and evaluate policy. These structures and procedures are seen as crucial in achieving a fit between the policies deployed and their outcomes.

In the state-centric model of governance, on the other hand, governance has been defined as “a government’s ability to make and enforce rules, and to deliver services, regardless of whether that government is democratic or not” (Fukuyama 2013, 350). In other words, it has been defined by looking at government actions, and therefore, in a way that accords government a central policy-making role and highlights the significance of various kinds of institutional factors to how this is done.

In the case of the fight against COVID-19, this highlights the need to examine government responses to the pandemic through this more state-centric governance lens, bringing to the fore the institutional factors affecting governments’ responses to the pandemic (Capano 2011).
Utilizing a societally-centric governance lens, scholars can examine questions such as: Was there a national/federal/provincial pandemic strategy, and, if so, did the government follow it closely during the outbreak of COVID-19 with regard to decision-making structures and operational management procedures? Which non-state actors took part in the response to COVID-19, and in what ways? How limited was the social group or other non-state actor in tackling the crisis? How frequently, if at all, did the government request parliamentary approval before extending or intensifying emergency laws? What mechanisms enabled the government to maintain a close dialogue with relevant non-governmental experts and organizations regarding effective measures to counter the spread of the coronavirus and mitigate its non-health-related results?

While interesting questions, however, such an approach misses many of the key dimensions of government responses to the crisis which appear more clearly when a state-centric approach is taken. That is, in all countries, the overall stance taken in response to the coronavirus was to centralize power and prerogatives, even in federal countries with legal proscriptions to so doing (Capano et al. 2020). Countries used emergency legislation and powers to override previously existing local government arrangements and responsibility. Denmark, for example, transferred all competences from the regional Epidemic Commissions to the government (Lauta 2020). And in other instances, the centralization process even overrode national plans devised especially for pandemics which envisioned a larger role for sub-national governments. The Israeli prime minister, for example, increased his room for maneuver by deciding not to activate the 2007 national crisis management strategy for pandemics (Ministry of Health and National Emergency Authority 2007), according to which responsibility for managing such a crisis should be transferred to the National Emergency Authority that operates within the Ministry of Defense (MoD).

A state-centric approach focuses attention on these activities and thus helps unify policy and governance concerns. It addresses such key questions in assessing national-level COVID-19 responses such as to what extent elected executives at different levels of government deferred to physicians, scientists, and public health experts to achieve an informed policy response? To what extent were experts in large-scale emergency situations integrated within the decision-making process vis-à-vis the pandemic response? Did the allocation of responsibilities among government departments and agencies followed pre-crisis routines or, alternatively, responsibilities were allocated on the basis of the actual capabilities (read, relative advantage) of each government department? And was the policy employed in the fight against the pandemic supported by all available data, or were limitations placed on the gathering and analysis of this information? These questions are among those guiding the analysis in the following section.

3. Understanding the factors driving national responses from a policy perspective

As studies of COVID-19 responses to date have found, in all cases, policy executives replaced crisis management experts at the helm of the fight against COVID-19 (Capano et al. 2020) and central governments used their legislative arsenals to impose
a mix of policy measures amid a rapidly rising death toll in order to alter the course of the spread of the disease.

Of course, these policy measures varied widely between countries, however, and even within countries (OECD 2020; Cheng et al. 2020) and a state-centric governance approach only goes so far in helping to reveal the factors which drove this divergence. For example, Italy, France, and Spain almost entirely shut down society, but pubs in the U.K. remained open until March 20, when the government reluctantly brought the country into line with other continental European nations. And while in Germany schools were closed, they remained open for young children in Sweden.

Understanding why this was the case requires a more nuanced analysis of health governance arrangements than is usually taken and includes, but extends well beyond, the institutional, organizational, and network realms highlighted by society-centered governance theory. This necessitates not only adoption of a state-centric view of governance, as set out above, but also its integration with the findings of the policy sciences around decision-making processes.

Several helpful theoretical perspectives in the policy sciences, for example, propose ways to understand how decision-makers cope with such crises and add nuance and subtlety to more “macro” governance arrangements and institutional factors (Peters 2019b; Rose and Davies 1994). Punctuated equilibrium theory, for example, is often used to explain abrupt and radical policy changes (Baumgartner and Jones 1993, 2009).

This latter approach emphasizes the significance of both psychological and strategic factors in regarding decision-makers as prisoners of their limited attention spans, and it highlights emotions as the key factor governing the allocation of their attention (e.g. Jones and Baumgartner 2012; Jones 1994; Simon 1983). Emotional arousal is considered to be the determining factor responsible for rapid shifts in the focus of policy-making attention (Jones and Baumgartner 2012, 4). Studies of crisis decision making (Boin, ‘T Hart and McConnell 2005), and especially crisis exploitation (e.g. Boin et al. 2009; Brändström and Kuipers 2003), on the other hand, have highlighted the politicization of public policy decisions and the need to examine a host of “strategic” considerations which also affect government decision-making. This strategic aspect has also been addressed by the recently emerging disproportionate policy perspective (Maor 2017a, 2017b). The premise underlying this perspective is that in situations of extreme uncertainty, political considerations may intermingle with policy and governance choices. Principally, a disproportionate policy response may at times constitute a politically well-calibrated and highly effective strategy (Maor 2019a, 2019b).

From a state-centric governance perspective, policy decisions can therefore be viewed as being driven by a combination of institutional, psychological and strategic factors and an analysis of responses to events such as the 2019–2020 COVID-19 pandemic will benefit from this “merged” approach to health governance and policy analysis.

Combining these approaches and their emphases is helpful not only in revealing the significance of governance arrangements and therefore correcting a problem with much existing policy thinking, but also in bolstering policy analysis and moving it beyond simple meso-level decision-making studies to engage with the macro components of government action highlighted by governance theory. What were the key
explaining divergent policy responses to the fight against COVID-19: the institutional, psychological and strategic dimensions

Drawing on secondary sources regarding policy and governance responses to COVID-19 and on media interviews with prime ministers and ministers, it can be seen that institutional, psychological and strategic factors help explain the policy and governance choices different governments made in their fight against COVID-19. Institutional factors are the “bread and butter” of governance analyses and concern the manner in which state and societal actors are organized and interact in making policy. They include the level of government effectiveness, their degree of freedom to manoeuvre, levels of social trust, the existence of separate ministries of health and health ministers with a medical background, the extent to which ruling parties are well established, state governors’ actual power vis-à-vis the federal government, as well as a legacy of generous social policy and existent universalistic social programs. Psychological factors include elite panic and limited government attention spans. Strategic factors include political considerations underlying policy and governance choices when elected executives face deep uncertainty. Let us elaborate the potential explanatory power of these factors.

4.1. The institutional dimension

European countries demonstrated a variety of national policy responses to the COVID-19 pandemic. Countries such as Romania, Bulgaria, and the Czech Republic, for example, introduced policy measures fairly quickly, with only 20 to 30 official cases of infection, whereas others, such as the Netherlands, Germany, and France, were very slow to react (Toshkov, Yesilkagit, and Carroll 2020). This variety may be attributed to both informal and formal institutional factors.

Using multivariate regression and survival analysis to model the speed with which school closures, national lockdowns, and states of emergency were announced in the EU member states, the UK, Switzerland, Iceland and Norway, Toshkov, Yesilkagit, and Carroll (2020) found that more centralized countries characterized by lower government effectiveness, freedom, and societal trust, yet with separate ministries of health and health ministers with a medical background, acted with greater speed and more decisively. One mechanism, recorded in east European countries, may have been increased awareness of limited capabilities regarding the handling of a serious health crisis, and the derived choice to act rapidly and aggressively (Capano et al. 2020). Societies with higher interpersonal trust, trust in government and general freedom scores, on the other hand, reacted slower to the spread of the pandemic. One mechanism may have been that higher levels of interpersonal trust in some countries drove governments to rely on people properly following social distancing recommendations (e.g. Sweden); another is that countries with higher freedom might have also been
more reluctant to restrict the personal liberties and freedoms of citizens that come with lockdowns and emergency measures (Toshkov, Yesilkagit, and Carroll 2020).

Institutional factors also explain why the reactions of Argentina, Brazil, and Mexico were so different. At the outset, Argentina imposed a mandatory, nation-wide lockdown and travel ban, combined with a generous social policy package for low-income and non-registered workers. Some states and large cities in Brazil instituted strict lockdown measures and were criticized by President Jair Bolsonaro for doing so, even as the rise in the number of coronavirus cases showed no signs of slowing down. And Mexico avoided mandatory lockdown measures, issuing an extremely limited plan to protect the low-wage workers.

In a preliminary analysis, Giraudy, Niedzwiecki, and Pribble (2020) suggested three factors that may account for this variation: the extent to which the President’s party is well established, the governors’ actual power vis-à-vis the federal government, and a legacy of generous social policy and existent universalistic social programs. Older parties, such as Argentinian Alberto Fernández’s Peronist party, which enjoys strong party identification and therefore has solid ideological linkages with voters, gave leaders the leeway to enact a nation-wide lockdown despite the economic costs. Less well established parties, on the other hand, such as the Mexican López Obrador’s MORENA and the Brazilian Jair Bolsonaro, who belongs to no party after being affiliated with nine different ones, had less freedom to manoeuver. Governors’ actual power vis-à-vis the federal government similarly pitted Argentinian governors’ weaker fiscal position vis-à-vis the federal government, resulting in a more territorially uniform response to the COVID-19 crisis, against Brazil and Mexico, which are characterized by governors with greater fiscal power who challenged their respective presidents. This led to less consistent and less territorially uniform lock-downs in those countries than Argentina’s mandatory nation-wide quarantine. A legacy of generous social policy and existing universalistic social programs similarly contrasts Argentina and Brazil, which have such legacies and hence responded generously, against Mexico, which has a more segmented social welfare system, complicating efforts to expand social policy in response to COVID-19.

4.2. The psychological dimension

“Panic”—defined by the Oxford English Dictionary as an “excessive feeling of alarm or fear […] leading to extravagant or injudicious efforts to secure safety”—helps explain the response of some elected executives to the spread of COVID-19, thus illuminating some fundamental psychological aspects of elite decision-making.

Elite panic may be gauged by comparing risk vs. response of elected executives, for example, as judged by experts supported by evidence from those in close proximity to them of their psychological state of affairs (Clarke and Chess 2008). Although elected executives may be expected to hide their panic, the fight against COVID-19 highlighted a few exceptions to this general tendency.

The significance of this factor can be seen in the case of Norway, which was among the first European nation to go into full lockdown on March 12. On May 27, Prime Minister Erna Solberg admitted in an interview on Norwegian television that she took
the decision to close down schools amid the coronavirus pandemic “out of fear” (quoted in Patel 2020). She confessed to feeling panic as she imposed the strict lockdown measures and that this decision was made as a precautionary move. It became clear that she perceived this policy response as an overreaction (Maor 2012) when she added: “Was it necessary to close schools? Maybe not. But at the same time, I think it was the right thing to do […] Based on the information we had, we took a precautionary strategy […] Worst case scenarios became controlling, and we kept thinking; ‘how can we be a leader?’” (quoted in Patel 2020). This psychological state of affairs spilled over to governance matters. Prime Minister Solberg further noted that she and the Directorate of Health overruled the advice of the Norwegian Institute of Public Health, which had suggested that schools remain open.

In Israel, Prime Minister Benjamin Netanyahu gave full reign to the extreme precautionary inclinations of the Ministry of Health (MoH) (Maor, Sulitzeanu-Kenan, and Chinitz 2020). According to Minister of Health Yaakov Litzman, “there was exaggerated panic caused by the corona. Netanyahu responded to the fears [cultivated by] the MoH’s director general.”1 MoH officials, both at official briefings and on media panels, continually warned of a looming catastrophe, raising the specter of 10,000 deaths from the pandemic.2 Consequently, schools were closed, individuals were restricted to moving no more than 100 meters from their dwelling place (except for essential purchases of food and medicines), and all “non-essential” enterprises were shut down, with no more than 15% of the workforce functioning. Further policy measures included a Passover holiday lockdown that prohibited intercity travel and family gatherings.

Elite panic also had consequences with regard to governance, especially because some decision-makers realized that this elite panic had taken root in the most senior echelons. Minister of Finance Moshe Kahlon gave an example of the resulting chaotic decision-making: “We have sacrificed the economy on the altar of health […] when we begin to feel that this group [the leaders of the MoH] is exaggerating a bit, I give an instruction that contradicts what they requested. They wanted to close down the entire industry and I didn’t agree […] the industry did not go below 80% of its activity […] you see they are going in a direction that is not proportional to what is happening, but everyone is making you frightened, presenting horrific scenarios, and you have no way of contradicting it […] everyone looked around and said to himself that surely there will be a national committee of inquiry, and no one wants [to have] to explain why there are Israeli corpses.”3

The initial UK government’s response to COVID-19, which has been described as “neither well prepared nor remotely adequate” (Scally, Jacobson, and Abbasi 2020), can also be explained, among others, by psychological factors. Recent developments in macro-level agenda-setting have shown that limited government attention spans, triggered by cognitive constraints and the resistance to policy change structured into a governmental system, lead to underreaction when the policy problem is “off the radar” and when rules for reaching binding decisions make change difficult (Jones and Baumgartner 2005; Baumgartner et al. 2009).

A classic example of such a limited attention span was recorded in the UK government’s response to COVID-19, prior to March 16, at which point the government announced a sudden U-turn. This announcement followed the posting of a modeling
study conducted by researchers at Imperial College London. According to the conclusions of this study, even a mitigated epidemic would still overwhelm health care systems and cause at least 250,000 deaths in the UK. Before this study was published, the looming crisis had not been at the top of Prime Minister Boris Johnson’s agenda. More pressing issues included the UK’s negotiations concerning the terms of its departure from the European Union; increasing civil servants’ responsiveness; promoting “out of the box” thinking in the core executive and the overhaul of the civil service; and the major Cabinet reshuffle following Johnson’s success in the December 2019 general election. Given these immediate preoccupations, an overflowing prime minister’s agenda left little room to pay attention to the relatively low threat envisaged by government medical and scientific advisors, who underestimated the gravity of the crisis. These advisors believed the virus could be treated much like influenza and recommended following the course of a controlled epidemic of large proportions, which would generate “herd immunity.”

4.3. The strategic dimension

The Israeli case provides a classic example of extreme uncertainty during the fight against COVID-19, with illuminating implications vis-à-vis the strategic dimension of policy-making and governance in the face of the crisis (e.g. Maor 2019a, 2019b, 2020b).

When the Israeli government began implementing aggressive measures in late January 2020, it was experiencing a constitutional crisis that was exacerbated by a year-long electoral impasse (Maor, Sulitzeanu-Kenan, and Chinitz 2020). Indeed, following two consecutive elections before the pandemic and a third that was held immediately after its initial outbreak, the government—comprised of right-wing and ultra-Orthodox religious parties—fell short of winning the majority needed to form a new coalition government. In addition, the head of the Israeli caretaker government, Benjamin Netanyahu, was scheduled to appear in court on March 17, 2020, on charges of fraud, bribery, and breach of trust (Maor, Sulitzeanu-Kenan, and Chinitz 2020).5 Regarding health system capacity, although Israel has faced serious emergency management challenges, especially wars and major terrorist attacks, its healthcare system was not prepared for an epidemic (Office of the State Comptroller and Ombudsman of Israel 2020, 518).

On the governance front, strict measures employed early on to curb the spread of the coronavirus enabled Prime Minister Netanyahu to adopt thereafter unorganized, uncoordinated, unregulated, and uninformed modes of governance in order to achieve political gains (Maor 2020a). These gains includes, for example, (i) incorporating within the core executive trusted advisers and/or public officials whose advice corresponded with his political interests; (ii) facilitating the delegation of operational responsibilities to agencies that lack a relative professional advantage in executing the required tasks yet are for the most part under his direct authority and are largely exempt from parliamentary and state audits, which are fully disclosed to the general public (for example, internal/external secret security organizations), and (iii) facilitating the creation of a “noisy” governance environment, thus enabling the unchallenged implementation of disproportionate policy responses (Maor 2020a).
On the policy front, a deliberate policy underreaction (Maor 2014, 2019a) was recorded when returning travelers from the U.S. were exempted from the quarantine restrictions imposed on travelers arriving from Europe because, as Minister of Tourism Yariv Levin argued, Israel sought to maintain good relations with the United States. It may also have been due to the pressure exerted by ultra-Orthodox politicians to allow hundreds of yeshiva students from New York unregulated access to Israel (Maor, Sulitzeanu-Kenan, and Chinitz 2020).

A deliberate policy overreaction was recorded when a national curfew was enforced during the Passover holiday, while epidemiological data indicated that a differential curfew, covering in particular ultra-Orthodox localities, which were hotspots for the spread of the virus, should have been selected. This policy overreaction was employed in order to avoid stigmatizing the ultra-Orthodox community and to avoid angering its representatives in the government.

The justification for this policy move was recorded in a Zoom meeting of Prime Minister Netanyahu with the external team of experts on March 29. Netanyahu responded in the following manner to the suggestion that economic damage be minimized by implementing a differential lockdown covering only Bnei Brak and Jerusalem: “So you are saying, wait a moment, why make it [the lockdown] stricter? Go on, go after the ultra-Orthodox, and then you’ll see. I say that if you go after the ultra-Orthodox, you’ll immediately create an effect that they themselves are responsible for it [the spread of the virus], I can exclude them. An effect like that, in my opinion, can be lethal.” Likewise, a second deliberate policy overreaction was recorded when a “Coronavirus grant” was paid to all families with up to four children aged 0–17, benefiting ultra-Orthodox households especially, although income inequality data supported means-testing to target those most in need of this grant (Maor, Sulitzeanu-Kenan, and Chinitz 2020).

4. Conclusion

This discussion has clarified that in order to contribute to the understanding of state-level COVID-19 policy dynamics, a combination of governance and policy theory is useful. For governance to be a major theoretical approach in policy analysis, a better link with policy-making is necessary than is often found in societally-centred approaches. In other words, for a governance perspective to contribute to the understanding of policy practice, it must operate at the level of causal analysis, rather than remaining as an organizing framework for describing changing interactions between state and societal actors, and a state-centric version is superior in this regard.

The illustrations presented herein demonstrate that each of the psychological, institutional, and strategic levels of analysis highlighted by combining policy and governance studies helps to explain government choices during the crisis, and that combining these to analyze activities in policy and governance arenas provides a more comprehensive explanation and understanding of the subject than would either approach taken alone. Such analyses of the crisis and government’s role in it place psychological, institutional, and strategic factors at the forefront of the study of state responses to
COVID-19 and other situations characterized by extreme uncertainty (e.g. Maor, Tosun, and Jordan 2017).

Practitioners seeking lessons from, and scholar interested in better understanding, COVID-19 pandemic responses but also state responses to many other issues in the context of extreme uncertainty, need to be sure to combine the insights of both policy and governance thinking if their analyses, explanations and advice are to have serious force and effect.

Notes
1. Israel Public Broadcasting Corporation (Kan), May 17, 2020, http://kan.org.il/item/?temid=71229.
2. Israel Public Broadcasting Corporation (Kan), May 17, 2020, http://kan.org.il/item/?temid=71229.
3. Moshe Kahlon, quoted in: Israel Hayom, May 14, 2020, p. 9.
4. Graham Medley, Chair, Scientific Pandemic Influenza Group on Modelling, BBC Newsnight, March 12. https://www.youtube.com/watch?v=blkDulsgh3Q
5. The shutdown of the justice system due to the coronavirus led to a delay in the court appearance, which was rescheduled to take place on May 24, 2020.
6. Channel 13 News, 23.5.2020. https://13news.co.il/item/news/domestic/health/ministry-of-health-coronavirus-1065246/

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