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ABSTRACT
The coronavirus pandemic allows us to test several hypotheses regarding state capacity and power by using a group of thirty-one Eurasian countries. These countries vary on a number of potentially relevant causal variables such as population density; proximity to the earliest epicenters of the pandemic; health spending; ethnoreligious diversity; dominant religious tradition; level of democracy; and the prevalence of smoking. We compare fatality rates five months after the World Health Organization declared the coronavirus outbreak to be a pandemic, and focus on governmental policies and outcomes in four paired comparisons: Albania and Kosovo; Belarus and Lithuania; Kazakhstan and Kyrgyzstan; and Greece and Turkey.

Introduction: Cross-National Variation in Coronavirus Outcomes

The coronavirus pandemic, an exogenous shock that impacted every polity in the international system, also provided an unexpected natural experiment for testing numerous claims and theories in the social sciences regarding state capacity and power in a comparative perspective. As of August 12, 2020, exactly five months after the coronavirus outbreak was declared to be a pandemic by The World Health Organization (2020), more than 749,000 people had died due to the coronavirus, with more than 20.6 million coronavirus cases confirmed globally (Coronavirus Resource Center 2020). These figures correspond to what is often referred to as the "first wave" of the pandemic, which this article seeks to analyze. There is remarkable cross-national variation both in terms of the number of coronavirus-related deaths and in terms of the percentage of confirmed infections that result in fatalities ("case-fatality" ratio). In terms of total coronavirus-related deaths per population, among countries with a population over a hundred thousand, Belgium had the worst outcome with 87 deaths per 100,000 people, corresponding to 9,885 deaths and 75,008 cases in a population of approximately 11.5 million. In contrast, Vietnam had the best outcome with 0.02 deaths per 100,000 people, corresponding to only 16 deaths and 866 cases in a population of roughly 95 million. When we turn to case-fatality ratios, the United Kingdom had the worst outcome with a case-fatality ratio of 14.9 percent (46,611 deaths out of 313,394 cases), whereas Singapore had the best outcome with a case-fatality ratio that can be rounded off to 0 percent with only 27 deaths out of 55,353 confirmed cases (Coronavirus Resource Center 2020).

The post-communist polities of Eastern Europe and Eurasia fared better than their Western European and American counterparts, with some observers attributing this difference to very short-term agentic factors such as the "implementation of early lockdown" measures (Walker and Smith 2020), while others pointed to long-term historical factors including the Soviet legacy of fighting disease outbreaks such as the bubonic plague (Kramer 2020). It is also noteworthy in comparative perspective that the country with the lowest mortality per population worldwide, Vietnam, is one of the few surviving communist regimes, with some observers attributing Vietnamese success to "overreaction" (Jones 2020), while others see "deep distrust of China" as the cause (Pham and Murray 2020), both of which are agentic and idiosyncratic factors not immediately attributable to communism. When we turn to the post-communist polities of Eastern Europe and Eurasia, which constitute the empirical core of this article, we encounter a truncated subsection of the global variation. The worst post-communist country in terms of coronavirus-related deaths, Armenia, had 27 deaths per 100,000 people, corresponding to 803 deaths in total, whereas its neighbor Georgia, with only 0.46 deaths per 100,000 people, corresponding to 17 deaths in total, had the best record in the post-communist region (Coronavirus Resource Center 2020). Slovakia, with 0.57 deaths per 100,000 people, was a close second, which has attracted considerable attention since its Western neighbor, Austria, initially had "10 times the number of infections and 20 times the deaths as Slovakia, with a population less than twice the size" (Walker and Smith 2020). As of August 12, 2020, Austria still had 8.5 times the number of infections and 23 times the deaths as Slovakia (Coronavirus Resource Center 2020). In terms of case-fatality ratios, Hungary had the worst outcome in post-communist Eurasia with a case-fatality ratio of 12.7 percent

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(605 deaths out of 4,746 cases), whereas Uzbekistan had the best post-communist outcome with a case-fatality ratio of 0.6 percent, with only 204 deaths out of 31,747 confirmed cases (Coronavirus Resource Center 2020). Thus, although post-communist countries fared better than many major Western European and American polities at least in the first five months of the pandemic, there is also very considerable variation among post-communist polities that requires explanation, which we seek to provide through paired comparisons in this article.

Hypotheses about State Capacity, Forms of Power, and Coronavirus-Related Mortality

What might explain relative success in fighting the coronavirus pandemic? We hypothesize that various structural, institutional, and agentic factors, and their interplay, may have had an impact on polities' ability to minimize coronavirus-related mortality. Structural factors that might make countries more vulnerable to the coronavirus and contribute to higher rates of related fatalities include higher population density; percentage of the population living in its most populated city; percentage of the senior population; percentage of smokers; tourists per population; length of land borders; level of economic development; main religious tradition (Aktürk 2020; Maçaes 2020); and ethnic fractionalization, as in the extant scholarship the latter is hypothesized to degrade provision of public goods (Habyarimana et al. 2007). Institutional and more medium-term political economic factors that may affect countries' preparedness to fight the coronavirus include healthcare spending per population; intensive-care unit (ICU) beds per population; percentage of healthcare coverage; and level of democracy, as the latter has been very widely hypothesized to increase polities' ability to successfully deal with both man-made and natural disasters (Sen 1999). Most of these structural and institutional factors could not be rapidly changed within a short period of time when faced with the pandemic, and therefore much of the polemics that arose with the pandemic had to do with very short-term agentic and ideological or partisan factors that might affect the diffusion of the coronavirus, including the amount of time between the first confirmed case of coronavirus and the implementation of lockdown measures such as closure of schools and border restrictions; and the existence of a conservative–right-wing or liberal–left-wing government in power, or the existence of a coalition versus single-party government in power. We include binary or continuous measurements for all of these potential independent variables for all 29 post-communist and two non-communist (Greece and Turkey) countries (Table 1).

Methodology and Case Selection

We use deaths per population and case-fatality ratios as our key dependent variables because these alone provide the closest cross-national measurement of resilience in the face of the pandemic. Death is difficult to hide and not report, except in the most effectively repressive totalitarian contexts, and there are only a few such polities in the world at present, China being

the most likely case of significance. There are potentially only two such nearly totalitarian post-communist countries that may be able to successfully distort their coronavirus death tolls in a very significant way, both in Central Asia: Uzbekistan and Turkmenistan. Even Tajikistan, which is also considered an autocracy, attempted but failed to conceal the very large number of coronavirus-related fatalities (Radio Free Europe/Radio Liberty 2020a), strengthening our assumption that successfully hiding hundreds or thousands of coronavirus deaths is not possible except perhaps in a very few highly effective and fully totalitarian regimes. For example, Belarus, often described as the last dictatorship in Europe, and one of the eight countries that we include in our paired comparisons, has a notable opposition and alternative sources of information, which became even more apparent during the completion of this manuscript when there were mass protests challenging the incumbent president, Alexander Lukashenko. Like homicide data in criminology, mortality data in a pandemic can be considered as relatively more reliable and less subjective than other forms of data or measurements; death is difficult to hide, and mass death, even more so. However, case-fatality ratios provide an additional measurement to corroborate, or cast doubt on, the relative success of countries in the face of the coronavirus pandemic. A country that reports a very low rate of coronavirus-related mortality along with an unusually low number of coronavirus infections would still have a high case-fatality ratio as a result, casting doubt on the adequacy of its healthcare system in diagnosing most of the coronavirus patients or the efficacy of its healthcare system in treating those patients diagnosed as such, or both. Both of these scenarios—that is, the inability to adequately test the population to diagnose many coronavirus patients, *or* to adequately treat coronavirus patients—although they indicate different kinds of shortcomings, can still be considered as indicators of failures of the respective healthcare system in that country. In short, a polity that has both relatively low deaths per population *and* a low case-fatality ratio can be considered a relatively successful polity for our purposes, but a polity that only has low deaths per population along with a fairly high case-fatality ratio can still be considered moderately successful, because it may have achieved success by preventing an increase in the number of infections, rather than through very successful treatment. For example, a polity may have been exceptionally successful in sealing its borders, insulating itself from the pandemic, and/or implementing early lockdown measures domestically, thus ending up with a very low number of coronavirus cases, and thus, even with a moderately high case-fatality ratio, may end up with a very low mortality per population. Alternatively, a polity that could not successfully insulate itself from the pandemic early on, may end up with a higher number of coronavirus cases, but due to its comprehensive testing and near-universal coverage of a state-of-the-art healthcare system, end up with a very low case-mortality ratio and thus a relatively low rate of deaths per population. Either one indicates relative success, although of different kinds, but polities that are successful based on both indicators are more promising cases to investigate in order to unpack the causal pathway(s) of success.

We include all 29 post-communist Eastern European and Eurasian polities in our overview of potential independent

Table 1. Coronavirus Fatality Rates and Potentially Relevant Variables in 31 Countries.

Country Code	Pop Den	1st City	Senior %	Smoking %	Tourist	Border	Econ. Dev	Religion	Eth Frac	H-$/pop	AC/ pop	UHC-SCI	Dem	Case fatality	Mortality/ pop
ALB	105	28	14	29	1.9	691	5,352	Islam	0.097	615	263	62	9	3.1%	7.15
ARM	104	58	11	27	0.55	1,570	4,622	Orthodox	0.134	362	341	67	7	2%	27.2
AZE	120	41	6	23	0.26	2,468	4,793	Islam	0.188	1,047	354	64	−7	1.5%	4.98
BLR	47	27	15	28	1.21	3,642	6,663	Orthodox	0.372	1,031	866	74	−7	0.9%	6.24
BIH	65	21	17	39	0.31	1,543	6,073	Islam	0.681	957	nd	57	5	3.0%	13.45
BGR	65	24	21	35	1.32	1,806	9,737	Orthodox	0.299	1,399	595	64	9	3.4%	6.71
HRV	73	29	21	36	4.1	2,237	14,853	Catholic	0.375	1,652	399	69	9	2.8%	3.91
CZE	138	16	20	33	1	2,143	23,101	Catholic	0.322	2,146	425	73	9	2.1%	3.68
EST	30	48	20	33	2.44	657	23,659	Lutheran	0.511	1,668	367	76	9	2.9%	4.77
GEO	65	49	15	32	1.28	1,814	4,769	Orthodox	0.49	628	210	66	7	1.3%	0.46
GRC	83	37	22	43	2.8	1,110	19,582	Orthodox	0.059	2,098	346	70	10	3.6%	1.99
HUN	108	25	20	28	1.8	2,106	16,475	Catholic	0.186	1,827	429	70	10	12.7%	6.19
KAZ	7	17	8	27	0.5	13,364	9,731	Islam	0.664	1,068	419	71	−6	1.3%	6.94
KGZ	33	43	5	27	0.06	4,573	1,309	Islam	0.679	215	354	66	8	3.7%	23.4
LVA	31	49	20	37	1	1,370	17,836	Lutheran	0.585	940	339	64	8	2.5%	1.66
LTU	45	28	20	30	1	1,549	19,455	Catholic	0.338	1,718	634	67	10	3.5%	2.90
MK	83	49	14	37	0.34	838	6,093	Orthodox	0.535	851	302	70	9	4.4%	25.4
MDA	94	44	12	26	0.06	1,885	4,498	Orthodox	0.51	514	455	65	9	3%	24.17
MNE	46	30	15	35	3.3	680	8,832	Orthodox	0.68	888	391	54	9	1.9%	11.41
POL	124	8	18	28	0.5	3,071	15,595	Catholic	0.047	1,570	488	75	10	3.4%	4.79
ROU	85	17	19	30	0.6	2,844	12,919	Orthodox	0.3	1,079	403	72	9	4.3%	14.19
RUS	9	12	15	41	0.17	22,408	11,585	Orthodox	0.333	1,836	641	63	4	1.7%	10.45
SRB	80	36	19	42	0.25	2,322	7,402	Orthodox	0.396	1,312	456	65	8	2.3%	9.34
SVK	113	15	16	29	0.41	1,611	19,329	Catholic	0.332	2,179	491	76	10	1.2%	0.57
SVN	103	14	20	20	2.1	1,211	25,739	Catholic	0.231	2,698	423	78	10	5.7%	6.24
TJK	66	35	3	12	0.11	4,130	870	Islam	0.513	185	425	65	−3	0.8%	0.69
TUR	107	24	9	26	0.55	2,816	9,042	Islam	0.299	1,036	259	71	−4	2.4%	7.13
TKM	12	27	5	8	0.001	4,158	6,966	Islam	0.392	320	306	67	−8	ND	ND
UKR	77	10	17	32	0.32	5,618	3,659	Orthodox	0.419	584	613	63	4	2.3%	4.43
UZB	77	15	5	13	0.16	6,893	1,724	Islam	0.485	340	334	72	−9	0.6%	0.62
RKS	165	12	7	27	0.17	714	4,417	Islam	0.135	132–200 (approx.)	240	nd	8	3.3%	18.48

PopDen (population density- per square kilometers of land area) 2018, https://data.worldbank.org/indicator/EN.POP.DNST
1st City (population in the largest city as percentage of urban population) 2019, https://data.worldbank.org/indicator/EN.URB.LCTY.UR.ZS
Senior % (percentage of total population aged 65 and above) 2019, https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS
Smoking % (percentage of tobacco smoking among persons aged 15 years and older) 2015, http://gamapserver.who.int/gho/interactive_charts/tobacco/use/atlas.html (World Health Organization)
Tourist (number of tourist arrivals per head of population) 2018, https://data.worldbank.org/indicator/ST.INT.ARVL and https://data.worldbank.org/indicator/SP.POP.TOTL
Border (total length of country's land borders with its neighbors in km) https://www.cia.gov/library/publications/the-world-factbook/fields/281.html
EconDev (economic development) GDP per capita (current US$) 2019, https://data.worldbank.org/indicator/NY.GDP.PCAP.CD
Relig (main religious tradition), "Religious Characteristics of States Dataset Project: Demographics v. 2.0." The Association for Religion Data Archives. Retrieved August 11, 2020 (http://www.thearda.com/Archive/Files/Codebooks/RCSDEM2_CB.asp)
EthFrac (ethnic fractionalization index—the probability that two randomly drawn individuals within a country are not from the same ethnic group) (Fearon 2003)
H-$/pop (current health expenditure per capita (current US$) 2014, https://www.who.int/countries/en/(World Health Organization)
AC/pop (acute-care hospital beds per 100,000 people) 2014, https://gateway.euro.who.int/en/indicators/hfa_478-5060-acute-care-hospital-beds-per-100-000/
UHC—SCI (universal healthcare—service coverage index), 2017 https://www.who.int/healthinfo/universal_health_coverage/report/2017/en/
Dem (Democracy Score—Polity V: Political Regime Characteristics and Transitions, 1800–2018) http://www.systemicpeace.org/inscrdata.html
Case fatality (the number of deaths divided by the number of confirmed cases)
Mortality/pop (deaths per 100,000 people) https://coronavirus.jhu.edu/data/mortality

variables that may relate to their pandemic preparedness, from Albania in the southwest to Tajikistan in the southeast and from Estonia in the northwest to the Russian Far East in the northeast. In addition, we also include a pair of neighboring non-communist countries, Greece and Turkey, both of which border multiple post-communist countries. Limiting our pool to post-communist countries might have positively skewed our findings in favor of a positive legacy that is specific to post-communist countries alone, whereas factors such as healthcare coverage, health spending, and ICU per capita, as well as some other political historical, geographical, and/or cultural features may be conducive to better outcomes in fighting the coronavirus in non-communist countries in the same neighborhood. We then focus on three paired comparisons of six post-communist

countries, namely, Belarus and Lithuania, Kazakhstan and Kyrgyzstan, Albania and Kosovo, as well as the non-post-communist pair of Greece and Turkey, in order to probe the hypothesized effect of some of the specific structural and institutional features on their ability to minimize coronavirus-related fatalities.

Our case selection is driven by methodological concerns of having a representative sample of broader Eurasia across our four pairs of eight countries, while controlling certain variables in each individual pair. First, we pick pairs of countries that are adjacent to (Kazakhstan and Kyrgyzstan) and far from (Belarus and Lithuania) the earliest global epicenters of the pandemic (i.e., China, Iran, Italy). Second, we choose a pair of post-Soviet countries in Europe, a pair of post-Soviet countries in Asia, a pair of post-communist Balkan countries, and a pair of non-

communist countries that are immediate neighbors of multiple post-communist countries. Third, all four pairs of countries consist of immediate neighbors with significant human traffic between them prior to the pandemic. Finally, in trying to explain these countries' performance during the first wave of the pandemic, we attempt to control many structural and agentic factors that are similar in both countries in each paired comparison, while seeking to uncover the effect of one or a few factors that differ in each pair. The many similarities and the few differences we identified in each paired comparison are explicitly mentioned in the case discussions further below.

Eurasian Trajectory of the Pandemic in Comparative Perspective

Geographical proximity to the earliest epicenters of the pandemic, most notably China, Iran, and Italy, has been of critical importance for the global as well as the Eurasian trajectory of the virus. For example, the first confirmed cases of coronavirus in both Armenia (Tass 2020) and Azerbaijan (Reuters 2020a) were native and foreign travelers coming from neighboring Iran. In Greece, the first coronavirus patient was a traveler from Italy (Reuters 2020c). Therefore, one must consider the geographical proximity to the earliest epicenters of the pandemic when assessing the relative success of different countries in their fight against the coronavirus. Accordingly, we have paired comparisons of countries that are immediate neighbors of China (Kazakhstan and Kyrgyzstan); far from all early epicenters of the pandemic (Belarus and Lithuania); coethnic neighbors in close proximity to Italy (Albania and Kosovo); and two non-post-communist countries that neighbor or are in close proximity to Iran and Italy (Turkey and Greece).

Belarus and Lithuania: Far from the Global Wave

Belarus and Lithuania, two neighboring post-Soviet states in northeastern Europe, are rather distant from all three major early epicenters of the pandemic, and yet their performance in fighting the pandemic varied. As of August 12, 2020, Lithuania has had a case-fatality ratio almost four times higher than Belarus, 3.5 versus 0.9 percent, whereas Belarus recorded a mortality rate 2.15 times higher with a total population 3.4 times the size of Lithuania's (corresponding to 6.24 deaths per 100,000 people in Belarus and 2.9 deaths per 100,000 in neighboring Lithuania) (Coronavirus Resource Center 2020). Lithuania's low mortality rate despite its relatively high case-fatality ratio suggests that it has been more successful in preventing the increase in the number of infections rather than in treating coronavirus patients. In contrast, the data for Belarus suggest that it has performed poorly in terms of preventing the increase in the number of infections, but it has been relatively more successful in treating coronavirus patients.

To begin with, we can control for several potentially causal structural and institutional variables on which Belarus and Lithuania have similar indicators, since we know they cannot explain the variation in performance between these two neighboring countries. In terms of structural variables, Belarus and Lithuania are very similar in population density, percentage of population living in their most populated city (the capital in both cases), percentage of senior citizens and smokers, tourist arrivals per population, and ethnic fractionalization (Table 1). When we turn to the institutional factors, Belarus again does not seem to differ much from Lithuania in terms of health expenditure or acute-care hospital beds per capita, or health-care coverage (Table 1). The variables on which these two neighbors do differ significantly are the length of land borders (Belarus having more than twice the length of Lithuania's borders), the level of economic development (Lithuania having a three times higher GDP per capita), the main religious tradition (Belarus being Orthodox Christian majority and Lithuania being Roman Catholic majority), and most conspicuously the democracy level (Lithuania being a consolidated democracy compared to the authoritarian regime in Belarus). Judging from the variation on these four variables, there is some correlation between them and the outcome in this pair of post-Soviet neighbors, as the country that has much shorter land borders, is much more economically developed, and has in place a consolidated democratic regime (i.e., Lithuania) is the one that has been able to keep the number of both infections and deaths to very low levels (which is why Lithuania has a moderately high case-fatality ratio). What about agentic factors? Has the response of the Lithuanian government been more or less stringent than its Belarusian counterpart, and does this variation correlate with the outcome variation? Relatedly, is there any correlation between the level of economic development and democracy and the stringency of the governments' responses?

In terms of agentic factors, the variation in the response of the Belarusian and Lithuanian governments to the pandemic has been the starkest among the four paired comparisons analyzed in this article. On the one hand, Lithuania's preventive measures to fight the coronavirus were among the toughest and most restrictive in Europe (Hirsch 2020). The first case in Lithuania was confirmed on February 24, and two days later the leftist coalition government (led by the Lithuanian Farmers and Greens Union) of Prime Minister Saulius Skvernelis declared a national state of emergency to streamline the organization and production of supplies needed to fight the pandemic. However, the government decided to close the schools only on March 12, when the number of confirmed cases was three (that is, almost three weeks after the first reported case), after having celebrated the Day of Independence one day before, on March 11 (Lithuanian Radio and Television 2020b). The strictest measure came on March 16, when the government initially announced a two-week nationwide lockdown, which was subsequently extended several times and eventually lasted three full months, ending on June 16, 2020. During the three-month nationwide quarantine, the borders were sealed and all flights suspended; the operations of shops, cafes, bars, and restaurants were banned; all public indoor and outdoor events were banned; the number of passengers on intercity and intracity public transportation was restricted; public and private sector employees began working from home; and the public administration did not provide nonessential services (Lithuanian Radio and Television 2020a)

Although many Lithuanians think that the restrictions were excessive, by the end of the three-month- long quarantine, scientists and health experts of the country claimed that the

restrictions had helped save at least a thousand lives as, per their predictions, "the Swedish scenario of no nationwide lockdown would have cost Lithuania as many deaths as the number of infections" (Lapėnienė and Karlonė 2020). This, however, clearly gives the impression that the Lithuanian health system is poorly equipped to treat coronavirus patients, and that also seems to explain why the government spent so much of its effort in trying to prevent an increase in the number of infections. Additionally, as of May 2020 (i.e., during the nationwide quarantine), Lithuania was among the top five European Union countries in terms of number of tests per population (Razvadauskas 2020), and this again suggests that combined with quarantine measures, the basic strategy of the Lithuanian government to keep the number of infections low was to "heavily test, identify, track, and isolate." Finally, health experts claimed that by the end of the quarantine, the number of infections was low thanks also to the cooperation and civic responsibility of the Lithuanian people (Lapėnienė and Karlonė 2020), but at the same time they voiced their complaints that the country's health system is insufficiently funded (Razvadauskas 2020). After the nationwide quarantine was lifted, beginning June 17, restrictions on mass events, entry of foreigners from countries with high virus incidence rates, border controls, and the national state of emergency were kept in place, and as of August 2020, the Lithuanian government once again made wearing masks mandatory in enclosed public areas (Koronastop 2020).

In contrast, the response of the Belarusian government stands at the opposite extreme, and as such has been considered an outlier in Europe. Belarus's long-time authoritarian ruler, Alexander Lukashenko, initially claimed that coronavirus does not exist, depicted European lockdowns as "corona psychosis," and stated that the Belarusian economy could not afford a quarantine; accordingly, the central government in Minsk did not announce a single formal ban in the country until as late as May 2020 (Vozyanov 2020). In response to the government's inaction, there has been a grassroots mobilization to fight against the pandemic (Vozyanov 2020), which is almost the opposite of the pattern that we observe in some Western polities such as Australia, Germany, and the United States, where governmental measures to fight the pandemic such as lockdowns have been protested and even openly defied by some groups (Höhn 2020; Uras 2020).

While the first confirmed coronavirus case in Belarus occurred on February 28, the schools did not begin their regular spring break until more than a month later, on March 30; it was eventually extended twice due to the pandemic (TuT 2020). The very delayed Belarusian response contrasts starkly with many other countries in our paired comparisons, all of which had school closures only a few days or at most two weeks after the first confirmed case of infection, making the Belarusian response a true outlier. Another agentic feature that made Belarus an outlier in our paired comparisons, but similar to some Western polities that also had relatively bad coronavirus outcomes, is the explicit public statements made by leading government officials *against* wearing masks—which is odd, to say the least. Belarus's President Lukashenko, Foreign Minister Vladimir Makei, and Culture Minister Yuri Bondar each separately made derogatory public statements about wearing a mask in response to the pandemic, calling it a fraud and a shameful thing that normal people do not do (Wikipedia 2020). Public statements against wearing masks can be found in numerous other polities, Western and non-Western alike, but none of the countries that we evaluate as being relatively successful in their fight against coronavirus had their chief executives or ministers in government publicly insulting the practice of wearing a mask.

The stark variation between Belarus and Lithuania might be interpreted as a confirmation of the highly touted thesis regarding democracies' advantage in battling mass disasters such as famines compared to autocracies (Sen 1999), but such an interpretation would be misleading, since not only the regime type but also the policies adopted by the Belarusian and Lithuanian governments differed starkly. Moreover, there are numerous authoritarian regimes that have been very successful in their fight against coronavirus, such as Singapore and Vietnam; but even within our more limited pool of post-communist Eastern European and post-Soviet states, level of democracy is not congruent with lower coronavirus-related deaths per capita. The divergence between the Belarusian and Lithuanian coronavirus outcomes appears to be mostly explicable in terms of the radical differences in their respective governments' measures to fight the pandemic.

Kazakhstan and Kyrgyzstan: Neighboring the Epicenter of the Pandemic

Kazakhstan and Kyrgyzstan both neighbor China, the global epicenter of the pandemic. Kyrgyzstan is a poor, mountainous, landlocked country; Kazakhstan is much wealthier. They also share some structural (e.g., ethnic, religious, percentage of seniors) and institutional similarities that might lead one to expect roughly similar outcomes in the face of the pandemic. However, these otherwise somewhat similar countries had a tremendous variation in their coronavirus outcomes: while Kyrgyzstan had 23.4 deaths per 100,000 people, neighboring Kazakhstan only had 6.94 deaths per 100,000 people.

Kazakhstan has two sets of structural advantages over Kyrgyzstan that are related to its ability to fight the pandemic; namely, Kazakhstan's sparsely settled and more evenly spread out population, and its relative economic development compared to Kyrgyzstan. Population density in Kyrgyzstan is almost five times higher than that of Kazakhstan (33 versus 7), and the percentage of the national population living in the country's largest city is two and a half times larger in Kyrgyzstan (43 percent live in Bishkek) than in Kazakhstan (17 percent). Both of these demographic features put Kyrgyzstan at a significant disadvantage vis-à-vis Kazakhstan, but equally dramatic are Kazakhstan's advantages in economic development and health spending per capita. Kazakhstan's healthcare spending and GDP per capita are roughly five times and seven-and-a-half times those of Kyrgyzstan, respectively (Table 1).

Beyond Kazakhstan's significant demographic and economic advantages, there has not been a notable divergence in terms of the chronology and stringency of the government policies initiated in response to the pandemic. Both Kazakh and Kyrgyz governments declared lockdowns in their major

cities, including school closures and a state of emergency, only a couple of days after the first confirmed cases of coronavirus in their respective countries (Fergana 2020; Reuters 2020b; Tayfur 2020; U.S. News 2020). Kazakhstan canceled "Norouz holiday celebrations and a military parade devoted to the 75th anniversary of the victory over Nazi Germany," even before there were any confirmed coronavirus cases (Radio Free Europe/ Radio Liberty 2020b). Similarly, only six days after the first confirmed case of coronavirus, Kyrgyzstan declared a state of emergency and imposed a lockdown on its three largest cities— Bishkek, Osh, and Jalalabad—on March 24, 2020 (Reuters 2020d). Despite notable similarities in the timing and nature of their policies in response to the pandemic, the striking differences in their economic development, population density, and the relative size of their largest city are the most likely causes of the marked variation in the coronavirus-related fatalities per population and in case-fatality ratios (around three times in both) between Kazakhstan and Kyrgyzstan. Worse outcomes in the case-fatality ratios of Kyrgyzstan compared to Kazakhstan corroborate the positive effect of treatment that we expect as a result of much higher health expenditure per capita in Kazakhstan (Table 1).

In terms of testing capacity, already by April 30, 2020, "Kazakhstan had conducted about 250,000 tests for free in four categories," corresponding to roughly 1.4 percent of the overall population (Covid-19 Health System Response Monitor 2020). There was no publicly available and comparable data on the number of free or non-free tests conducted in Kyrgyzstan. Data collection and reporting witnessed a similar change in both Kazakhstan and Kyrgyzstan: "The decision on July 17, 2020 by the governments of Kazakhstan and Kyrgyzstan to start counting certain cases of pneumonia as Covid-19 in official data provide[d] greater transparency and accountability," according to Human Rights Watch (2020). As a result of this change in the reporting of cases, the number of reported cases nearly doubled in Kyrgyzstan from 13,101 cases on July 17 to 24,606 cases on July 18 (Putz 2020). However, this change in reporting does not change our findings, as both countries implemented the same change at the same time, and both of them reported a higher number of cases as a result, but the gap between Kazakhstan and Kyrgyzstan in terms of coronavirus related fatalities remained. Moreover, Deputy Prime Minister Elvira Surabaldiyeva suggested that Kyrgyzstan's "COVID fatalities may be far more than admitted" (Imanaliyeva 2021).

There has been a stark contrast in pandemic outcomes between two otherwise similar neighbors bordering China, providing a good opportunity to consider factors that may account for this difference. An important finding of this comparison, which reinforces our findings across Eurasia, is the fact that the extraordinary concentration of population in Bishkek, the capital and the largest city of Kyrgyzstan, where 43 percent of the population lives, has been a major vulnerability compared to Kazakhstan, which has a much lower population density, but equally importantly has two major cities, indicating a fairly bipolar distribution of its urban population: the largest city Almaty, and the capital city Nur-Sultan in the province of Astana. More than half (50.2 percent) of all coronavirus fatalities in Kyrgyzstan occurred in Bishkek, which

is notably higher than Bishkek's share of the national population (43 percent), which in turn indicates that the healthcare capacity of such a disproportionately large city may be overwhelmed during the pandemic (Akipress 2021). In contrast, Kazakhstan had the advantage of having two major urban centers of almost equal size—Almaty and Astana/Nur-Sultan—separated by more than 1,200 kilometers overland. Relatedly, coronavirus fatalities in Almaty as a share of the national total were proportional to Almaty's share of Kazakhstan's population, which is around 17 percent (Satubaldina 2021). Geographical separation between the two major cities of roughly equal size also allows more opportunity to limit and isolate the coronavirus outbreak. Astana had more cases of coronavirus than Almaty, but Almaty had more coronavirus-related fatalities, perhaps because it immediately borders the much more densely populated Kyrgyzstan to the south (Satubaldina 2021). Finally, the fact that the post-communist country with the proportionately largest urban center, Armenia, with 58 percent of the country's population living in Yerevan, is also the country that suffered the highest coronavirus fatalities per population in the first wave of the pandemic (Table 1), corroborates our observation in the paired comparison of Kazakhstan and Kyrgyzstan. Having reviewed the trajectory of the pandemic in four post-Soviet states in two paired comparisons, we now turn to a paired comparison of two very similar polities in post-communist Eastern Europe.

Albania and Kosovo: Divergence of Coethnic Neighbors

Albania and Kosovo, two small neighboring post-communist countries sharing the same ethnic majority and homogeneity, are similar in many of the structural, institutional, and agentic variables that are hypothesized to impact countries' ability to fight the coronavirus. Yet, as of August 12, 2020, while having almost the same case-fatality ratio, 3.3 percent versus 3.1 percent (corresponding to a total of 390 deaths per 11,275 reported cases in Kosovo and 225 deaths per 7,260 reported cases in Albania), Kosovo's mortality rate has been 2.6 times higher, with 18.4 deaths per 100,000 people in Kosovo and 7.15 per 100,000 in neighboring Albania (Coronavirus Resource Center 2020). Admittedly, while the divergence is nowhere as stark as that between neighboring Austria and Slovakia (see introductory section above), this pair of coethnic neighbors is still worth exploring because of several potentially causal independent variables (structural, institutional, and agentic) that we can control for and because of some other variables that would have predicted Kosovo to be a relatively more successful case. To begin with, in terms of structural variables such as smoking rate, total length of land borders, level of economic development, and ethnic fractionalization, the indicators for both countries are very similar (Table 1); thus they cannot account for the difference in mortality rates. Likewise, in terms of religious demography, both countries are Muslim-majority, but this majority in Kosovo corresponds to 95 percent of the population, whereas Albania's religious landscape features a 56.7 percent Muslim majority and two large minorities, Roman Catholics (10 percent) and Orthodox Christians (6.75 percent). When we turn to the institutional

and more mid-term political economic factors, Albania again does not seem to be much different from Kosovo. The latter lags behind rather markedly only in terms of healthcare spending per population, but as far as the ratio of acute-care hospital beds, percentage of healthcare coverage, and democracy level are concerned, Albania and Kosovo have very similar indicators, which in itself constitutes a marked achievement for Kosovo, given that it is the newest state in Europe (independent since 2008).

Counterintuitively, there are a number of structural variables that would have predicted Kosovo to be a relatively more successful case in this pair. First and foremost, both countries are geographically located near to Italy, one of the three earliest major epicenters of the pandemic; however, there is no question that Albania is influenced significantly more by Italy compared to Kosovo. Evidence clearly shows that by 2019, Italy hosted by far the largest number of Albanian immigrants in the world (almost half a million Albanians), whereas Kosovar Albanian immigrants are predominantly concentrated in Austria, Germany, and Switzerland (a legacy of the Yugoslav emigration policies) (INSTAT (Albanian Statistical Institute) 2019). Hence, having incomparably more immigrants and family links to Italy, Albania was initially much more exposed to the spread of the pandemic than Kosovo, and thus was expected to perform worse. Yet, as of August 12, 2020, this was not the case. Second, Albania is again relatively disadvantaged when we consider the percentage of population living in their most populated/capital cities (28 percent in Tirana versus 12 percent in Pristina); Albania has a greater percentage of senior citizens (significantly, Kosovo has the youngest population in Europe), and Albania has 11 times more tourist arrivals per head of population than Kosovo (in 2018), due to Albania's wonderful Adriatic and Ionian Sea coasts (Table 1). To sum up, the brief qualitative congruence test showed that there is no correlation between a number of potentially causal structural and institutional variables and the outcomes in this pair. Then, did Albania and Kosovo differ because of more short-term agentic and ideological or partisan factors? Could it be that Kosovo's performance was worse because of a less stringent government response to the diffusion of the pandemic? Empirical evidence as of August 12, 2020, again does not provide much support for such agentic claims.

To begin with, both Albania and Kosovo took draconian measures early on, as soon as their first coronavirus cases were confirmed, both because they observed the catastrophic consequences of delay in nearby Italy and partly because of the precarious state of their health systems (both underfunded and under-staffed as a result of brain drain). In Albania, the first case was confirmed on March 9; schools went into recess the very same day; all types of transportation with Italy were suspended the same day; and starting from March 15, the socialist single-party government of Prime Minister Edi Rama declared a nationwide lockdown that eventually lasted two months, during which land borders were sealed; all places of worship and bars, restaurants, and other business activities were shut down; and all inter- and intra-urban public and private transportation was banned (Kadiu 2020). Additionally, during the two-month nationwide quarantine, citizens could go out for basic needs only during two time

slots, initially 6:00–10:00 and 16:00–18:00; later this was restricted to only one time interval, 5:00–13:00. The Albanian armed forces were deployed in major cities to ensure citizen compliance, and Edi Rama at one point warned of the total abolition of freedoms if the rules were not strictly followed. (Kadiu 2020).

Early measures taken in neighboring Kosovo were equally, if not more, draconian. The first two cases in Kosovo were confirmed on March 13, but the socialist-led coalition government of Prime Minister Albin Kurti had already closed the schools two days *before*, most probably as a preventive measure after observing the spread of the pandemic in Albania. All borders were sealed on March 14, only one day after the first reported cases, and Kurti lost no time in declaring a nationwide lockdown (Shehu 2020a). The different political trajectory of Kosovo actually begins from this point, as the Kurti government was toppled on March 25 in a no-confidence vote initiated by its coalition partner, the rightist Democratic Alliance of Kosovo (LDK), and backed by Kosovo's president, the strongman Hashim Thaçi. Thaçi then had the Constitutional Court revoke the nationwide lockdown previously imposed by Kurti, on the pretext that it violated fundamental human freedoms, but Kurti was allowed to stay in office until a new government could be voted on in parliament (Shehu 2020b). Amidst this political chaos, Kurti reinstated the nationwide quarantine on April 15 (it eventually lasted until early June), during which all draconian measures taken in Albania were applied, while citizens' freedom of movement was more severely restricted. During the one-and-a-half-month-long nationwide quarantine, Kosovar citizens at one point were allowed to go out only for 90 minutes a day (later extended to three hours), and fines for not complying with the rules ranged between 1,000 and 2,000 euros (Shehu 2020b). Overall, a counterintuitive finding from the analysis of the Albania–Kosovo pair up to this point (supported also by the Lithuanian case analyzed above) is that the incumbency of ideologically leftist parties is not correlated with less stringent measures. Indeed, during the first period of dealing with the pandemic (mid-March–early June), nationwide lockdowns were imposed by socialist governments in both countries (Edi Rama in Albania and Albin Kurti in Kosovo).

These draconian measures were actually very effective, as both Albania and Kosovo initially succeeded in keeping their case and death numbers to very low levels. However, after the restrictions were initially relaxed and ultimately lifted by early June 2020, infections and death numbers began to soar in both Albania and Kosovo. Since then, the Albanian government has not reinstated any nationwide or local lockdowns, has opened its borders for tourist arrivals without any quarantine requirement or any other restriction, and has even made wearing a face mask in public optional. In Kosovo, the lifting of the nationwide lockdown in early June coincided with the fall of the socialist Kurti government and the Kosovar parliament voting in the new conservative-led coalition government of Prime Minister Avdullah Hoti (LDK), which crucially had the support of the Serbian List (Kosovo Serbs' political representative, which has 10 reserved seats in the legislature). Unlike Albania this time, since July 13 the Hoti government has re-introduced curfews in major cities from 21:00 until 05:00, has

made obligatory the wearing of face masks in public, and once more shut down all places of worship (Radio Evropa e Lire 2020). Indeed, for the second consecutive time, Kosovars could not celebrate the Bayram/Eid holiday publicly whereas their coethnics and coreligionists in Albania did celebrate. Counterintuitively once more, despite the differences in the stringency of governments' response *after* June 2020, as of August 12, Kosovo had a 2.6 times higher mortality rate than Albania. What accounts for this divergence?

It should be clear by now that short-term agentic factors such as stringency of government response and ideological or partisan factors do not seem to carry much causal weight. The response of the Kosovar government under both the socialist and especially the conservative-led coalition government has been more stringent than its Albanian counterpart; however, Kosovo thus far has performed worse. An obvious difference between the two cases is the existence of a coalition government in Kosovo versus a single-party government in Albania. However, this last factor is just a part of a broader phenomenon that we think significantly impairs the ability of a country to successfully fight the pandemic: the existence of a *government crisis* or *political instability*. Political instability in times of pandemic can have very adverse effects for three main reasons: it prevents the development of a coherent and unified approach toward fighting the pandemic; it creates wiggle room for political elites to use the pandemic for political gains; and last but not least, it creates confusion and uncertainty among citizens and further erodes their trust in state institutions.

Unsurprisingly, then, we observe all three effects in the Kosovo case. Initially, the fierce political rivalry between Prime Minister Albin Kurti and President Hashim Thaçi prevented the development of a coherent strategy to fight the coronavirus and created much confusion among the citizens. The most obvious illustrations of this point are Thaçi's pushing the Constitutional Court to annul the Kurti-imposed nationwide quarantine and, most importantly, Thaçi's toppling of the Kurti government. Arguably, toppling a government that had barely been in office for a month, in the midst of a pandemic, was a bad and unwise political decision. Most importantly, the political chaos seems to have eroded the already little trust Kosovars had in the government, and may have pushed them to disregard the safety protocols after June 2020 (Bieber 2020). Indeed, the new Hoti administration is perceived by many as being appointed by Thaçi, not elected by the people, and the fact that it is supported by the Serbian minority compounds the public disapproval of the government. Overall, the existence of political instability in two of Kosovo's neighbors as well—in North Macedonia as a result of postponed parliamentary elections and bitter disagreements over the name agreement with Greece (Lika 2020b), and in Montenegro, again as a result of parliamentary elections and massive protests by the Serbian Orthodox Church (Lika 2020c)—and the relatively high coronavirus-related mortality rates in both Montenegro (12.85) and North Macedonia (26.26), further supports our claim that political instability makes countries more vulnerable to the spread of the pandemic.

In addition to political instability, we identify another factor that may have been critical in the more successful outcome in

Albania: the will of the society to mobilize, act responsibly, and take the pandemic seriously. This becomes apparent when we consider the nonobservance of mask wearing in Kosovo (despite being mandatory), the protests staged by Albin Kurti asking for new elections, and the recent rival protests over the construction of a Turkish-financed mosque in Pristina (Bami 2020). We further suspect that the relative failure to take the pandemic seriously among Kosovars might be somewhat related to Kosovars being *Gheg* Albanians, one of the two main cultural sub-groups among Albanians (the other being *Tosks*), highlanders who are traditionally defiant of centralized authority and rules. Indeed, even within Albania, southern cities (Fier, Elbasan, Korçe, Vlore, Berat, and Gjirokaster, which are Tosk-inhabited) have very low infection and death numbers, whereas the capital Tirana, Durres (where many Ghegs have relocated), and the Gheg center of northern Albania, Shkoder, have the highest rates. Finally, the fact that Albania had a state of emergency in response to the devastating earthquake in Durres on November 26, 2019 (just three months before the coronavirus outbreak in March 2020) might have made it more resilient and contributed to its more successful outcome (Lika 2020a).

Greece and Turkey: Cases of Relative Success Neighboring Post-Communist Eurasia

Is it a specific feature of post-communist polities that is responsible for the relatively less deadly coronavirus outcomes in these polities? After all, even Kyrgyzstan, which has the worst outcome in our paired comparisons, and Armenia, which has the worst outcome in all of post-communist Eurasia, still have about half the rate of coronavirus-related deaths per population than France or Sweden, let alone Belgium or Italy. Including a paired comparison of neighboring non-post-communist Eurasian polities would be useful in investigating whether what is observed above is a purely "post-communist advantage" or not.

Greece and Turkey share many commonalities, including their decisively non-(post)communist geopolitical identity as the southeastern flank of NATO, and both countries have land borders with three (Greece) or four (Turkey) post-communist polities in the north. Both countries have extensive universal healthcare schemes, which is undoubtedly an asset in fighting a pandemic and which puts them on par with most post-communist countries (Table 1). Turkey has a somewhat porous and fairly active land border with Iran, one of the earliest epicenters of the pandemic, while Greece faces another such epicenter of the pandemic, Italy, across the Ionian Sea in the west, but is not as close to Italy as Albania is, as discussed earlier. Directly bordering Iran, and having more than twice longer land borders than Greece, may be interpreted as relative liabilities for Turkey. More critically, however, Greece has the highest rate of smoking (43 percent) and the highest proportion of seniors (22 percent) among the 31 countries that we examine (Table 1), both of which create major vulnerabilities to the coronavirus. Both countries have much higher rates of religious observance than almost all the post-communist polities

that we examine, which include weekly (Friday or Sunday) prayers that typically bring many people in close proximity, as well as religious celebrations such as the Orthodox Easter and Islamic Ramadan Feast (Eid) that occurred in April and May in 2020, respectively. Finally, both countries receive significant numbers of tourists year-round, with Turkey receiving more tourists in absolute numbers and ranking fourth in Europe behind France, Spain, and Italy, but Greece receiving five times as many tourists per capita as Turkey. Only Montenegro and Croatia receive more tourists per capita than Greece among the 31 countries we examine (Table 1). International travel creates a major vulnerability, as the first coronavirus cases are traceable to international travel, which explains the initial cases of the coronavirus in Greece and Turkey as well.

Greece is a case of relative success in terms of coronavirus deaths (1.99 per 100,000 by August 12, 2020), not only vis-à-vis Turkey but compared to almost all European countries with the notable exception of post-communist Slovakia (0.57 per 100,000), which is a widely noted successful outlier as mentioned earlier (for a critical assessment of the first wave in the Czech Republic and Slovakia, see Bustikova and Babos 2020). In terms of case-fatality rates, however, Turkey has a better record, with a case-fatality rate of 2.4 percent against a case-fatality rate of 3.6 percent in Greece. As a logical corollary of these two data points, Greece has been very successful in keeping the number of infections very low, while Turkey has been rather more successful in treating a much larger number of coronavirus patients. This is partially explicable in terms of the two countries' geographical positions—their proximity to and land borders with epicenters of the pandemic—but, as the following brief overview demonstrates, Greece's exceptionally early and strict measures to prevent the entry and spread of the coronavirus seem to be the more critical cause of Greece's exceptionally good performance.

The first case of coronavirus in Greece was confirmed on February 28, 2020, in a traveler from Italy (Reuters 2020c), and the government "ordered the closing of schools and universities on March 10, only 13 days after Greece reported its first coronavirus case" (Tugwell and Nikas 2020). More extensive lockdown measures were imposed on March 23, and "severe penalties including €150 fines were given to individuals who did not follow lockdown measures imposed on 23 March, culminating in about €4.25 m in fines collected" (Hatzigeorgiou and Raj 2020). There is almost unanimous agreement among commentators that the government's early and strict response is primarily responsible for the low rate of coronavirus deaths in Greece; however, there are other countries, including Albania, Kazakhstan, Kosovo, Kyrgyzstan, and Turkey, discussed in this article, that declared lockdowns, school closures, and/or a state of emergency only a couple of days after the first cases of coronavirus, and yet none of them have been as successful as Greece. The difference, then, must have to do with enforcement of these lockdowns from above and compliance from below. Severe

financial penalties for violations of the lockdown in Greece, as mentioned above, may be interpreted as components of a more serious and punitive enforcement from above. Recent experiences with major economic crises (e.g., 2009) and natural disasters may have increased the disaster preparedness, sensitivity, and responsiveness of the Greek public to the government's appeals to abide by the lockdown measures. Finally, some cultural values, such as the "importance of good health in Greek culture," may have been "another reason for Greeks' easy acceptance of the lockdown" as captured in the pithy observation of Dr. Stella Ladi: "It's not debatable whether health is more important than keeping your shop open. Health is more important and the shop comes second. It was not a contested issue like in other places" (Perrigo and Hincks 2020). However, as responses to the lockdowns and the striking cross-national variation in compliance with the lockdown measures clearly demonstrate, unlike in Greece, it is very much "debatable whether health is more important than keeping your shop open" in many other political, economic, and cultural contexts, including, to a certain extent, in Turkey, which is the next case that we briefly review.

In Turkey, the first case was confirmed on March 11, and nationwide school closures immediately followed. Teaching at all levels of education from primary school to universities ended on March 13, and later transitioned to online/distance learning, and in-person teaching had not resumed over the next five months of the pandemic covered in this article. On March 16, the Directorate of Religious Affairs ended all communal prayers, including daily and Friday prayers, which would not be resumed for the next two and a half months, until May 29 (Anadolu Ajansı 2020). The first coronavirus-related death was announced on March 17. On April 3, an entry-and-exit ban was imposed on the 30 largest metropolitan provinces and the non-metropolitan province of Zonguldak, known as a coal-mining region. Out of 81 Turkish provinces, these 31 provinces together have the overwhelming majority of the country's population. Starting on March 28–29, most outdoor activities were banned during the weekends' nationwide lockdown. On April 10, curfews were declared for the weekends in these 31 provinces on a recurring basis, such that, for the large majority of the population, going out during the weekend was forbidden except with special permission. In both Greece and Turkey, there were daily broadcasts in the evening when the government provided information about the current coronavirus infection and death tolls, thus keeping the pandemic and prevention measures as the top news item in a rather centralized fashion.

In contrast to the current information on the coronavirus that has been broadcast and disseminated on a daily basis at the national level, Turkish authorities disseminated much more limited information about the provincial breakdown of the pandemic outcomes in a systematic manner. However, two important sets of geographically specific information were communicated, both of which are supportive of our hypotheses and preliminary arguments in this article. First, it has been stated many times

that, in the first couple of months of the pandemic, nearly half of all cases and a majority of all fatalities in Turkey were in Istanbul, the most populous commercial and cultural urban center of the country, where approximately 20 percent of Turkey's population lives. This would put Istanbul's infection and fatality rate per population at about two-and-a-half times that of Turkey as a whole. This is consistent with our hypothesis that countries with major urban agglomerations are at a greater risk than those with relatively dispersed settlement patterns. Second, five months into the pandemic, a more visible geographical pattern of infection emerged. In response to a disproportionate rise in coronavirus infections, starting on August 26, weddings, circumcisions, and some other similar celebrations were banned or significantly restricted in 14 provinces (Milliyet 2020). Although these provinces included the capital city, Ankara, in central Anatolia, and Bursa, a major metropolitan province in western Anatolia, 7 of the 14 provinces singled out for these prohibitions due to the increasing infection rates were eastern and southeastern Anatolian provinces (Ağrı, Diyarbakır, Erzurum, Gaziantep, Mardin, Şanlıurfa, and Van), a region that has a history of defying central government through various forms of dissidence including outright rebellions. This geographical variation is similar to the regional and cross-national variation observed in our paired comparison of Albania and Kosovo against the backdrop of the Gheg–Tosk (north–south) fault line.

Varieties of Resilience: Global, Eurasian, and Subregional Comparisons

Despite the cross-national and intra-regional differences reviewed in this article, the coronavirus outcomes of most post-communist Eurasian polities as well as both Greece and Turkey are significantly better in terms of deaths per population than the outcomes in most Western European and American polities; in fact, the top 15 countries in terms of coronavirus deaths per population are all American or Western European polities (Coronavirus Resource Center 2020). We suspect this divergence is a result of relatively strict lockdown measures very early on during the pandemic, combined with a history of state-led mobilizations in the face of natural and unnatural disasters that inculcated a curious mix of societal mobilization and obedience to public health measures necessary in fighting a pandemic, as well as relatively comprehensive and nearly universal public healthcare coverage.

There is no case of relative success where the government did not take the lead and impose very early lockdown measures. Countries, such as Sweden and the United Kingdom, that experimented with continuing social life with minimal restrictions, expecting Scandinavian values (Bjurwald 2020) or herd immunity to provide a similar if not better outcome than imposing lockdown measures from above, so far have had much higher fatality rates than their neighbors who implemented stricter measures. The only country that comes close to the British–Swedish

pattern in our paired comparisons was Belarus, and although Belarus's coronavirus outcome is still far better than that of Sweden or the United Kingdom, it is much worse than other post-communist countries far from the global epicenters of the pandemic, such as its neighbors Lithuania and Latvia.

Even within the more restrictive group of countries that implemented substantial lockdown measures early on, which includes most of the countries in our paired comparisons with the notable exception of Belarus, there is significant variation in coronavirus outcomes. Structural variables such as healthcare coverage and spending seem to matter, but so do population density and urban agglomerations, as the internationally transmitted virus often disproportionately affects the largest city and global hub in the country (e.g., Istanbul, London, Moscow, Paris), and the population size of the largest city as a proportion of the national population seems to matter. Countries with one giant metropolitan area where a large percentage of the national population is settled may have been at a structural disadvantage in their fight against the coronavirus. It may not be coincidental that the post-communist country with the worst coronavirus outcome, Armenia, is also the only one where the majority of the population, 58 percent, lives in one city, Yerevan. Similarly, in our focused comparisons of eight countries, the country that had the worst outcome, Kyrgyzstan, is also the one where the largest percentage of the population, 43 percent, lives in one city, Bishkek (Table 1).

Compliance with lockdown measures is the one seemingly non-structural variable that was most difficult to capture and yet seemingly critical for coronavirus outcomes. Civil disobedience, justifiably hailed as a civic virtue in liberal democracies, when employed against lockdown measures as has been observed in a number of Western polities in particular, has had fatal side effects. Protesting against and even openly defying mask wearing is the most visible and dangerous symptom of such civil disobedience run amok. Albania, Greece, and Turkey all decided to close down schools within at most a few days after the first cases of coronavirus and before any fatalities; and although all three had relatively better outcomes than countries with comparable populations elsewhere, Greece was clearly the most successful among them. The explanation of such success has to be in great part about the compliance of the population with the lockdown measures, which in turn may have to do with difficult-to-measure variables such as the popular legitimacy of the health-related orders issued by the authorities, but also with the "multifaceted" and "pervasive but undertheorized concept" of power and norms as they interact with political regimes, especially in post-communist societies (Costa Buranelli 2020; Tskhay 2020).

The relative cultural value attached to health and life compared to economic and social activity has not been comparatively studied. The testimony of a Greek scholar briefly cited earlier hints at remarkable differences in political and cultural attitudes regarding the comparative value of individual or public health in relation to the continuation of economic and other socially embedded activities.

Finally, the foregoing brief review of eight different countries' experiences during the first five months of the pandemic, and the data for 31 Eurasian polities, does not demonstrate a generalizable democratic or autocratic advantage. Rather, it confirms the suggestion that, "rather than asking whether it is the democracies or the autocracies that do better in handling threats—and there is abundant international relations literature on this subject—we ought to instead be considering the specific strengths and weaknesses of each of these two forms of government" (Stasavage 2020, 2).

The coronavirus pandemic crystallizes the biopolitical transformation in the nature of sovereign political power that is perhaps best described by Michel Foucault as the power "to make live and to let die," as opposed to the earlier forms of political sovereignty that were associated with the power "to make kill and to let live" (Foucault 2003). Foucauldian approaches have also been previously applied to understanding the transformations of Eurasian polities. For example, the similarly epochal transition from state-centric to ethnocentric historiography in Eurasia was examined through Foucault's conception of the "race war," which is even more applicable to the Marxist transformations of Eurasian polities in a biopolitical direction (Aktürk 2006). In an even more direct and explicit manner, the pandemic facilitated the public articulation of "the harshest (bio) political debate on whether protecting the lives of (mostly elderly and sick) citizens is worth an economic and societal collapse" (Laruelle et al. 2020, 11). These debates exposed the relative value or worth attributed to the protection of the elderly and sick across different cultures and polities in comparative perspective, thus providing a bird's eye view of the global biopolitical landscape that is likely to become ever more important in the near future.

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Disclosure Statement

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