

*The Role of Cultural Differences in the Effectiveness of Coercive and
Noncoercive Policies to face the Covid-19 Pandemic*
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Since the spread of the Covid-19 infection, the countries worldwide have been facing many hurdles. Health, economy, and social endurance are at stake. Pandemic issues are the same in all the countries, but governments applied different strategies to tackle them. In this talk, we will compare two kinds of policy to define some epistemic assumptions that should drive policymaking. In pandemic times, governments and research communities, from East to West, were aware of the necessity to gain data relevant to understand the pandemic. According to Leonelli (2021) we can distinguish different imaginaries of data use, one of which regards surveillance strategies as lockdowns. The urgency to act and the pressure of media and research communities pushed governments to adopt lockdowns as one of the policy tools meant to slow down the number of people infected. Lockdowns have been recognized as a traditional kind of policy for epidemic emergencies. However, they produced different outcomes in different countries. We will compare lockdowns in India and Italy, stressing how the same strategy produced two different outputs. The same holds for untraditional policy tools, as nudges. Here we focus on a neglected cognitive phenomenon relevant to vaccination policies: the tendency to keep options open even if it bears some cost. We argue that it is reasonable to believe that the keep-options-open tendency hampers the vaccine uptake whereby fine-based policies are in place. The threat posed by the keep-options-open tendency on the vaccination rate seems to depend on the prevalence of vaccine hesitancy and the strength of loss aversion. Nevertheless, the vaccine hesitancy phenomenon varies from country to country, and it has emerged that the loss aversion depends on cultural factors (Wang et al. 2016). We conclude that the specificity of the context and the cultural factors are to be taken into account to secure the effectiveness of the policies meant to cease the curve of infected people. This is true regardless of whether policies are based on coercive or noncoercive means grounded on insights from cognitive sciences. This way of proceeding has the merit of opening doors to fruitful transnational collaboration.

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