THE ADMINISTRATIVE SCAR: HOW INDIRECT GOVERNANCE AND STATE CAPACITY SHAPED PANDEMIC COMPLIANCE

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Abstract

How do global governance failures shape long-term health compliance? This paper argues that high-friction international governance instruments can durably damage civic trust — producing the Administrative Scar: a measurable reduction in voluntary public health cooperation whose signature appears in population-level respiratory outcomes.

We develop and test this proposition through the Administrative Cascade model: a four-link causal architecture through which indirect procurement generates administrative burdens on the least capable states, erodes throughput legitimacy, produces negative civic learning, and is associated with durable reductions in voluntary civic cooperation.

Using the COVID-19 Vaccines Global Access Advanced Market Commitment (COVAX AMC) as the governance case, we employ a 49-country Synthetic Control Method on age-standardized Lower Respiratory Infection disability-adjusted life year rates across 2013–2023.

Results reveal that health divergence was strongly conditional on baseline state capacity measured by the Healthcare Access and Quality Index. Below an institutional resilience threshold of approximately HAQ 38, countries showed substantially elevated respiratory burden relative to governance-matched counterfactuals — consistent with the Administrative Scar thesis. Policy stringency did not explain additional variance once institutional capacity was controlled, consistent with the cascade's core prediction that voluntary legitimacy-based compliance rather than mandate intensity is the operative mechanism.

The mediating processes of trust erosion and civic learning are theoretically grounded and empirically consistent with the findings but are not directly observed in this study, constituting the defining research agenda for the programme that follows.

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