Ballots and burials: Electoral turnovers and the health costs of elections during emergencies*

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Abstract

The transfer of power through elections is a cornerstone of democracy. We examine the effect of elections on a key health measure, excess mortality. We argue that electoral turnovers can create frictions that delay policy implementation and thus harm health, especially in times of crisis. Our data come from France, where local elections were held at the beginning of the Covid-19 pandemic. Combining a conditional-on-observables strategy and a regression discontinuity design to analyze 5,000 electoral decisions, we find strong evidence supporting our theoretical argument. Municipalities where the incumbent mayor was defeated by an opposition candidate experienced 7–9 percentage points higher excess mortality, implemented fewer mask-wearing mandates, and issued significantly fewer emergency orders than municipalities with no turnover. Difference-in-differences analyses on a panel of 101 countries and territories suggest that these findings generalize to other contexts. While crucial to the functioning of democracy, holding elections during emergencies comes at a cost.

Keywords: electoral turnover, excess mortality, elections, France, Covid-19

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Introduction

An essential feature of democracy is the peaceful transfer of power through electoral turnovers (Linz 1990; Huntington 1991; Przeworski 2019). Indeed, democracy can be conceived of as "a system in which incumbents lose elections and leave when they lose" (Przeworski 2019, 5). The passing on of power while avoiding violent conflict is at the core of the appeasing function of democracy and one of the reasons why democracies generally see lower rates of mortality due to internal conflict (Hegre et al. 2001; Davenport 2007; Bartusevičius and Skaaning 2018). In addition, the probability that democracy survives and that conflicts are processed through elections rather than by force increases as alternations of power become more frequent (Przeworski 2019, 2015).

Yet, we know relatively little about the consequences of electoral turnovers, despite their centrality for democracy. A recent study indicates that turnovers improve countries' performance through better governance and reduce perceived corruption (Marx, Pons, and Rollet 2022). This finding builds on the idea that newly elected leaders have stronger incentives to establish a reputation compared to leaders who have already been in power (Johnson and Crain 2004; Ashworth 2005), which, in turn, can lead to better performance (Gordon and Huber 2007; Ferraz and Finan 2011). At the same time, however, transfers of power entail disruption, with the consequence that public policy is implemented less effectively, at least for a certain period. Indeed, evidence indicates that changes in local administration following political turnovers can harm the quality of public education (Akhtari, Moreira, and Trucco 2022), while the loss of experience (Alt, Bueno De Mesquita, and Rose 2011) and the political instability (Horowitz, Hoff, and Milanovic 2009) related to removal of incumbents can have negative effects on economic performance. In line with this evidence, we argue and demonstrate that during acute crises, the disruption caused by turnovers can also have serious negative consequences for people's health.

We assess the effect of power transfers on local excess mortality during the Covid-19 pandemic, focusing on the municipal elections that took place in France at the onset of

the pandemic in 2020. We show that municipalities that experienced a transfer of power from one mayor to another experienced an increase in the excess mortality rate of 7–9 percentage points. This translates into an estimated 11,000 additional deaths compared to the counterfactual scenario with no turnovers. These results hold using a variety of estimation strategies, including a conditional-on-observables strategy, a matching specification, and a regression discontinuity design. Various checks demonstrate the robustness of each chosen strategy, increasing our confidence that the effect described is causal. The effect sizes are particularly pronounced in left-leaning municipalities, which sustained a higher number of highly vulnerable individuals prior to the pandemic.

Our data suggest that delays in implementing disease-control measures, such as mask-wearing, may drive the increase in excess mortality in municipalities that experienced an electoral turnover. In the places where incumbents failed to be re-elected, mask mandates were less likely to be implemented in the first months of the pandemic compared to where incumbents managed to secure a victory. Further evidence in this regard comes from municipal council resolutions (*arrêtés municipaux*) that we hand-collected from a randomly drawn sample of 100 municipalities. Municipalities that experienced an electoral turnover issued fewer resolutions dealing with counter-measures against the pandemic than those where the incumbent government stayed in place, and they did so later. We do not find strong support that disruptions in the routine functioning of the local bureaucracy or changes in personnel play a role in explaining our results. We also rule out that our findings are driven by changes in the ideological orientation of mayors following turnovers. To examine the generalizability of our findings, we construct a country-level panel that tracks excess mortality in 101 countries and territories over the years 2020 to 2023. Using a staggered difference-in-differences analysis (De Chaisemartin and D'Haultfœuille 2024), we show that electoral turnovers are followed by significantly increased levels of excess mortality in the two months following the change in executive. This result is driven by electoral turnovers in democracies, presumably because

elections here lead to genuine elite change. Our work thus demonstrates the short-term but nonetheless serious consequences of holding elections during crises.

We contribute to the literature on the health effects of democracy (Ross 2006; McGuire 2010; Touchton, Sugiyama, and Wampler 2017; Bollyky et al. 2019; Ramos, Flores, and Ross 2020; Lynch 2023), highlighting the potential adverse health effects of power transfers. We also provide new evidence on the relationship between Covid-19 and politics (e.g., Bisbee and Honig 2021; Bol et al. 2021; Schraff 2021; Bechtel, O'Brochta, and Tavits 2023; Leininger and Schaub 2023; Morisi et al. 2024), demonstrating that an inherent feature of democratic competition—electoral turnovers associated with the defeat of incumbents—can worsen a country's epidemiological situation. Lastly, we contribute to the literature on the effects of government turnovers (Gordon and Huber 2007; Horowitz, Hoff, and Milanovic 2009; Ferraz and Finan 2011; Knutsen and Wig 2015; Stockemer and Sundström 2018; Ruiz-Rufino and Birch 2020; Akhtari, Moreira, and Trucco 2022; Marx, Pons, and Rollet 2022). While this literature has established multiple beneficial effects of electoral turnovers mostly in relation to economic performance, our study highlights one clear cost: increased mortality during a health crisis.

Short-term (health) effects of political turnovers

There can be no doubt that providing a mechanism for replacing leaders in a structured and nonviolent fashion is one of the main benefits of democracy (Linz 1990; Huntington 1991; Przeworski 2019). The fact that democracies permit rule-based turnovers has been shown to be among the main reasons why democracies tend to see much lower rates of internal conflict (Hegre et al. 2001; Davenport 2007; Bartusevičius and Skaaning 2018; Fjelde, Knutsen, and Nygård 2021). Reasons for these stabilizing effects are manifold but likely include a strengthening of the rule of law (Horowitz, Hoff, and Milanovic 2009), a better representation of women (Stockemer and Sundström 2018), and improved economic performance (Marx, Pons, and Rollet 2022). Most important for our study, democracy can consistently be linked to better health outcomes. In particular, democracies especially outperform non-democracies

in terms of reducing mortality from cardiovascular diseases and infectious diseases such as tuberculosis (Bollyky et al. 2019). One important mechanism explaining this superior performance is electoral incentives. Consistent with this view, Walden and Zhukov (2021) show that in the United States, more electorally competitive constituencies saw better health outcomes during both the 1918 Spanish flu and the Covid-19 pandemic.

However, the positive effects of democracy tend to accrue over the long run only—several years to decades (Bollyky et al. 2019; Marx, Pons, and Rollet 2022). Evidence on short-run effects are more ambiguous. This is especially true for the effects of elections and electoral turnovers. At the extreme, especially first-time turnovers are frequently accompanied by electoral violence, directly increasing mortality (Ruiz-Rufino and Birch 2020). Besides potentially unleashing social unrest, electoral turnovers tend to be associated with changes in policy (Bartle, Avellaneda, and McGann 2019). While this is a logical and desirable feature of democracies—after all, the idea of democracy is to have various interests represented—it can be problematic in times of crisis.

From the existing literature, we identified two main pathways through which electoral turnovers may cause disruptions: one is by causing delays in the drafting of new rules and regulations, as new decision-makers take time to settle in. The other is related to the disruptions in the bureaucracy, i.e., the *implementation* of rules. Newly elected leaders will take some time to find their footing and establish working relationships, which may lead to delays in the drafting of new rules and issuing of orders. For example, within the E.U., elections delay the transposition of directives into national law (Thomas 2013). Moreover, newly elected leaders are likely to lack the contacts, relationships of trust, and (patronage) networks with the wider community that established leaders may have cultivated (cp. Dahl 1961; Putnam, Leonardi, and Nanetti 1994; Jiang 2018). This logic mirrors scholarship in public administration, where researchers have found personnel turnover to be associated with a loss of institutional memory, reduced performance of core tasks, disrupted relationships with service providers, and lower quality of public education (Lewis 1991; Clinger et al. 2008;

Meier and Hicklin 2008; Tavares, Szmigiel-Rawska, and Lukomska 2020; Akhtari, Moreira, and Trucco 2022).

Independent of whether policies change, electoral turnovers may also cause disruption at the level of the bureaucracy and policy implementation. One reason for this are forced changes in personnel. Replacements of personnel are likely to disrupt policy implementation (Toral 2024). And even where bureaucrats' positions are protected by law, some staff may leave their positions voluntary to avoid working with an executive they do not align with (Dahlström and Holmgren 2019). Especially in weakly institutionalized contexts, elections have also been observed to lead to distraction and a lack of scrutiny of the bureaucracy (Pierskalla and Sacks 2018; Toral 2024), leading to lower overall performance. This effect should be stronger in crisis situations, which force elected officials to act quickly and effectively. Here, we study a rather extreme case—the transfer of power in the midst of the largest public health emergency of the twenty-first century, the Covid-19 pandemic, and its effects on the local level in France.

What were the ways through which local politicians and bureaucrats could influence Covid-19 outcomes? After all, many policies were made on the national level and were thus out of the hands of local politicians. This concerns travel restrictions, decisions on national lockdowns, mask-wearing mandates, and vaccination guidance, for example. However, these policies had to be implemented on the local level. Here, politicians and local administrators had considerable leeway as to how stringently and effectively policies were implemented; moreover, they could take the initiative. For example, in some communities, politicians strongly and publicly supported the wearing of masks even before mandates were in place (Damgé 2020). Importantly, public support is more likely when an officeholder is known to locals, and is more effective when a politician has established relationships with local business people and other stakeholders to convince them of the need for their initiative (Du Boys and Bertolucci 2021).

Ideology and health policies

Not all incumbents are equal, and neither are challenging candidates. In particular, candidates vary in political orientation and associated policy preferences. Left-wing candidates typically promise to expand public services (including medical services), while right-wing candidates typically campaign on the opposite platform—the reduction in (spending on) public services (Hibbs 1977; Connolly and Mason 2016). Public expenditure on social welfare programs, in turn, has been shown to improve general health (Moon and Dixon 1985; Robinson et al. 2019; Brennenstuhl, Quesnel-Vallée, and McDonough 2012). It is therefore not surprising that the political orientation of a community tends to be reflected in its health outcomes. Work in public health provides evidence that polities governed by left-wing governments have lower infant mortality rates and lower total mortality rates compared to governments supported by parties from the political center or right (Moon and Dixon 1985; Rodriguez, Bound, and Geronimus 2014; Torche and Rauf 2021; Alexiou and Trachanas 2021). In a review of the literature, Barnish, Tørnes, and Nelson-Horne (2018) find that in 15 out of 17 studies, left-of-center governments and left-wing ideology are associated with better population health, including lower infant and adult mortality.

The lower mortality rates under left-leaning governments imply that these governments sustain a larger number of older and otherwise vulnerable (e.g., immune-compromised) individuals, who are particularly vulnerable to a major health crisis such as the Covid-19 pandemic. The disruption of political functioning caused by electoral turnovers is therefore likely particularly consequential in left-leaning administrations. This situation contrasts with more right-leaning localities, where baseline support for the vulnerable population is lower and mortality is higher. Somewhat paradoxically, these places should be *less* vulnerable—simply because there are fewer individuals to fall victim to disruptions. Applying this logic, we hypothesize that transitions from governments supported by the political left will be associated with a relatively steeper deterioration in short-term health outcomes than transitions from governments not supported by left-wing parties. In other words, we expect

electoral transitions to have stronger negative effects on local mortality in places where a left-leaning local government hands over power to a newly elected administration.

Local leadership structures and the pandemic in France

To appreciate our design and argument, it is helpful to have some background information. Our main independent variable of interest is electoral turnover following municipal elections. Municipal elections in France are held every six years and consist of one or two rounds, depending on the size of the municipality. In small municipalities with less than 1,000 inhabitants, voters choose lists of candidates in a single round and are allowed to vote for more than one candidate in a majoritarian system. In larger municipalities with more than 1,000 inhabitants, elections are held in one or two rounds. In the first round, all the lists of candidates standing for election compete against each other. If no list receives more than 50% of the vote, a run-off election is held in which all lists that received more than 10% of the vote compete again. This second round is usually held one or two weeks after the first round.

The municipal elections provide citizens with the opportunity to elect the executive branch (the mayor) and the legislative branch of the municipal government (the council). The elected mayor is the head of the list that comes first in the election. Thus, the majority of council members belong to the mayor's party. This feature makes mayors certain to benefit from the support of the majority throughout their term, unless there is dissent or division within the majority faction of the municipal government (Dolez and Laurent 2022). The mayor sets the agenda, organizes the budget, signs contracts, and represents the city in legal proceedings. In addition, the mayor enforces order in the city, issues building permits, is in charge of birth, marriage, and death registries, and must organize the population census. The mayor is in constant contact with other institutions, partners and organizations and is the most important intermediary at the municipal level. As such, she will regularly have close access to local business people and other stakeholders (Costa and Poyet 2016). In contrast, the responsibilities and involvement of the municipal council are much more limited. The council

votes on the municipal budget and decides on the provision of public services. And while the council only has to meet once a quarter, the mayor has to manage the day-to-day activities.

In the public eye, mayors tend to be very popular—unlike representatives at the national level, who are widely distrusted. A 2019 opinion poll showed that 83% of French respondents had a positive opinion of mayors, compared to 38% for other elected officials (Ifop 2019). Given French mayors' responsibilities, leadership position over the council, and popular influence Dolez and Laurent (2022, 210) conclude that "[n]owhere else in Europe do mayors wield such great power." Therefore, we study mayoral turnover as the most likely factor causing disruptions in local governance.

The 2020 local elections and excess mortality from Covid-19 French voters were called to elect new local representatives on March 15, 2020, and again on June 28, 2020. The first round of the municipal elections took place as scheduled, while the second round was postponed until June 28, 2020, with a nationwide lockdown in between. Our outcome of interest is excess mortality from Covid-19 during the first year after the conclusion of the local elections, that is, the period from July 2020 to the end of June 2021. In terms of cumulative deaths from Covid-19, this was the deadliest period of the pandemic in France (see Figure A1 in the Appendix). Case numbers, hospitalizations, and deaths due to Covid-19 remained high throughout the year, with peaks in November 2020, January 2021, and April 2021. Importantly, there was considerable local variation in mortality levels across France, as shown in Figure A2 in the Appendix. As we now proceed to demonstrate, part of this variation was caused by electoral turnovers.

Data and approach

Our study combines data from various sources. We retrieved electoral data for the municipal elections in 2020 from the French Ministry of the Interior, considering only municipalities that had more than 1,000 inhabitants, and excluding overseas territories and the cities of Paris, Marseille, and Lyon, since voting systems differ in these areas (see Appendix Section A.1 for more details). As we were interested in the effects of electoral stability vs. the disruption

brought about by electoral turnovers, we focus on those 4,912 municipalities where incumbents ran for re-election.

Regarding excess mortality, one complication is that this indicator is unavailable from public sources at the local (municipality) level. Therefore, we derived it ourselves based on raw mortality data using a standard epidemiological model with municipality population offsets. In our model, excess mortality is defined as the ratio of the mortality rates from July 2020 to June 2021 to the average yearly mortality rates from July 2015 to June 2019. We estimated excess mortality figures for each municipality using a stochastic variational inference algorithm. As shown in Table A2 in the Appendix, excess mortality was on average 1.07 (SD: 0.51) in our sample. While some municipalities experienced relatively lower mortality rates than in previous years, in the vast majority of municipalities, this factor was larger than one, meaning that mortality exceeded figures from previous years. In the 10 hardest-hit municipalities, deaths were more than four times higher than in the baseline period.

Analytic approach Our analysis uses a variety of approaches, including a conditional-on-observables strategy and a regression discontinuity (RD) design. We start by comparing municipalities with and without an electoral turnover, controlling for possible confounders such as economic development, age, and urbanity. We explain the rationale for our set of control variables in Appendix Section A.4 by means of a directed acyclic graph (DAG). Our baseline model takes the form

$$mort_i = \alpha + \beta_1 * turnover_i + \beta_k * X_{k,i} + \lambda_d + v_i \tag{1}$$

where $mort_i$ captures excess mortality between July 2020 and June 2021 in municipality i, $turnover_i$ is an indicator that takes the value of one if a municipality saw the change of power to a new mayor during the 2020 municipal elections, and zero if the incumbent managed to hold on to their post, $X_{k,i}$ is a vector of k control variables measuring relevant confounders. All our models also control for the baseline mortality rate, that is, the municipality-specific probability to die during the period prior to the onset of the pandemic, from which excess mortality is derived. Controlling for this measure is especially important since it captures

various contributions to mortality—both observed and unobserved—thereby adjusting the otherwise quite diverse set of municipalities in terms of expected future mortality. Our main specification for this conditional-on-observables part of our analysis also includes 95 county (*département*) fixed effects (λ_d) to control for time-invariant factors that may confound the relationship between electoral transfers and excess mortality at this level. We use ordinary least squares to estimate our model.

Results

First results are presented in Table 1. Model 1 shows the naive correlation between electoral transitions and excess mortality, Model 2 introduces controls, and Model 3 *département* fixed effects. Overall, municipalities that experienced a transfer of power from one mayor to another subsequently saw 7 to 8 percentage points higher excess mortality rates. As can be seen, estimates, if anything, become larger upon the introduction of controls.

We can translate this 7 to 8 percentage points higher excess mortality into an estimate of absolute deaths using a simple approach: 1) restrict to municipalities with electoral turnover, 2) compute expected deaths based on baseline mortality, estimated excess mortality, and population size, and 3) compare this to a counterfactual without turnover. Summing across municipalities yields roughly 4,262 additional deaths. Scaling this to the national level (66 million people vs. 26 million in our data) suggests around 11,000 excess deaths.[1] For comparison, this is between three and four times the typical yearly road traffic fatalities in the last decade (WHO Regional Office for Europe 2020).

As an alternative specification, Model 4 uses a matching approach. Instead of treating covariates $X_{k,i}$ as controls, we match municipalities with turnover to similar ones without, based on their propensity scores. Matches are restricted to pairs within a tight caliper of

[1]This assumes similar turnover rates, population sizes, and baseline mortality across the country. The figure is thus a back-of-the-envelope estimate rather than a precise assessment.

Table 1: Association between municipal electoral turnover and excess mortality

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Electoral turnover (incumbent lost office in 2020)	0.073**	0.080**	0.077**	0.096**	0.022		0.167**
	(0.021)	(0.023)	(0.023)	(0.027)	(0.032)		(0.053)
Turnover × vote share for left-leaning parties					0.002*		
					(0.001)		
Share of council membership remaining in place						-0.017	0.113†
						(0.051)	(0.062)
Turnover × share council remaining in place							-0.282
							(0.174)
Vote share for left-leaning parties					0.000		
					(0.000)		
Pretreatment controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Départements FEs	No	No	Yes	No	Yes	Yes	Yes
N	4,912	4,912	4,912	1,366	4,912	4,885	4,885
R2	0.00	0.04	0.07	0.06	0.07	0.07	0.07

Note: Estimates for the effect of electoral turnovers on excess mortality. Model 1 shows the naive correlation; Model 2 controls for observed confounders as per the DAG (Figure A4) in the Appendix; Model 3 adds *département* fixed effects; Model 4 presents results from a regression using a matched/balanced sample; in Model 5, turnover is interacted with the indicator for left-wing orientation of a municipality; Model 6 uses the share of municipal council members who remain in place as dependent variable; and Model 7 interacts this variable with the indicator for turnout. OLS estimates, † $p < 0.1$, * $p < 0.05$, ** $p < 0.01$. Full results can be found in Table A4 in the Appendix.

0.025 to ensure close similarity. This yields a balanced sample (see Table A3 in the Appendix) on all observed covariates. Running our main model on this subset produces a somewhat larger effect (8.8 percentage points), suggesting that earlier estimates may be conservative.

In Appendix Section C, we provide a series of robustness checks. Using the approach suggested by Oster (2019), we show that potential unobserved confounders would have to have an effect approximately 18 times as strong as the included controls to invalidate the effect of electoral turnovers. We also provide evidence that the estimates are highly robust to the selection of control variables by estimating regressions with all possible combinations of control variables in the spirit of the 'multiverse' approach (Steegen et al. 2016), and by using Bayesian model averaging as suggested by Montgomery and Nyhan (2010). Across all 1,048,576 'multiverse' regressions, the coefficients are positive and substantially meaningful with a median value of 0.071 and p-values clustering around p=0.004. Similarly, the Bayesian model-averaged posterior distribution for turnovers is close to our estimate of 0.07 and

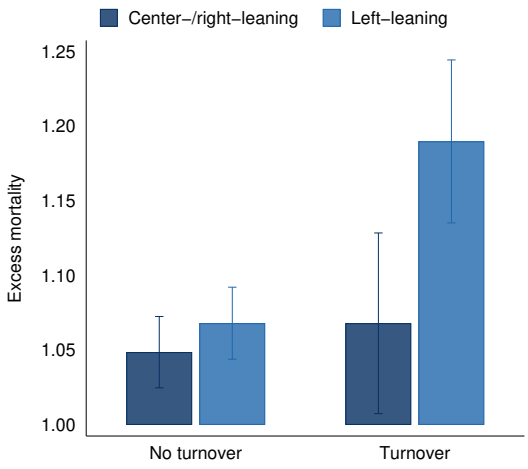
concentrated away from zero. As a final check, we estimate the effect of turnovers directly using frequentist and Bayesian binomial mixed-effect models on the raw death counts. Results confirm our core finding, with effect sizes (average predictive comparisons) estimated at 14 percentage points—again suggesting that, if anything, we may be underestimating the true effect.

Effect heterogeneity by political orientation

Above, we argued that traditionally, health issues are owned by the political left (Petrocik 1996; Egan 2013; Seeberg 2017). Left-leaning municipalities are thus likely to provide more generous services, which, in turn, sustain a more vulnerable population. Hence, an electoral turnover might be particularly harmful to public health in municipalities previously dominated by left-wing parties. We test this prediction by interacting the indicator for electoral turnover with the vote share of left-leaning parties. In France, the Ministry of the Interior classifies electoral lists and mayoral candidates according to their political affiliation, using information on party membership or endorsement by official political parties (in case of non-affiliated candidates). For the 2014 elections, this classification was done for all municipalities above 1,000 inhabitants, i.e., all the municipalities in our dataset. To calculate a municipality's left-leaning character, we aggregated all vote shares for elected candidates from parties classified left-leaning, and also coded a binary indicator that takes the value of 1 if the share of municipal council members belonging to a left-wing political party was higher than the median of 28% before the 2020 elections, and 0 if otherwise.[2] As shown in Table 1, Model 5, the interaction term is statistically significant and substantively large. Figure 1 illustrates this finding further, showing that excess mortality rates increased only in left-leaning municipalities after electoral turnovers. The effect of turnovers thus varies starkly by political context.

[2]The classification scheme used by the ministry is replicated in Table A1 in the Appendix.

Figure 1: Effect of turnover by political orientation of municipality



Note: Predictive margins for excess mortality for center-right-leaning and left-leaning municipalities that did/did not experience an electoral turnover.

Different pieces of evidence support the idea that this is due to left-wing parties and governments being more attentive to population health: first, as predicted by theory, left-leaning municipalities indeed provide more services for the vulnerable. Indicators such as the per capita number of emergency service staff, pharmacists, general practitioners, and nurses all positively correlate with the left-leaning character of a municipality (see Table A12b and Figure A7b in the Appendix). Second, many risk factors that predict higher mortality (e.g., older population and poverty) were indeed present at higher rates in left-leaning municipalities (see Table A12a and Figure A7 in the Appendix). Third, baseline mortality during non-pandemic years was lower in left-leaning towns than in right-leaning ones. That is, even though the potential for high mortality was structurally higher in left-leaning municipalities, these saw lower mortality rates in normal times, arguably due to higher levels of service provision for the vulnerable. The opposite is true for right-leaning municipalities: the share of right-leaning members of the municipal council predicts higher levels of baseline mortality in the pre-pandemic period (see Table A9 in the Appendix). Put another way: the vulnerable people who would fall victim to the pandemic in left-leaning municipalities were no longer alive in right-leaning ones even before the start of the pandemic. Linking back to turnovers, since left-leaning municipalities were home to more at-risk individuals, the sudden change in administration in the midst of a pandemic had more fatal consequences there. This contrasts with right-leaning municipalities where fewer at-risk individuals were present in the first place so that electoral turnover was less consequential.

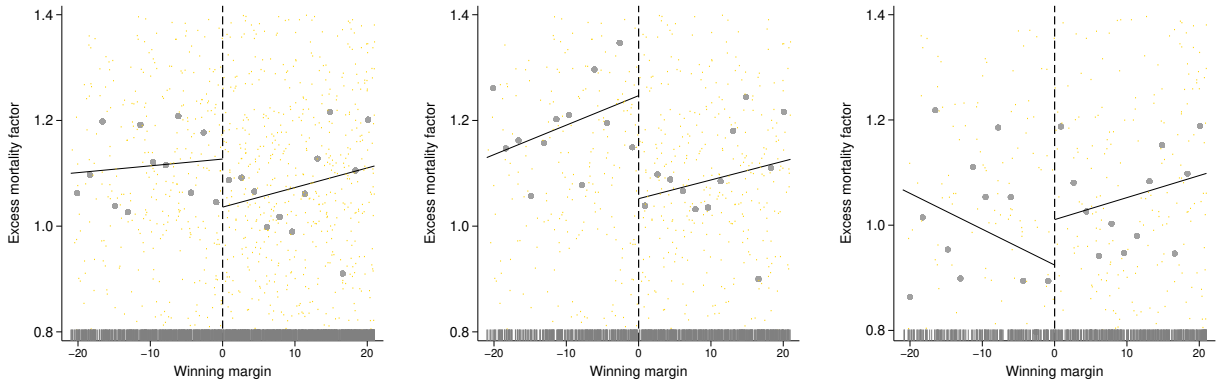
Regression discontinuity estimates

In order to provide a different estimate that avoids some of the problems of the conditional-on-observables strategy—and hence allows for more credible causal identification—we employ a regression discontinuity (RD) design. This analysis considers only municipalities where an incumbent narrowly lost the election as compared to where they narrowly won, and then estimates the effect of changing from one state to the other. RD designs are widely employed to investigate the causal effects of electoral turnovers (Eggers et al. 2015; Marx, Pons, and Rollet 2022). Following Eggers et al. (2015), our running variable is defined as the margin by which an incumbent lost (negative values) or won (positive values) in the decisive round, and the discontinuity takes place at zero. We verify the applicability of the RD approach by demonstrating that there is no indication of sorting around the threshold using the RD manipulation test suggested by Cattaneo, Jansson, and Ma (2020), and with a series of placebo tests (see Appendix Section C). In the placebo tests, we apply the RD estimation method to our pre-treatment controls. Reassuringly, we find no treatment effects, indicating that local randomization holds.

Figure 2 shows the results of using regression discontinuity estimation on our outcome of interest, excess mortality. The figure plots excess mortality against the incumbent's margin of winning or losing for (a) all municipalities, (b) left-leaning municipalities, and (c) center/right-leaning municipalities.

We can see that, overall, excess mortality appears to be lower in municipalities where the incumbent just won (Figure 2a). This effect is driven by left-leaning municipalities, where there is a clear discontinuity around zero. Mortality is much lower in municipalities where incumbents just managed to hold on to office than in municipalities where they just failed to regain office (Figure 2b). In contrast, in center- and right-leaning municipalities, marginal incumbent victories, if anything, appear to be associated with *higher* levels of excess mortality (Figure 2c)

Figure 2: Excess mortality by winning margin of incumbent and political orientation of municipality



(a) Overall (b) Left-leaning (c) Center/right-leaning

Note: Figure showing the binned values for excess mortality (points) and linear trends (lines) dependent on the candidates' winning margin within the bandwidths used in Table 2. (a) Full sample/all municipalities, (b) left-leaning municipalities only, (c) center- and right-leaning municipalities only. The rug plot at the bottom of the graphs shows the individual values of the forcing variable present in the data. See Figure A11 in the Appendix for the density distribution.

Table 2: Effect of close incumbent win (RD estimates)

	Overall			Left-leaning			Center-/right-leaning		
	(1) Convent	(2) Bias-corr	(3) Robust	(4) Convent	(5) Bias-corr	(6) Robust	(7) Convent	(8) Bias-corr	(9) Robust
Effect of marginal incumbent win	-0.079 (0.058)	-0.079 (0.058)	-0.079 (0.070)	-0.235** (0.079)	-0.229** (0.079)	-0.229* (0.096)	0.165† (0.090)	0.181* (0.090)	0.181† (0.109)
Pretreatment controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Candidate FEs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	4,912	4,912	4,912	2,453	2,453	2,453	2,459	2,459	2,459
Bandwidth	20.17	31.14	31.14	18.50	27.63	27.63	19.22	31.53	31.53

Note: Regression discontinuity results. Effect of mayoral incumbent marginally winning their election on excess mortality in the full sample/all municipalities (Models 1–3), left-leaning municipalities (Models 4–6), and center- and right-leaning municipalities (Models 7–9), respectively. Estimation method (conventional, bias-corrected, robust, see: Calonico, Cattaneo, and Titiunik 2014; Calonico et al. 2019) indicated above the estimates; p-values in parentheses, † $p < 0.1$, * $p < 0.05$, ** $p < 0.01$.

To estimate the RD effect more rigorously, we rely on Calonico, Cattaneo, and Titiunik (2014) and Calonico et al. (2019), who provide different types of estimation procedures and non-parametric bandwidth selection. Results are presented in Table 2, and confirm the visual results. Across all cases, close electoral wins by incumbents are associated with a 8 to 9 percentage points lower excess mortality rate—an estimate remarkably similar to that provided by the conditional-on-observables strategy above. However, these results do not

reach conventional levels of statistical significance. The likely reason is stark heterogeneity by political orientation of municipalities. In left-leaning municipalities, we estimate marginal incumbent wins go along with a 0.23 lower excess mortality rate—an effect that is highly significant across specifications. This contrasts with center- and right-leaning municipalities, where the effect is reversed (but not statistically significant at conventional levels). The regression discontinuity analysis therefore confirms the conditional nature of the effect of electoral turnovers, while providing evidence that this effect is indeed causal.

Extensions

In two extensions to our main line of investigation, we examine the effects of a change in council membership and the ideological leaning of candidates.

Change in council members We may hypothesize that disruptions in council membership are associated with similar negative effects as changes in the mayoral office. As explained above, in France, this not very likely, because local governance is heavily focused on the executive. We nevertheless test this hypothesis by means of interaction models. Results are presented in Table 1, Models 6 and 7 above and Section B.1 in the Appendix. As expected, we find no direct effect of council member turnover rates on excess mortality. This said, mayoral turnovers did seem to be particularly consequential where large shares of the council also changed, as indicated by a significant interaction term.

Candidate ideology Second, we may hypothesize that the observed effects are driven not by disruption, but by changes in mayors' ideological orientation. The logic is that, if the 2020 elections coincided with a general shift to the right, newly elected mayors could be systematically more right-wing, even in close elections. In this case, we would also expect to see a deterioration in public health, not due to the disruptions associated with a transition of power, but due to the political ideology of the newly elected candidates who would prioritize spending on public welfare programs. Analogously, we would expect victories of left-wing candidates to be associated with improved health outcomes. Detailed tests of these ideas are included in Appendix Section B.2. Contrary to the hypothesis, we demonstrate that the

2020 election did not coincide with a shift to the right. We also show that marginal left-wing challenger victories were associated with *higher* excess mortality rates—in clear contradiction to the ideology-based argument, but in line with our the disruption-based argument.

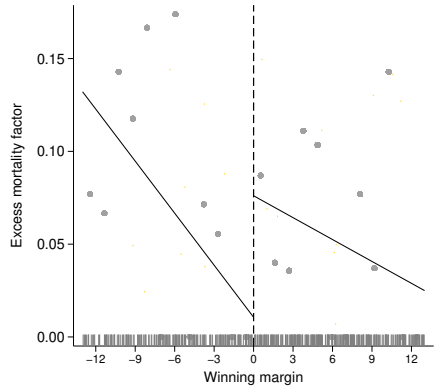
Mechanisms

As we argued earlier, turnovers may induce transaction costs due to disruptions in personnel and/or sluggish regulatory activity as new office holders adjust to their surroundings. Here, we test this idea using data on early mask mandates issued by local administrators in the summer of 2020—right after the second round of elections. Since late May 2020, national rules had required wearing masks on public transportation and in schools. However, beginning in July 2020, some municipalities extended the restriction to local public spaces, such as markets, busy streets, or the entire locality.

We draw on a list of local mandates compiled by journalists of the newspaper *Le Monde* (Les Décodeurs 2020). Municipalities where mayors implemented a mask mandate are coded as 1; those where they did not are coded as 0. In this way, we can examine the impact of electoral turnovers on the probability of having a mask mandate. In our analysis, we only consider as treated those 118 municipalities where mayors implemented the mandates independently, and we exclude instances where mandates were enacted by a higher political authority, such as the *département*.

To analyze the impact of turnovers on mask mandates, we repeat our regression discontinuity analysis, this time using the presence of a mask mandate as the dependent variable. As shown in Figure 3a and Table 3b, municipalities where incumbents just about held on to their office clearly show a higher probability of having mask mandates. Marginal incumbent wins are associated with a 6 to 8 percentage points higher likelihood of an early mask mandate. There are no heterogeneous effects by political orientation. While the difference in mask-wearing mandates certainly cannot explain the whole variation in excess mortality, the analysis provides support for the general idea that electoral turnovers cause friction that can slow down the implementation of disease-control measures.

Figure 3: RD effect of electoral turnover on likelihood of mask mandate



(a) Plot

	Mask mandate		
	(1)	(2)	(3)
	Convent	Bias-corr	Robust
Effect of marginal incumbent win	0.065*	0.083**	0.083*
	(0.031)	(0.031)	(0.036)
Pretreatment controls	Yes	Yes	Yes
Départements FEs	Yes	Yes	Yes
N	2,914	2,914	2,914
Bandwidth	13.01	22.79	22.79

† $p < 0.1$, * $p < 0.05$, ** $p < 0.01$.

(b) Regression framework

Note: Regression discontinuity estimates for marginal incumbent wins on the likelihood of having implemented a mask mandate. The plot to the lefts shows the binned values of the likelihood of a mask mandate (points) and linear trends (lines) dependent on the candidates' winning margin. The table provides results from the regression discontinuity analysis using conventional, bias-corrected and robust estimators suggested by Calonico, Cattaneo, and Titiunik (2014) and Calonico et al. (2019). The displayed margins correspond the optimal bandwidths chosen by the algorithm (see bottom row of Table 2). The rug plot at the bottom of the graphs shows individual values of the forcing variable.

Regulatory disruption: Evidence from administrative records

To develop a deeper understanding of how electoral turnovers translated into higher mortality and to gain an understanding of temporal dynamics, we collected administrative records from a subsample of municipalities with and without a turnover to check whether—and at what point in time—they started to address the escalating Covid-19 crisis. The logic of the test is that if electoral turnovers disrupted the smooth functioning of local decision-making, we should see delays in the issuing of measures to counter the spread of the disease.

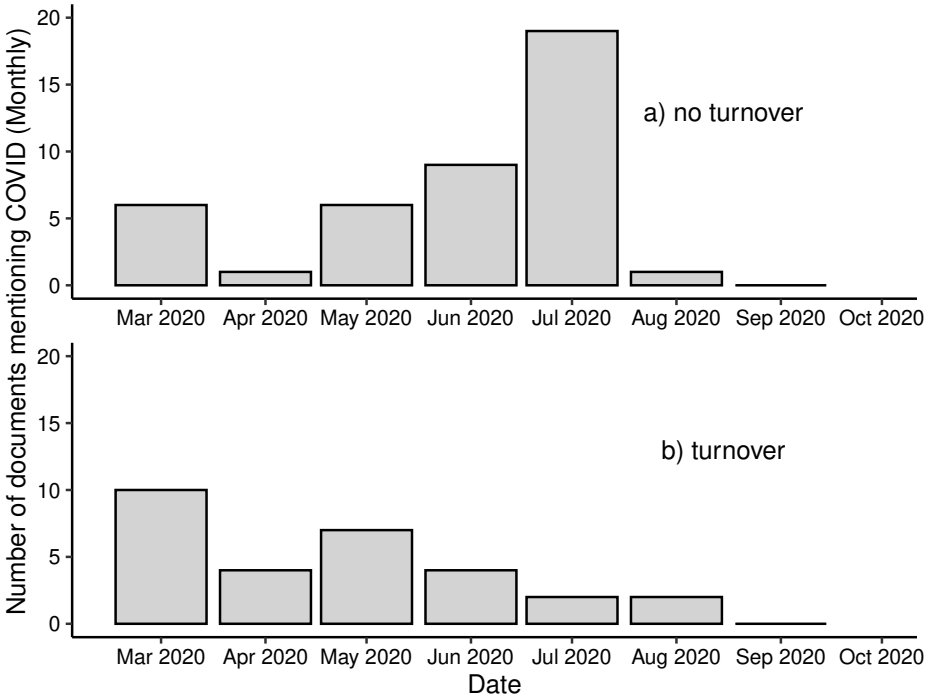
To select the sample, we randomly drew 50 municipality pairs (i.e., 100 municipalities in total) from the list of matched municipalities used in the analyses described earlier. As a result of the matching procedure, the subsample is fully balanced in terms of all observed covariates save for the fact that half of the municipalities experienced a turnover, while the other half did not (see Appendix Table A13). The records we are interested in are *arrêtés municipaux*, municipal council resolutions, the most important legislative documents issued

by municipalities. The resolutions summarize decisions taken by the municipal council, the legislative body of the municipality that is chaired by the mayor. Important for our purpose, council resolutions must be made public, although the format through which this happens is not specified, meaning that many municipalities only publish their *arrêtés* in paper format. Collecting the resolutions therefore required contacting each selected municipality to request digital scans or copies. We asked municipalities to share with us all resolutions published between March 1, 2020, and September 30, 2020, that is, the time period shortly before the first round of elections and until two months after the second round of elections. Out of the 100 selected municipalities, 52 provided some information on their published resolutions, albeit in varying formats. Coincidentally, 26 of these 52 municipalities had experienced a turnover while 26 had not (covariates remained fully balanced for these subsamples, see Appendix Table A14 in the Appendix). While a few municipalities sent full texts, some merely sent the title, issue date, and the *objet* (a short summary of the contents) of a given resolution, giving us a total of n=6,244 pieces of information.

Our main measure of interest is the extent to which municipalities issued resolutions mentioning Covid-19—and the timing of those resolutions. We therefore searched the stemmed and tokenized objects of the resolutions for "covid" and "corona" using regular expressions. This procedure delivered a total of 97 resolutions mentioning containment measures of various sorts. For example, municipalities issued resolutions allowing public employees to work from home, ordering the construction of barriers outside schools for social distancing, or allowing restaurants to establish outside terraces.[3] No fewer than 70 of these measures were issued by municipalities that did not experience a turnover, providing initial evidence that turnovers are indeed associated with fewer containment measures. We formally tested whether the difference was statistically significant with Poisson and negative binomial regression models

[3]These examples come from resolutions of the municipalities of Sébazac (July 13, 2020), Gondecourt (June 3, 2020), and Ascain (June 5, 2020), respectively.

Figure 4: Number of municipal council resolutions issued over time by turnover status



Note: Figure showing the number of municipal council resolutions (*arrêtés municipaux*) over time separately for municipalities that experienced or did not experience a turnover during the municipal elections.

where we regressed the number of resolutions per municipality on the indicator for electoral turnover and calculated predictive margins (see Tables A15 and A16 in the Appendix). The models estimated that municipalities without a turnover issued 2.7 resolutions mentioning Covid-19, whereas this number was estimated to be 1.0 for municipalities that experienced a turnover. However, while this difference is highly significant in the Poisson model ($p<0.001$), it falls short of conventional levels of statistical significance ($p=0.13$) in the more conservative negative binomial model, arguably due to the small number of cases.

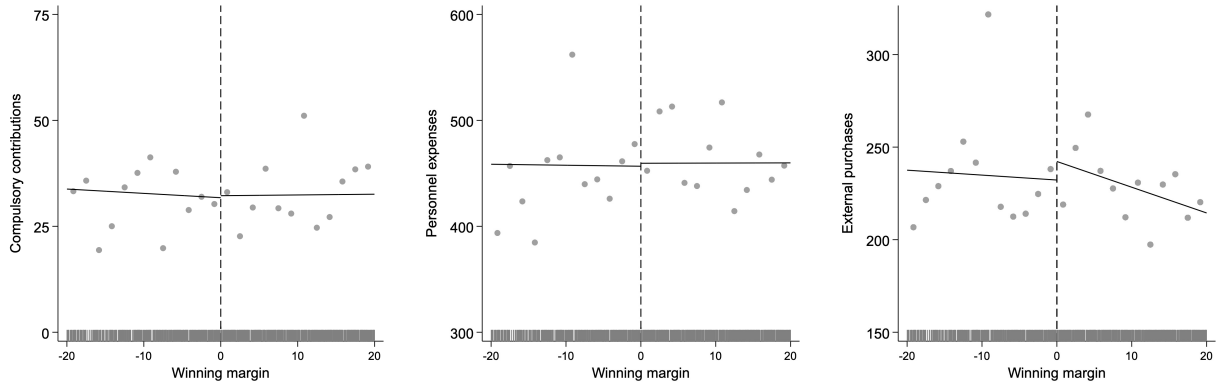
Figure 4 shows the dynamics over time. We can observe a clear trend: municipalities without a turnover issued Covid-19–related resolutions throughout the summer, while no such activity can be seen for the municipalities where the local government changed as a result of the elections. From late summer on, local legislative activities regarding containment measures came to a standstill, likely in response to the encompassing measures issued by the central government that made local measures superfluous (as explained above regarding

the mask mandates). Taken together, the evidence points to a causal mechanism whereby elections interrupted local administrative procedures, which led to the slow adoption of containment measures, the lack of which then translated into higher Covid-19 infections and excess mortality rates.

Bureaucratic disruption: Evidence from municipal finances

Second, to investigate the potential impact of electoral turnover on bureaucratic functioning, we use data on municipal expenditure, a commonly used measure of bureaucratic performance (Pierskalla and Sacks 2018; Piedra-Peña, Breuillé, and Gallo 2024; Toral 2024). Expenditure data are provided by the French Ministry of Economy, Finance and Industry on an annual basis and are broken down into different categories (Direction Générale des Collectivités Locales 2020). Of particular interest are expenditure on compulsory contributions (e.g., to the fire brigade), on personnel, and on external purchases (e.g., purchases of services, rents, maintenance of roads and equipment, etc.). We can use these three types of expenditure to explore the different ways in which electoral turnovers may have impeded the functioning of the bureaucracy.

Figure 5: Municipal expenditures by winning margin of incumbent



(a) Compulsory expenditures (b) Personnel expenses (c) Purchases

Note: Figure showing the binned values for excess mortality (points) and linear trends (lines) dependent on the candidates' winning margin within the bandwidths used in Table 3 below. The dependent variables are (a) compulsory expenditures, (b) personnel costs, and (c) purchases. Models using the standard set of controls The rug plot at the bottom of the graphs shows the individual values of the forcing variable present in the data.

Table 3: RD estimates for effect of marginal incumbent wins on various municipal expenses

	Compulsory expenditures			Personnel expenses			Purchases		
	(1) Convent	(2) Bias-corr	(3) Robust	(4) Convent	(5) Bias-corr	(6) Robust	(7) Convent	(8) Bias-corr	(9) Robust
Effect of marginal incumbent win	0.958 (1.518)	1.120 (1.518)	1.120 (1.802)	2.475 (6.147)	3.635 (6.147)	3.635 (7.497)	10.363* (4.456)	12.311** (4.456)	12.311* (5.160)
Pretreatment controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	4,912	4,912	4,912	4,912	4,912	4,912	4,912	4,912	4,912
Bandwidth	14.65	22.86	22.86.00	20.11	32.36	32.36	12.50	21.99	21.99

Note: Regression discontinuity results. Effect of mayoral incumbent marginally winning their election on compulsory expenditures (Models 1–3), personnel expenses (Models 4–6), and purchases (Models 7–9), respectively. Estimation method (conventional, bias-corrected, robust, see: Calonico, Cattaneo, and Titiunik 2014; Calonico et al. 2019) indicated above the estimates; p-values in parentheses, † $p < 0.1$, * $p < 0.05$, ** $p < 0.01$.

Changes in compulsory expenditures would imply that routine bureaucratic functions carried out independently of political leadership were affected. This is the closest measure of "pure" bureaucratic functioning among the measures. This could be the case if turnovers resulted in distraction or slacking among bureaucrats (cp. Pierskalla and Sacks 2018). Reductions in personnel expenses may indicate that staff were made redundant or left—the most prominent way that prior literature has sought to explain disruptions upon electoral turnovers (cp. Toral 2024). Finally, if expenditure on external purchases decreased, this could indicate problems of coordination between mayors and bureaucrats following electoral turnovers. Importantly for our case, this last expenditure category includes spending on containment measures such as erecting barriers in public places, which some municipalities took during the pandemic. However, this also implies that we cannot neatly separate this measure from those for regulatory disruption: fewer regulatory measures likely directly result in fewer expenditures for external purposes.

We test for these conjectures in the RD framework using the per-capita expenditure figures for 2020 as the dependent variable and the winning-margin as the forcing variable. We control for our standard set of controls plus the level of expenditures in 2018 to avoid picking up well known spikes in pre-election spending used by incumbents to shore up support, especially in tight races (Smith 2004). Our RD estimates therefore capture changes in expenditures in municipalities where an incumbent mayor narrowly won compared to those where s/he

narrowly lost. Figure 5 and Table 3 provide the results for this test. We can see that neither compulsory expenditures nor personnel expenditures are affected by electoral turnovers. This suggests that turnovers did not disrupt the regular functioning of the local bureaucracy, nor did they entail significant changes in staffing levels. Given that local bureaucrats in France are career professionals who passed a national-level exam and cannot be easily displaced, these results are not unexpected. Conversely, we do find that external purchases are higher where incumbent mayors marginally won, i.e., they tend to be lower in municipalities with turnovers. We cannot know whether this effect is due to coordination problems between new mayors and bureaucrats (i.e., the implementation channel), or is in fact driven by lower overall regulatory activity on the part of newly elected officials (the regulatory channel). Nevertheless, the finding provides further evidence that elections led to disruptions in local governance that may have undermined disease control efforts and led to higher excess mortality over time.

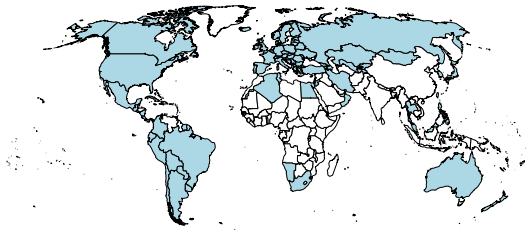
Generalizability: Country-level DiD

To probe for the generalizability of our findings, we construct a country-level panel dataset and conduct a difference-in-differences (DiD)/panel event study. Our dataset includes 101 countries or territories and spans the years 2020 to 2023—the time period for which high-quality excess mortality data could be retrieved, and for which information for electoral turnovers was available. Given this temporal coverage, which almost entirely overlaps with the Covid-19 pandemic (which was not officially declared over until May 2023), we therefore estimate the effect of electoral turnover when elections are held during a major crisis. As can be seen from Figure 6a, in terms of geography, the data covers most regions of the world fairly well, with the notable exception of the African continent. Our data on excess mortality come from Karlinsky and Kobak (2021) and HMD (2024). Data on election dates and turnovers come from the V-Dem country-date dataset (Coppedge et al. 2024). We combine these two datasets with context-level control variables from Bosancianu et al. (2022)'s study on the social and political predictors of excess mortality in the beginning of the Covid-19 pandemic.

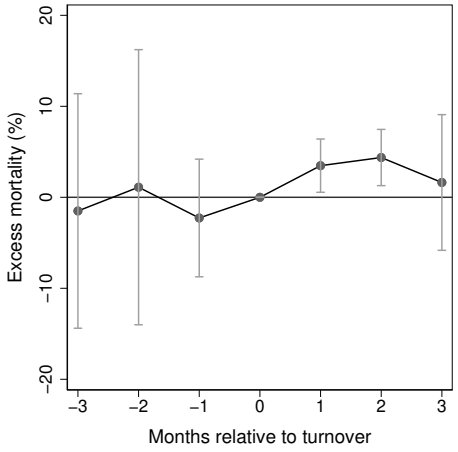
As control variables, we include the same core predictors for mortality from Covid-19 as Bosancianu et al. (2022), who used a lasso selection procedure to isolate the most important controls from a large set of potential predictors. These are the healthcare quality index (GHSI), healthcare spending per capita, life expectancy, and respiratory disease prevalence. We also include indicators for the quality of democracy, and whether any election took place during the period under observation. The independent variable is the "election executive turnover" as defined by V-Dem. Cases are coded as having experienced an electoral turnover wherever a head of state changed or a new party came to power following an election, or both. They are scored as zero where the old government retained their position or where the elections did not affect the executive.

Figure 6: DiD/panel event study

(a) Countries and territories included



(b) DiD/panel event study plot



Note: (a) Map of countries and territories included in the panel event study. Included areas shaded. (b) DiD/panel event study plot following De Chaisemartin and D'Haultfœuille (2024), corresponding to Model (1) in Table 4. Markers are point estimates, lines are 95 percent confidence intervals.

We are interested in estimating the effect of electoral turnovers on excess mortality. Since elections took place at various points during our observation period, we use a staggered difference-in-differences design, as laid out by De Chaisemartin and D'Haultfœuille (2024). We compare excess mortality figures in countries where a turnover took place to those in similar countries that have not yet, or never will during the period of observation, experience a turnover. As with all DiD designs, the validity of the estimator relies on the parallel trends assumption: prior to the treatment, treatment

Table 4: Staggered DiD/panel event study

	(1)	(2)
Turnover $_{t+1}$	3.48*	4.04**
	(1.49)	(1.33)
Turnover $_{t+2}$	4.37**	4.15**
	(1.58)	(1.61)
Turnover $_{t+3}$	1.63	1.15
	(3.80)	(3.80)
Placebo $_{t-1}$	-2.27	-3.51
	(3.30)	(2.62)
Placebo $_{t-2}$	1.11	-0.46
	(7.71)	(7.47)
Placebo $_{t-3}$	-1.50	-1.03
	(6.58)	(6.77)
Av. total effect	3.16	3.12†
	(1.94)	(1.89)
N total effect	3,201	3,079
Controls	No	Yes

Note: Data from the 101 countries and territories shown in Figure 6a for 2020-2023. Panel event study following De Chaisemartin and D'Haultfœuille (2024). Switchers are defined as countries that saw an executive electoral turnover as defined by V-Dem (Coppedge et al. 2024). Differences in observations due to missing data in the control variables. † $p < 0.1$, * $p < 0.05$, **$p < 0.01$.

and control units should have followed similar trends in terms of excess mortality. The parallel trends assumption can be tested by estimating placebo treatments for the period before the treatment. If the parallel trends assumption holds, these placebo treatments should not be significant.

The results of the analysis are presented in Table 4 and Figure 6b. The average total effect across all cases is a 3.1 percentage points increase in excess mortality in countries with turnovers, which, however, is only marginally statistically significant in the specification including controls. More interesting than this overall effect is the dynamic effect, shown in the panel event study plot (Figure 6b). Here we see that there is a significant increase in excess mortality immediately after a change of government. As also shown in Table 4, excess mortality rises by 3.5 to 4 percentage points in the first month after the election and by 4.2 to 4.4 percentage points in the second month. After that, mortality returns to similar levels in countries with and without recent electoral changes. Reassuringly, the placebo estimates for the three months before the elections are indistinguishable from zero, providing evidence that parallel trends hold.

When we consider democracies and flawed democracies/autocracies separately, we find that, overall, flawed democracies/autocracies had higher excess mortality rates than democracies during the pandemic (see Figure A13 in Section D of the Appendix), likely due to factors such as lower GDP and less equitable access to healthcare, as discussed in the theory section (cp. Touchton, Sugiyama, and Wampler 2017; Bollyky et al. 2019). This said, when focusing on the

effect of electoral turnover, the opposite is true: while there are no effects in non-democracies, electoral turnovers are clearly associated with higher excess mortality in democracies. The dynamic effects for the two months following a change are substantially large (6.5 percentage points for the first month and 6.8 percentage points for the second) and highly statistically significant (see Figure A14 in the Appendix). Arguably, this is because the disruption caused by elections is higher in democracies, where turnovers are associated with a genuine change in executive elites. Remarkably, effect sizes for electoral turnovers in democracies are comparable to those estimated for municipal electoral turnovers in France above. This is despite looking at a different level of aggregation (country instead of municipality) and using a different method (DiD instead of RD). The test thus provides evidence that our results for France are not exceptional, but rather generalizable to a wide range of cases. Holding elections in times of emergency comes at a cost to health.

Conclusion

The change of government through elections is a cornerstone of democracy and has been linked to multiple beneficial outcomes, especially in the economic domain (Horowitz, Hoff, and Milanovic 2009; Knutsen and Wig 2015; Stockemer and Sundström 2018; Ruiz-Rufino and Birch 2020; Akhtari, Moreira, and Trucco 2022; Marx, Pons, and Rollet 2022). Studying local elections in France during the Covid-19 pandemic, we demonstrate that there are also costs associated with electoral turnovers. Municipalities that saw government change experienced substantially higher excess mortality in the year following the election, an effect that was concentrated in politically left-leaning municipalities. We explain these findings with disruption of the legislative process and the slower implementation of mitigation measures in municipalities experiencing an electoral turnover.

Even though our evidence is more circumstantial in this regard, we detect costs and vulnerabilities of different political regimes on local health outcomes. Notably, we argue that left-leaning localities, by virtue of sustaining a higher number of particularly vulnerable people in normal times, see higher mortality during the pandemic shock. This finding relates to the

cross-national literature, where scholars have found the ideological orientation of governments to be predictive of aggregate health outcomes (Moon and Dixon 1985; Brennenstuhl, Quesnel-Vallée, and McDonough 2012; Rodriguez, Bound, and Geronimus 2014; Barnish, Tørnes, and Nelson-Horne 2018; Alexiou and Trachanas 2021). Our findings suggest that similar dynamics hold on the local level.

Our results demonstrate that not only are elections insufficient to improve health outcomes (Touchton, Sugiyama, and Wampler 2017), they can actually be harmful. Of course, we are not suggesting abolishing elections for the sake of improving health outcomes. Since we focus on short-term effects, our results in no way challenge the finding that elections have positive effects on governance and economic performance, which then translate into better health outcomes in the long-run (Marx, Pons, and Rollet 2022). That said, our results *do* suggest that we should pay more attention to the costs that political fundamentals, such as elections, may have in domains not typically considered by political scientists, such as health (but see Toral 2024). Future studies could look at the short-run health effects of electoral turnovers during more normal times, that is, outside of a pandemic. Since effect sizes are likely smaller, such studies would need to draw on larger datasets, similar to the country-panel dataset compiled here, but using data from non-emergency times, which will become available as we leave the pandemic behind. Outcomes other than health could also be studied. Any policy that relies on the consistent delivery of services might be negatively affected, such as education, security, and social welfare.

Given that holding elections in times of crisis is fraught with significant risks, does this mean that we should postpone them until the crisis is over? Since pinpointing that exact moment is objectively difficult and postponement might lead to abuse by non-democratic forces, we do not advocate this apparent solution. Instead, practical measures could be taken, such as carefully organizing the handover between outgoing and incoming executives. Whatever the specific arrangement, awareness of the disruptions caused by electoral turnovers will be important in mitigating their potential negative effects.

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