Domestic Opposition as Messengers for International Organizations

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Abstract

Why do governments frequently disregard expert recommendations from international organizations (IOs), even when they are likely to resonate with the public? A key constraint is that IO guidance often fails to reach the public, and we argue that domestic opposition parties can serve as intermediaries in their transmission, strategically highlighting or downplaying such guidance based on political calculations. We test this argument in the context of infectious disease outbreaks, focusing on scenaros in which governments consider imposing travel bans that run counter to World Health Organization (WHO) guidance. Using survey experiments in the United States and the United Kingdom, with replications that vary government stances and crisis conditions, we find that opposition criticism of travel bans can reduce public support for the policy, but only modestly and inconsistently. Invoking WHO guidance more effectively conveys IO recommendations and further lowers public support for travel bans. However, these policy effects do not systematically translate into gains in perceived competence for either the opposition or the WHO. Instead, opposition criticism often entails reputational costs, even when expert guidance supports the opposition's position. Overall, our findings help explain why IO guidance frequently fails to influence domestic policy: expert-backed arguments can shift policy preferences, but domestic political incentives limit oppositions' willingness to act as effective intermediaries.

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Introduction

A central question in international cooperation is how international organizations (IOs) can influence state behavior and foster cooperation despite lacking enforcement powers. One key mechanism is their ability to shape domestic politics by swaying public opinion. Indeed, recent studies indicate that IO messages can impact public support for policies,[1] and IOs have increasingly invested in public communication (Ecker-Ehrhardt 2018). However, governments often disregard IO recommendations, even when those recommendations could mobilize public opinion in favor of policies advocated by IOs.

The early phase of the COVID-19 pandemic exemplifies this disconnect (Alden & Trautman 2025). Despite the World Health Organization's (WHO) clear recommendation against travel bans and border closures,[2] almost all governments adopted such measures (Grépin et al. 2024, Shiraef et al. 2021, Kenwick & Simmons 2020). Prior to 2020, all of the WHO's member states had collaborated to craft procedures that practically enshrined the non-use of travel restrictions. However, most governments proceeded with policies that ran counter to the WHO guidance, based on procedures that they themselves had crafted. It is tragic because research suggests that if the public had been informed of the WHO's stance, public support for the bans would have been significantly lower (Kobayashi et al. 2024) and countries may have complied with the WHO guidance.

If IOs can influence public opinion, why are their recommendations so often disregarded? One overlooked aspect of this question is the role of domestic politics, especially

[1] See, e.g., Chaudoin (2014), Greenhill (2020), Heinrich, Kobayashi & Motta (2024), Kiratli (2024), Kuzushima, Mori McElwain & Shiraito (2024), Pinto, Rickard & Vreeland (2025), Recchia & Chu (2021), Strezhnev, Simmons & Kim (2019), and Wallace (2013).

[2] The WHO's recommendations against travel bans follow scientific evidence indicating their limited effectiveness in preventing or significantly delaying the introduction of infectious diseases into the imposing country, especially when the pathogen already spreading within the country (though challenges in data and causal identification remain) (Chinazzi et al. 2020, Mendez-Brito, El Bcheraoui & Pozo-Martin 2021, Shiraef et al. 2022). These recommendations also reflect WHO's broader concerns about how unilateral travel bans may affect the spread of disease in other regions, humanitarian considerations, and the long-term consequences for future pandemic preparedness and response (Alden & Trautman 2025).

opposition parties, in mediating IO influence on public opinion. Unlike controlled experimental settings, where people are directly exposed to IO messages, real-world exposure depends heavily on how these messages are relayed by elites and the media (Brutger & Strezhnev 2022). During the COVID-19 pandemic, for example, the WHO's opposition to travel bans was rarely mentioned in news coverage across many countries, leaving the public largely uniformed (Kobayashi et al. 2024).

Opposition parties, in principle, could have drawn media attention to the WHO guidance in the COVID era and challenged government policies on travel bans, particularly as its anti-travel-ban stance was widely supported by the scientific community at that time. By amplifying expert recommendations, opposition parties could have informed the public, shifted public opinion against travel bans, and increased pressure on governments to comply with IO guidance. Yet, in most cases, opposition parties appear to have either remained silent or followed the government's lead on restricting travel. This is puzzling.

This study investigates opposition parties as potential conduits of IO messages during crises, with a focus on travel bans during the early stage of a potential pandemic. Specifically, we examine four questions about the interplay among opposition party, the WHO, and public opinion. First, we ask whether the WHO guidance can amplify opposition parties' criticisms and sway public opinion. Second, we test whether opposition parties have the capacity to magnify IO guidance and influence public support for travel bans. Third, we examine whether opposition parties would have the incentives to do so, given potential political risks. And fourth, we study whether the WHO has incentives to issue or emphasize its recommendations in anticipation of the domestic politics.

We use a vignette-based survey experiment in both the United States and the United Kingdom, presenting participants with a hypothetical future influenza pandemic scenario. Using a factorial design, we randomly vary whether the opposition party supports or criticizes the government's proposed travel ban, and whether WHO guidance against travel restrictions is explicitly mentioned. After exposure to these treatments, respondents

report their support for travel bans (targeted at the outbreak country, region-wide, or worldwide) and their confidence in the government, the opposition party, and the WHO. This approach enables us to isolate how different political cues and the presence of WHO recommendations influence public attitudes and perceptions of key political and health authorities.

We find that opposition criticism and in particular when paired with WHO recommendations can significantly reduce support for travel bans. Even without any WHO guidance invoked, opposition criticism of a travel ban reduces support by about a quarter of a standard deviation (SD). When the opposition bases its criticism on the WHO guidance against a travel ban, support declines by another quarter of a SD. The WHO messaging manages to amplify the opposition's criticism. Similarly, in the presence of WHO guidance, opposition criticism also augments the WHO effect. In short, the opposition and WHO criticisms reinforce each other in shifting public opinion against travel bans—maximally by about one SD.

While opposition and WHO can shift policy preferences, we see no evidence that perceptions of competence are shifted by any messaging. For sure, the effects were expected to be muted as we opted for more realistic profiles by tying politicians to real parties and invoking the actual WHO, entities over which respondents have at least somewhat informed priors (Croco, Hanmer & McDonald 2021). However, even respondents who do not identify with either major party in each survey country barely changed their views of government, opposition, and the WHO in response to their messaging.

We replicate all analyses using a different pathogen as a threat. While influenza (and our invocation of COVID-19) implies real-world, large-scale lethality and threat, people may still think that "it's just the flu." Ebola, in contrast, with its more visible symptoms and higher lethality rate. [...]

In short, what emerges in this study is a picture in countries where the major parties are viewed in a fixed way by co-, out-, and non-partisans, little of the actual policy messages

matters for how people view the entities. However, people clearly take the cues from the opposition and WHO messages, almost regardless of their own and the opposition's partisan identity.

Our study contributes to the literature on international cooperation in three ways. First, we address a gap by examining the mechanisms through which IO messages reach the public, with a particular focus on the role of opposition parties as potential IO messengers. Second, we specifically theorize how crisis situations—particularly in the context of a pandemic—shape domestic politics and influence the role of IOs. Third, we go beyond examining the effects of IO messages and opposition parties on public support for policies by investigating how the act of transmitting these messages affects the political risks and strategic calculations of domestic elites. Ultimately, our study aims to shed light on the potential of domestic opposition parties to serve as IO messengers and to identify the conditions under which they may or may not choose to take on this role.

Cooperation dilemmas and professional messengers

Theory

We focus on a period immediately following an infectious disease outbreak in a foreign country but before any serious mitigation policies take effect. This initial phase is marked by high uncertainty, significant stakes, and urgent pressures to act. Such a situation meets the definition of a crisis: decision-making must be rapid, stakes are high, and information is incomplete. Under these conditions, people look to both political leaders and expert institutions for guidance. However, crises also produce well-known political effects. In particular, the rally effect can boost public trust in the government at the expense of the opposition, likely undermining the latter's influence. Nonetheless, we argue that even in this context, there remains a window for the opposition to shape public attitudes—especially if it can present credible, expert-backed criticisms.

We begin by assuming that, when evaluating responses to a potential pandemic, individuals prioritize the broader health impacts on their community and country.[3] As a result, perceived effectiveness of any health policy looms large in their evaluations. Absent concrete information, we assume that individuals initially believe that travel bans and border closures effectively curb disease spread. This intuition, however, appears to be weakly held. When credible sources argue against travel bans, people revise their beliefs and update their policy preferences accordingly (Kobayashi et al. 2024).

Given the malleability of these beliefs and attitudes, source credibility becomes critical. While the credibility depends on a variety of attributes (e.g., trustworthiness, status, likability, objectivity), two perceptions typically stand out in political settings: whether the cue-giver possesses policy-relevant expertise and whether it is perceived to share the audience's interests (Lupia & McCubbins 1998).[4] Expertise speaks to whether a source "knows what it is talking about," while perceived interest alignment reflects whether it is seen as genuinely working for the country's interests. Both matter in crises, as expertise without interest aingment can appear to be advancing an external agenda, while alignment without expertise lacks persuasive power.

Crisis situations intensify the competition for public attention and trust among poliltical and expert actors. Although governments often experience a surge in credibility (the rally effect) (Berinsky 2019, Merolla & Zechmeister 2009), the public also turns to experts, government agencies, and international organizations such as the WHO for guidance (Albertson & Gadarian 2015, Schlipphak, Meiners & Kiratli 2022). While these actors often see their baseline trust increase in emergencies, they can also face suspicion. The WHO, for example, boasts a comparatively high level of trust globally (Dellmuth et al. 2022), but skepticism persists about its alignment with each country's interests or susceptibility

[3] We adopt this sociotropic perspective rather than an personal one (Bechtel & Liesch 2020, Duch & Stevenson 2008, Hainmueller & Hopkins 2014), though the distinction is less consequential here. Due to the nature of infectious diseases, personal and collective health risks are inherently linked—when community transmission is high, individual protection becomes almost impossible.

[4] See also Kuzushima et al. (2025) and Sheen et al. (2023).

to influence by (some) powerful member states (King & Lugg 2023). Consequently, the WHO's expertise may simultaneously heighten its initial credibility while its international, external status dampens perceived alignment with local concerns.

Domestically, governments benefit from elevated visibility and authority at the outset of a crisis. However, if they fail to effectively utilize or communicate expert guidance, they can face public doubts about their competence. We argue that this opens a door for the domestic opposition to act as an alternative source of information—particularly if it can credibly demonstrate that it is highlighting expert advice (e.g., from the WHO) in the interest of the country's public health rather than engaging in partisan politics.

Our framework adopts two assumptions which, although not capturing every possible scenario, clarify the central purpose of our study. First, we assume the government initially leans toward adopting travel bans. This assumption is realistic in the context of interest (the early stage of a serious public health crisis), when governments typically favor intuitive and decisive actions such as border closures.[5] Although governments may adjust their policies in light of public opinion—and our theory and experiment allow for this possibility—, assuming an initial pro-ban inclination allows us to cleanly isolate and analyze the role of the opposition as a messenger for WHO guidance. (We further discuss the implications of this assumption and relax it in our replication study.)

Second, we also assume that the WHO issues guidance advising against travel bans following infectious disease outbreaks. While the specifics of WHO statements may vary, the organization generally emphasizes that blanket travel bans and border closures yield limited epidemiological benefits and entail significant drawbacks (Worsnop 2017, Worsnop 2019, Alden & Trautman 2025).[6] Whether the public learns about this guidance, however,

[5] As discussed below, our hypothetical pandemic scenario is designed to make travel bans feel particularly intuitive by assuming, for example, the virus is highly transmissible, life-threatening, and spreading rapidly in the outbreak country.

[6] These drawbacks include disruptions to medical supply chains and access to healthcare professionals and equipment (Devi 2020, Miller et al. 2021) and creating perverse incentives for countries to conceal or downplay outbreaks (Alden & Trautman 2025, Worsnop 2019).

depends heavily on domestic media coverage (Kobayashi et al. 2024), which is itself shaped by domestic political discourse. Absent domestic amplification, WHO recommendations are unlikely to become salient to the public.

We argue that the domestic opposition parties are well-positioned to serve as a bridge between the WHO and the public. By endorsing the WHO's anti-ban recommendations, the opposition can reframe expert guidance as aligned with the country's health interests—crucial in persuading voters who might otherwise suspect outside interference. This allows opposition criticiams of travel bans to rest on scientific authority rather than mere partisanship. This synergy benefits both sides: the WHO's guidance is seen as better aligning with the country's interests, while the opposition bolsters its own credibility by appealing to recognized expertise.

In sum, during the early stages of a foreign disease outbreak, individuals hold an intuitive yet weakly belief that travel bans are effective. Governments benefits from a rally effect, yet this does not entirely preclude the opposition's influence. By leveraging the WHO's expertise and reframing its guidance as serving the country's interests, the opposition can partially offset its disadvantage and reduce public support for travel bans.

Questions and hypotheses

Within this framework, we derive hypotheses addressing five interrelated questions. The first asks whether opposition criticism reduces support for travel bans. In crisis contexts, the public often places greater trust in and pays more attention to government leaders and health experts, which can diminish the relative credibility of opposition parties, especially when they lack recognized policy expertise. Accordingly, while we expect opposition criticism to somewhat reduce support for a travel ban relative to endorsement, this impact is expected to be modest given the presene of a rally effect for the government.

Second, we examine whether citing WHO guidance amplifies opposition criticism. Because opposition parties typically possess less public health credibility than govern-

ments, invoking a trusted international authority may boost their persuasive capacity. We propose that opposition critiques that reference the WHO's anti-ban guidance should reduce public support for travel bans compared to critiques absent such references.

Third, we study whether opposition endorsement of WHO guidance improves the WHO's influence on public opinion. Although the WHO enjoys relatively high baseline trust, it may still be perceived as insufficiently aligned with a country's health interests, particularly in crowded information environments. By publicly endorsing WHO recommendations and framing them as compatible with domestic interests, the opposition may increase the weight of WHO guidance. Accordingly, when WHO guidance is highlighted by the opposition, public support for travel bans should be lower than when the opposition supports a ban.

These are our hypotheses relating to public support for travel bans:

- H_1**:** In the absence of WHO guidance, public support for a travel ban is similar whether the opposition criticizes or supports it.
- H_2**:** When the opposition criticizes a ban, support for a ban is lower with WHO guidance available than without WHO guidance.
- H_3**:** With WHO guidance available, support for a ban is lower when opposition criticizes compared to when the opposition supports it.

Fourth, the framework also suggests hypotheses about public confidence in the WHO's ability to manage of crises. Beyond influencing policy support, the WHO has an interest in maintaining its institutional reputation among the public. Although it generally discourages travel restrictions, the WHO has discretion over how strongly it publicizes its stance. We posit that if the opposition reinforces WHO guidance, it can simultaneously boost the WHO's reputation by signaling alignment between the organization's advice and the country's interests.

- H_4**:** In the presence of WHO guidance, confidence in the WHO is higher when the opposition criticizes a travel ban compared to when it supports it.

Fifth, we examine how opposition criticism influences public confidence in both the

government and the opposition, which shapes the opposition's incentive to select one stance over another and the government's incentive to pursue a travel ban in the end. Given perennial electoral contestation, we assume that both seek to boost public confidence in themselves relative to their rival. Therefore, we focus on the *difference* between public confidence in the government and in the opposition, which we call the relative confidence in the government.

We expect that opposition criticism alone, without WHO guidance, will harm public confidence in the opposition. Without the backing of expert authority, the opposition may be perceived as politically motivated rather than evidence-based, particularly given the intuitie appearl of travel bans. Thus, we expect the relative confidence in the government to be higher when the opposition criticizes a travel ban without WHO guidance, compared to when it supports the policy.

Finally, when opposition criticisms of a travel ban is accompanied by WHO guidance, public confidence in the opposition should be higher than when such criticism lacks expert backing. By aligning with WHO guidance, the opposition can strengthen its expert credibility and appear more competent, while simultaneously weakening the government's perceived expertise. We thus derive the following hypotheses regarding relative confidence in the government:

- H_5**:** In the absence of WHO guidance, the relative confidence in the government is higher when the opposition criticizes a travel ban than when it supports it.
- H_6**:** When the opposition criticizes a travel ban, the relative confidence in the government is lower when WHO guidance is available than when it is not.

Research Design

We employ a survey experiment to assess the effects of opposition parties' stances on travel bans and the WHO's guidance on public support for travel bans and on perceived competency of the government, opposition, and the WHO. To do this, we first present

respondents with a hypothetical influenza pandemic scenario and then ask them to read a hypothetical newspaper article describing the governments' initial leanings towards a travel ban and the opposition's position. Respondents are asked to express their views on travel bans and a series of questions about their views on the government, opposition party, and the WHO.

Treatment Vignette

We ask respondents to imagine a hypothetical future scenario involving a flu pandemic, which we designed with four key considerations in mind.[7] First, we framed it as a future scenario to reduce the influence of the current political mood, particularly in light of public health controversies during President Trump's second administration at the time of the survey. At the same time, by explicitly invoking political parties, we tether the politicians in this future scenario to a perennial politically salient dimension (Croco, Hanmer & McDonald 2021)

Second, to capture crisis conditions central to our theory, we emphasize uncertainty, scale, and urgency as well as its resemblance to the pattern observed during the early stages of the COVID-19 pandemic. We illustrate this by emphasizing, for example, overwhelmed hospitals in the outbreak country, limited knowledge about the new strain, and vulnerability among children.

Third, we include the detail that 52 cases have already been confirmed (and two deaths are confirmed) within the territory to reinforce the argument that travel bans are particularly ineffective in such scenarios.

We randomize both the country in which the flu outbreak is described as originating ($origin \in \{\text{Brazil}, \text{India}, \text{Indonesia}\}$) and the incumbent governing party ($party \in \{\text{Democrat}, \text{Republican}\}$). The U.S. version of the vignette is below; the U.K. version uses equivalent language tailored to the different political language and parties, with

[7] We follow the general format introduced by Heinrich, Kobayashi & Motta (2024).

Conservative and Labour parties:

> **U.S. Considers Travel Bans Amid Flu Pandemic Threat**
> As a new flu strain spreads rapidly, the President Smith (Democrat) is developing plans to ban all travel to and from *origin*. After a lengthy consultation with health experts from government agencies and universities, President Smith emphasized the urgency of the situation. "We must act now to protect our citizens," President Smith said. "By limiting arrivals from the hardest-hit areas and implementing other measures, we can keep our citizens safe."
>
> [*opposition*]

In the top half of the news story, we describe the government's initial inclination toward a travel ban. This design reflects two key considerations. First, we avoid stating explicitly that the government is committed to or officially proposing a travel ban, instead emphasizing that it is considering or developing plans. This allows flexibility for the government to make actual decisions later and gives us the opportunity to ask about people's policy preferences. Second, we highlight the government's access to and use of national public health experts and agencies, as we argue this is important for public perception.

The position of the opposition is specified in the variable *opposition*, which can take one of four values as shown in full detail in Section III in the appendix. We conceptualize this as a 2 (opposition supports vs. criticizes) $\times$ 2 (WHO guidance vs. no WHO guidance) factorial design, with a few caveats. First, when the opposition criticizes travel bans and the WHO guidance is present, it explicitly cites the WHO guidance; when it offers support for travel bans, the WHO recommendation appears and visible to respondents but is not explicitly tied to either side.

Second, we acknowledge that the scenario in which the opposition supports travel bans despite WHO guidance is unlikely in real-world settings, since media coverage rarely

highlights WHO guidance unless domestic elites spotlight it. Nonetheless, we include this less plausible condition for theoretical reasons. By holding WHO guidance constant (i.e., making it visible to respondents) while varying the opposition's stance, we can identify whether WHO advice is more persuasive when it is references in opposition criticism of bans than when the opposition does not take up that guidance (H_3).

Third, the absence of WHO guidance in the news article can be interpreted in two ways. It could mean that no domestic actor (e.g., the opposition) highlighted the guidance, so it failed to gain media attention despite being issued. Alternatively, it may suggest that the WHO either did not release guidance or did not actively promote it. When interpreting the results and considering the WHO's incentives, we will return to these possibilities.

In short, we have an early-stage flu scenario with the government preparing for a decision on a travel ban, though some leanings toward doing so is suggested. The opposition comments by either criticizing or supporting a ban and the WHO issuing guidance against a ban or not. Party roles and source of outbreak are randomized.

Outcome questions

Following the presentation of the article, we ask respondents a series of questions measuring their support for travel bans. Specifically, we ask whether they would "support or oppose a travel ban to *origin*, the country where the outbreak originated, in response to this potential pandemic threat?" with answer options "Support", "Neither Support or Oppose", and "Oppose". This allows us to test H_1, H_2, and H_3.

To test H_4, we need a measure of people's confidence in the WHO and its ability to "to guide countries through this pandemic threat". The answer options are "Full confidence", "High confidence", "Moderate confidence", "Low confidence", and "No confidence at all." We treat this variable as linear and scale it to the unit interval, with higher values indicative of greater confidence. For H_5 and H_6, we need a measure of people's confidence in the government relative to the opposition party handling the pandemic threat. We

chose to do so rather than asking about vote intention or trust, as those would be too abstract for this hypothetical scenario. We split obtaining this measure asking about people confidence in government's and opposition party's (if it were in power) "ability to effectively manage this pandemic threat", respectively. Using the same answer options and assuming linearity, we construct a measure of relative government confidence by subtracting the level of confidence in the opposition from that in the government (i.e., Relative Confidence$_{gov}$ = Confidence$_{gov}$ − Confidence$_{opp}$) (Schultz 1998). With this, a positive value indicates that respondents exhibit higher confidence in the government compared to the opposition. We scale this to the unit interval.[8]

Sample

We recruited 3,122 respondents in the United Kingdom and 2,987 in the United States through Prolific, an Oxford University-based online opt-in survey recruitment platform.[9] We obtained nationally representative samples from Prolific, balanced by gender, age, and ethnicity for the U.K., and by gender, age, and political affiliation for the U.S., based on census benchmarks. Additionally, we use entropy balancing (Hainmueller 2012) to further reduce any remaining sample imbalances based on age, gender, political affiliation, and education. Reference datasets for entropy balancing are the 2022 CES and the 2024 BES. We apply trimmed weights provided by entropy balancing, and all analyses are conducted using the reweighted data.

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[8] Therefore, its midpoint divides whether the government or the opposition receives more confidence, although we do not use this aspect.

[9] Research indicates that Prolific garners a more diverse and higher quality participant pool compared to other similar online platforms (e.g., Amazon's MTurk) and online panels (e.g., Dynata, Qualtrics) (Palan & Schitter 2018, Peer et al. 2017, Peer et al. 2022). Participants are offered compensation to partake in these surveys.

Statistical strategy

To test the hypotheses, we run three regressions for each survey country. We model the support for the travel ban to the outbreak origin country and the confidence in the WHO through ordinal probits, and we treat the difference between the confidence in the government and in the opposition as approximately linear. Treatment effects are estimated using indicator variables, with the condition in which the opposition criticizes travel bans and WHO guidance is present serving as the reference category.

Additionally, we include controls to improve efficiency, including age, gender, education, ideology, party identification, authoritarianism, globalization anxiety, isolationism, political interest, and attitudes toward border control during the COVID-19 pandemic (see the list of the pre-treatment variables and question wording in SI Section IV).

Main Results

Before examining treatment effects, we show the marginal distributions of responses by country as they help with the interpretations of the effect sizes and also in part because they contain some substantive insights. The left-most panel in Figure 1 gives the proportion of answers across all treatment conditions for each country. A large majority of respondents in both the UK and the US support implementing a travel ban targeting the origin country. While overall patterns are similar across the two countries, UK respondents display slightly higher levels of support and lower levels of opposition, indicating a somewhat more restrictive orientation.

We now assess hypotheses H_1–H_3, all of which concern support for the travel ban as a function of treatment. Table 1 present the coefficient estimates. The first two columns present results for support for the travel ban in the UK and US samples, respectively.

Some of the hypotheses require comparisons across estimated coefficients, which complicates interpretation. To facilitate such comparisons, we also simulate predicted

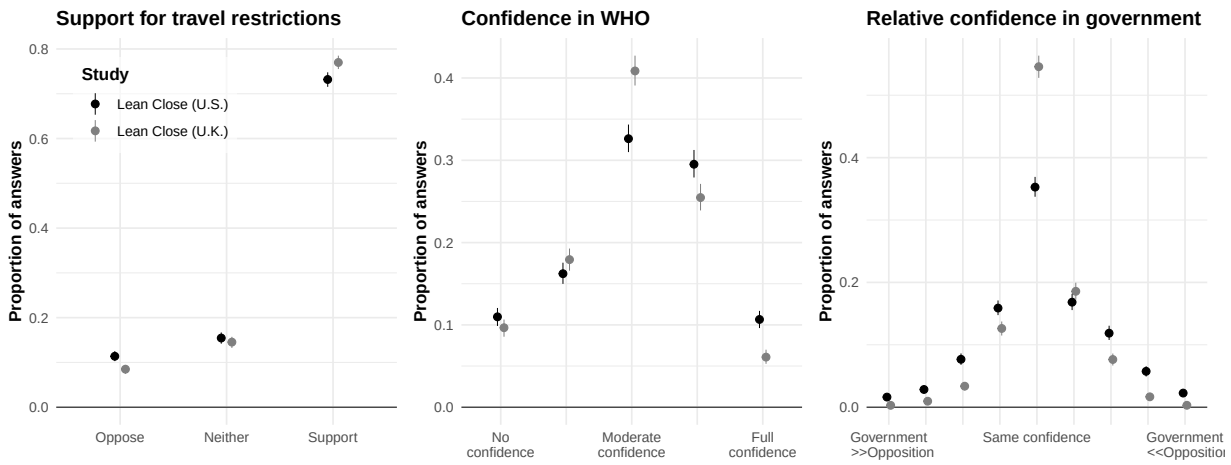

Figure 1: Attitudes about support for travel restrictions and about confidence in the WHO and the government (relative); Lean Close, influenza pathogen (U.K., U.S. samples). Each panel gives the proportions of respondents (y-axis) giving each answer (x-axis). Black dots/ lines indicate the mean and 95% confidence interval for the U.K. sample, the gray for the U.S. estimates are based on 1,000 non-parametric bootstraps, relying on entropy weights.

differences using synthetic observations. These simulations account for the fact that other covariates also influence the outcome, by averaging predictions over the empirical distribution of all other covariates. We compute these quantities for each draw from the parametric bootstrap distribution. The resulting differences are presented in Figure 2.

First, H_1 predicts that, in the absence of WHO guidance, public support for travel bans should be similar whether the opposition supports or criticizes the policy, implying comparable coefficients on the "Opposition: Support" and "Opposition: Criticism". The first two columns in Table 1 show that both coefficients are positive and estimated with small standard errors across UK and US samples; however, the coefficient on criticism is substantially smaller than that on support. The top panel in Figure 2 plot the estimated differences between these treatments (criticism - support), which are negative and statistically significant. This indicates that, even under crisis conditions, opposition criticism lowers support for a travel ban relative to opposition endorsement. These results run counter to H_1.

Second, H_2 posits that support for the travel ban should be lower when opposition

	Support travel ban to origin?		Confidence in WHO		Confidence in Government (rel.)	
	Lean Close (U.K.)	Lean Close (U.S.)	Lean Close (U.K.)	Lean Close (U.S.	Lean Close (U.K.)	Lean Close (U.S.)
Opposition: Support	0.98	0.96	0.07	0.14	-0.17	0.03
	(0.08)	(0.08)	(0.05)	(0.05)	(0.05)	(0.08)
Opposition: Criticize	0.44	0.48	0.05	-0.01	0.02	0.11
	(0.07)	(0.07)	(0.06)	(0.05)	(0.05)	(0.08)
Opposition: Support + WHO	0.41	0.22	-0.07	-0.03	-0.08	0.02
	(0.07)	(0.07)	(0.05)	(0.05)	(0.05)	(0.08)
Age	-0.00	0.00	-0.01	-0.01	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Gender, male	0.03	0.09	-0.06	-0.08	0.03	-0.07
	(0.05)	(0.05)	(0.04)	(0.04)	(0.04)	(0.06)
Education, university	-0.07	-0.10	-0.02	0.19	-0.02	-0.07
	(0.06)	(0.05)	(0.04)	(0.04)	(0.04)	(0.06)
Ideology, left/ liberal	0.04	-0.00	-0.33	-0.40	0.02	0.12
	(0.08)	(0.08)	(0.06)	(0.07)	(0.05)	(0.10)
Ideology, right/ conservative	-0.07	-0.23	0.23	0.36	0.01	-0.12
	(0.07)	(0.07)	(0.05)	(0.06)	(0.05)	(0.08)
Party, Labour/ Democrat	0.06	0.06	0.33	0.35	-0.01	0.15
	(0.07)	(0.07)	(0.05)	(0.05)	(0.05)	(0.08)
Party, Conservative/ Republican	0.10	-0.00	0.29	0.05	-0.10	-0.06
	(0.08)	(0.08)	(0.06)	(0.06)	(0.06)	(0.09)
Authoritarianism	0.27	0.17	0.21	0.47	0.03	0.05
	(0.09)	(0.07)	(0.06)	(0.06)	(0.06)	(0.09)
Globalization anxiety	0.16	0.07	-0.50	-0.22	0.02	-0.15
	(0.11)	(0.09)	(0.08)	(0.07)	(0.08)	(0.10)
COVID travel ban	0.55	0.41	0.32	0.37	0.07	0.11
	(0.03)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Isolationism	0.32	0.60	-0.73	-0.79	-0.04	0.12
	(0.12)	(0.11)	(0.09)	(0.08)	(0.08)	(0.13)
News interest, high	0.03	0.03	0.01	0.03	0.06	0.21
	(0.07)	(0.07)	(0.05)	(0.05)	(0.05)	(0.08)
Observations	2,978	3,110	2,978	3,110	2,978	3,110
Model	Ordered	Ordered	Ordered	Ordered	Linear	Linear

Table 1: Coefficient estimates for main models.. Each number gives the mean estimate, below is the standard error. The outcome is given on top, the survey country below. The first four result columns are ordered probit models, the last two linear regressions.

criticizes *with* reference to the WHO guidance than when it criticizes *without* such reference. Table 1 confirms this expectation. With "Opposition: Criticize + WHO" as the omitted category, the coefficient on "Opposition: Criticize" is positive, statistically significant, and of comparable magnitude in both the UK and US samples. Substantively, the estimated difference amounts to roughly 0.3SD, effects of non-trivial size (see Figure 2). In short,

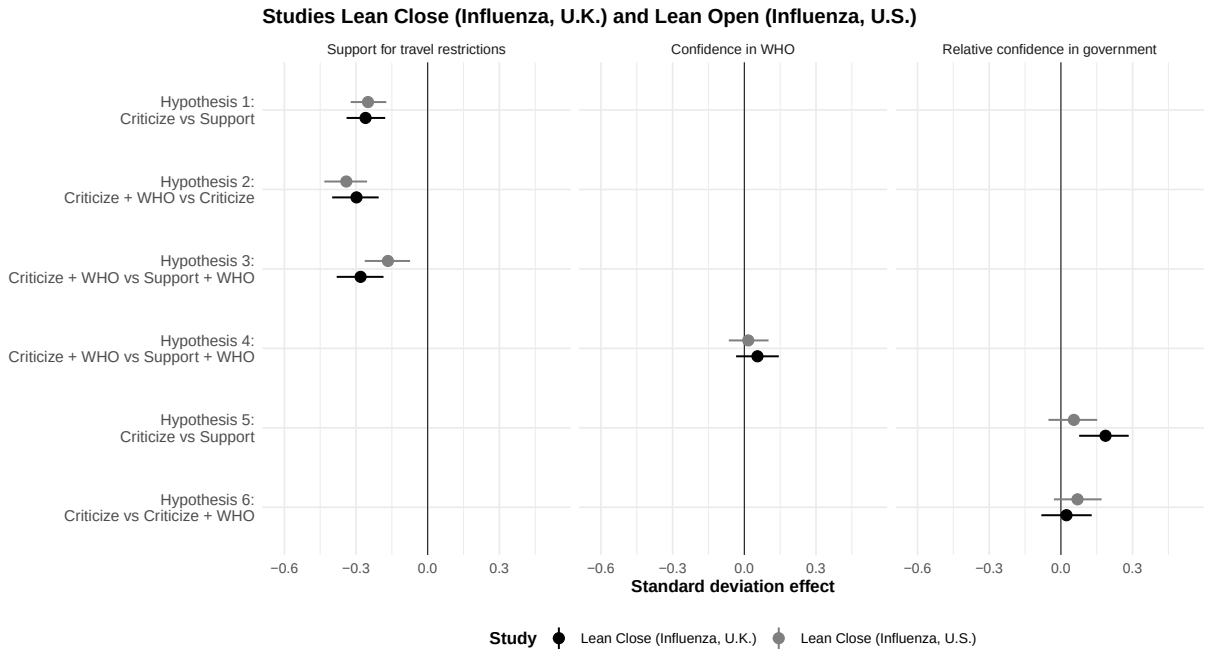

Figure 2: Substantive effects for the pre-registered hypotheses when government leans toward closing borders; influenza pathogen, U.K. and U.S. samples. Each panel displays the impact of the specified change (y-axis) on the outcome of the specific panel. The effect on the x-axis is scaled as a percentage of the outcome's standard deviation for each survey country. In each panel, the black dot and line indicate the mean and 95% confidence interval for the U.K. observations, while the gray dot and line represent those for the U.S. observations.

invoking WHO guidance amplifies the impact of opposition criticism on public opposition to travel bans.

Third, H_3 predicts a positive coefficient on "Opposition: Support + WHO", meaning that support for the travel ban should be higher when the opposition supports the policy, even in the face of WHO advice against the measure, than when the opposition criticizes the policy while invoking that guidance. Table 1 supports this expectation: the estimated coefficient is positive and statistically significant in both the UK and US samples, with a larger substantive difference in the United Kingdom than in the United States (see Figure 2). These results indicate that the opposition endorsement of the WHO guidance carries weight and amplifies the impact of WHO guidance, particularly in the U.K. context.

We next turn to H_4–H_6, which concern confidence in the actors' ability to manage the pandemic threat. The middle panel of Figure 1 presents the marginal distributions of

this outcome and shows some cross-national differences: UK respondents report higher confidence than the US counterpart, although majorities in both countries remain at least moderately confident in the WHO.

H_4 predicts that confidence in the WHO should be higher when the opposition criticizes the travel ban while citing WHO guidance than when it supports the government despite that guidance, implying a negative coefficient on "Opposition: Support + WHO." Table 1 shows that the estimated coefficient has the expected negative sign in both samples, but it is small and not statistically significant. The corresponding substantive differences, plotted in the middle panel of Figure 2, are likewise are of minuscule size and statistically insignificant. These results provide no evidence that the opposition's stance (whether criticize or support) meaningfully shapes public confidence in the WHO.

Turning to relative confidence in the government vis-à-vis the opposition, Figure 1 shows that majorities in both countries place more trust in the government, an unsurprising pattern in a crisis. Yet, a larger proportion of U.K. respondents report equal confidence in the two actors, signaling greater ambivalence toward political leadership than is evident in the U.S. sample.

H_5 predicts that this confidence gap would be higher when the opposition criticizes the travel bans (without a reference to WHO guidance) rather than supports the policy. Consistent with this expectation, relative confidence in government is higher under opposition criticism than under opposition support in both samples (Table 1). This difference reaches statistical significance in the U.K. sample and not in the US sample and substantively modest in magnitude (Figure 2, bottom panel).[10] The U.K. result points to a potential reputational penalty: relative to endorsement, opposition criticism increases public confidence in the government vis-a-vis the opposition. More generally, the overall pattern suggests that criticizing travel bans does little to influence relative confidence and offers

[10] A closer inspection reveals that, relative to supporting travel bans, opposition criticism erodes confidence in both actors but does so more sharply for the opposition, thereby widening the relative confidence gap in the government's favor (see SI Sections V.3 and V.4).

little upside for the opposition.

H_6 anticipates that the confidence gap would be lower when the opposition criticizes with reference to WHO guidance than when it does without. In other words, we expect a positive coefficient on "Opposition: Criticize." Although the estimated coefficients are directionally consistent, they are small and statistically indistinguishable from zero in both countries (see again Figure 2), indicating that references to WHO guidance leave relative confidence in domestic political actors essentially unchanged.

Taken together, these results reveal a consistent pattern. On the one hand, opposition elites can shape public support for travel bans: their criticism of a travel ban, particularly when reinforced by WHO guidance, significantly reduces support. Similarly, the WHO can shift attitudes and more so when the domestic opposition concurs with it. On the other hand, opposition rhetoric exerts little to no influence on public confidence in either domestic political actors or the WHO. The broader implication, which we develop further below, is that even in national emergencies opposition parties retain the capacity to sway mass opinion on specific policy responses, yet they face weak incentives *or* downsides to deploy that influence.

What if the government leans toward keeping borders open?

The main results are based on scenarios in which the government initially "considers" travel bans" and "is developing plans" to ban travels to and from the outbreak country. Governments however may also lean against such measures, either becasue an outbreak does not yet appear severe or because of expert advice against them, as occured during the early stage of the COVID-19 pandemic. For example, Boris Johnson recalls in his memoir that his cabinet initially followed public health experts' advice against border closures , indicating early skepticism toward travel bans in the U.K. case (Johnson 2024).

To probe whether our first set of results depend on the assumption that the government

leans toward travel bans, we examine the opposite scenario in which the government is skeptical of such measures. In this case, the substantive meaning of the opposition's stance reverses: *supporting* travel bans entails disagreeing with the government, whereas *criticizing* travel bans entails agreement with it.

Importantly, this reversal does not require reformulating H_1–H_3 on public support for travel bans, since the government's starting position is auxiliary to the core theoretical mechanism of credibility—competition over expertise and perceived alignment with the country's interests. Nor does it fundamentally alter the logic of H_4–H_6 regarding confidence in the WHO and relative confidence in the government, though our earlier results suggest that information about the opposition's or the WHO's stance tends to have limited impact on confidence evaluations. At the same time, when the government itself is skeptical of travel bans, additional criticism and WHO guidance opposing bans may carry less persuasive weight given the government's credibility advantage.

That said, the anti-ban scenario may carry a different political implication. Because travel bans are widely seen as an intuitively protective measure, the public may punish a government more harshly for resisting them, especially if the opposition highlights this reluctance. In such contexts, a dissenting opposition could serve as a forcing mechanism, pressuring a reluctant executive to close borders despite its initial skepticism.

Sticking closely the original vignette, we replicate the experiment while stating instead that the government initially "questions travel bans" and "is backing away from plans to ban all travel to and from" the outbreak country.[11] In this version, arguments against travel bans ("misguided," "ineffective") are made by the government, rather than by the opposition as in the earlier experiment. The opposition's stance is then varied accordingly: in the dissenting condition, the opposition supports travel bans and criticizes the government's reluctance and insists that action is needed on "multiple fronts,", whereas in the agreeing condition, it reiterates the government's critique of border closures. The WHO

[11] This replication is not included in the pre-registration.

conditions remain unchanged, except that when both actors oppose travel bans, we clarify that their stance explicitly draws on WHO guidance.

	Support travel ban to origin? Lean Open (U.K.)	**Confidence in WHO Lean Open (U.K.)**	**Confidence in Government (rel.) Lean Open (U.K.)**
Opposition: Support	0.77	0.03	-0.08
	(0.12)	(0.09)	(0.09)
Opposition: Criticize	0.49	-0.03	0.14
	(0.12)	(0.10)	(0.10)
Opposition: Support + WHO	0.17	-0.02	-0.01
	(0.10)	(0.09)	(0.09)
Age	-0.00	-0.01	0.00
	(0.00)	(0.00)	(0.00)
Gender, male	-0.06	0.01	-0.10
	(0.08)	(0.07)	(0.07)
Education, university	0.10	-0.11	-0.03
	(0.09)	(0.07)	(0.07)
Ideology, left/ liberal	0.28	-0.47	-0.07
	(0.12)	(0.10)	(0.10)
Ideology, right/ conservative	0.13	0.14	-0.07
	(0.11)	(0.09)	(0.09)
Party, Labour/ Democrat	0.11	0.16	-0.10
	(0.10)	(0.09)	(0.09)
Party, Conservative/ Republican	-0.10	0.41	-0.00
	(0.12)	(0.10)	(0.10)
Authoritarianism	0.04	0.22	-0.22
	(0.12)	(0.10)	(0.11)
Globalization anxiety	0.16	-0.84	-0.01
	(0.16)	(0.14)	(0.14)
COVID travel ban	0.43	0.28	-0.12
	(0.04)	(0.03)	(0.03)
Isolationism	0.55	-0.70	-0.07
	(0.17)	(0.14)	(0.14)
News interest, high	-0.09	0.11	0.09
	(0.10)	(0.08)	(0.09)
Observations	1,051	1,051	1,051
Model	Ordered	Ordered	Linear

Table 2: Coefficient estimates for main models.. Each number gives the mean estimate, below is the standard error. The outcome is given on top, the survey country below. The first four result columns are ordered probit models, the last two linear regressions.

We run this experiment in the U.K., following essentially the same processes as before.[12] We obtained responses from 1,051 U.K. residents. Table 2 gives the results analogous to

[12] As the recruitment took place four months after the initial experiment, we did not block previous participants from the taking part in the survey.

before. As before, Figure 3 also present the simulated substantive differences to facilitate comparisons across treatment conditions.

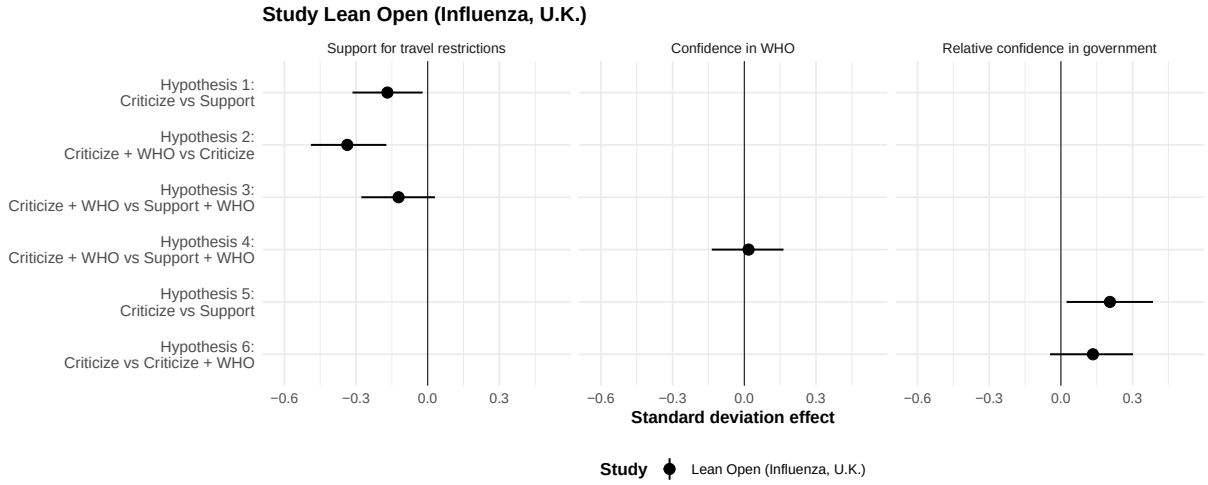

Figure 3: Substantive effects for the hypotheses when government leans open; influenza pathogen, U.K. sample. Each panel displays the impact of the specified change (y-axis) on the outcome of the specific panel. The effect on the x-axis is scaled as a percentage of the outcome's standard deviation for each survey country. The black dot and line indicate the mean and 95% confidence interval.

The results closely mirror those from the earlier experiment. Even when the government leans open, opposition criticism of a travel ban still reduces support for the policy relative to opposition endorsement (H_1). Invoking the WHO's guidance against travel bans further decreases support compared to opposition criticism without such a reference (H_2). Evidence for H_3 is somewhat weaker (partly due to sample size), but the estimates largely align with expectations. This suggests that opposition endorsement of WHO guidance amplifies the persuasive impact of that guidance. By contrast, as in the main experiment, the results for H_4–H_6 show little systematic movement in confidence evaluations. Notably, the pattern underlying H_5 we observed in the UK sample persists: opposition criticism is again associated with higher relative confidence in the government, indicating that criticizing travel bans tends to impose reputational costs on the opposition even when the government itself is skeptical of such measures.

What if the pathogen is scarier?

A key assumption in our argument is that people perceive the pathogen as a threat to their community, which we operationalized through a "mysterious new strain of influenza" described as particularly dangerous to children. The consistently high support for travel bans across treatments, experiments, and survey countries suggests that respondents took this threat seriously (Figure 1). At the same time, the emotional effect of influenza may be more limited than that of more lethal or fear-inducing pathogens that exist. After all, popular discourse often trivializes influenza—"it's just the flu"—a saying that may connote inconvenience rather than particularly serious danger.

From a theoretical perspective, it is important to probe whether our findings extend to scarier pathogens. Crises vary in intensity, and heightened anxiety increases demands for governmental action perceived as protective (Albertson & Gadarian 2015). Travel bans may appear particularly compelling, and political actors endorsing them may be judged more competent. Conversely, critics invoking expert advice against bans may find their credibility diminished if their position appear misaligned with the urgent need for protection. Then, it is conceivable that opposition and WHO criticisms of travel bans may be less persuasive under extremely high-anxiety scenarios, potentially sharpening the gap between supporters and opponents and their effects on policy support. This suggests that replications with a scarier pathogen would be useful in probing the scope conditions and generalizability of our findings.

To this end, we turn to Ebola, a pathogen widely perceived as far more frightening than influenza. Ebola is transmitted through direct contact with infected bodily fluids or contaminated materials and is marked by sudden onset of severe symptoms, such as severe headache, muscle pain, profound fatigue, vomiting, and diarrhea, that often progress to internal and external bleeding, with case-fatality rates vastly exceeding those of influenza. Although the actual risk of sustained outbreaks in the United States or United Kingdom

is negligible, Ebola's symptom profile and high lethality elicit intense fear and disgust. These affective responses are expected to heighten demand for protective measures that appear intuitive, such as travel bans (Albertson & Gadarian 2015, Kam 2019). Nevertheless, the core logic of expert recommendations against travel bans continues to apply: when importation risk is already low and targeted measures (e.g., contact tracing, exit screening) are in place,[13] broad bans provide little additional reduction in destination-country risk.

In our Ebola replication, we present respondents with a scenario where a "mysterious new strain of Ebola" emerges in the Democratic Republic of Congo and Uganda, with an anticipated case-fatality rate of 60%. The vignette describes key symptoms and, consistent with our influenza scenario, includes the presence of the pathogen in the survey country—this time in the more realistic form of a single imported case. Treatment conditions once again vary the government's initial leaning, the opposition's stance, and the presence or absence of WHO guidance. For comparability, the news vignette wording was minimally adapted from the influenza version. See SI Section III.3 for more details.

We again recruited respondents in the U.K.,[14] rely on the same statistical and inferential approaches as above. We obtained samples of size 1,049 and 1,000 for the scenarios of the government leaning to close borders or to leave them open, respectively.

(*TH/ YK: Regression table to follow.*) Figure 4 gives the results analogously to before. We find our results thus far mostly retain, with some exceptions. When the government initially leans toward closing borders and restricting travel (black dots and lines), the effects of opposition cues and WHO guidancce on policy support clsely mirror those observed in the main experiment (H_1–H_3). Consistent with H_4, the perception of the WHO's competence also increases when the opposition (and not the government) aligns with its recommendation, a pattern that was not observed in the influenza scenarios. As

[13] Our vignette already notes that the government implements other measures. In the Ebola case, those controls would include intensive contact tracing and strengthened exit/departure screening to address the threat.

[14] As this experiment takes place about 1.5 months after the last, we block those that took part in the earlier experiment.

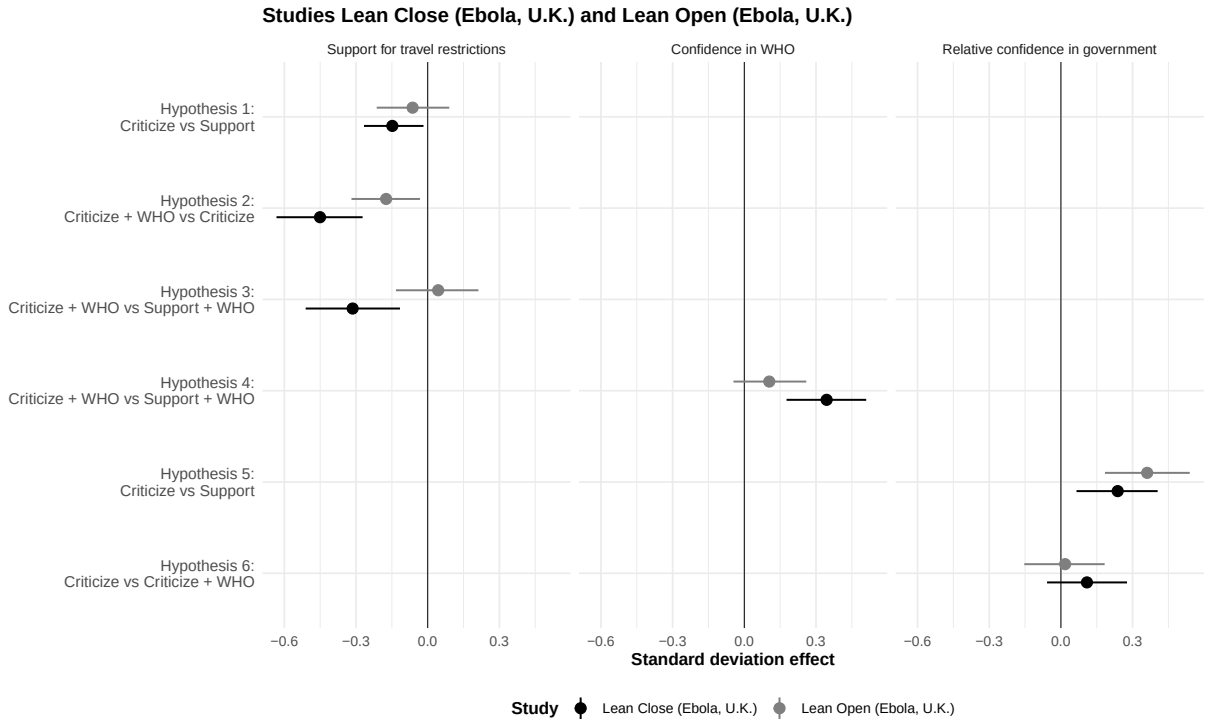

Figure 4: Substantive effects for the hypotheses when government leans open and close, respectively; Ebola pathogen, U.K. sample. Each panel displays the impact of the specified change (y-axis) on the outcome of the specific panel. The effect on the x-axis is scaled as a percentage of the outcome's standard deviation for scenario. In each panel, the black dot and line indicate the mean and 95% confidence interval for when the government leans toward closing borders, while the gray dots and lines for the when the government leans toward not closing borders..

before, relative confidence in the government also increases when the opposition criticizes travel bans compared to when it supports the policy (H_5). There is little evidence for H_6 as before.

Results differ more noticeably when the government leans against closing borders. The effects of opposition cues and WHO guidance on policy support are considerably muted, and for two hypotheses (H_1, H_3), the effects are no longer statistically significant. Nonetheless, consistent with H_2, opposition criticism with WHO guidance continues to reduce support for travel bans relative to opposition criticism alone. By contrast, the patterns for confidence in the WHO and relative confidence in the government remain broadly similar to those observed when the government leans toward closing borders.

The muted effects on policy support are not entirely unexpected. When the government

itself resists border closures, the marginal persuasive impact of opposition or WHO criticism of travel bans is likely to be smaller, as such messages reinforce rather than challenge the government's position. A similar, though much less pronounced, pattern can be glimpsed in the earlier lean-open experiment. Notably, a similar attenuation has been documented in related contexts, such as WHO endorsement of vaccines when other actors already signal endorsements (Matsumura et al. 2025).

Interim conclusions and next steps

We find that policy preferences shift most sharply particularly when opposition criticism is paired with WHO guidance. In contrast, institutional confidence appears resistant to change. This resistance to updating is expected to some extent: the experimental design embeds realistic partisan structure, and a one-shot vignette is unlikely to overturn deeply-rooted priors. Still, the magnitude of this divergence is notable: individuals adjust their policy views in response to elite messaging, but such shifts do not extend to broader evaluations of institutional trust or competence. This gap has implications for how political actors and the WHO engage the public, with consequences for domestic politics, health communication, and policy outcomes, issues we examine in the next section.

What if the countries relied more on the WHO? In many developing countries, public health systems are relatively fragile, which makes the role of international and regional organizations (e.g., Africa CDC) more salient in domestic politics. Indeed, the WHO was more visible in news media in these countries prior to the COVID-19 (Parizek 2024). Moreover, differences in the structure of party politics, including weaker partisan identification and looser constraints imposed by party affiliation on politicians compared to advanced democracies like the United States or United Kingdom, provide an opportunity to test and extend the validity and scope of theories on the interaction between international organizations and domestic political

processes. We are currently considering countries such as South Africa and Kenya as potential cases.

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Domestic Opposition as Messengers for International Organizations

Yoshiharu Kobayashi, Tobias Heinrich

Supporting Information

I Ethics

We obtained research ethics approval for the experiment from the Research Ethics Committee for Business, Environment, Social Sciences of University of Leeds (#2510) and the Research Integrity and Oversight Office of the University of Houston (STUDY00005309) before it was run. At the beginning of the survey, we sought informed consent from participants after communicating researcher names, affiliations, and contact information; general purpose of the survey; general explanation of what participation entails; benefits to participants (e.g., compensation); the anonymous nature of the survey. Additionally, there was no use of deception or misrepresentation—participants were informed explicitly that the pandemic scenario and news article are hypothetical. Prolific IDs were removed from the dataset as soon as all the data are collected. Qualtrics automatically collected the geo-location of the respondent's IP address, which we removed from the dataset once the data are collected. We provided financial compensation through Prolific and make sure that its amount meets the ethical guidelines of Prolific. Evaluating government response to a hypothetical pandemic will involve minimal physical or psychological risks. As our data collection ensured confidentiality and anonymity, there was a minimal risk of social or economic harms.

II Deviation from Pre-Analysis Plan

We adhere closely to our pre-analysis plan (PAP), which we uploaded in March 2025 ([redacted]) before the survey was implemented. The manuscript and the SI include all analyses outlined in the PAP. However, we do deviate from the PAP in a few instances, which we discuss below.

III Scenario texts

III.1 Influenza pathogen, government leans toward closing borders

The scenario for survey-takers is described as follows, assuming the U.K case realization with Labour holding the government:

> In this future scenario, a mysterious new strain of influenza is spreading rapidly in *origin*, with thousands of suspected infections within weeks and at least 46 deaths from it are confirmed so far. Hospitals in *origin* are already overwhelmed by the surge in patients.
>
> The World Health Organization (WHO) has declared the outbreak a global health emergency. Little is known about this strain, but early WHO reports suggest it is highly contagious, causing high fevers, intense coughing, and serious complications, including severe pneumonia, kidney failure, and brain inflammation, potentially leading to lasting neurological damage. These complications can quickly become life-threatening, particularly for children and individuals with underlying health conditions, creating widespread alarm among schools and families.
>
> In the U.K., 52 cases and 2 deaths have been confirmed so far. Experts fear the virus is already widespread in the U.K., posing serious risk to public health and the economy.
>
> This situation resembles the early months of the COVID-19 pandemic.

The beginning of the news story is shown in the paper. The four possible texts of what the opposition and the WHO state and do, which go below the government statements, are:

- **Support:** *opposition leader* acknowledged the government's consideration of a travel ban, describing it as a sensible and necessary step to address the crisis. "We welcome the government's willingness to act," Jones said, "but tackling a crisis like this requires action on multiple fronts."
- **Support + WHO:** *opposition leader* acknowledged the government's consideration of a travel ban, describing it as a sensible and necessary step to address the crisis. "We welcome the government's willingness to act," Jones said, "but tackling a crisis like this requires action on multiple fronts." However, the World Health Organization (WHO) recommended against travel bans for this crisis. Such restrictions disrupt the delivery of critical medical supplies and personnel to areas where they are needed most, the WHO argues. This guidance was issued under the International Health Regulations, an international agreement to which *country* is a party.

- **Criticism:** *opposition leader* called the government's consideration of a travel ban "misguided and ineffective," arguing that experts have shown such measures have limited effects once the virus is already in the country. "Closing the borders is largely symbolic and won't address this pandemic effectively. The virus is already here, and tackling a crisis like this requires action on multiple fronts."

- **Criticism + WHO:** *opposition leader* called the government's consideration of a travel ban "misguided and ineffective," arguing that experts have shown such measures have limited effects once the virus is already in the country. "Closing the borders is largely symbolic and won't address this pandemic effectively. The virus is already here, and tackling a crisis like this requires action on multiple fronts." Jones' criticism draws on the World Health Organization (WHO)'s recommendation against travel bans for this crisis. Such restrictions disrupt the delivery of critical medical supplies and personnel to areas where they are needed most, the WHO argues. This guidance was issued under the International Health Regulations, an international agreement to which *country* is a party.

III.2 Influenza pathogen, government leans toward not closing borders

The scenario is exactly the same as before. The beginning of the news story is different:

> **U.K. Questions Travel Bans Amid Flu Pandemic Threat**
> As a new flu strain spreads rapidly, the Prime Minister Smith (Labour) is backing away from plans to ban all travel to and from Brazil. After lengthy consultations with health experts from government agencies and universities, Prime Minister Smith emphasized the urgency of the situation. "We must act now to protect our citizens," Prime Minister Smith said. "But limiting arrivals from the hardest-hit areas is ineffective and misguided. Experts have shown such measures have limited effects once the virus is already in the country." Prime Minister Smith that stated the government would keep citizens safe using other measures.

The four possible texts of what the opposition and the WHO state, which goes below the government statements, are now:

- **Support:** *opposition leader* criticized the government's rejection of a travel ban, describing it as not sensible and a foregone opportunity to address the crisis. "We call out the government's unwillingness to act," Jones said. "Tackling a crisis like this requires action on multiple fronts."

- **Support + WHO:** *opposition leader* criticized the government's rejection of a travel ban, describing it as not sensible and a foregone opportunity to address the crisis. "We call out the government's unwillingness to act," Jones said. "Tackling a crisis like this requires action on multiple fronts." The government's rejection of a travel ban

draws on the World Health Organization (WHO) recommendation against travel bans for this crisis. Such restrictions disrupt the delivery of critical medical supplies and personnel where they are needed most, the WHO argues. This guidance was issued under the International Health Regulations, an international agreement to which the U.K. is a party."

- **Criticism:** *opposition leader* Jones supported the government's rejection of a travel ban. "Shuttering the borders is largely symbolic and won't address this pandemic effectively. The virus is already here, and tackling a crisis like this requires action on multiple fronts."

- **Criticism + WHO:** *opposition leader* Jones supported the government's rejection of a travel ban. "Shuttering the borders is largely symbolic and won't address this pandemic effectively. The virus is already here, and tackling a crisis like this requires action on multiple fronts." The government's and opposition's rejections of a travel ban draw on the World Health Organization (WHO) recommendation against travel bans for this crisis. Such restrictions disrupt the delivery of critical medical supplies and personnel where they are needed most, the WHO argues. This guidance was issued under the International Health Regulations, an international agreement to which the U.K. is a party.

III.3 Ebola pathogen

The scenario introduction is as below:

> In this future scenario, there is an outbreak of a mysterious new strain of the Ebola virus in the Democratic Republic of Congo and Uganda. Within just a few weeks, hundreds of suspected infections and more than 20 confirmed deaths are reported. Clinics and hospitals in affected districts are swamped, with patients lying in hallways as beds and supplies run out. Families are keeping sick relatives at home, where inadequate care often accelerates the spread.
>
> The World Health Organization (WHO) has declared the outbreak a global health emergency. Little is known about this strain, but early WHO reports suggest that this Ebola strain spreads through direct contact with infected blood and body fluids. Symptoms appear suddenly: soaring fever, crushing headache, and agonizing muscle pain, quickly followed by vomiting, relentless diarrhea, and organ failure. In many cases, visible hemorrhaging– from the eyes, gums, and injection sites–signals that patients can deteriorate rapidly. Based on past experience with Ebola outbreaks, expert anticipate that about 60% of infected people will die.
>
> In the U.K., one case has been confirmed in a businessman from Manchester who fell ill after returning from southern Uganda last week. He is isolated at a specialized hospital. Airports in Kampala and Kinshasa remain mostly open, with flights continuing

to major hubs in Addis Ababa, Istanbul, London, and Nairobi. The three-week incubation period means infected travelers could spread the disease internationally before realizing they are sick.

The news stories stating the government's leaning and the respective opposition stances and the information from the WHO are extremely similar, aside from the difference in pathogen.

IV Additional pre-treatment survey variables

We ask the following outcome, demographic, and pre-treatment questions. If there are differences in wording based on the survey country, we highlight them. For many of these items, language is taken from the 2018 Cooperative Congressional Election Study (CCES) and 2024 British Election Study.

- **Age.** U.S.: "In what year were you born?" [Integer entry, recalculated into age] – U.K.: "Please can you me tell your age at your last birthday." Integer entry. – This variable was recoded from an assumed range of 18-100 into the unit interval.

- **Gender.** "Are you ...?" ["Male", "Female", "Other"] – We create an indicator for whether one selected male or not.

- **Education.** U.S.: "What is the highest level of education you have completed?" ["No high school", "High school graduate", "Some college", "2-year college", "4-year college", "Post-graduate"] – U.K.: "What's the highest qualification you have?" ["Degree level qualification (or equivalent)", "Higher educational qualification below degree level", "A-Levels or Highers; 4 ONC / National Level BTEC", "O Level or GCSE equivalent (Grade A-C) or O Grade/CSE equivalent", "GCSE grade D-G or CSE grade 2-5 or Standard Grade level 4-6", "Other qualifications (including foreign qualifications below degree level)", "No formal qualifications"] – We create an indicator for whether one has a university degree or not.

- **L-R Ideology.** U.S.: "In general, how would you describe your own political viewpoint?" ["Very liberal", "Liberal", "Moderate", "Conservative", "Very conservative", "Not sure"] – U.K.: "In politics people sometimes talk of left and right. Where would you place yourself on the following scale?" ["Very left", "Somewhat left", "Center", "Somewhat right", "Very right", "Not sure"] – First, we rescale responses that are not not-sure into the unit interval assuming quasi-linearity from liberal or left to conservative or right. (Since we are estimating all models for each country separately, the scale mismatch is not an issue.) Second, we create a dummy for not-sure responses. Third, in the statistical models, we interact the two so that we continuous (latent) marginal effects if one gave an ideology answer and a dummy for when a person selected not-sure.

- **Party ID.** U.S.: "In general, do you think of yourself as a ... ?" ["Strong Democrat", "Weak Democrat", "Leaning Democrat", "Pure Independent", "Leaning Republican", "Weak Republican", "Strong Republican", "Other", "Not sure"] – U.K.: *Generally speaking, do you think of yourself as Labour, Conservative, Liberal Democrat or what?"* ["Conservative", "Labour", "Liberal Democrat", "Scottish National Party (SNP)", "Plaid Cymru", "United Kingdom Independence Party (UKIP)", "Green Party", "British National Party (BNP)", "Other", "None"] – We create two indicators for Republican and Democrat or Conservative and Labour.

- **Authoritarianism.** We state that, "Although there are a number of qualities that people feel that children should have, every person thinks that some are more important than others. We are going to show you pairs of desirable qualities." The pairs are: independence/ respect for elders; obedience/ self reliance; curiosity/ good manners; being considerate/ well behaved. We sum the instances of selecting respect for elders, obedience, good manners, and well behaved and divide it by four. This approach comes from Hetherington & Suhay (2011).

- **Globalization Anxiety.** *To which extent do you agree or disagree? "I feel uneasy about how globalization (the movement of goods, people, and information) can affect ... " – "... my country."; "... my community."; "... my friends and family."* ["Strongly agree", "Agree", "Neither", "Disagree", "Strongly disagree" - See index discussion below] – We create an anxiety index by converting each Likert scale response into a seven-point score, summing the scores, and dividing the total by three.

- **COVID Border Control.** *At the beginning of the COVID-19 pandemic, many countries closed their borders and restricted travel for both citizens and foreigners. In retrospect, do you believe these measures were a good or bad idea?* ["Very good idea", "Good idea", "Neither good nor bad idea", "Bad idea", "Very bad idea"] – We treat this five-point score as approximately linear.

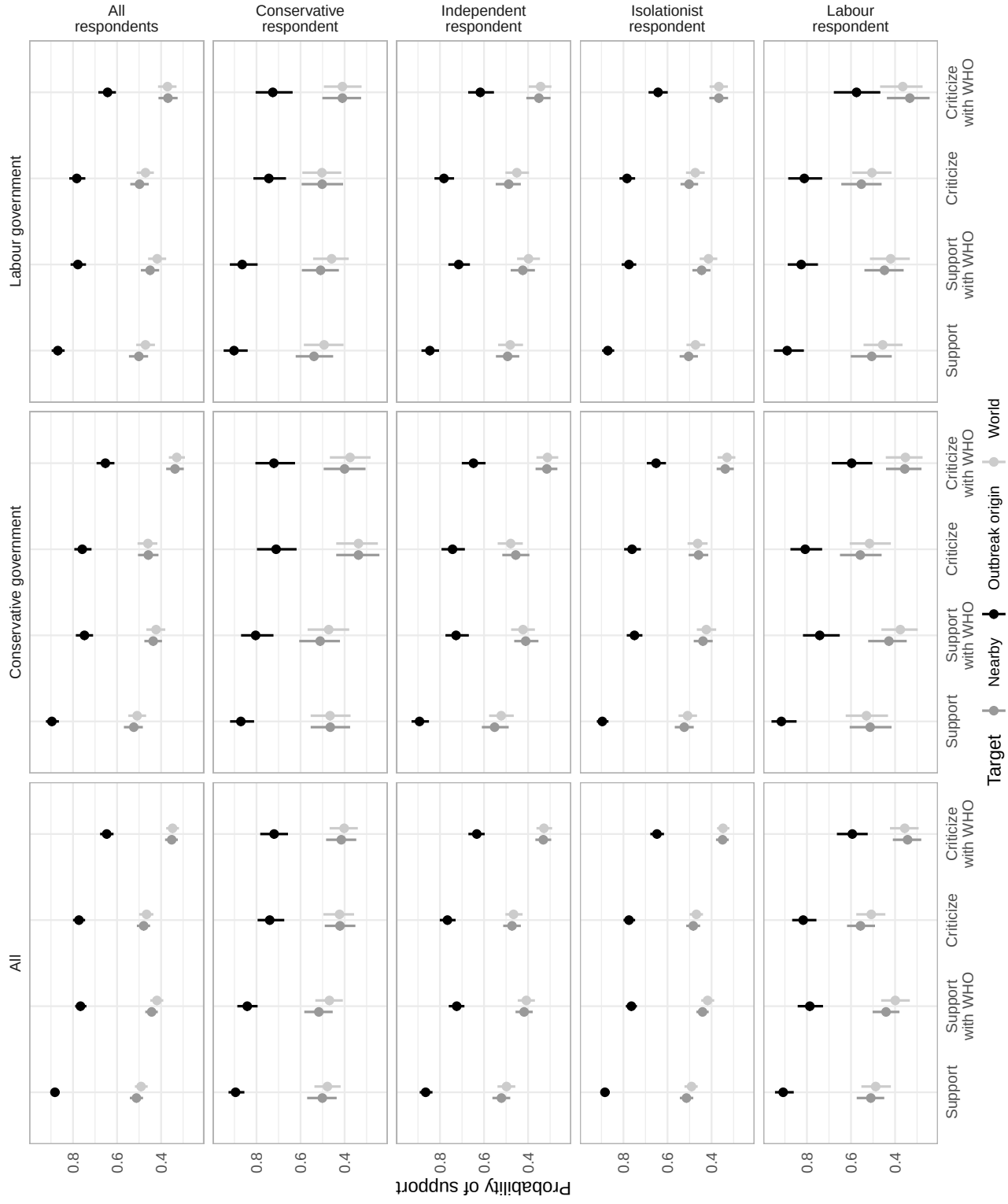
- **Isolationism.** *To which extent do you agree or disagree with this statement? – "The U.S./ U.K. interests are best protected by avoiding involvement with other nations."; "To which extent do you agree or disagree with this statement? ""The U.S./ U.K. should not risk its citizens' happiness and well-being by getting involved with other nations."; "The U.S./ U.K. needs to simply mind its own business when it comes to international affairs."* ["Strongly agree", "Agree", "Neither", "Disagree", "Strongly disagree"] – We construct an isolationism index by converting each Likert scale response into a five-point score, summing the scores, and dividing the total by three. This approach comes from

Gravelle, Reifler & Scotto (2017).

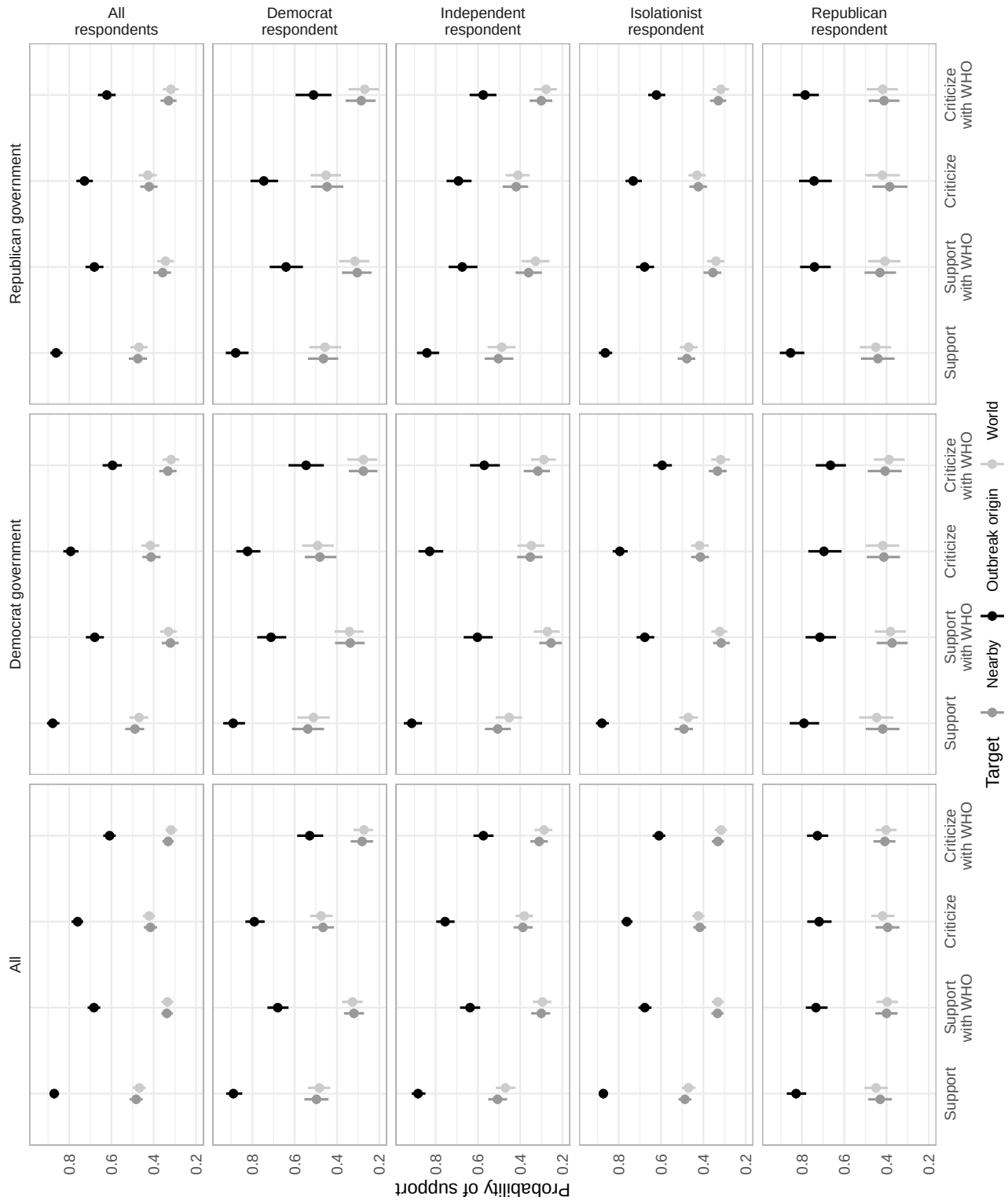
- **Political Interest.** *Some people seem to follow what's going on in government and public affairs most of the time, whether there's an election going on or not. Others aren't that interested. Would you say you follow what's going on in government and public affairs ... ?* ["Most of the time", "Some of the time", "Only now and then", "Hardly at all", "Don't know"] – We create two indicators for "Most of the time" and "Some of the time".

V Additional figures, Lean Close, Influenza (U.K., U.S.)

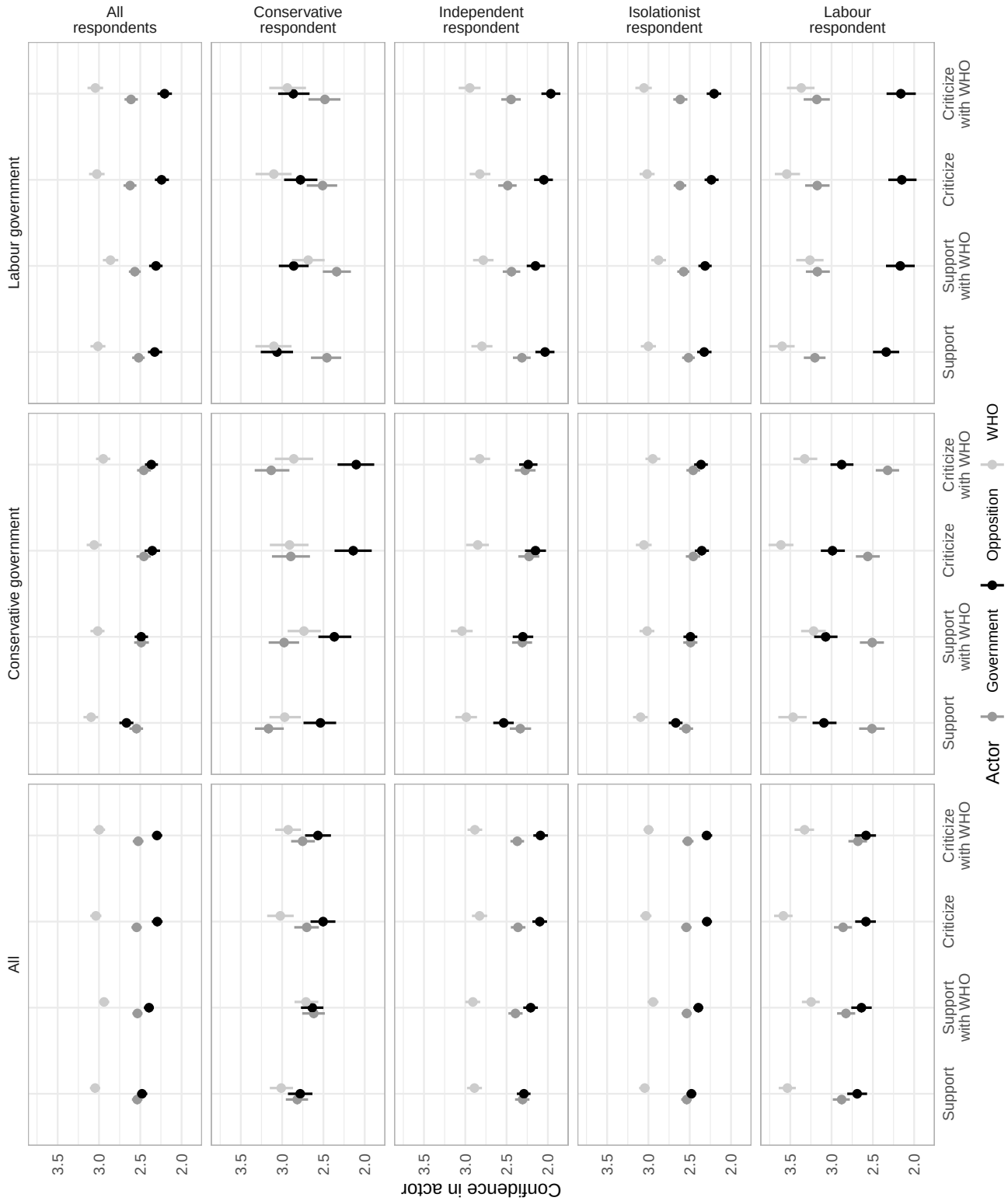
V.1 All results, Border Closure, Lean Close, Influenza (U.K.)



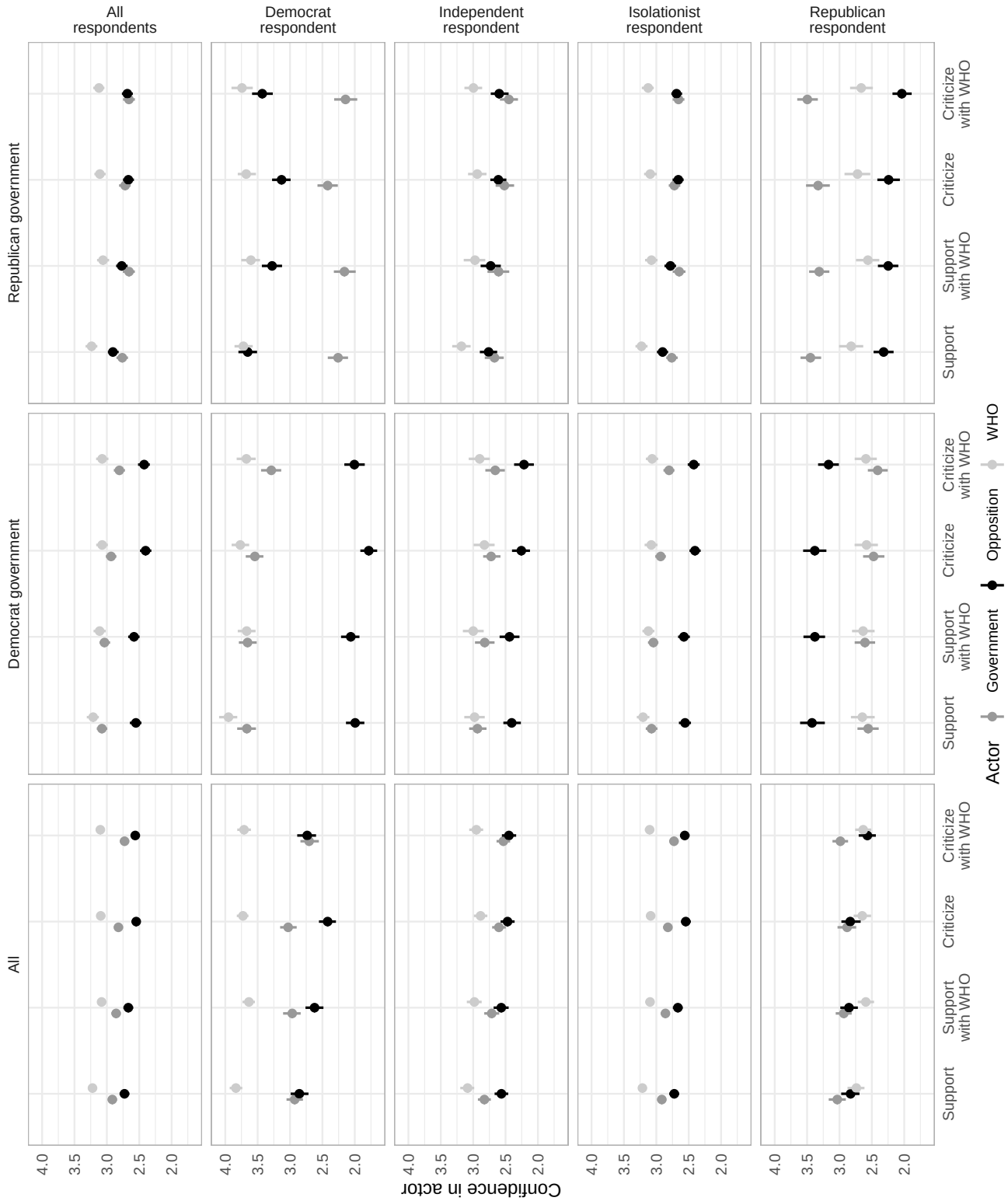
V.2 All results, Border Closure, Lean Close, Influenza (U.S.)



V.3 All results, Confidence in actors, Lean Close, Influenza (U.K.)

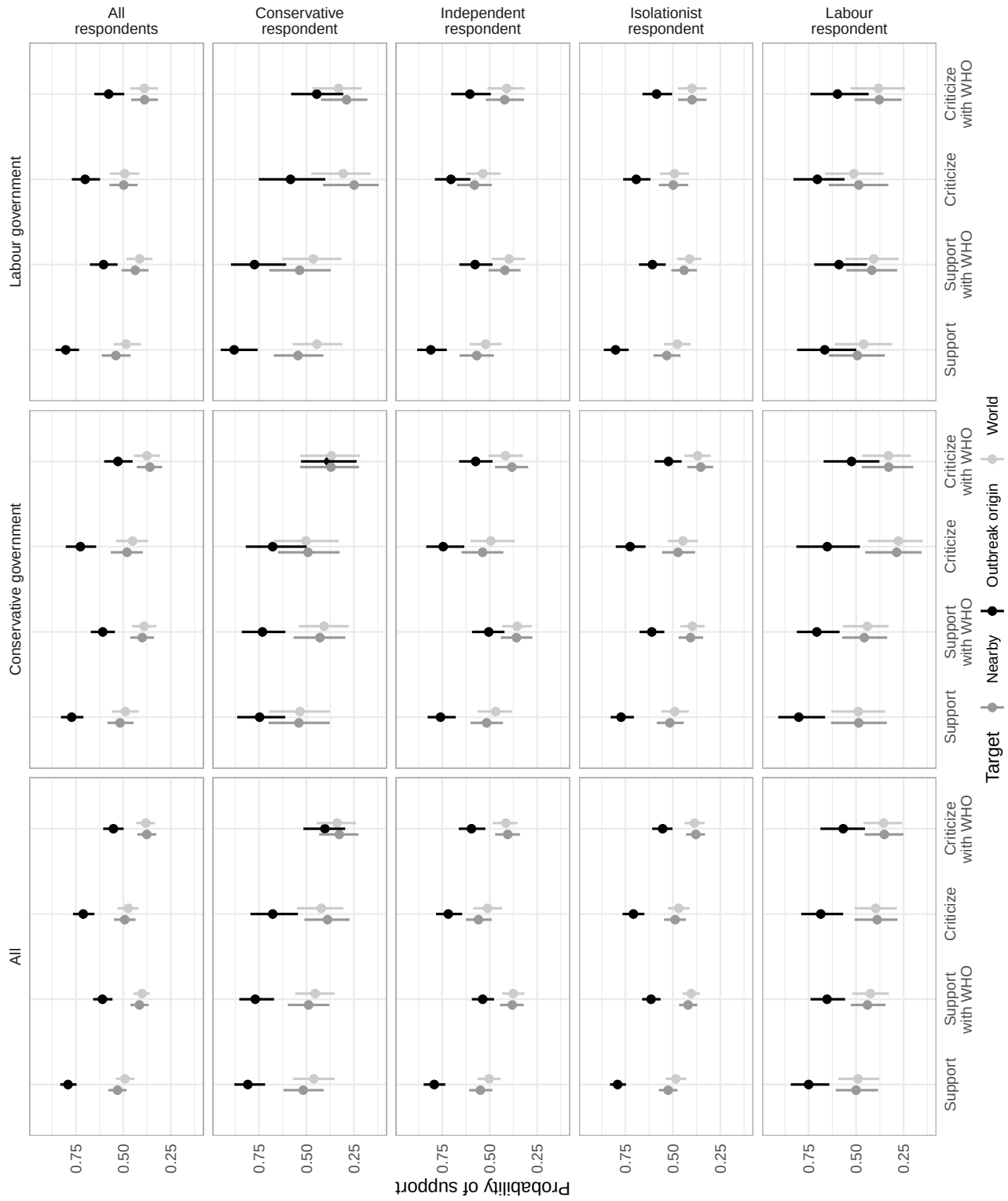


V.4 All results, Confidence in actors, Lean Close, Influenza (U.S.)

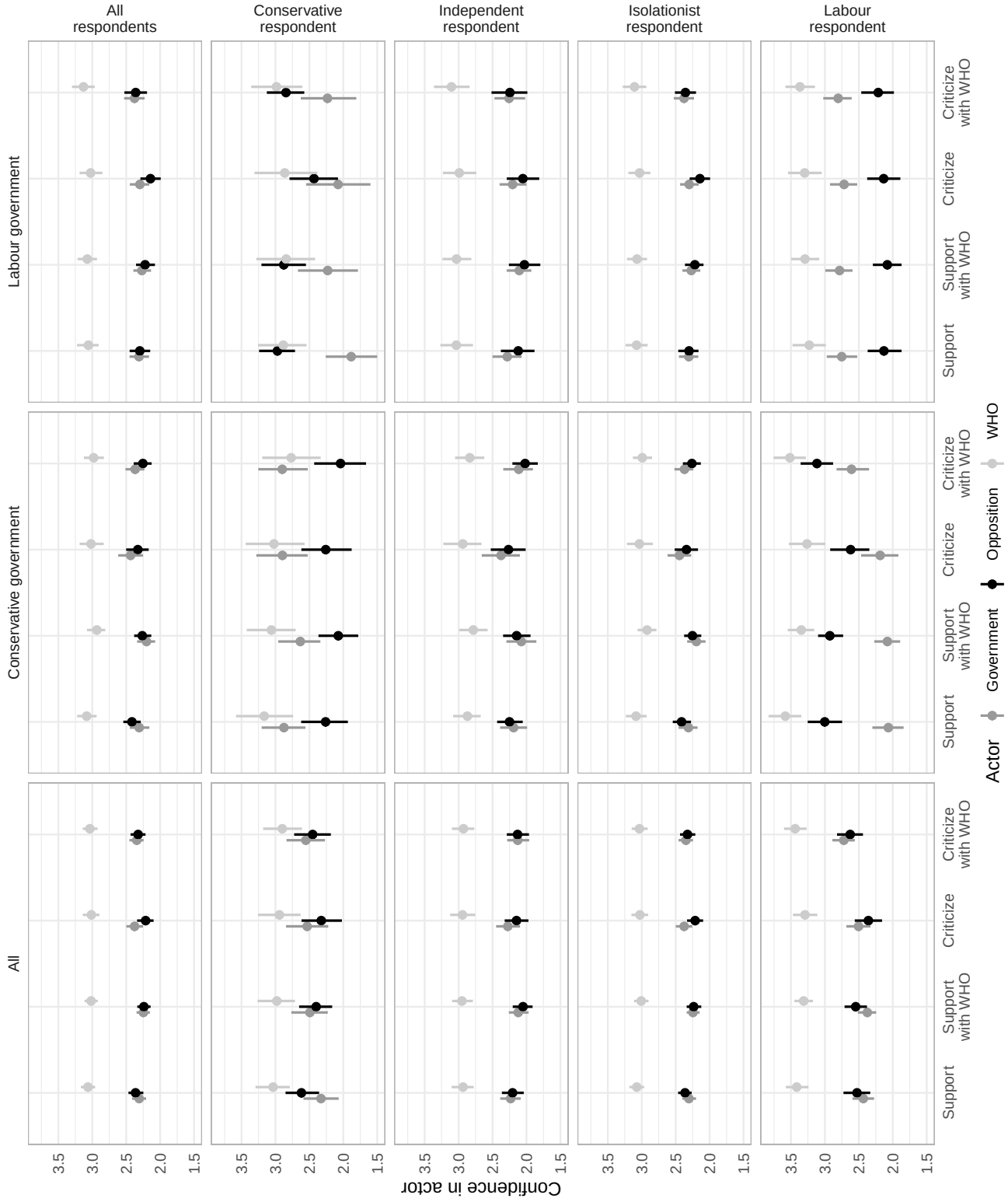


VI Additional figures, Lean Open, Influenza (U.K.)

VI.1 All results, Border Closure, Lean Open, Influenza (U.K.)

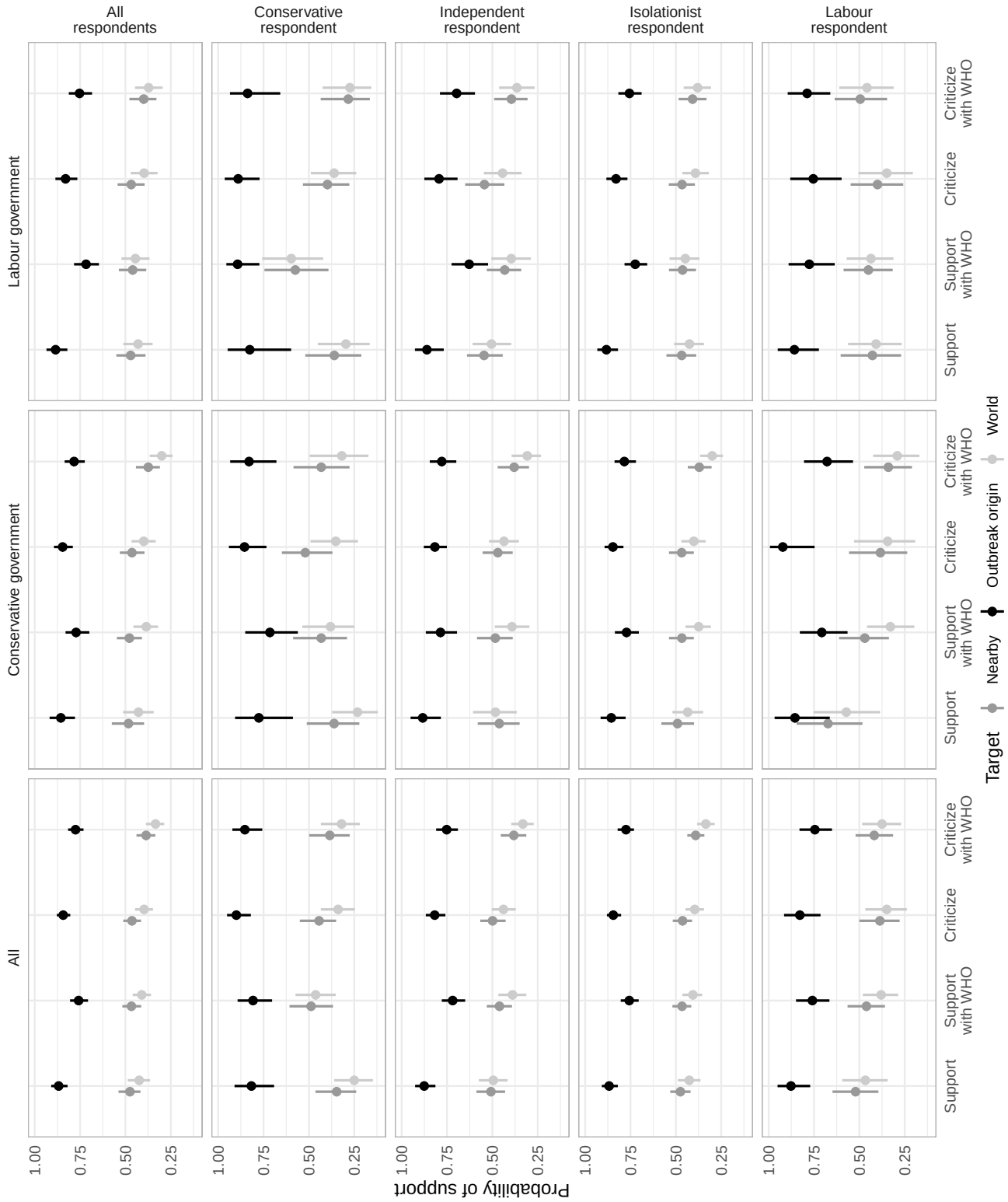


VI.2 All results, Confidence in actors, Lean Open, Influenza (U.K.)

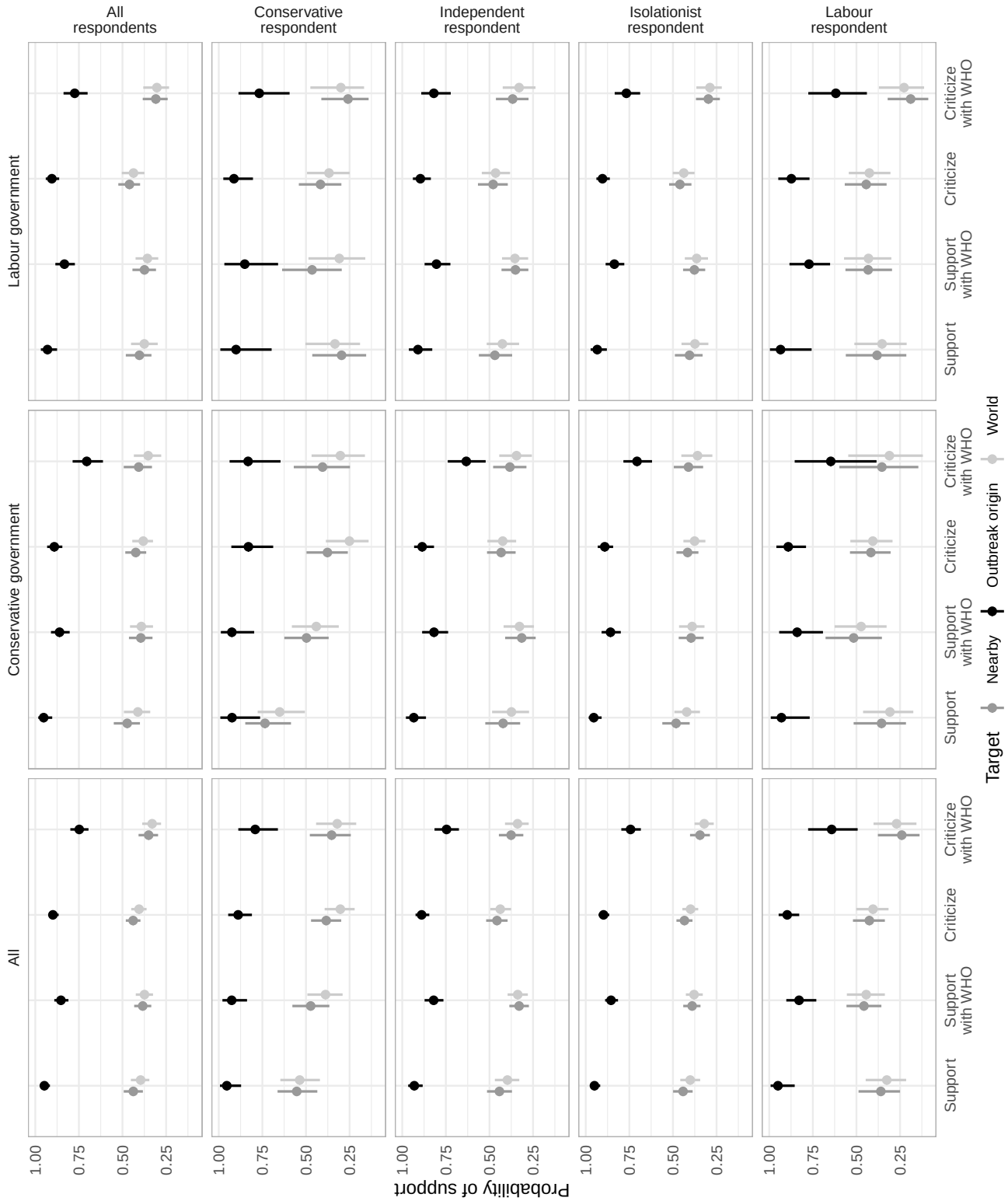


VII Additional figures, Lean Open and Close, Ebola (U.K.)

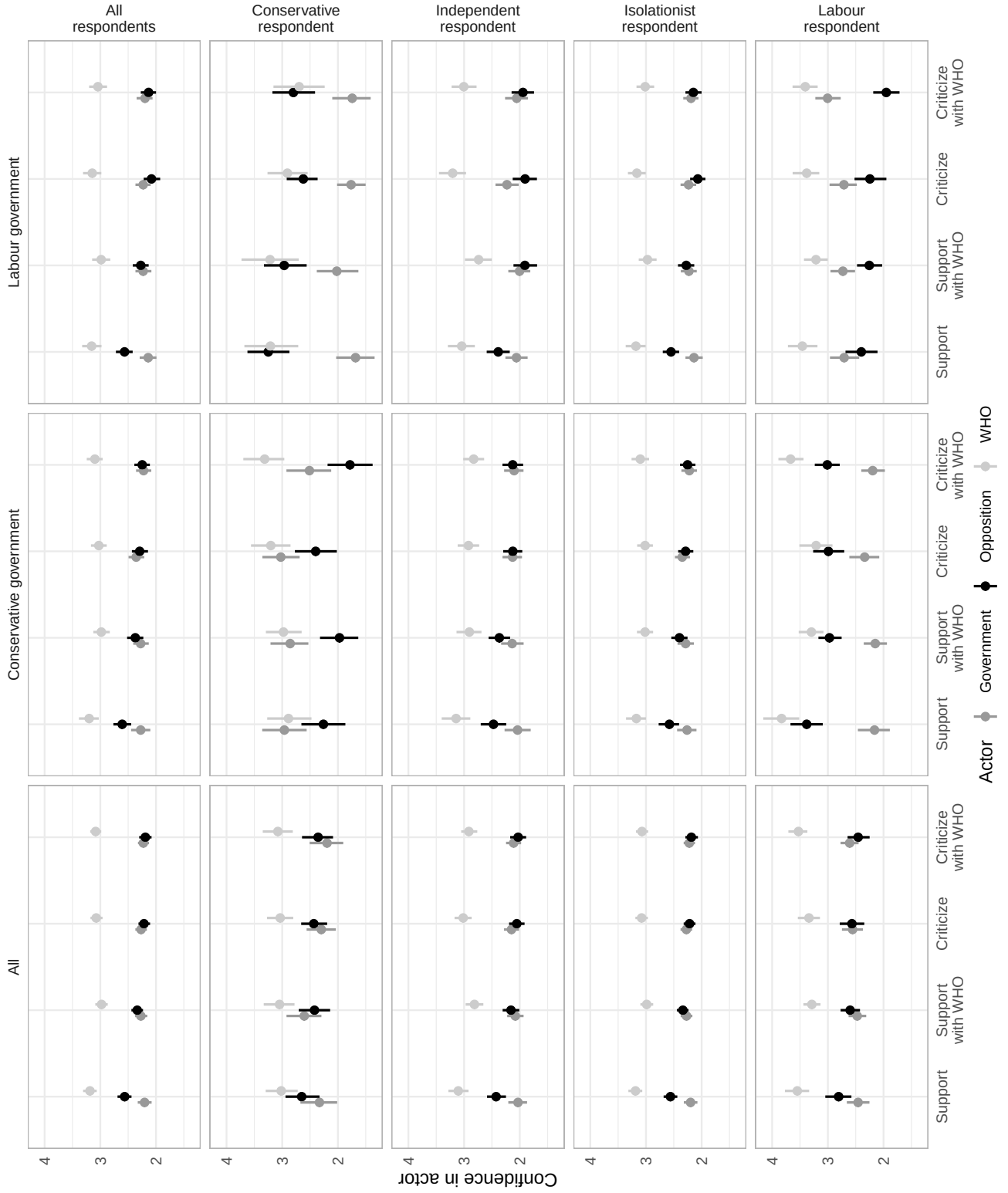
VII.1 All results, Border Closure, Lean Open, Ebola (U.K.)



VII.2 All results, Border Closure, Lean Close, Ebola (U.K.)



VII.3 All results, Confidence in actors, Lean Open, Ebola (U.K.)



VII.4 All results, Confidence in actors, Lean Close, Ebola (U.K.)