

The Influence of Democracy on Health Outcomes

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While national wealth has long been considered a primary determinant of population health, democratic governance independently improves health outcomes through distinct political mechanisms. Democracies consistently outperform autocracies on metrics including infant mortality, life expectancy, and disease control—with particularly strong effects for conditions requiring sustained policy commitment and equitable service delivery. These benefits materialize primarily through long-term democratic experience rather than short-term regime change, as electoral accountability and responsive institutions require time to develop.

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The Case for Democracy series. This brief is part of the The Case for Democracy series, which curates academic scholarship on democracy's impacts across various domains of governance and development. Drawing from an exhaustive review of the literature, this analysis presents selected works that encompass significant findings and illustrate how the academic conversation has unfolded. For more information on the series, visit <https://cddrl.fsi.stanford.edu/dal>.

Background

The traditional "wealthier is healthier" hypothesis dominated early public health research, suggesting that GDP and national wealth were the primary determinants of population health outcomes. This perspective, rooted in modernization theory, posited that economic growth would automatically translate into better health through improved living standards, nutrition, and healthcare access. However, contemporary research has increasingly challenged this economic determinism, revealing that democratic governance can improve health outcomes independently of wealth.

Democracy and Health Generally

THE "WEALTHIER IS HEALTHIER" HYPOTHESIS posits that GDP and national wealth predict health outcomes. Ross (2006)¹ emphasizes the influence of national wealth on health outcomes, finding that democracy has little or no significant impact on reducing infant and child mortality rates, after controlling for country and period effects. Even when statistically significant, the democracy effect is modest and comparable to short-term global health improvements. Ross argues that prior studies may have overstated democracy's benefits by neglecting cases of efficient authoritarian governance. Building on data from World Bank surveys from 45 developing countries, Ross shows that wealthier households consistently receive greater benefits from public health services than poorer ones, regardless of regime

¹ Ross, Michael. 2006. "Is Democracy Good for the Poor?" *American Journal of Political Science*.

The data. Most quantitative studies examining democracy and health outcomes rely on cross-national datasets combining health indicators (infant mortality rates, life expectancy, disease prevalence) with democracy measures and health data primarily comes from WHO, World Bank, and national statistical offices, though data quality varies significantly across countries and time periods.

type. Consequently, Ross concludes that global declines in child mortality are driven primarily by income growth and the diffusion of low-cost health technologies rather than democratization itself.

MCGUIRE'S (2010)² ANALYSIS PROVIDES NUANCE TO ROSS'S FINDINGS, revealing that long-term democratic experience fosters the expanded provision of essential social services, including basic healthcare. Using Ross's infant mortality measure, McGuire shows that this increased capacity significantly reduce infant mortality rates beyond what economic growth alone would predict. Although GDP per capita correlates with lower infant mortality, it provides a weak explanation for progress over time. For instance, countries such as Costa Rica and Taiwan achieved lower infant mortality levels than their GDP per capita would suggest. Democratic and semi-democratic regimes appear more likely to implement social services programs, as demonstrated by cases like Indonesia and Thailand, where rapid GDP growth without adequate services shows slow mortality improvements.

Long-term Effects of Democracy

TEMPORAL DYNAMICS ARE CRUCIAL TO UNDERSTANDING DEMOCRACY'S EFFECT ON HEALTH OUTCOMES. McGuire (2020)³ synthesizes findings from quantitative studies examining specific dimensions of democracy's health impact, revealing that electoral integrity emerges as the most critical factor for improving population health. Yet, most significantly, these studies demonstrate that long-term democratic experience matters more than short-term democratic practice in promoting population health. Democracies require sustained time to develop the institutional foundations that drive health improvements: enforceable legal rights, empowered communities capable of collective action, and citizen expectations of state-provided services. These democratic features accumulate gradually. Additionally, long-term democratic experience changes citizen expectations about the state's obligations, which come to include social services provision.

ANNAKA AND HIGASHIMA (2021)⁴ DOCUMENT THIS PATTERN, showing that democratization increases the likelihood of adopting generous social and healthcare policies in the short term but improves human welfare in the long run. While democratic governments initially adopt broader social policies to maintain electoral accountability, there are time lags between policy adoption and measurable health improvements. Public service access shows strong, immediate positive effects. Meanwhile, they demonstrate that po-

² McGuire, James W. 2010. *Wealth, Health and Democracy in East Asia and Latin America*. Cambridge University Press.

The data. Key methodological challenges are in estimating causal relationships between democratization and health improvements, controlling for confounders like economic development, and accounting for lags between policy implementation and measurable health outcomes. Long-term studies face particular challenges with changing country borders, evolving health measurement standards, and the need for consistent democracy indicators over decades. Panel data approaches help address some of these issues but require careful attention to time-varying confounders.

³ McGuire, James W. 2020. *Democracy and Population Health*. Cambridge University Press.

⁴ Annaka, Susumu and Masaaki Higashijima. 2021. "Political liberalization and human development: Dynamic effects of political regime change on infant mortality across three centuries (1800-2015)." *World Development*.

litical liberalization reduces infant mortality rates in the long run, with two-thirds of the total effect materializing within 30 years of liberalization. These delays arise from the reorientation of medical resources, the dissemination of information, and adaptation to new healthcare systems.

The Effect of Democracy on Health Outcomes by Different Metrics

Infant Mortality

DEMOCRATIZATION HAS BEEN A KEY DRIVER OF DECLINING INFANT MORTALITY, according to a growing body of evidence. Navia and Zweifel (2003)⁵ pioneer the finding that democracy independently reduces infant mortality, after controlling for income, foreign aid, and social factors. Their estimates suggest that infants are almost three times more likely to die in non-democratic countries; democracies had an average infant mortality rate (IMR) of 22.6 deaths per 1,000 live births compared to 58.8 in dictatorships. Using a natural experiment approach and mother-level data, Kudamatsu (2012)⁶ corroborates the causal implications of Navia and Zweifel (2003)'s correlational analysis, showing that democratization in sub-Saharan Africa significantly reduced IMR. After democratization, infant mortality fell by approximately 12%. Countries where dictators held fraudulent multiparty elections or where leadership changed without democratization failed to experience similar benefits. The author argues that these findings are explained by democratic institutions, specifically multiparty elections coupled with leadership change, creating incentives for government to deliver better health services, improving survival outcomes for newborns.

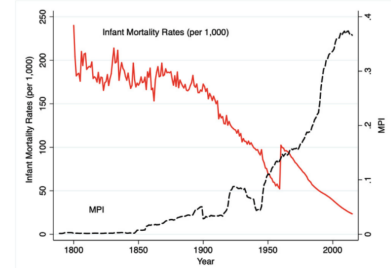


Figure 1: Time series of MPI and infant mortality rates from 1789-2015. Taken from Annaka and Higashima 2021.

⁵ Navia, Patricio and Thomas D. Zweifel. 2003. "Democracy, Dictatorship, and Infant Mortality Revisited." *Journal of Democracy*.

⁶ Kudamatsu, Masayuki. 2012. "Has Democratization Reduced Infant Mortality in Sub-Saharan Africa? Evidence from Micro Data." *Journal of the European Economic Association*.

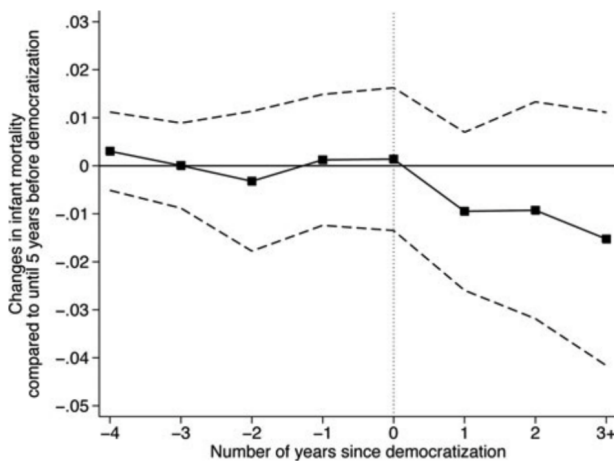


Figure 2: Time series of MPI and infant mortality rates from 1789-2015. Taken from Kudamatsu (2012).

The data. Kudamatsu (2012)'s approach using the timing of democratic transitions as natural experiment offers the strongest evidence. Kudamatsu's study also uniquely employs mother-level data, comparing infant survival for infants born to the same mother before and after democratization, removing additional confounders related to demographic changes.

Life Expectancy

CORRELATIONAL ANALYSIS ON LIFE EXPECTANCY ALSO POINTS TO DEMOCRACY-ENHANCING EFFECTS. Safaei (2009)⁷ focuses on life expectancy and mortality. They find democratic countries have 3.6 years longer health-adjusted life expectancy for men and 4.1 years longer for women compared to autocratic countries. People over 60 gain approximately 6 months (men) and 9 months (women) of healthy life expectancy in democratic countries. Authors also find that democracy exhibit lower mortality rates by approximately 79 persons per 1,000 for men and 75 per 1,000 for women. More recently, Oyèkòlá (2023)⁸ furthers this finding, showing that a standard deviation increase (0.35) in the level of democracy is associated with a 0.11 standard deviation increase in life expectancy, corresponding to approximately 5 years of additional life expectancy for a country initially with a mean life expectancy of 54 years.

⁷ Safaei, Jalil. 2006. "Is Democracy Good for Health?" *International Journal of Health Services*.

⁸ Oyèkòlá, Òláyínká. 2023. "Democracy Does Improve Health." *Social Indicators Research*.

Disease Control

ANALYSIS OF DISEASE CONTROL TREND SIMILARLY. Kim (2025)⁹ examines how democracy shaped COVID-19 mortality, along with other independent variables. The findings show the Liberal Democracy Index is related to lower excess deaths by 1.145 per 100,000. They argue that democracies that could coordinate effectively across regions and levels of government were best at saving lives during the pandemic, even after accounting for spatial dynamics of contagion. This somewhat reinforces earlier findings by Gizelis (2009)¹⁰ on state responses to HIV/AIDs; higher state capacity reduces AIDS incidence, and strong democracies outperform mixed or transitional regimes, albeit strong autocracies do as well.

⁹ Kim, Elvis H. 2025. "Does Democracy Save Lives? Modeling Effects of Political Institutions on COVID-19 Mortality." *Social Science Quarterly*.

¹⁰ Gizelis, Theodora-Ismene. 2009. "Wealth alone does not buy health: Political capacity, democracy, and the spread of AIDS." *Political Geography*.

Mechanisms of Democracy

THE EMPIRICAL RECORD SUBSTANTIATES TWO SETS OF DRIVERS linking democracy to better health outcomes. Political competition, as argued by Lake and Baum (2001)¹¹, constrains rent-seeking behavior, given the state is a monopoly firm that produces public services in exchange for revenue. In autocracies, limited competition allows rulers to extract high monopoly rents while restricting the output of public services. In contrast, democracies make the political market more contestable by increasing competition, leading politicians to expand public service provision to retain support. Additionally, in democracies, citizens face lower costs of political participation for expressing dissent or replacing leaders through voting, which allows them to punish underperforming politicians more easily.

¹¹ Lake, David A. and Matthew A. Baum. 2001. "The Invisible Hand of Democracy: Political Control and the Provision of Public Services." *Comparative Political Studies* 34 (6): 587–621.

GERRING ET AL. (2016)¹² SUPPORT THIS ARGUMENT, identifying social spending as the key intermediate mechanism connecting electoral democracy to health outcomes. A median-voter model suggests that competitive elections pressure politicians to institute redistributive policies to address inequality. Voters reward incumbents for providing public goods, and empirical evidence shows that democracies correlate with redistributive or public goods-oriented policies. The authors conduct a mediation analysis showing that public health expenditures account for approximately 19% of the total effect of electoral democracy on infant mortality.

¹² Gerring, John, et al. 2016. "Electoral Democracy and Human Development." *The Varieties of Democracy* Institute Working Paper.

A SECOND MECHANISM RELATES TO THE ECONOMIC BENEFITS OF improved health outcomes. Wigley and Akkoyunlu-Wigley (2017)¹³ that democratic leaders have incentives to reduce child mortality even when they don't require votes from low-income citizens, because improved child health generates economic benefits that appeal to middle and upper-income voters. The authors identify three specific economic mechanisms: economies of scale in public provisioning of health and education with high fixed costs, positive externalities such as disease prevention through vaccination and reduced social unrest, and enhanced worker productivity through human capital formation.

¹³ Wigley, Simon and Arzu Akkoyunlu-Wigley. 2017. "The impact of democracy and media freedom on under-5 mortality, 1961-2011." *Social Science & Medicine*. identify

Looking Ahead

AS GLOBAL HEALTH CHALLENGES EVOLVE, key questions emerge about democracy's role in addressing emerging health threats and persistent health inequalities. Future research must investigate how democratic institutions adapt to new challenges like pandemics, climate-related health impacts, and aging populations. Additionally, understanding how democratic backsliding affects health outcomes and whether the mechanisms identified in previous research hold in contexts of weakening democratic institutions remains crucial for both scholars and policymakers seeking to strengthen health systems while preserving democratic governance.

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