

Simon X. B. Zhao · Kam Tong Chan ·  
Selçuk Çolakoğlu · Qiaoyun Zhang ·  
Bo Yan *Editors*

# Comparative Studies on Pandemic Control Policies and the Resilience of Society

 Springer

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Editors

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## Foreword by Adrian Bailey

The global COVID-19 pandemic exposes divergence in global affairs. While there is agreement among epidemiologists and clinicians that the Delta and Omicron variants, dominant since late 2021, are associated with high infection rates and relatively low death rates, and public health officials can point to the effectiveness of mass vaccinations in reducing the severity of COVID, two diametrically opposed public health strategies have emerged. That is, China stands as the last remaining major economy to adopt and retain a “Zero COVID” strategy, while other nations continue to open up and “live with COVID.” This book—the second to be published on global COVID by researchers and students at Beijing Normal University-Hong Kong Baptist University United International College (BNU-HKBU UIC)—addresses this dramatic global divergence.

The volume makes three important contributions to knowledge. First, it examines COVID-19 using a lens of comparative globalization. It highlights the latest development of the pandemic from a comparative perspective. The comparisons unfold in areas of public health, international relations, and social media responses. The general discourse on COVID-19 has changed since the first weeks and months of the crisis, the sudden appearance of the virus, the initial lack of effective vaccines, and the swift progress of the disease spreading around the world could be perceived as posing a terrible but perhaps temporary threat to the processes of globalization. Reflections on the “late” or “liquid” modernity and globalization occupied the central mentality of researchers. Now that effective vaccines are available, the threat is not perceived as being so fatal; however, the endless mutations and variants of the virus mean that the world is now learning to live with COVID-19, although some are still insisting on a zero COVID strategy. The virus is not going away, and the changes that it has wrought on the governmental, economic educational, commercial, cultural, and social spheres are profound and enduring. The divergence caused by the two separate paths navigating the pandemic triggers thinking over the future and fate of globalization.

Second, the volume brings together scholars and practitioners with social science, media studies, and humanities expertise. Its perspective on global COVID is unique in blending social science and humanities scholarship. The book’s contributors draw

on their disciplinary strengths and specialities to offer an objective account of the comparative and contemporary characteristics of COVID-19 and to trace the overlapping and conflicting values that are associated with diverging public health strategies. The editorial team has done a deft job of blending these diverse disciplinary insights and the overall volume can achieve a contribution greater than the sum of the individual parts.

Third, as the second in the global COVID-19 series, the book continues to demonstrate the powerful insights to be gained from the nexus of research and teaching. Every chapter of the book has involved, at some level, students collaborating with instructors to deliver ground-breaking research. The American philosopher John Dewey famously said that “Education is not preparation for life, education is life itself.” By actively engaging students in the life of research, professors at BNU-HKBU UIC are giving students the best possible preparation for an uncertain future. It is also the case that the theories and values which lend coherence to this account of global COVID-19 are themselves discussed and debated in the classrooms of the researchers and students, with these discussions enriching the integrity of the volume and, in return, the findings from the book enriching the classroom.

With these distinct contributions to knowledge on global COVID-19, I am confident that—like its predecessor—this book will not go unnoticed. The Division as a community should feel very proud of what it has achieved, not least because the book has been prepared under the very strictures (closed borders, zero mobility, frequent lockdowns, etc.) of which it writes. I thus congratulate the vision, insight, and boldness of Professor Simon Zhao Xiaobin, and his dedicated team, who poured their devotion, energy, and perseverance into this book project. I also thank all the contributors to this volume whose works closely follow the latest happenings during the “biggest global challenge the world is facing in modern times” (United Nations) and impacts brought upon by diverging control policies in a timely and up-to-date manner.

This book will be of particular interest to government and public-sector policymakers; entrepreneurs and commentators interested in the recovery of markets, institutions, and networks after systemic crisis; globalization scholars charting the particularities of global processes including public health discourses, understandings of risk, and the changing relationship between state and society. Selected chapters on the cultural impact of the pandemic will be of particular interest to the academic community and the wider public.

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## Foreword by John Corbett

The global pandemic of COVID-19 has entered new stages when the Delta and Omicron variants became dominant since late 2021. The high infection rates, relatively low death rates caused by the two variants, and the availability of vaccines have brought the effectiveness of the two major pandemic control policies, namely, the zero COVID strategy and “live with COVID,” to the fore. In the context that the two divergent pandemic control approaches are shaping or shaped by public health, international relations, and social media responses, keen researchers at Beijing Normal University-Hong Kong Baptist University United International College (BNU-HKBU UIC) have captured this academic and practical meaning of the divergence.

This volume is the second collection of research studies undertaken by scholars at BNU-HKBU United International College to address the global impact of the ongoing COVID-19. While the first volume offered a general overview of the impact as well as the responses to the pandemic on a changing world, the present volume highlights on the latest development of the pandemic from a comparative perspective. The comparisons unfold in areas of public health, international relations, and social media responses. The general discourse on COVID-19 has changed ever since the publication of the first volume in 2021. In the first weeks and months of the crisis, the sudden appearance of the virus, the initial lack of effective vaccines, and the swift progress of the disease spreading around the world could be perceived as posing a terrible but perhaps temporary threat to the processes of globalization. Reflections on the “late” or “liquid” modernity and globalization occupied the central mentality of researchers. Now that effective vaccines are available, the threat is not perceived as being so fatal; however, the endless mutations and variants of the virus mean that the world is now learning to live with COVID-19, although some are still insisting on a zero COVID strategy. The virus is not going away, and the changes that it has wrought on the governmental, economic educational, commercial, cultural, and social spheres are profound and enduring. The divergence caused by the two separate paths navigating the pandemic triggers thinking over the future and fate of globalization.

This book marks a continuing attempt from the Division of Humanities and Social Sciences at BNU-HKBU United International College to chart the ongoing effects of the pandemic on the world. Into their community of inquiry, they have brought colleagues from other institutions, and graduate and undergraduate students. Every chapter of the book has involved, at some level, students collaborating with instructors to deliver ground-breaking research. The American philosopher John Dewey famously said that "Education is not preparation for life, education is life itself." By actively engaging students in the life of research, professors at BUN-HKBU UIC are giving students the best possible preparation for the uncertain future. Therefore, I congratulate the vision, insight, and boldness of Professor Zhao Xiaobin and his editorial team who poured their devotion, energy, and perseverance into this book project. I also thank all the contributors to this volume whose works closely follow the latest happenings during the "biggest global challenge the world is facing in modern times" (United Nations) and impacts brought upon by diverging control policies in a timely and up-to-date manner.

This book will be of particular interest to government and public-sector policy-makers; some chapters on the cultural impact of the pandemic will again be of wider interest to the academic community and indeed the wider public.

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We are extremely grateful for the support from the Springer Nature team, with whom we have collaborated very well in our studies and research of the global pandemic of COVID-19. We are also thankful for all the reviewers who took the time in reading, reviewing, and providing precious feedback to the component chapters. We offer our gratitude to the leadership at the Beijing Normal University-Hong Kong Baptist University United International College (BNU-HKBU UIC) whose academic and administrative support were instrumental in driving forward this book project. Last but not the least, we thank all contributors of the book project for pouring their efforts, wisdom, time, and thoughts into expanding and deepening our knowledge of pandemic control policies.

Editorial Team

# Introduction

While wrapping this book project up in the September of 2022, the whole world is experiencing the third year of ravage brought by the COVID-19 pandemic. However, some positive signals look like lights at the end of the tunnel.

Since late 2021, a growing number of countries around the world have significantly eased COVID restrictions. Most European countries, such as Britain, France, Denmark, Norway, Ireland, and the Netherlands, have ended or eased their respective COVID restrictions.<sup>1</sup> Singapore furthered easing COVID restrictions in August 2022, ending almost all COVID restrictions. Japan raised the daily entry cap for visitors on 7 September 2022 and removed pre-departure testing mandates for travelers who have received three COVID-19 vaccine doses. Australia, once imposing the longest COVID lockdowns in the world, lowered the quarantine time for anyone who contacts COVID-19 but shows no symptoms from 9 September onwards. The mask mandate for domestic flights in Australia was also eliminated.<sup>2</sup>

The ease of COVID-related restrictions came following the emergences of the Delta and Omicron variants, as well as the availability and rollout of COVID vaccination. The higher infection rates of the variants had rendered suppression and elimination of all infected cases more and more costly. Rates of severe and death cases were lowered by the mass rollout of vaccination programmes. Many countries have pivoted to “live with COVID.” They tolerate the accumulation of new cases, from thousands to tens of thousands, while trying to drag the severe and death cases down to prevent medical resources from being overwhelmed. Meanwhile, these countries reboot the economic activities and re-open with the rest of the world in a continued effort to sustain globalization.

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<sup>1</sup> Jamey Keaten, “More Countries in Europe, Recently the Pandemic’s Epicenter, Ease COVID Restrictions,” *Los Angeles Times*, February 2, 2022, <https://www.latimes.com/world-nation/story/2022-02-02/more-countries-easing-covid-restrictions>.

<sup>2</sup> Elise Schoening and Lizzie Wilcox, “The Latest Updates on International Gathering and Travel Restrictions,” North Star Meeting Group, September 13, 2022, <https://www.northstarmeetingsgroup.com/coronavirus-countries-cities-reopening-COVID-19-new-cases>.

In stark contrast, some other countries, notably China, are still pursuing a zero-COVID strategy, resorting to strict restriction measures when confronting the coronavirus. The goal of the zero COVID strategy is to quickly identify and eliminate positive cases so that as few people as possible in the community get infected: zero infection, less medical resources being overwhelmed, and free from any potential sequelae of COVID infection. Worries about the public health crisis imposed by the possible transmission of coronavirus oftentimes outweigh the urgency for economic resumption.

Subsequently, the September 2022 wave of COVID-19 pandemic in China witnessed a new wave of lockdowns when less than two thousand confirmed cases were reported across a country of 1.4 billion. Thirty-three cities, including seven provincial capitals and one municipality under the direct rule of the State Council, joining the overall 103 cities across 26 provinces, entered semi- or full-scale city-wide lockdowns. More than 65 million<sup>3</sup> residents, from Dalian in the northeast to Sanya on the southernmost tip, from Shenzhen on the mouth of Southern China to Xining and Chengdu far into the west, were affected. After Shanghai (February to June 2022), Chengdu became the second Chinese city with a population of over twenty million being forced to lock down.

The dichotomy of the two major pandemic control policies, the “zero COVID” strategy and “live with COVID” strategy, has not only indicated two different approaches to pandemic control, but resulted in two separate worlds, two mentalities, and two sets of pandemic narratives. The dichotomy of policies reflects a broad array of differences in cultural settings, social backgrounds, political arrangements, economic affordances, value system, ideologies, as well as psychological factors. Why is this policy? Why is this policy at this stage? Why not another policy? Why policies between countries are so divided, and even conflicting? What are the implications of the divided policies on international relations? What are the cultural and psychological responses to the policies? All the questions warrant an international, comparative study of pandemic control policies as well as social resilience.

The crystallization of the contemplations is *Comparative Studies on Pandemic Control Policies and the Resilience of Society*. The volume contains three sections: “Public Health and Social Economic Studies out of the Pandemic,” “International Relations in the Post-Pandemic World: Globalization, Global Governance and Leadership,” and “Cultural and Social Media Responses: Perceptions, Emotions, and Narratives.” Through the three sections, this volume aims to provide facts-based, data-supporting documentation of pandemic-control policies across the globe and a comparative analysis of the deep-seated backgrounds and factors in determining

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<sup>3</sup> Moting Jiang and Yunhong Bao, “(Yiqing Boji Fanwei Chixu Kuoda Quan/ 33 Cheng Bufen Huo Quanyu Guankong) 疫情波及范围持续扩大 全国 33 城部分或全域管控 [Pandemic Continues to Explode, 33 Cities across Country Enter Semi-/Full-Scale Lockdowns],” Caixin, September 3, 2022, <https://www.caixin.com/2022-09-03/101935462.html>.

the selection of a particular policy. This volume also concerns with social resilience associated with a policy. This series of articles will produce a timely and informative edition of comparative studies of pandemic control policies and social resilience, which will shape public discussions and debates in many years to come.

In 2021, researchers at the Beijing Normal University-Hong Kong Baptist University United International College (BNU-HKBU UIC) blazed the trail of pandemic studies with the edited volume *COVID-19 Pandemic, Crisis Responses and the Changing World: Perspective in Humanities and Social Sciences*. This volume marked the latest effort and endeavour by UIC researchers to astutely capture the ethos of the comparative nature in the pandemic studies for an up-to-date, insightful, and state-of-the-art research in the course of the pandemic.

BNU-HKBU United International College is nothing short of an ideal institution to produce pandemic studies from comparisons of control policies and social resilience. Located in Zhuhai, China, one of China's frontier cities in its economic reform and opening-up, this ground-breaking, English-medium, and internationally oriented liberal arts college sits right where China and the world meet each other. Particularly so is during the global pandemic of COVID-19. While locating inside the world's most notable zero COVID-pursuing country and dissecting the concrete conditions undergirding such a policy, many of the UIC contributors of the book are also living the varied experiences brought about by the distinctive pandemic control policies in other countries in their cross-border travels. For example, some scholars witnessed first-hand Singapore's "circuit breaker" period in response to the initial shock and panic regarding the COVID-19 pandemic and the subsequent phase of ease of restrictions. Some scholars, who were once trapped in Hong Kong during the fifth wave of the local pandemic outbreak, had exposure to the seemingly impossibility of a reconciliation of zero COVID strategy and "live with COVID" endeavours. Some other scholars poured their European experiences into their studies of the pandemic. In a sense, contributors from UIC are on the front line of producing a personal, professional, detail-rich, readable, and academically valuable account regarding the dichotomy of zero COVID strategy and "live with COVID" strategy.

In the first section "**Public Health and Social Economic Studies out of the Pandemic**," contributors probe the public health policy and economic factors underneath the selections of zero COVID strategy and "live with COVID" strategy from a comparative studies perspective. **Kam Tong Chan, Xiaoman Yang, and Xinyu Yi** adopt an institutionalism perspective as their basic framework in a comparative examination of the control policies at the early stage of the pandemic. The authors divide the following six case regions in the chapter, namely, Mainland China, Hong Kong, Japan, Singapore, the United Kingdom, and Denmark into three categories: dynamic zero COVID strategy, "live with COVID" strategy, and mitigation policy. The authors have invoked the perspectives of welfare ideologies, regimes, economic considerations, and governance in examining selections of differing pandemic control policies.

Following and extending Chan, Yang, and Yi's study, **Simon X. B. Zhao, Bo Yan,** and **Yutong Chen** observe the up-to-date development of the pandemic in 2022. In *Between Zero COVID and "Live with COVID:" Comparative Studies in Pandemic Control Policies of China, Singapore, and Hong Kong at the Stage of Omicron*, the authors zoom in on three cases of the most significant representativeness in comparative studies on pandemic control policies: Mainland China, Hong Kong, and Singapore. China is the world's most prominent and the last holdout of zero COVID nation, distinguishing itself from the rest of the world. Singapore is among the first countries to switch from pursuing zero COVID to live with COVID, whose pandemic control path represents and sheds lights upon many nations ending zero COVID to bring economy and social lives back to normal. Hong Kong establishes as an ideal observatory sample of how the once effective zero COVID strategy, embodied by mass testing and strict lockdowns, had difficulty in being applied outside China and in coping with the pandemic in the age of Omicron. By investigating Hong Kong's struggle in the fifth wave of the pandemic of February 2022, the chapter meticulously documents the social conditions behind the unique effectiveness of zero COVID strategy in China and the scientific preparedness behind Singapore's swift actions to transition to live with COVID.

Economic factors, while not given a prominent consideration in the early days of the pandemic when saving lives was prioritized, are emphasized in considerations over pandemic control policies in *Economic Rationale of Different Pandemic Control Policies and their Impact on Economy*. In the early days of the pandemic, China, Australia, and Singapore chose a zero COVID strategy not only because such an elimination strategy saved lives but also because the countries' economies fared much better than their "live with COVID" counterparts. However, in the era of the Delta and Omicron variants, the heavy costs of eliminating the highly infectious variants, the lowered death rates dragged down by the rollout of vaccination, and the urgency to resume economic vitality had driven many of the previous zero COVID nations to pivot to "live with COVID." China, while maintaining the status as the world's last holdout of zero COVID strategy, faced mounting economic pressure brought by the fallout of frequent lockdowns in the nation's various economic powerhouses, particularly, Shanghai, Shenzhen, and Xi'an in 2022. The authors conducted an original set of research by firstly dividing the pandemic from 2020 to 2022 into two phases in its examination of pandemic control navigations in China, Australia, Singapore, and the United States; and secondly following closely the Shanghai lockdown in 2022, a focal point in pandemic control approaches comparison and a timely and representative city struggling between public health and economic development. By referring to various data and putting Shanghai in comparison in terms of lives lost and economic downturn. The authors thus question the very existence of a "best" or "one-size-fits-all" control strategy, or one that could be effective at all stages of a pandemic. Authors in *Social Resilience and COVID-19 Recovery Outcome: A Comparative Analysis of Resilience Attributes in 107 Countries Using Random Forest Algorithm* conclude that a combination of multiple factors, in their studies, the demographic character, accesses to medical services and resources, and government responses are important factors in pandemic recovery and resilience. In *"Surprisingly Real": Regressive*

*Structural Transformation in the Wake of the Corona Crisis*, **Markus Heidingsfelder** and **Lihua Chen** examine the two functional systems, namely, the health system and the political system during the COVID-19 pandemic. They present that individual efforts of “renationalization” come at high political and economic costs, and a “deglobalization” could not be implemented.

The second part of the book, titled “**International Relations in the Post-Pandemic World: Globalization, Global Governance and Leadership**,” navigates through the COVID-19 pandemic from the perspective of political science and international relations.

Employing the concept of “Kindleberger Trap,” **Selçuk Çolakoğlu**, **Chaofan Chen**, and **Chen Jiawei** approach the global leadership competition between China and the United States from the perspective of global public goods provisions, denying the emergence of a “Kindleberger Trap.” Following chapter, authors in *Political Considerations and Rationales for Different Control Policies in COVID-19 Pandemic: An Analysis from the State Theory Perspective* trace the rationales behind countries’ differing pandemic control policies, notably zero COVID strategy and “live with COVID” strategy. The authors suggest that the zero COVID strategy is embedded in the Neo-Weberian approach of the state theory; while the liberalist approach of state theory, rooted in the idea of social contract, has resulted in a limited capacity of state, which is straightjacketed by citizens’ (dis)satisfaction of some restriction measures and the state’s capability to mobilize the masses to implement a zero COVID strategy. Again, this chapter confirms that each pandemic control is rooted in very concrete social, political, and cultural conditions.

**Chan Siu-han** in *COVID-19 Pandemic as the Cosmopolitan Moment of World Risk Society* invokes Ulrich Beck’s “world risk theory.” Chan disagrees with the idea that the COVID-19 pandemic brought an end to the globalization. Instead, the COVID-19 pandemic, standing as “the first truly global illness and risk that expresses the profound level of globalization our world has already attained,” compels us to confront the reality of our independence as well as our common destiny in the global world more than ever. Calling the COVID-19 pandemic “the cosmopolitan moment of world risk society,” Chan further suggests that COVID-19 brings forth an ever more globalized world. Authors in *Politicization of Anti-Pandemic Measures in Europe: Cleavage Politics and Divided Publics* also touched upon the relations between the pandemic and globalization. Using the cleavage theory, the authors demonstrate that within the European context, people’s anti-pandemic measures and unwillingness to receive vaccination were positively correlated with their negative views of the European Union and globalization. Sweden caused a controversy among Chinese after a nationalistic Chinese newspaper reported its distinctive pandemic control policies almost to the opposite of China’s. The controversy was captured by one set of authors in the book. By inquiring into images of Sweden constructed by Chinese in China and Sweden, the authors provide Sweden as another perspective to global pandemic narratives.

**Bo Yan, Simon X. B. Zhao, Yizhou Dong, and Shihao Sun** approach the pandemic narrative from the perspective of conspiracy theories. In *Sino-US Great Game Out of the Pandemic: A Conspiracy Theories Perspective*, the authors analyze and debunk three COVID-related conspiracy theories in the relationship between China and the United States. The pandemic was first seen by many observers in the West as “China’s Chernobyl,” which was instantly debunked by China’s immediate suppression of virus spread and quick recovery in economic production. The leftists in the United States mobilized the pandemic narrative as “God’s gift to the US left” in ousting President Donald Trump. Yet, the pandemic as well as socio-economic conditions in the United States continue to worsen under the new president. Faced with a declining US in the quagmire of pandemic and inflation, hypernationalists in China interpreted China’s nationwide power crunch in September 2021 as China’s shrewd move to “corner overtake” the United States. This conspiracy theory was debunked by the official media of China. Wrapping up Part II of the book, this conspiracy chapter stands as a powerful narrative that the pandemic requires global efforts to tackle, and any force trying to mobilize the pandemic narrative for “I win, you lose” game will only be backfired.

Part III of the book, titled “Cultural and Social Media Responses: Perceptions, Emotions, and Narratives,” continues observations of the pandemic through the comparative lens. **Qiaoyun Zhang and Yushan Wang** discuss the cultural incentives of risk perception and response in the perspectives of individuality and collectivism. The different viewpoints reflect a varied understanding of individual body politics and of social organization and groupness. **Ye Tao, Chuanli Xia, Hong Zhao, and Ning Liu** investigate the mediating effects of social media in promoting willingness and reducing negative emotions of Chinese netizens regarding getting COVID vaccination. In *Media Discourses and China’s Social Mobilization at the Early Crisis Stage of the COVID-19 Pandemic*, the authors turn to China’s state-sanctioned media. The state media produced three major discourses of militarism, altruism, and authority, and helped the Chinese state effectively mobilize the society and rapidly controlled the pandemic. In the meantime, Chinese netizens did not stop to make their voices heard via social media. **Qingyuan Zhao, Liang Nie, and Xiaying Xu** compare three of the Mainland China’s provincial capitals and investigate whether the demands and sentiments expressed in online posts by netizens in the cities were associated with local economic development. In the final chapter of the book, **Lu Ziran and Li Li** turn to feature films dramatizing China’s responses to the COVID-19 pandemic. Surveying recurrent aspects of the characterization of key agents in the epidemic narrative as it appears in feature films, the chapter considers the necessary simplifications that the Chinese epidemic narrative demands and identifies some of the complexities absent in such narratives to date.

The book then ends with a conclusion by **Selçuk Çolakoğlu** and **Kam Tong Chan**.

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**Public Health and Social Economic Studies  
out of the Pandemic**

# Comparison of COVID-19 Control Policies and Public Health Regimes: The Institutionalism Perspective



Kam Tong Chan, Xinyu Yi, and Xiaoman Yang

## 1 Introduction

In December 2019, the first COVID case was discovered in Wuhan, China. With the disease's high infectivity, the virus has now spread to most of the regions in the world and plagued millions of people. Confronted with the pandemic, many countries have come about different COVID control policies. Apart from the dichotomies of "zero COVID infection" and "living with COVID virus" approaches emerged in the beginning, now many states have changed their COVID Control Strategies in reaction to the virus variants' continuous mutations. This article will compare and contrast the COVID Monitoring Policies among six different countries and regions: Mainland China, Hong Kong SAR of China, Japan, Singapore, the United Kingdom, and Denmark. The institutionalism perspective is adopted as the basic framework in examining the various COVID 19 Control policies adopted by some countries or regions. There are two basic concepts in institutionalism, namely the institutional theory which focuses on the formal institutions and structures of the government. The second is the neo-institutionalism which focuses on the interaction and the effects of those institutions on society. By probing into the divergent policies and the values and assumptions underlying them, we can derive new inspirations and insight for increasing the social resiliency facing the COVID challenge. The main reasons of adopting such two perspectives are because the social origin and the institutional framework are important components in shaping the policy initiatives.

According to Scott (2013), institutions incorporate the regulative, normative, and cultural-cognitive elements. These elements work jointly with associated activities

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and resources, providing stability and meaning to social life. The concept of legitimacy in institutional theory is perceived as the foundation of survival for any institution. Consequently, institutions are continuously endeavouring to influence society's perceptions about them, namely, to make the public see them as "legitimate measures in society." To quest legitimacy, the institutions alike may undergo some isomorphic change. The terminology of isomorphism encapsulates the ways and reasons institutions seek to attain legitimacy by becoming similar to other units in the population that are confronted with the same environmental factors. There are three subbranches of isomorphism, namely coercive, mimetic, and normative:

1. Coercive isomorphism is operated under the regulative elements in institutions and propels them to abide by expedience, rule, laws, or sanctions. For instance, a new COVID prevention law is initiated, and companies have to follow it.
2. Normative isomorphism is driven by the normative elements within an institution and pushes it to be compliant with social obligation, certifications, or accreditations. For example, the suppliers of COVID-19 testing kits are expected to act professionally and follow the guidelines specific to their industry.
3. Mimetic isomorphism is influenced by the cognitive elements, which drives the institutions to imitate other more successful institutions, especially when the environment is uncertain, or the goals are ambiguous. The myriad imitations of the successful COVID prevention policies provide an apt illustration.

Apart from the legitimacy perspective, this article will also consider how institutional theory interplays with the government's policymaking. As theorized by neo-institutionalism, there are three ways institutions may affect public policies. They respectively belonged to the concepts of historical institutionalism, rational choice institutionalism (RCI), and sociological institutionalism (Mahmud, 2017). Historical institutionalism states that the functioning of a state's polity, politics, and policies depends largely on its historical context. According to its proponents, the formal and informal rules, conventions, and norms developed within a state or government agency over the years will affect how it initiates and implements its policies. For instance, the Scandinavian countries have a historical preference for the social democratic model. In contrast, rational choice institutionalism argues that policy making is the sensible choice based on the best available resources to maximize the utilities or achieve the institutional goals. For example, in the face of COVID, many governments seek help from suitable experts to gain technical assistance, like think tanks and universities, to formulate highly efficient countermeasures. Lastly, sociological institutionalism holds that the aims of policy formulation are not only to improve efficiency in resolving problems but also to improve social legitimacy to accommodate behavioural patterns. Considering the moral factors and social appropriateness, sociological institutionalism may manifest in the ways different neighbourhoods deal with quarantine policies. In some areas where individual freedom is highly valued, forced quarantine is morally unacceptable and be discarded as a policy alternative. Considering the features of sociological institutionalism, it may give birth to institutional isomorphism.

According to Dimaggio and Powell (1983), the more uncertainties, the more imitations, and the fewer the number of existing models, the quicker the isomorphism. Facing the unprecedented challenge of COVID-19, there is a rising incidence of isomorphism across the globe and within different countries. Additionally, different countries and regions adopt various policies with the influences of historical, rational choice, and sociological institutionalism. Consequently, it's necessary and rewarding to look into multiple COVID policies through the lens of institutional theories.

This chapter and the subsequent chapter are closely linked together. In fact, this chapter will provide the theoretical framework and the dynamic of six countries or cities at the early stages of COVID, while the latter chapter will focus more on the three countries or cities in the recent two years, particularly with the changes of fundamental shift of paradigm in policy making.

## **2 The Major and Distinct Measures Adopted by Major Countries and Region**

### ***2.1 Mainland China***

China adopts the socialist system. Since the outbreak of the epidemic in early 2020, the Chinese government had always insisted on putting people's safety and interests as the priority, so it was very resolute in eliminating the epidemic in the early days. In the prevention and control of the epidemic, the Chinese government adopted an active policy led by the government and assisted by residents' autonomous organizations. With the continuous control of the epidemic, China's anti-epidemic policy has gradually changed from a "Zero COVID Infection" policy to a "Dynamic zero-clearing" policy.

The "zero COVID" policy was proposed by the Chinese government when the outbreak broke out in early 2020. The Chinese government have adhered to the principle that the safety of the people's lives always comes first, controls the spread of the epidemic at all costs, and resolutely eliminates the epidemic everywhere. Various Provincial Governments across China have adopted the "four early measures"<sup>1</sup> which include early detection, early reporting, early isolation, and early treatment (State Council Information Office of the People's Republic of China, 2020). The Chinese government has imposed blockade measures on cities or regions where the epidemic has developed severely, mobilized community residents to assist in the regional blockade of the community, and required residents in the region to work from home, conduct online teaching, and stay at home and not going out. The government have arranged designated hospitals and established "square cabin hospital" (the temporary

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<sup>1</sup> The "four early measures" refer to as early as possible detection of infected cases and timely reporting of the outbreak to the government, as well as the isolation of infected persons at the early stage of infection and timely and targeted treatment, as proposed by the Chinese government in the "Chinese Action to Combat the New Coronary Pneumonia Epidemic".

shelter which provide basic medical care for the infected patients) to receive and treat confirmed cases, community residents have taken turns to conduct door-to-door inspections, and established a medical treatment expert group to achieve “receive all the confirmed cases and treat them as they should” (State Council Information Office of the People’s Republic of China, 2020). After the development of the new coronavirus pneumonia vaccine, China have provided vaccination to the Chinese people free of charge in batches to achieve the effect of national prevention. China has also further improved the national health certification system, realizing the “three-in-one” health code, itinerary code, and vaccine pass (Wang, 2021).

As starting from August 2021, China’s epidemic prevention policy changed from “zero COVID Infection” to “dynamic zero-clearing” of precise prevention and control. The “dynamic clearing” policy refers to the government’s rapid response to timely detection of infection sources and cases, taking relevant public health intervention measures, and deploying measures such as community closure management and large-scale nucleic acid testing within 24 h after the outbreak. This policy aims to minimize the occurrence of the epidemic and obtain the greatest prevention and control effect with the least social cost. Through big data, the government can pinpoint the scope of the epidemic more precisely, and the restrictions usually only involve one district, one community, or one building in the city, thus reducing the disruption to people’s daily life.

In the face of the epidemic situation in the first half of 2022, Shenzhen and Shanghai have adopted different epidemic prevention policies. Shenzhen has adopted the “strict closure and control” epidemic prevention measures, that is, set up closure and control areas, control areas, and prevention areas according to different epidemic situations to carry out strict personnel access management. And after multiple rounds of nucleic acid testing for all staff, the Shenzhen government quickly adopted a week-long silence period. During the period of silence, the government took strict control measures to ensure basic living, shutting down buses and subways, and not leaving the city unless necessary, thus bringing the epidemic under control quickly and achieving “dynamic zero-clearing” in a short period of time and restoring social order. Compared with Shenzhen, during the epidemic period in the first half of 2022, Shanghai adopted “precise prevention and control” epidemic prevention measures, that is, nucleic acid testing was carried out in some key target groups to minimize the scope of risk areas. However, this kind of prevention and control measures is difficult to effectively find the hidden source of infection and transmission chain in the face of the hidden and highly contagious virus strain of Omicron, so this has also led to the continuous epidemic in Shanghai. It has been nearly 3 months and caused many people to be infected with the COVID-19.

In the next chapter, it will provide some of the recent development and the new measures such as “focused COVID control” methods in the 2022.

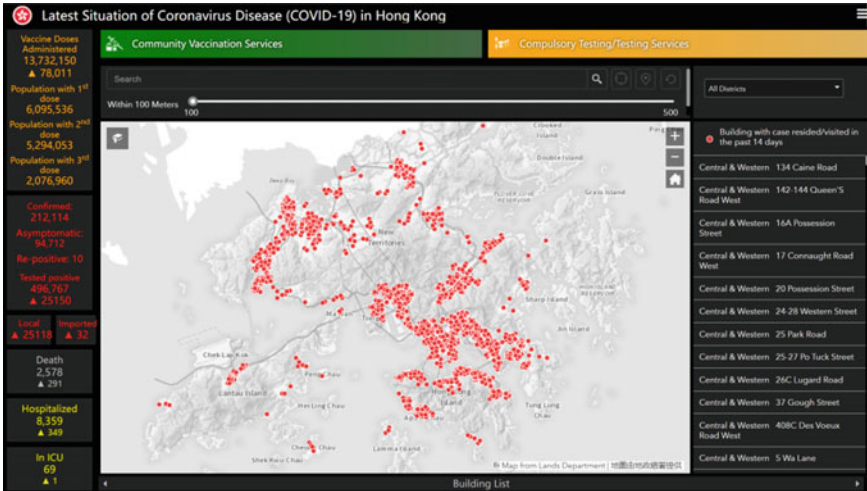


Fig. 1 Latest situation of coronavirus disease (COVID-19) in Hong Kong (as at March 8, 2022)

## 2.2 Hong Kong Special Administrative Region of China

Since the first case of novel coronavirus pneumonia was discovered on January 23, 2020, Hong Kong has experienced the fifth wave of the epidemic. In the face of these five waves of epidemics, Hong Kong SAR has introduced many iconic anti-epidemic policies. Influenced by the Chinese mainland government, the Hong Kong SAR government's epidemic prevention policies are like those in mainland China. In the face of the new coronavirus pneumonia, it adopts an anti-epidemic policy led by the government throughout the process.

The Hong Kong SAR government proposed a “social distancing measures<sup>2</sup>” policy when controlling the second wave of the epidemic in Hong Kong in March 2020. The “social distancing measures” refers to the Hong Kong government's efforts to limit the number of people gathering, control dining time, and close various cultural and entertainment venues to reduce gatherings to reduce the risk of virus transmission. The policy will continuously adjust the number of people and time limit according to the development of the epidemic, to reduce the impact of the epidemic on the tertiary industry and the normal life and order of Hong Kong residents. The Hong Kong government established a real-time tracking of confirmed cases in the early stage of the outbreak. The system is updated once a day and provides dynamic information including the places visited by the confirmed person within 14 days, the living place of the confirmed person, and the nucleic acid testing location (Fig. 1).

<sup>2</sup> The “social distancing measures” was first proposed in a press release by the Hong Kong SAR Government. It refers to the government's efforts to reduce the number of people gathering and maintain social distancing through the Prevention and Control of Disease Regulation by limiting the number of people gathering, controlling meal times, and closing some entertainment venues.

In September 2020, the Hong Kong SAR government launched the “Universal Community Testing Program<sup>3</sup>”, which aims to popularize nucleic acid testing in the community to achieve territory-wide nucleic acid monitoring (Tu, 2021). The Hong Kong SAR government has also implemented the “COVID-19 Vaccination Program<sup>4</sup>” to encourage Hong Kong people to get vaccinated. As the epidemic situation in Hong Kong continued to be severe, the Hong Kong government implemented a “vaccine pass” to achieve universal vaccination as soon as possible, and stipulated that public place such as shopping malls, barbershops, and other public places need to show a vaccine pass before entering during the fifth wave of the epidemic. In January 2021, the Hong Kong SAR government conducted its first attempt to close the Jordan area, requiring citizens not to go out, study or work from home, and to undergo compulsory testing. Yet, the government provided citizens with basic daily necessities.

Since December 31, 2021, the fifth wave of the epidemic has occurred in Hong Kong. And as on June 19, 2022, the fifth wave of the epidemic has caused 1,214,053 infections in Hong Kong and 9,182 deaths (Latest Situation of Coronavirus Disease [COVID-19] in Hong Kong). Due to the rapid development of the epidemic and the shortage of medical testing in Hong Kong, the Hong Kong SAR government took sewage samples from buildings or communities and tested them. Among them, areas with positive sewage tests would be designated as high-risk infection areas. The government then distributed rapid test kits to citizens in these areas and implement one-day inspections to try to detect confirmed cases as soon as possible (Chen, 2022). In addition, due to the shortage of medical resources in Hong Kong, many confirmed patients could not receive corresponding treatment promptly. Hong Kong SAR government made a request to the Chinese mainland government for medical assistance, including but not limited to Hong Kong’s nucleic acid detection capabilities, medical material supply, community isolation, and the construction of treatment facilities.

All in all, Hong Kong’s anti-epidemic policy is basically in line with the mainland Chinese government, and the policy strength is on the rise. However, in the later stage of the pandemic, the Hong Kong SAR government changed its policies to a more ‘focused’ way of isolation to maintain the social stability.

In the following chapter, it will further examine the recent policies to control the fifth wave of outbreak of pandemic.

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<sup>3</sup> The “universal Community Testing Program” is an initiative of the Hong Kong Special Administrative Region, with the support of the Chinese government, to provide free testing for the new coronavirus to all citizens of Hong Kong in order to locate the infected and break the chain of transmission. The program is based on the community setting up sampling sites where people can go to their community sampling sites and wait for the test results at home.

<sup>4</sup> The “COVID-19 Vaccination Program” is a Hong Kong Government program covering all Hong Kong citizens. The program provides free vaccination against the new crown to protect public health and enable the community to resume normal operations gradually under the epidemic.

### 2.3 *Japan*

Japan is a capitalist country that attaches great importance to human rights and freedoms. Therefore, the Japanese government has adopted a relatively soft epidemic prevention policy in the face of the new coronavirus pneumonia, and its anti-epidemic policy focusing more on alleviating the development of the epidemic. In Japan's epidemic prevention policy network, the government plays a dominant role, while other local public organizations and designated public institutions (such as the Japanese Red Cross) play a supporting role.

To protect the basic human rights and freedoms of the people, most of the anti-epidemic policies introduced by the Japanese government are non-mandatory. The government has focused on adopting measures to prevent infection, such as encouraging people to wash their hands frequently and to wear masks when going out. Under the state of emergency, the government proposed holidays for businesses and schools and called on people to work from home or conduct distance education. In addition, necessary behaviours such as people going out to purchase supplies for life, visiting medical institutions, and maintaining life skills such as appropriate outdoor exercise or walking are allowed. In addition, to alleviate people's anxiety and panic about the epidemic, local public organizations have integrated local resources and set up new coronavirus consultation windows and special lines. People who think they may be suspected of being infected with the new coronavirus can use the consultation for free.

In terms of controlling the spread of the epidemic, the Japanese government restricted different types of restaurants, large shopping malls, supermarkets, museums, cinemas, and other public places to shorten or close their business hours. At the same time, the government also provided the people with certain life assistance and various support materials needed for health management to maintain the normal life of the people. Relevant Japanese laws also required that some people from some countries or regions were prohibited from entering Japan, nucleic acid testing and isolation measures were required for those entering Japan, and comprehensive disinfection measures were also required for entry and exit aircraft. Regarding confirmed cases, the Japanese government encourages hospitalization for severe cases and home treatment for mild cases and discourages asymptomatic people from being tested for the new coronavirus. As the global epidemic continues to worsen, since the development of the new coronavirus pneumonia vaccine, the government has begun to encourage people to be vaccinated and continue to expand the population of vaccines.

According to the plan of the Japanese government, Japan has now fully opened domestic tourism locally. In addition, the Prime Minister of Japan officially announced in his speech on the evening of May 26, 2022, that starting from June 1, the Japanese government will increase the number of people entering the country from 10,000 to 20,000 per day, and greatly relax short-term entry visa application restrictions. From June 10, Japan will reopen tourist entry, but it will be limited to tour groups led by professional guides for the time being.