

ADVANTAGES AND CHALLENGES IN THE CHINESE MODEL OF CRISIS RESPONSE —AN INSIGHT INTO CHINA’S APPROACH TO THE NOVEL CORONAVIRUS PNEUMONIA (COVID-19)—

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SUMMARY

- In China, where the novel coronavirus of the ongoing pandemic first broke out, strong preventive measures were effective in quickly reducing the spread of infection; and the Communist Party of China (CPC) has touted its leadership and the advantages of "socialism with Chinese characteristics."
- As seen in China’s response to COVID-19, the Chinese model of crisis response was characterized by the development of measures involving restrictions on people’s rights with rapid implementation, no exceptions, strong coercive force, and active use of technology.
- Meanwhile, public awareness of the crisis was delayed by strict controls on information, which led to criticism at home and abroad. Although the Chinese people generally approve of the Xi Jinping administration's epidemic control, dissatisfaction regarding the initial response as well as concern over negative sentiments around the world exist to stay on track as a unifying force. The Xi administration will need to exert comprehensive leadership with regard to battling the coronavirus, promoting economic recovery, and dealing with domestic and international public opinion.

RAPID REDUCTION OF SPREAD

"It has been proven that the CPC Central Committee's judgment on the situation of the epidemic is accurate, all work arrangements are timely, and the measures taken are effective," said Chinese President Xi Jinping in Beijing on February 23, 2020, at a meeting to advance the work on coordinating the prevention and control of the COVID-19 and economic and social development. "The results of the prevention and control work have once again demonstrated the notable advantages of the leadership of the CPC and the system of socialism with Chinese characteristics," he added. President Xi had issued important instructions¹ on stepping up efforts for epidemic control in China on January 20. This became a de facto emergency declaration, and a strong epidemic control system was established throughout China. As a result, according to official statistics, the number of new cases came to 3,886 persons per day on February 4, and the total number of active cases, excluding those who had recovered or died, peaked at 58,016 persons on February 17 and peaked out. Just one month after its emergency declaration, China was proudly proclaiming the effectiveness of its preventive measures and the advantages of its system. Even in Hubei Province, which accounts for 80.6% of the COVID-19 cases and 97.1% of the deaths² that occurred in China as a whole, the urban lockdown was gradually lifted starting in late March,

¹ "Xi Jinping issues important instructions on the novel coronavirus infectious pneumonia epidemic" [in Chinese], http://www.gov.cn/xinwen/2020-01/20/content_5471057.htm

² Based on statistics issued by the Chinese authorities as of May 20, 2020. The nationwide totals were 84,504 persons infected (68,135 in Hubei Province) and 4,645 deaths (4,512 in Hubei Province).

and the number of symptomatic cases had fallen to zero as of April 26.³ The number of new cases per day in China has remained between zero and 20 since the beginning of May,⁴ a statistical indication that the outbreak is nearing its end; however, top leaders have remained cautious, noting that the risk of a resurgence in China still exists⁵ due to factors such as the ongoing pandemic in other countries.

Viewing the economy, although strict epidemic control measures caused a 6.8% decline in GDP from January to March,⁶ single-month indicators including retail and investment have shown improvement since March. Although there is a risk of declining foreign demand due to the pandemic, the Chinese economy is expected to return to positive year-on-year growth in the second half of the year on the strength of domestic demand, which has significant growth potential, unless there is a resurgence of COVID-19 within China.

In this paper, in terms of the advantages of the Chinese model of crisis response, we will examine the approach that China has taken in its response to COVID-19, which is met with self-congratulation by China but hotly disputed in other countries. In addition to the dual tasks of preventing the spread of the virus and taking economic measures within China, that response includes the external task of responding to international public opinion concerning China's responsibility for the pandemic. We will begin by examining China's domestic response, especially with regard to epidemic control, which more clearly illustrates the characteristics of the Chinese model. The Chinese model of crisis response has a great deal in common with the approaches taken by other authoritarian countries, but is worthy of consideration as an independent model because it is marked by conditions that are unique to China—including strong, centralized authoritarian rule, an enormous population and economy, and widespread use of technologies such as mobile payment.

STRONG QUARANTINE POLICIES

Fig. 1 shows the major developments in China's response to COVID-19. At present, it is generally accepted in China that the first domestic case was confirmed in Wuhan on December 1, 2019. On December 31, the municipal government issued a public report concerning the occurrence of 27 cases of viral pneumonia of unknown cause. On January 20, twenty days later, the Xi administration issued the important instructions mentioned earlier in this report. At that time, only 217 persons were infected in China (198 persons in Wuhan, five in Beijing, and 14 in Guangdong Province), but top leaders recognized the situation with strict attention, and President Xi called on government agencies and party organizations throughout China to develop action plans with the top priority on people's lives, safety and health. In response, all 31 provinces as well as the directly administered municipalities and autonomous regions had launched first-level measures (the highest of four levels) under the National Contingency Plan for Public Health Crisis by January 31. An action framework was quickly established by taking the following steps: firstly, The CPC Politburo formed the Central Leading Group on Responding to Novel Coronavirus Disease Outbreak (led by Premier Li Keqiang) on January 25; secondly, each department of the State Council developed policies for epidemic control and economic measures for their respective areas of jurisdiction under the guidance of the special leading group; and lastly, each local government implemented specific measures on that basis, in accordance with their own situations. A team of high-level experts was established under the National Health Commission of the State Council as the government's advisory body concerning epidemic control.⁷

³ That figure initially remained at zero, but a total of six cases were then confirmed on May 9–10 in the city of Wuhan. To prevent a resurgence, the municipal government decided to conduct PCR testing for all city residents, approximately 11 million persons.

⁴ In China, new cases of COVID-19 are counted in three categories: (1) symptomatic cases acquired within China, (2) symptomatic cases acquired abroad, and (3) asymptomatic infections. Most new cases in May fell under the second category, but in addition, some new cases in Jilin Province, Hubei Province, and elsewhere fell under the first category.

⁵ Remarks by President Xi at a symposium for non-party members held in Beijing on May 8 by the CPC.

⁶ In Hubei Province, where preventive measures were the most severe, GDP showed a much greater decline from January to March, down 39.2% from a year earlier.

⁷ Zhong Nanshan, an academician at the Chinese Academy of Engineering who also led the effort against the 2002–2003 outbreak of severe acute respiratory syndrome (SARS), was appointed to lead the advisory body, and actively disseminated information on matters including the characteristics of the virus and the outlook for ending the epidemic.

Regional preventive measures for epidemic control were particularly stringent in Hubei Province, where a guidance team (led by Vice Premier Sun Chunlan) was dispatched from the central government; however, strong epidemic control measures were also implemented in other provinces and cities under the direction of

Fig. 1. Major developments in the Chinese and international responses to COVID-19

Development	Date	Details
The first case of COVID-19 is confirmed in Wuhan.	Dec. 1, 2019	A male patient in his 70s. Doctors of Wuhan Jinyintan Hospital, who confirmed the patient, published a report in the English language journal <i>The Lancet</i> in late January 2020.
Doctors in Wuhan post on social media concerning the possibility of a new type of pneumonia.	Dec. 30	Dr. Li Wenliang and Dr. Ai Fen of Wuhan Central Hospital. Both were warned by the authorities to stop posting information.
China reports to the China office of WHO concerning the emergence of a new type of pneumonia.	Dec. 31	On the same day, the city of Wuhan announced that 27 people had viral pneumonia of unknown cause, including seven in serious condition.
The Wuhan Municipal Health Committee reports that the possibility of person-to-person transmission cannot be ruled out.	Jan. 14, 2020	This was a change from its previous stance that there was no evidence of person-to-person transmission.
President Xi Jinping issues important instructions concerning epidemic control.	Jan. 20	This included instructions to devote heightened attention to the new viral pneumonia that had recently emerged in Wuhan and elsewhere and to spare no effort to curb the spread of the virus.
Lockdown of the city of Wuhan	Jan. 23	Transit stations and airports were closed for travel outside Wuhan, and public transit within the city was stopped.
CPC Politburo forms a Central Leading Group on Responding to Novel Coronavirus Disease Outbreak.	Jan. 25	Decision by the Politburo Standing Committee of the CPC, led by Premier Li Keqiang.
Premier Li Keqiang visits Wuhan.	Jan. 27	He visited Wuhan Jinyintan Hospital and other locations to pay respects to medical personnel working on the front lines.
WHO declares a public health emergency of international concern (PHEIC) regarding the novel coronavirus in China.	Jan. 31	Explaining the reason for this declaration, Director-General Tedros noted that the illness had occurred not only in China, but also in other countries. He praised the extraordinary measures taken by China for epidemic control. At a conference on February 3, he stated with regard to the U.S. that there was no need for travel restrictions on China.
Meeting of the Politburo Standing Committee of the CPC	Feb. 3	In addition to epidemic control, President Xi called for properly maintaining the normal economic and social order to reduce the risk of a major economic downturn due to disproportionate measures for epidemic control.
Hua Chunying, spokesperson of the Foreign Ministry of China, criticizes the U.S. government's recommendation to cancel travel to China as an overreaction.	Feb. 3	The United States had recommended on February 2 that Americans cancel travel to all parts of China. Restrictions were also placed on entry to the U.S. by persons who had stayed in China. Hua criticized the U.S. as spreading panic, but other countries around the world began taking similar measures.
Peak* of new cases per day in China	Feb. 4	3,886 more persons infected than the previous day.
CPC Politburo dismisses Hubei Party Secretary Jiang Chaoliang, the top official in Hubei Province.	Feb. 13	Ma Guoqiang, Wuhan Party Secretary, was also dismissed. Ying Yong, the former mayor of Shanghai, was appointed as the new Hubei Party Secretary, and Wang Zhonglin, Party Secretary of Jinan, Shandong Province, was appointed as the new Wuhan Party Secretary. The top officials of other health departments in Hubei Province were also dismissed. It appears that the CPC Central Committee replaced top officials as a display of leadership, on the grounds of failure to properly control the epidemic.
Peak of the number of infected persons (Total number of cases - Number of recovered patients - Number of deaths)	Feb. 17	58,016 persons
Meeting on preventing the spread of the novel coronavirus and promoting integrated action for economic and social development	Feb. 23	In his address, President Xi called epidemic control a "people's war" and touted the leadership of the CPC. He announced the policy of taking a more scientific approach in the response to COVID-19, along with stronger economic measures. The meeting was held by videoconference, with an audience of 170,000 party members and party leaders from both central and regional CPC organizations.
The Standing Committee of the National People's Congress (NPC) decides to postpone its annual session.	Feb. 24	The annual session of the NPC ordinarily begins on March 5, but that date was abandoned in 2020 to prioritize efforts to combat the epidemic.
The NPC passes a "decision on a complete ban of illegal wildlife trade and the elimination of the unhealthy habit of indiscriminate wild animal meat consumption for the protection of human life and health."	Feb. 24	While the origin of the novel coronavirus is considered "unknown," the Standing Committee pointed out that excessive consumption of wild animals has been a major source of infectious diseases, including SARS and Ebolavirus. Tighter control is to be achieved through legislation.
Beijing begins quarantining those arriving from countries with severe outbreaks of COVID-19.	Mar. 3	Persons arriving from South Korea, Italy, Iran, and Japan were subject to a mandatory 14-day quarantine and observation. Starting on March 10, persons arriving in Beijing from countries not experiencing an epidemic were also subject to quarantine.
President Xi visits Wuhan.	Mar. 10	Xi visited Huoshenshan Hospital and other locations. During a discussion after the visit, he stated that the thorough measures taken by the CPC Central Committee had firmly controlled the spread of the disease in Hubei Province and Wuhan.
WHO declares COVID-19 a pandemic.	Mar. 11	Worldwide, 118,000 persons in 114 countries were infected, and 4,292 had died.
Press conference of the National Health Commission	Mar. 12	Mi Feng, spokesperson, stated that the peak of the outbreak of COVID-19 in China was over.
President Xi contributes an article to "Qiushi," a CPC periodical.	Mar. 16	Xi wrote that strong scientific and technical support are needed to win the battle against COVID-19 and that it is also necessary to trace the source of the virus and understand its transmission routes.
Boris Johnson, Prime Minister of the UK, tests positive for coronavirus.	Mar. 27	He was admitted to hospital for observation on April 5, discharged on April 12, and returned to work on April 27.
The Ministry of Foreign Affairs generally bans foreigners from entering China.	Mar. 28	Most foreigners, including those with valid visas and work permits, were temporarily prohibited from entering China. (Persons holding diplomatic visas were excluded.) Strong border measures were intended to prevent reimportation of the virus.
The Chinese government recognizes 14 individuals, including Dr. Li Wenliang, as "martyrs."	Apr. 2	Compensation is paid to bereaved family members of "martyrs," generally members of the military and police officers who died in the line of duty. Twelve of those recognized were medical personnel who had died of hospital-acquired COVID-19.
President Trump announces the suspension of funding for WHO.	Apr. 14	President Trump criticized WHO as biased toward China. He called for a review of management of the pandemic by WHO.
President Xi contributes an article to "Qiushi," mentioning COVID-19	Apr. 16	Xi wrote, "Solidarity and cooperation are the most powerful weapons for the international community to defeat COVID-19."
Meeting of the Central Leading Group on Responding to Novel Coronavirus Disease Outbreak	Apr. 16	The meeting stressed the need to step up prevention of COVID-19 in border areas and point-of-entry cities, and to promote the restoration of business activities and production throughout China.
Australia demands an independent investigation concerning the COVID-19 response of China and WHO.	Apr. 19	In an interview with the Australian Broadcasting Corporation (ABC), Marise Payne, Minister for Foreign Affairs, stated that "We need to know details about the genesis of the virus and the approaches to dealing with it."
U.S. President Trump says he "has seen" evidence that the novel coronavirus leaked from a research lab in Wuhan.	Apr. 30	Trump claimed that the pandemic had developed because China mishandled the initial response, and mentioned the possibility of tariffs as a retaliatory measure.
Hubei Province reduces the response level from 1, the highest, to 2, the second-highest of four levels under the national emergency response plan for public health incidents, reducing the number of provinces, directly administered municipalities, and autonomous regions at Level 1 to zero nationwide.	May 2	As of May 6, there are eight provinces and directly administered municipalities at Level 2, 21 at Level 3, and two provinces and autonomous regions at Level 4.
The number of COVID-19 cases worldwide exceeds 4 million.	May 10	The death toll stood at 279,329. The U.S. had the highest number of cases at 1.309 million. China had 84,000 cases.
The government of Wuhan decides to conduct PCR testing for all city residents.	May 12	Cases of COVID-19 were confirmed in Wuhan for the first time in five weeks (a total of six persons on May 9 and 10).
WHO convenes its annual World Health Assembly online for the first time ever.	May 18	President Xi stated that China has provided COVID-19 information to WHO and related countries with transparency. The Assembly agreed to establish a committee to review the response of WHO concerning COVID-19.
The annual session of the National People's Congress (NPC) opens.	May 22	The annual session of NPC was opened about 80 days later than the usual date of March 5. It was expected to include a summary of epidemic prevention work and policies on economic measures for the second half of 2020.

*However, the peak would instead fall on February 12, when 15,153 new infections were recorded, if calculations included the period when the statistics counted clinical diagnoses made in Hubei Province on the basis of symptoms such as fever and cough (February 13–20 data).

Source: Prepared by MGSSI, based on various reports

local governments. These measures included restrictions on movement (restrictions on residents leaving their home areas, suspension of public transit services, and PCR testing and quarantines for persons arriving from other areas), restrictions on factory operation, restrictions on employees working at offices, temperature checks at entrances to residential facilities (sending anyone with a fever directly to a hospital), school closures, prohibition of gatherings, closure of movie theaters, gyms, and other businesses, restrictions on entering restaurants, and the use of smartphone apps to manage information on the quarantine of individuals. These measures were implemented through notifications issued by local governments to the relevant organizations and businesses. Although these notifications generally did not specify any penalties, businesses and individuals who violate them are assumed to be legally liable under the relevant laws and regulations, including the Regulation on Contingent Public Health Emergencies and the Law on the Prevention and Treatment of Infectious Diseases. In any case, a government notification is understood in Chinese society to be a mandatory order, even if it does not specify any penalty or legal basis. In this case as well, the content of these notifications generally took hold smoothly throughout China.

Businesses did not have the choice to protest or defy suspension orders, for example, by refusing to comply unless government compensation was promised. As more and more of these notifications were issued, the cities quickly took on a very different appearance than before. In addition, as a result of the epidemic control measures, local governments followed central government policies in providing various types of support to businesses that were financially impacted, especially self-employed persons and micro-enterprises with low risk tolerance.⁸

FOUR CHARACTERISTICS OF THE CHINESE MODEL

During the period from late January to February, when China invoked strict epidemic control measures, some in Japan stated that China was only able to respond so strongly because of its authoritarian government, and that similar measures would not be possible in democratic countries that value human rights, such as Japan. However, people's rights are sometimes severely restricted even in democratic countries when necessary to handle emergency situations such as epidemics or to protect the public welfare, even in normal times. Even countries in Europe, the birthplace of modern democracy, and the US, which is founded on the principle of freedom, began declaring states of emergency from late January into March in their responses to COVID-19, and these countries also introduced business restrictions and stay-at-home orders with penalties. In Japan as well, the government declared a state of emergency on April 7 as the infections spread. Although without any penalties, local governments issued strong requests for individuals and businesses to restrain their activities voluntarily, and this practically had the effect of limiting freedom of movement and economic activity. In democratic countries, unlike China, the people are free to speak out and demand economic compensation in return for limitations on their rights, and the government makes every effort to explain and persuade the people when taking measures that limit individual rights.⁹ However, the limitation of rights is not, in itself, a unique characteristic of the Chinese model of crisis response.

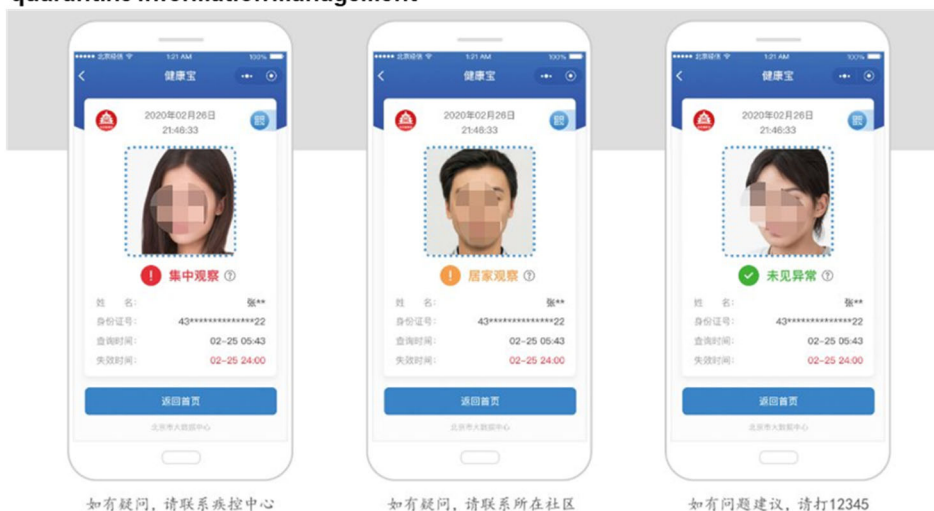
⁸ For example, on February 28, six government departments and agencies, including the Ministry of Human Resources and Social Security and the Ministry of Finance, issued a joint "guiding opinion" on increasing support to individual industrial and commercial households in response to the effects of the epidemic (link below). Local governments and similar organizations throughout China were asked to lift various restrictions on business and movement in a stepwise fashion, and they were also instructed to cooperate with banks and the like in implementing measures such as reduction, exemption, or deferred collection of social insurance premiums payable by self-employed persons, exemption from value added tax, reduction of rent, reduction of electricity and gas fees, extension of loan repayment deadlines, and offering low-interest loans. Local governments issued small amounts of electronic credit that could be used on e-commerce sites and the like; however, there were no uniform nationwide measures to support individuals and households in the manner of cash payments that have been issued in Japan, the U.S., South Korea, Hong Kong, and elsewhere, or unemployment compensation issued in Canada, European countries, etc.

<http://www.scio.gov.cn/xwfbh/xwfbh/wqfbh/42311/42760/xgzc42766/Document/1675735/1675735.htm>

⁹ For example, in a speech to the German people on March 16, Chancellor Angela Merkel stated that the restriction of rights is only justified when it is absolutely necessary, and that it is indispensable now in order to save lives. Reactions were positive both within Germany and outside. https://www.youtube.com/watch?v=WLxryk_wYo

The Chinese model as demonstrated in this case is characterized by the development of various types of epidemic control measures involving restrictions on people's rights with factors of (1) rapid implementation, (2) no exceptions, (3) strong coercive force, and (4) active use of technology. Regarding the first factor, many laws and regulations are issued without parliamentary deliberations or public debate even in normal times in China, and this tendency becomes even stronger in emergencies. In the case of the pandemic as well, the notifications restricting people's movement and business operations were issued in many locations almost immediately. Regarding the second factor no exceptions, the Chinese government can easily restrict freedom of speech and minority rights for the sake of the greater good, although these kinds of rights are carefully respected in democratic countries even when responding to crises. In the case of COVID-19 as well, censors quickly deleted information posted on the Internet, such as an article in an economic magazine on suspicions regarding the official COVID-19 statistics, and articles on interviews with Wuhan physicians who spoke of being silenced by the authorities. The government's use of smartphone apps is an example of restrictions on minority rights. Many local governments released an app to manage information on the quarantine of residents as part of their epidemic control measures (Fig. 2). The purpose of the app is for individuals to show that they are not subject to quarantine requirements when entering a hospital or commercial facility. Although this may have had an effect on epidemic control, it also limited the activities of residents who do not own smartphones. Regarding the third factor of strong coercive force, in addition to the power of law enforcement authorities which is met with fear by the general public, there is a mechanism for mobilizing many collaborators, including local volunteers and base-level organizations such as resident committees (neighborhood associations having a public nature), in addition to government employees, to help the authorities with thorough enforcement of laws and regulations including stay-at-home orders.

Fig. 2. Screens displayed using Health Kit (Jiankang Bao), an app for individual quarantine information management



From left to right: Red (observation at designated places), yellow (home observation), and green (no abnormal conditions). The green health code is shown at the gate to gain entrance to public and commercial facilities. Quarantine information is supplied to the system by municipal health authorities and resident committees (neighborhood associations) of users' home areas.

Source: Beijing Jiankang Bao, bendibao.com

Lastly, regarding the fourth factor, many types of technology have been deployed in China with government backing, and these technologies can be used at will by the authorities for crisis response. For example, mobile payment methods are used by as many as 52.3% of the population.¹⁰ Therefore, residents are able to engage in various consumer activities and access online services of a public nature, including medical care and

¹⁰ Calculated from the number of mobile payment users in China at the end of 2019 (733 million persons) as predicted by iiMedia Research in September 2019, and the population of China (1.4 billion persons) as of the end of 2019. Mobile payment is used by more than 80% of China's smartphone users. Meanwhile, in Japan, only 29.6% of the population uses mobile payment (according to a survey conducted by MMD Labo in December 2019).

education, while staying at home, and this has supported people's lives during the emergency. Ping An Good Doctor, China's largest online medical service, had 315 million users as of the end of 2019. This app meets the needs of users who do not want to go to a hospital because of the risk of catching COVID-19, as well as users who are unable to visit a hospital because of stay-at-home orders; and new users were added at ten times the usual pace from late January to early February. This is in stark contrast to the situation in Japan, where deregulation was delayed and online medical consultation only became available on April 13 in response to the growing pandemic. Users are not required by law to install the quarantine information management app mentioned above, but it is, in effect, mandatory because residents are restricted from daily life activities unless they use this app.¹¹ Even if the technological challenges are not difficult to overcome, this type of technology is not easily introduced in democratic countries because of the need to protect human rights; however, China is able to introduce such technological means without any hesitation. Other types of technology that are currently being prepared by the Chinese government, including the social credit system for individuals and businesses and the surveillance camera network, are also expected to be used in various types of crisis response in the future.

HARMFUL EFFECTS OF INFORMATION CONTROL

The Chinese model has certain advantages in that it can effectively implement the necessary measures for crisis response without concern for various sources of "noise." Nevertheless, there are challenges as well. As President Xi pointed out in his address mentioned at the beginning of this paper, a system of top-down hierarchy tends to produce people who merely wait for instructions from above, and this has the effect of magnifying the adverse effects of any errors in decisions from on high. Even if the decisions from on high are correct, there is still a risk of overreaction at the lower echelons, and that was observed in this case. In the early stages of the epidemic, top leaders stressed epidemic control as the policy of the highest priority. Among local governments and in epidemic control work on the ground, disproportionate measures were taken in many places as a result of excessive zeal due to fear of an unknown virus, in addition to the policies of the central government. Harsh restrictions were placed on movement and business activities from late January to February, not only in areas with active outbreaks but also in areas with practically few cases of infection. This caused stagnation in the production and distribution of industrial and agricultural products. In heavily affected areas such as Hubei Province, people were subjected to a great deal of stress due to drone surveillance as well as violent crackdowns by some officials and volunteers. By early February, recognizing that excessive preventive measures for the epidemic posed a threat to the maintenance of a normal social and economic order, the central government began asking local governments throughout China to take a more scientific approach to epidemic control based on levelheaded risk assessment.

With regard to taking a scientific approach to crisis response, it appears that China was able to make a quick course correction this time. The greatest challenge in the Chinese model of crisis response is the need to reduce the harmful effects of restrictions on freedom of speech, as this relates to the very essence of the Chinese system. The most significant harmful effect is the delay in public awareness when a crisis occurs, as the population overall receives less information on the actual facts of the crisis. This can also involve questions of China's responsibility to the rest of the world in cases of cross-border risk, including the current pandemic. In Wuhan, some doctors had posted on social media concerning the possibility of a new type of pneumonia epidemic before any official announcements.¹² However, they were silenced by local authorities and forbidden

¹¹ Epidemic control apps are also being developed by the governments of democratic countries, but people will have a choice as to whether to use these apps, and their activities of daily life will not be restricted if they do not use them. For example, the COVIDSafe app released by the government of Australia uses Bluetooth to track coronavirus exposure, and users receive notifications from the app if they have spent a certain amount of time in close proximity to another user who has tested positive.

¹² In a group chat on social media on December 30, 2019, Dr. Li Wenliang of Wuhan Central Hospital posted information including the fact that seven cases of SARS had been confirmed (at a seafood market in the city), along with images from CT scans of patients' lungs. On January 3, 2020, he was summoned by the local public security authorities and reprimanded for spreading "false" information. Dr. Li was subsequently infected with COVID-19 and died on February 7. The response among the Chinese public was widespread sadness as well as anger that the whistleblower had been suppressed. After his death, the government of Hubei Province called Dr. Li a "martyr."

to give out any more information. If experts and medical personnel on the ground had been permitted to communicate the relevant information, appropriate epidemic control measures could have been taken earlier in China and other countries. The crisis response to the infections this time was also delayed by the fact that the Law on the Prevention and Control of Infectious Diseases prohibits local governments from making information on infectious diseases public without obtaining permission from the State Council.¹³ The Chinese government places controls on information to prevent public confusion and political instability due to spreading wild rumors; this case turned out to be a blunder that threatened the safety of the people.

The second most significant harmful effect is the lack of a functioning mechanism to transparently verify and correct the government's errors in judgment and policy problems in relation to crisis response. In the case of COVID-19 as well, for example, although China's leadership has made statements admitting its own error in the inadequate initial response, there has been no move toward verification by the media or other parties. In addition, concerning this second harmful effect, officials in China have a weaker sense of accountability than officials in democratic countries; and as the central and local governments issued vaguely worded notifications concerning the response to COVID-19, some confusion ensued regarding practical interpretation. For instance, when the government of Beijing issued a notification prohibiting group meals at restaurants, it did not specify the maximum number of persons in a group; and when it stated that persons having returned to Beijing should stay at home, it was initially unclear whether this included persons returning to China from other countries. This caused confusion for businesses that frequently hold dinner meetings or have many employees stationed abroad. When the wording of laws and regulations is unclear in democratic countries, the media immediately checks on the ambiguities and reports its findings, and a government that issues many unclear laws or regulations is subject to criticism. These kinds of mechanisms are not in place in China.

The third harmful effect, which is related to the first, is that the lack of information transparency causes a higher level of mistrust by foreign countries. Among the countries that have experienced COVID-19 with delays from China, there is a growing spirit of mistrust, based on the belief that the controls on information by China led to initial delays and caused the pandemic.¹⁴ This has had an adverse effect on China's international standing.

In relation to the first harmful effect, although this is not being discussed publicly, some Chinese people have been saying that now for the first time, they are realizing that freedom of speech is not merely an ideological concept but something that directly affects their own health and lives. Although the Chinese people have a generally positive view of the government's response to COVID-19,¹⁵ there is deep-rooted dissatisfaction regarding its suppression of information at the early stages of the epidemic. Although CPC leadership has replaced the top party leaders of Hubei Province and Wuhan, blaming these local governments for the failed initial response, that is being perceived as inadequate by international public opinion as well as some segments of public opinion within China. In the future, at least for information on public health, the Chinese government may need to make changes in the management of whistleblowers and investigative reporting as well as the authority of local governments to give out information.

¹³ Article 38 of the Law on the Prevention and Control of Infectious Diseases of the People's Republic of China states: "In the event of an infectious disease outbreak or epidemic, the health administration department under the State Council shall be responsible for releasing information on the infectious disease outbreak to the public. It may also authorize the health administration departments of provinces, autonomous regions, and directly administered municipalities to release information on the infectious disease outbreak in their respective administrative areas to the public."

¹⁴ For example, in a survey of U.S. residents conducted on April 3–5 by The Harris Poll, a U.S. research firm, 77% of respondents (1,993 valid responses) indicated that "the Chinese government is responsible for the spread of the coronavirus." (p. 219 of the report at the URL below)

<https://theharrispoll.com/wp-content/uploads/2020/04/j17063-QCovid-PropWtd-Tables-Wave6-6-05-Apr-2020v2.pdf>

¹⁵ In an online survey conducted jointly by Blackbox Research, a Singapore research firm, and Toluna, a French research firm (April 3–19, with 12,592 respondents in 23 countries and regions), 86% of Chinese respondents were satisfied with their own government's leadership in responding to the COVID-19 crisis. That was the highest percentage of any country or region, followed by Vietnam (82%), New Zealand (67%), and UAE (61%).

<https://blackbox.com.sg/everyone/2020/05/06/most-countries-covid-19-responses-rated-poorly-by-own-citizens-in-first-of-its-kind-global-survey>

NUMBER OF DEATHS BY COUNTRY AND CORRELATED INDICATORS

As of May 21, COVID-19 continues to spread in many countries, and the situation is still fluid. However, there is a great deal of variation in the overall damage recorded in individual countries. China is in eleventh place out of 29 countries having populations of at least 50 million when the numbers of deaths due to COVID-19 per million population are arranged in increasing order (Fig. 3). Not counting Hubei Province, the rest of China would be in twenty-third place. Outside of Hubei Province, the medical system was not overwhelmed to the extent that large-scale temporary medical facilities were needed; so it can be said that overall, the damage was successfully contained in China.

Fig. 3. COVID-19 deaths per million population (as of May 18, 2020) and other indicators in countries having populations of at least 50 million persons (plus Taiwan and Hubei Province)

Rank	Country or region	Deaths per million population (persons)	2020 World Press Freedom Index (rank among 180 countries)	2019 Democracy Index (rank among 167 countries)	2018 per capita GDP (\$)	2018 elderly population (%)	2018 population density (persons)	Annual average temperature (°C)
1	Vietnam	0	175	136	2,551	7.3	286	24.5
2	Ethiopia	0.04	99	125	853	3.5	85	22.2
3	Myanmar	0.1	139	122	1,300	5.8	78	27.5
—	Taiwan	0.3	43	31	25,008	14.6	656	24.2
4	Tanzania	0.4	124	95	1,040	2.6	58	22.4
5	Democratic Republic of Congo	0.7	118	166	496	3.0	41	24.0
6	Thailand	0.8	140	68	7,448	11.9	132	26.3
7	Nigeria	0.9	115	109	2,033	2.8	212	26.8
8	Kenya	1.0	103	94	1,831	2.3	83	24.8
9	Bangladesh	2.1	151	80	1,749	5.2	1,111	25.0
10	India	2.2	142	51	2,038	6.2	406	23.7
11	China	3.2	177	153	9,580	10.9	145	10.1
12	Pakistan	4.2	145	108	1,565	4.3	252	20.2
13	Indonesia	4.4	119	64	3,871	5.9	139	25.9
14	South Africa	4.5	31	40	6,354	5.3	48	17.8
15	Korea	5.1	42	23	33,320	14.4	518	11.5
16	Japan	5.9	66	24	39,304	27.6	335	11.2
17	Egypt	6.3	166	137	2,573	5.2	97	22.1
18	Philippines	7.7	136	54	3,104	5.1	355	25.9
19	Colombia	11.4	130	45	6,642	8.5	44	24.5
20	Russia	18.7	149	134	11,289	14.7	9	-5.1
21	Mexico	40.6	143	73	9,797	7.2	64	21.0
22	Turkey	49.6	77	110	9,405	8.5	105	11.1
—	Hubei Province	76.1	N/A	N/A	10,066	11.1	325	17.1
23	Brazil	76.8	107	52	8,959	8.9	24	25.0
24	Iran	85.1	173	151	5,417	6.2	50	17.3
25	Germany	95.6	11	13	47,662	21.5	232	8.5
26	USA	272.4	45	25	62,869	15.8	33	8.6
27	France	431.6	34	20	42,953	20.0	117	10.7
28	UK	514.1	35	14	42,580	18.4	273	8.5
29	Italy	527.0	41	35	34,321	22.8	201	13.5

Note: Countries and regions highlighted in green are democratic countries as classified by EIU Democracy Index 2019. For countries and regions having a population of less than 50 million persons, a dash (-) replaces the rank. The average annual temperature is the 2018 value for Taiwan, China, and Hubei Province, and the average of 1961 to 1990 values for other countries.

Source: Prepared by Mitsui & Co. Global Strategic Studies Institute, based on data from Johns Hopkins Coronavirus Resource Center, National Health Commission of China, Statistics Bureau of Hubei Province, RSF, EIU, IMF, WB, Lebanese Economy Forum, Taiwan Central Weather Bureau, Deutscher Wetterdienst, China Meteorological Administration, and Meteorological Bureau of Hubei Province.

Fig. 3 shows how indicators such as political systems, population aging, and climate have correlated with the per capita rate of COVID-19 fatalities in each country. Certain trends can be observed. For example, countries with higher temperatures had fewer deaths, countries with older populations had more deaths, democratic countries had more deaths (and authoritarian countries had fewer deaths), high-income countries had more deaths, and countries with less freedom of the press had fewer deaths; but no correlation was seen between population density and the number of deaths. However, these trends did not hold true in all cases. Japan and South Korea had small numbers of deaths although they are democratic countries; and Taiwan, with democracy and an older population, was able to keep deaths to a minimum, although this is a small population of just 23 million. Russia and Iran are highly authoritarian countries like China, but both had higher per capita rates of COVID-19 fatalities than most of the democratic countries shown in the table. The outcomes in each country were also affected by factors that are not quantifiable, including differences in people's lifestyles, in health insurance systems, and in top political leadership; and the statistical data is also influenced by differences in

testing systems from country to country. Therefore, China's rank in Fig. 3 does not, in itself, provide clear evidence that China has responded to COVID-19 in a way that is better or worse than any other country.

There are two kinds of attitude concerning the ideal response to COVID-19. (1) One attitude is that the number of cases and fatalities should be minimized, aiming to end the spread of COVID-19 as soon as possible, even if this involves some sacrifices such as economic losses and restrictions on people's rights. (2) The other attitude is that the number of cases should be allowed to grow at a pace that does not overwhelm the medical system, keeping the activities of daily life as normal as possible until either a vaccine or therapeutic agent is developed or herd immunity is achieved. Any country's response to COVID-19 will be evaluated differently depending on which of these attitudes is adopted. At present, it is still too early to judge which attitude of thought is more appropriate.

Based on the above considerations, it is not suitable to evaluate the Chinese model by means of international comparisons with a single measure. Instead, the proper approach is to find the lessons that can be learned, including problematic aspects, based on an understanding of the characteristics of the Chinese model as discussed above. Democratic countries can take lessons from China in areas such as rapid implementation of policies, strong coercive force, and the use of technology, although the Chinese model also has issues such as a lack of transparency and consideration of human rights.

CRISIS RESPONSE TO CONTINUE AFTER BATTLING THE CORONAVIRUS

Even as it is winning its battle against the coronavirus at home, China faces the major issue of how to respond to its damaged reputation in the international community. The WHO has praised the way China has handled the pandemic, and China's support for COVID-19 control in Eastern Europe, Asia, and elsewhere has been met with gratitude. However, the WHO has been criticized by many countries for being so close to China that it could not sound an appropriate alarm to the international community concerning the risk of the coronavirus. In addition, China itself has been accused of being responsible for the pandemic. This backlash has gone beyond mere criticism: some countries are considering concrete retaliation plans and issuing demands. For example, the U.S. government has threatened to retaliate by increasing tariffs on China, and the Australian government has demanded an independent investigation into the Chinese government's handling of the coronavirus.¹⁶ The move toward investigating China's responsibility has expanded to include other organizations besides national governments, as groups of lawyers in Missouri (U.S.) and Nigeria each have taken legal action to seek compensation from China for losses incurred at home,¹⁷ and an Indian lawyer has filed a petition in the International Criminal Court, seeking a decision against Chinese leaders for "wilful suppression of information." International public opinion is becoming more sensitive to the pandemic than other problems that these countries have with China, such as the oceans and Taiwan, because the pandemic directly threatens the health and lives of their own people.

¹⁶ In Australia, Minister for Foreign Affairs Marise Payne appeared on a TV show on April 19, raising concerns about the transparency of China's disclosure of information regarding COVID-19 and insisting that more details should be disclosed, including the timing of the outbreak, situation of the response, and communications with the WHO. Prime Minister Scott Morrison was supportive, arguing that an independent investigation is necessary. In response, Cheng Jingye, China's ambassador to Australia, stated in an interview with an Australian newspaper on April 23 that "the Chinese people are disappointed," and mentioned the possibility of boycotts on travel to Australia and Australian products such as wine and beef. Later, China announced on May 12 that it had placed a partial suspension on imports of Australian beef. The Ministry of Foreign Affairs cited violations related to inspection and quarantine requirements as the reason.

¹⁷ Eric Schmitt, attorney general of the state of Missouri, stated that China failed to take adequate action to prevent the spread of the coronavirus, causing the people of Missouri to suffer tens of billions of dollars in economic damages. The Nigerian lawsuit demands compensation of 200 billion dollars for "the loss of lives, economic strangulation, trauma" and other losses. In addition to filing this lawsuit, the group of Nigerian lawyers has asked the Nigerian government to sue China in the International Court of Justice.

Meanwhile, irritated by these accusations and demands, China is pushing back hard, claiming that false rumors and prejudice against China will hinder pandemic prevention and control.¹⁸ China even attempted to shift the blame at one point, and a high-ranking official in China's Ministry of Foreign Affairs stated on Twitter in mid-March that "It might be the U.S. Army who brought the epidemic to Wuhan." However, this accusation was then toned down due to a lack of support from public opinion at home and abroad, as well as an unexpectedly heated reaction from the U.S. At present, China is endeavoring to improve its international public opinion by stressing three points: (1) the results China has achieved in the battle against COVID-19 at home, (2) the importance of international cooperation rather than seeking who is to blame, and (3) China's active support for efforts to control the pandemic in the international community.

However, the criticism of China by other countries appears unlikely to end soon. This is not only due to the problems of the Chinese model, such as its lack of information transparency and accountability; it is also due to the fact that China is a world power. Because China accounts for 16.2% of the global economy and 29% of global economic growth,¹⁹ incidents that happen in China, a hub for the international movement of people and things,²⁰ can easily have effects that spread to the rest of the world. In particular, the international community needs China to immediately and transparently disclose information on risks such as infectious diseases. This is why China has been hit by a harder blowback in this case than during the SARS epidemic in 2003, when the international community also criticized China for concealing information. The US has been an especially prominent critic of China—President Trump has mentioned a possibility that the virus leaked from a research lab in Wuhan and suggested the possibility of severing diplomatic relations with China—and this has become a new source of the US-China friction. In addition, the effects of issues related to COVID-19 have begun to affect China's Taiwan problem: In contrast to its criticism of China and the WHO, the international community has praised Taiwan's epidemic control efforts and is increasingly calling on the WHO to restore Taiwan's observer status in the World Health Assembly, although China is strongly opposed to this. In the future, the international community, especially Western countries, will put increasing pressure on China not only for economic openness, but also for information transparency, including an investigation into the true state of the coronavirus. Although the Xi administration may continue to dismiss these demands, doing so could increase the risk of stalling foreign economic cooperation and intensifying security conflicts. There is also some concern among the Chinese populace regarding these kinds of risk scenarios.²¹ Although victory for the coronavirus control at home may be near for the Xi administration, China will have to continue responding to the COVID-19 crisis even after that, including the need to pursue economic recovery and stabilize international relations. It will be necessary for the Xi administration to exert comprehensive leadership to stay on track as a unifying force, both within China and internationally.

¹⁸ Remarks in an article by Kong Xuanyou, the Chinese ambassador to Japan, that was published in *Yomiuri Shimbun* on April 25, entitled "Let's help each other overcome a difficult situation" [in Japanese]. In this article, Kong stated that by April 25, China had already held more than 80 videoconferences with health experts in over 160 countries, dispatched 17 teams of medical professionals to 15 countries, and provided medical assistance and supplies to more than 140 countries and regions.

¹⁹ Based on 2019 nominal GDP.

²⁰ In 2019, a total of 155 million Chinese people traveled to other countries, nearly eight times more than at the time of the SARS epidemic in 2003.

²¹ In addition to concerns regarding the impact that worsening foreign relations could have on the economy and national security, Chinese citizens also have the simple fear that in the future, they may no longer be welcomed as Chinese visitors when they travel to other countries for tourism or other purposes.