

The Hong Kong and Greater China Response to COVID-19

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This chapter examines how the Hong Kong Special Administrative Region (HKSAR) developed and managed its response to the COVID-19 pandemic starting in early 2020.¹ This review includes a comparative discussion of COVID-19 responses in other jurisdictions in Greater China and Singapore.²

In June 2020, the International Monetary Fund said that the COVID-19 pandemic had generated ‘a crisis like no other.’³ The investigative approach in this chapter relies on an event-based evaluation of how this crisis unfolded in the HKSAR. The aim is to form an understanding of certain key elements that shaped what happened and to use this to discuss serious ongoing challenges and future pandemic-related choices.

The concept of the social contract,⁴ discussed more fully in Chapter 6, is used below to help inform how particular approaches to dealing with the COVID-19 pandemic have evolved, especially in East Asia. The US political sociologist Barrington Moore advanced a version of ‘class analysis’ that argues that certain societal structures influence the primary protocols of a given social contract. Briefly, this argument holds

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1. On 11 February 2020, the World Health Organization (WHO) announced that ‘COVID-19’ was the new official name for the disease caused by the deadly, novel coronavirus first identified in China in late December 2019; see ‘WHO Says COVID-19 Official Name of Coronavirus’, *RTHK*, 12 February 2020, <https://news.rthk.hk/rthk/en/component/k2/1508015-20200212.htm>.
 2. Greater China comprises mainland China (referred to as the mainland in the text), the HKSAR, the Macao SAR, and Taiwan.
 3. International Monetary Fund (IMF), ‘World Economic Outlook Update: A Crisis Like No Other, an Uncertain Recovery’, June 2020, <https://www.imf.org/en/Publications/WEO/Issues/2020/06/24/WEOUpdateJune2020>.
 4. The term ‘social contract’ dates back to the work of the English philosopher Thomas Hobbes (1588–1679) and was made explicit by Jean-Jacques Rousseau (1712–1778), who describes ‘the desirable and usually mutually accepted forms of interaction among individuals and groups in their social environment. Modern political philosophers give the term a particular meaning: an unwritten agreement regarding rights and responsibilities between a state and its citizens’; *Oxford Reference*, ‘Social Contract’, accessed 15 September 2022, <https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100515301#:~:text=A%20term%20dating%20to%20the,groups%20in%20their%20social%20environment>.

that operational political regimes are shaped by the social class structure of a given jurisdiction.⁵

One feature that emerges from the following discussion is how decision-making during the pandemic in Hong Kong has been significantly shaped by the priority given to securing the health and well-being of the ‘grassroots’ or the working class in Hong Kong. Given that government in pre-1997 British Hong Kong was long seen to favour the needs of the professional and elite business class—a trend continued after the creation of the HKSAR—this prioritising of the needs of the very large, vulnerable, working class in Hong Kong is not, at first glance, what one might expect. Yet it has happened—and this pattern has significantly tracked the approach adopted in the mainland. This matter is discussed again in the conclusion.

The next part discusses certain initial challenges and how these were addressed before examining how the first four COVID-19 waves were tackled in Hong Kong prior to discussing Hong Kong’s struggle to cope with the devastating fifth wave in early 2022. A comparative review of basic responses in certain other jurisdictions (with a focus on Greater China) follows. After this, there is a wider review of the ‘zero-COVID’ and ‘living with COVID’ approaches, including a discussion of relevant political, social, and economic aspects.⁶ Finally, this chapter considers ongoing and future challenges faced by Hong Kong, and lessons learnt from the COVID-19 pandemic.

The Onset of COVID-19

Background

In late February 2003, a medical doctor from Guangdong Province in China checked in with his wife at the Metropole Hotel in Hong Kong. He became very ill and went to a nearby hospital. He knew he was extremely sick and told the staff attending him that this was so. He died soon after. This doctor had recently been treating patients with what came to be known as Severe Acute Respiratory Syndrome (SARS) in Guangdong.⁷ Infected guests from the Metropole Hotel subsequently spread the SARS virus both within Hong Kong and elsewhere, including in Canada, Singapore, and Vietnam. Before SARS was contained in Hong Kong, it infected around 1,800 people, of whom almost 300 died.⁸

Mainland China failed to provide timely advice following the primary commencement of SARS infections. Subsequently, an effective response was initiated (see Chapter

5. Barrington Moore, *Social Origins of Dictatorship and Democracy: Lord and Peasant in the Making of the Modern World* (Boston, MA: Beacon Press, 1966).

6. Zero-COVID is also now called Dynamic Zero-COVID, which signifies an aim to reduce COVID-19 infections to as close to zero as possible. The term Zero-COVID as used in this chapter encompasses achieving zero COVID-19 cases or securing an outcome as close to zero as possible.

7. S. H. Lee, ‘The SARS Epidemic in Hong Kong’ *Journal of Epidemiology and Community Health* 57, no. 9 (2003): 653–654, <https://jech.bmj.com/content/57/9/652>.

8. *Ibid.*

9). Altogether, SARS spread to around 30 jurisdictions worldwide, most widely in East Asia and Southeast Asia. Hong Kong, like many jurisdictions in East Asia, learnt a number of critical lessons from the SARS pandemic about how to track, trace, and control infections (through quarantining where needed).

Enter COVID-19

In December 2019, Hong Kong was still experiencing the impact of the constant political rioting, dating back to June, which had grown out of very large peaceful protest marches. This violent political upheaval was massively disruptive. By the end of December 2019, a new concern took hold. There was credible news of a novel flu-like illness that had first been recognised in Wuhan. This immediately brought back sharp memories of the SARS epidemic in 2002–2003. What swiftly became apparent were the differences between SARS and this new virus. Although COVID-19 was less lethal, it was significantly more infectious. With SARS, the virus did not survive well in temperatures above 25 degrees Celsius, especially accompanied by high humidity. Thus, the onset of summer in Hong Kong in 2003 helped bring the epidemic under control.⁹ The COVID-19 virus, it transpired, did not face this problem.

As the concerns over COVID-19 grew, the Hong Kong government moved to suspend teaching at all levels from kindergarten through to university as part of their institutional social distancing programme. These closures commenced in January 2020 and were first applied on a week-by-week basis. As the COVID-19 threat in Hong Kong increased and the number of cases grew globally the closures were extended, first beyond Chinese New Year into February 2020, and later right through until the end of teaching in that academic year.

One development, which arose from the months of intense social upheaval beginning in June 2019, was a major lift in applications to register new Trade Unions in Hong Kong, all of which appeared to be related to the broad anti-government, or opposition, movement. One such new union was focused on those who worked for the Hospital Authority (HA)—the Hospital Authority Employees Alliance (HAEA).¹⁰ By late January, the HAEA claimed to have recruited over 15,000 HA members including doctors and nurses. This number represented about 10 per cent of the total staff of the HA.

Also, by late January 2020, eight COVID-19 cases had been confirmed in Hong Kong. The mainland, meanwhile, had recorded around 6,000 cases with a death toll of about 130. The Hong Kong government began to restrict cross-border travel in the

9. K. H. Chan, Malik J. S. Peiris, S. Y. Lam, L. L. M. Poon, K. Y. Yuen, and W. H. Seto, 'The Effects of Temperature and Relative Humidity on the Viability of the SARS Coronavirus', *Advances in Virology* (2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265313>.

10. Tony Cheung, 'Medical Group Aligned with Opposition in Hong Kong Comes under Official Scrutiny for Range of Criticisms', *South China Morning Post*, 15 September 2021, https://www.scmp.com/news/hong-kong/politics/article/3148868/medical-group-aligned-opposition-hong-kong-comes-under?module=perpetual_scroll_0&pctype=article&campaign=3148868.

second half of January. Given the high numbers of people who depended on cross-border transit (students, businesspeople, and employees, for example) the authorities adopted a staged approach to closing down movement. By this time, the mainland had imposed intense lockdowns in Wuhan and across major centres in Hubei Province (starting from 23 January 2020). That is, China itself had taken drastic steps to contain the spread of COVID-19 within days of confirming person-to-person transmission (see Chapter 9). A most important control measure, which incidentally helped to protect the wider world, was imposed on the mainland.¹¹

Still, there were deep concerns in Hong Kong about whether more restrictions were needed, including a complete closure of all mainland entry points. The most insistent calls come from the opposition camp that had explicitly or tacitly supported the months of vehement protesting. The HAEA was strident in its criticism of the failure of the government to close all borders with the mainland completely. In a move never before seen in Hong Kong, some HAEA members walked away from their HA posts, including frontline medical posts, and went on strike on 3 February. The HAEA insisted that they would increase their strike action unless the government agreed to their demands for an urgent, total border closure with the mainland. The pressure on the government arising from the crisis was immense.¹² Popular reaction proved to be against this HAEA industrial action. The strike was not extended. Fairly soon after, border controls with the mainland were made tighter until, in due course, almost all non-essential cross-border traffic was stopped.

The First Four COVID-19 Waves

The first wave of infections was minimal. One factor that assisted Hong Kong from the outset was a very wide understanding, drawing on the SARS experience, of the benefits of wearing masks, social distancing, and maintaining high personal hygiene standards. Unlike in much of the Western world, for example, wearing masks at such times is recognised as manifestly logical across East Asia—good for both the individual and the community. Outside of one's home, masks were widely worn indoors and outdoors and on public transport. A small second wave commenced in March 2020, arising from returning residents. There was a larger third wave of infections underway by July 2020, driven by sea crew and air crew arriving in Hong Kong and foreign domestic helpers returning to work in Hong Kong. For several days, more than 100 cases each day were reported.¹³ In November 2020, a fourth, locally driven wave commenced that included a cluster of cases related to commercially run dance groups. Close contact without

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11. Lily Kuo and Lillian Yang, "Liberation" as Wuhan's Coronavirus Lockdown Ends after 76 Days', *The Guardian*, 7 April 2020, <https://www.theguardian.com/world/2020/apr/07/liberation-as-wuhans-coronavirus-lockdown-ends-after-76-days>.
 12. 'Hong Kong Medical Staff Strike for Third Day as Locally Transmitted Virus Cases Rise', *Reuters*, 5 February 2020, <https://www.reuters.com/article/china-health-hongkong-idUSL4N2A510T>.
 13. Tong B. Tang, 'The COVID-19 Response in Hong Kong', *The Lancet* 399, no. 10322 (2022): 357, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32217-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32217-0/fulltext).

masks helped amplify infection levels. A similar cluster outbreak associated with a fitness studio arose in March 2021.¹⁴

It is well recognised that coronaviruses can adapt repeatedly as they spread. By the end of 2020, one new notably infectious COVID-19 variant, Delta, was detected in India. It soon spread around the world. Another, even more infectious variant, Omicron, was detected in South Africa in November 2021. Its spread around the globe was astoundingly swift and comprehensive. By early 2022, as the global total of COVID-19 infections rapidly exceeded 300 million, the Omicron variant was said to be responsible for a major surge in infection rates across much of the world. Although it is exceptionally infectious, the illness it induces was said to be less threatening than other variants.¹⁵ Up until this time, Hong Kong had demonstrated a notable capacity to retain strong control of COVID-19 outbreaks. At the same point in time, infection rates in the United Kingdom and the United States were 90 to 100 times higher per capita than in Hong Kong.

The Fifth COVID-19 Wave

Control measures were sorely tested in January 2022 by an increasing number of Omicron cases. By early February, it was clear these measures were failing. Within just a few weeks, COVID cases in Hong Kong had jumped by a factor of 30. They kept growing rapidly, as did the death toll. Before examining how this terrible setback developed, it is useful to consider some of the factors that enabled Hong Kong to do as well as it did for the first two years of the pandemic. It is this otherwise commendable framework that the devastating fifth wave tested to breaking point.

The understanding of personal responsibility for maintaining personal health is one part of what underpinned the initial durable, positive outcome. Other intervention factors were also important. As the COVID-19 pandemic unfolded, the authorities in Hong Kong learnt from experience, especially within Hong Kong but also from across Greater China. Hong Kong was also well served by both its frontline and research-focused medical sectors. They became increasingly skilled in COVID-19 investigation, detection, tracing, isolation, and treatment.

Hong Kong did not endure a single city-wide lockdown during the first two years of the COVID-19 pandemic. But the operation of risk-zone venues, including bars, restaurants, teaching institutions, health centres, and sports centres were subject to varied opening, closing, and operational rules aimed at reducing infection hazards, as new COVID-19 waves emerged. Overnight lockdowns of large and small residential

14. Elizabeth Cheung, Kathleen Magramo, and Lilian Cheng, 'Coronavirus: Hong Kong's Fourth Wave of COVID-19 Cases Has Ended but Don't Ease Rules Yet, Government Pandemic Adviser Says', *South China Morning Post*, 29 May 2021, <https://www.scmp.com/news/hong-kong/health-environment/article/3135325/coronavirus-hong-kongs-fourth-wave-COVID-19-cases>.

15. 'World Passes 300 million COVID Cases as Omicron Breaks Records', *France 24*, 7 January 2022, <https://www.france24.com/en/live-news/20220107-world-passes-300-million-COVID-cases-as-omicron-breaks-records>.

blocks to test all inhabitants based on case and contact locations became commonplace. Sewage sampling to detect COVID-19 related to particular buildings was used. Mandatory individual testing orders arising from contact tracing were increasingly used. Sometimes wider, district-based mandatory testing was applied.¹⁶

The very strict controls applied at Hong Kong's borders were another vital factor. For anyone coming to Hong Kong including from the mainland, these became among the strictest in the world. For the vast majority coming to Hong Kong during the COVID-19 period, comprehensive testing on arrival, followed by compulsory quarantine (either in a designated hotel or the public quarantine facilities) of up to 21 days became the norm. Given that Hong Kong is the primary International Financial Centre (IFC) for China and one of the leading IFCs worldwide,¹⁷ this long-running stern approach generated significant criticism from within and outside of Hong Kong. Critics argued that these obstructive travel rules could put Hong Kong's IFC standing at risk, given that competing IFCs in, for example, Singapore, London, and New York had moved to a much less restrictive 'living with COVID' approach.¹⁸ This matter is discussed further below.

Rapidly established medical and quarantine facilities also helped to protect Hong Kong. The North Lantau Hospital Infection Control Centre with over 800 beds was built within five months and opened in late February 2021. An additional temporary Community Treatment Facility (with 500–1,000 beds), which could be opened as required was established by the HA within the large AsiaWorld-Expo complex, located adjacent to the Hong Kong Airport.¹⁹ Meanwhile, a purpose-built Quarantine Centre was constructed on vacant land at Penny's Bay, on Lantau Island. This provided over 3,400 units which could accommodate several thousand persons. The government was also operating other hotel-based quarantine facilities adding over 1,000 further units. These public quarantine facilities housed around 70,000 'confinées' during the first two years of the pandemic.²⁰ In addition, the government organised a designated hotel quarantine list, which catered to persons returning to Hong Kong (mainly residents) who were shown to be not infected with COVID-19 on arrival. By late 2021, over 12,000 rooms were provided under this scheme.

Then came Omicron.

16. Government of the HKSAR, 'Compulsory Testing for Certain Persons', <https://www.coronavirus.gov.hk/eng/compulsory-testing.html>.

17. Alex Lo, 'The Status Quo Is the Best and Worst Scenario for Hong Kong', *South China Morning Post*, 27 January 2022, <https://www.scmp.com/comment/opinion/article/3164928/status-quo-best-and-worst-scenario-hong-kong>.

18. Dan Strump, 'Foreign Executives in Isolated Hong Kong Head for Exit, Sick of Zero-COVID Curbs', *Wall Street Journal*, 23 January 2022, <https://www.wsj.com/articles/foreign-executives-in-isolated-hong-kong-head-for-exit-sick-of-zero-covid-curbs-11642950280>.

19. Hospital Authority, 'Public Hospitals Gear up for the Challenging Epidemic', 31 December 2021, <https://www.ha.org.hk/haho/ho/pad/211231Eng.pdf>.

20. Centre for Health Protection, 'Quarantine Facilities', 19 January 2022, https://www.chp.gov.hk/files/pdf/quarantine_centre_en.pdf.

Singapore began to see a surge in Omicron cases by early January 2022, soon after recovering from a serious surge in Delta cases which extended from September into December 2021. The Hong Kong approach largely protected it from the Delta variant. Omicron, however, appears to have broken through due to certain quarantine protocol breaches. Initially, Hong Kong managed to retain a level of control as the Omicron variant spread very rapidly through a large housing estate in Kwai Chung. This, however, proved to be an immense struggle, which was soon after lost.

The rapid spread of infections was unprecedented. The prevailing control model, based on testing, tracing, and isolation (close contacts) or hospitalisation, had worked well but it relied on having no more than a few hundred cases to handle per day. Thousands and then tens of thousands of new cases per day overwhelmed this system. It placed an alarming burden on Hong Kong's very large public hospital system. New patients had to wait outdoors in tents. Mortuaries began to overflow. These were scenes Hong Kong residents had watched unfold elsewhere, for example in New York in 2020. Now they were happening with frightening intensity in Hong Kong.

Apart from the extreme infectiousness of the Omicron variant, two other factors amplified the very grim impact of the fifth wave. First, is the far too low vaccination rate of the elderly in Hong Kong (see below). Next, one element that made the original control scheme so effective was the fact that the great majority of Hong Kong's population lives in very high-density high-rise tower blocks. This social housing reality facilitated test-and-trace targeting using sewage sampling, before Omicron. Unfortunately, this condition amplified Omicron infection rates. Hong Kong's very compact housing profile also presented serious problems in organising effective home quarantine as the fifth wave spread. The average living space per person in Hong Kong (at 12.9 square metres) is less than half that provided in Singapore, for example.²¹

One especially alarming aspect of the fifth wave, discussed further below, was the rapid escalation in the daily COVID death rate to one of the highest levels in the developed world.²² By early February 2022, the Hong Kong government had reached out to seek help from the mainland in managing this dismaying COVID-19 surge.²³ That help proved to be wide-ranging and generous. A series of (largely mainland-funded) rapid building projects were commenced to lift hospital and quarantine accommodation levels as soon as possible. These combined with other government measures to increase

21. 'Hong Kong & Singapore Housing', *Hong Kong—Singapore*, <https://sites.google.com/site/hongkong-singaporehousings3wl/comparison-between-hk-and-singapore-housing-environment>.

22. 'Hong Kong's Covid Death Rate Is Now One of the World's Highest', *The Standard*, 1 March 2022, <https://www.thestandard.com.hk/breaking-news/section/4/187684/Hong-Kong's-COVID-death-rate-is-now-one-of-the-world's-highest>.

23. Twinnie Siu and Marius Zaharia, 'Mainland China to Help Overwhelmed Hong Kong with COVID Fight', *Reuters*, 12 February 2022, <https://www.reuters.com/world/china/hong-kong-report-record-1510-COVID-cases-saturday-tvb-2022-02-12/>.

public isolation accommodation capacity to over 70,000.²⁴ Other support included teams of mainland workers to assist in running testing services, stressed Residential Care Homes (RCH), and certain other staff-depleted services. A major project to ensure the timely, ongoing supply of medical items together with food and necessities into Hong Kong, shipped by road, rail and sea from the mainland, was soon implemented. A range of distinguished mainland experts visited to provide experienced-based advice. A number of local Hong Kong business leaders stepped forward, too, offering support in various ways.²⁵ The Hong Kong government also investigated organising the first (mainland-assisted) Compulsory Universal Testing scheme for the entire population. Strong local medical expert advice urging caution and logistical challenges resulted in this measure being postponed and then dropped.

Once Omicron had broken through the containing framework of the prevailing control system, it was clear that any swift return to the position previously secured by that system was inconceivable.

Vaccination

This section considers certain policy and practical aspects of the rollout of Hong Kong's COVID-19 vaccination programme. For a full review of the remarkable COVID-19 vaccination story, see Chapter 4.

Although Hong Kong worked well collectively to manage the COVID-19 pandemic for over two years, one area where it failed to advance expeditiously was mass vaccination. This disturbing lapse gravely amplified the lethal consequences of the fifth wave.²⁶

An increasing range of vaccines was soon approved for emergency use around the world. By the end of February 2021, the Hong Kong government had taken delivery of sufficient vaccine supplies to begin a free mass vaccination programme. The two vaccines ultimately approved for emergency use in Hong Kong were the Pfizer-BioNTech vaccine from Europe (it was manufactured in Europe and the United States initially) and the Sinovac-CoronaVac vaccine (commonly known as Sinovac) from mainland China. The latter is a traditional, inactivated-virus vaccine and the former uses a new vaccine-making approach based on messenger RNA (or mRNA) methodology. Legal threats to mass vaccine usage that were once common, especially with new vaccines,

24. 'Hong Kong's COVID Isolation Plan Crumbles as Infections Soar', *The Standard*, 1 March 2022, <https://www.thestandard.com.hk/breaking-news/section/4/187663/Hong-Kong%E2%80%99s-COVID-isolation-plan-crumbles-as-infections-soar>.

25. John Lee Ka-chiu (HKSAR Chief Secretary), 'We Are Determined to Win This Uphill Battle against COVID', *China Daily*, 7 March 2022, <https://www.chinadailyhk.com/article/262401>.

26. For a detailed review (based on an extended medical-survey) of certain key issues discussed here, see Jingyi Xiao, Justin K. Cheung, Peng Wu, Michael Y. Ni, Benjamin J. Cowling, and Qiuyan Liao, 'Temporal Changes in Factors Associated with COVID-19 Vaccine Hesitancy and Uptake among Adults in Hong Kong: Serial Cross-Sectional Surveys', *The Lancet (Regional Health—Western Pacific)* 23, no. 100441 (2022), <https://doi.org/10.1016/j.lanwpc.2022.100441>.

in the United States and elsewhere have now largely been curtailed by shield laws.²⁷ In keeping with widespread international practice, the Hong Kong authorities provided a significant level of indemnity for the vaccine manufacturers in the relevant procurement contracts,²⁸ and a Vaccine Injury Compensation Scheme was established for individual recipients.²⁹

By late January 2022, as the Omicron fifth wave gained irresistible traction, Hong Kong had vaccinated (with at least two doses) over 70 per cent of its total population. This, however, was below the rate achieved by that time in a range of other jurisdictions including, Australia, Chile, Japan, and Singapore.³⁰ The sort of aggressive, rights-based, *anti-vaxxer* activism seen across much of the developed world had not been such a critical problem in Hong Kong. But the vaccination issue had still been subject to a degree of localised politicisation, resulting chiefly from the divisive months of political insurgency that immediately preceded the onset of the COVID-19 pandemic. Alarmist criticism in the media (and more widely) was, initially, comprehensively directed at both approved vaccines. Every possible risk was highlighted and the Sinovac vaccine was regularly portrayed as being tainted by development within the mainland. Fervent viewpoints influenced adverse opinion-shaping as the mass vaccination drive commenced.

The Hong Kong government gradually moved to mandate vaccination for most persons directly on the public payroll. A range of other semi-public and private organisations, including many teaching institutions, followed suit. But the government was wary about applying more wide-ranging mandatory vaccination measures. It preferred to rely on inducements and indirect pressures to drive greater vaccine acceptance, likely bearing in mind the long-term political experience in Hong Kong, which has consistently stressed significant deference to judicially protected, individual rights for more than 30 years. The most serious drawback arising from this approach proved to be the low vaccination uptake by the elderly in Hong Kong. By late January 2022, as the fifth wave commenced, over 70 per cent of those over 80 were unvaccinated and over 40 per cent of those aged 70 to 79 remained unprotected.³¹ Making this shortfall even more acute was the fact that Hong Kong has the longest life expectancy in the world, surpassing Japan—it had gone from 72 years in 1971 to 85 years by 2020.

27. Richard Cullen, 'COVID-19 Vaccines, Litigation-Shield Laws Go Hand in Hand', *China Daily*, 4 January 2021, <https://www.chinadailyhk.com/article/153929>.

28. HKSAR Government, 'Government Makes Prevention and Control of Disease (Use of Vaccines) Regulation', Press Release, 24 December 2020, <https://www.info.gov.hk/gia/general/202012/24/P2020122300963.htm>.

29. HKSAR Government, 'Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines', Press Release, 16 June 2021, <https://www.info.gov.hk/gia/general/202106/16/P2021061600808.htm>.

30. See Our World in Data, 'Coronavirus (COVID-19) Vaccinations', accessed 15 September 2022, <https://ourworldindata.org/COVID-vaccinations?country=CHL>.

31. Fiona Sun, 'Coronavirus Hong Kong: Why Are Elderly Not Getting Vaccinated? Families, Doctors and Government Not Doing Enough to Tackle Irrational Fears and Practical Obstacles, Say Social Workers', *South China Morning Post*, 13 February 2022, <https://www.scmp.com/news/hong-kong/health-environment/article/3166840/coronavirus-hong-kong-alone-afraid-and>.

One reason for this poor vaccine response appears to be the success of Hong Kong's management of the COVID-19 pandemic. As each of the first four waves was brought under control relatively swiftly, the elderly felt less concerned about the need to be protected, while continuing to fret about possible and imagined vaccine side effects.³² It seems, too, that both the families of older Hong Kong residents and their family doctors regularly advised caution with respect to using new vaccines.³³ Comparisons between possible vaccine side effects or zero side effects, provided a vaccine was refused, were regularly advanced. This was simply wrong, as one expert noted. The comparison should always have emphasised the difference between possible side effects and serious illness or death.

Looking back, wide-ranging, ill-judged advice, sometimes politically tilted, combined with government hesitation and inaction with respect to mandating (and providing) RCH and home-visit vaccinations, left far too many vulnerable residents gravely exposed to serious and lethal COVID-19 infection consequences as the fifth wave struck.³⁴ Around 75,000 people live in RCH facilities in Hong Kong. The daily COVID-19 death toll far exceeded 100 once the fifth wave took hold. Around 90 per cent of those who died were 65 or over and unvaccinated or not double-vaccinated. The magnitude of this problem becomes clear when one considers Singapore. About 95 per cent were vaccinated there as the Omicron surge unfolded and the daily death toll was 10 per cent of the daily death rate in Hong Kong.³⁵ At an individual level, the fact that a number of babies and young children perished in the fifth wave after being infected with the Omicron variant was particularly disturbing.³⁶

Comparative Observations³⁷

Mainland China, Hong Kong, Macao, and Taiwan, along with a range of other jurisdictions, including Australia, New Zealand, South Korea, and Singapore, effectively adopted a zero-COVID-19 policy from the outset of the pandemic. Subsequently, all the jurisdictions within Greater China retained this approach well after most of the rest of the world moved to a 'living with COVID' approach.

32. 'Is Hong Kong about to Host a Natural Experiment on Omicron's Severity?', *The Economist*, 12 January 2022, <https://www.economist.com/the-economist-explains/2022/01/12/is-hong-kong-about-to-host-a-natural-experiment-on-omicrons-severity>.

33. Sun, 'Coronavirus Hong Kong'.

34. Peter Kammerer, 'Ultimately, Vaccine Refuseniks Are to Blame for Omicron's Deadly Chaos in Hong Kong', *South China Morning Post*, 8 March 2022, <https://www.scmp.com/comment/opinion/hong-kong/article/3169393/ultimately-vaccine-refuseniks-are-blame-omicrons-deadly>.

35. 'Hong Kong's COVID Death Rate', *The Standard*, 1 March 2022.

36. 'COVID-19 Deaths among Hong Kong's Young Children Alarm Parents', *Straits Times*, 4 March 2022, <https://www.straitstimes.com/asia/east-asia/COVID-19-deaths-among-hong-kongs-young-children-alarm-parents>.

37. The COVID statistics quoted in the part are based on the information recorded at the COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, available at <https://github.com/CSSEGISandData/COVID-19>.

Singapore is widely regarded as having managed the COVID-19 pandemic well. By mid-July 2022, it had officially recorded a total of around 1.6 million cases within a total population of 5.7 million (over 28,000 infections per 100,000 persons) and close to 1,500 deaths. There was a spike (especially among visiting construction workers) in cases between April and August 2020 after which daily cases were brought down to low double-digit increases for about 12 months. Another major COVID-19 wave came around September 2021, with daily case numbers regularly exceeding 1,000, and the move to the 'living with COVID' followed. In January 2022 a major Omicron surge gained traction.

Taiwan witnessed case patterns like those in Hong Kong (pre-fifth wave). There was a new COVID-19 wave from May to June 2021, but it was brought under control. Until early April 2022, total recorded case numbers were contained to around 24,000 with about 850 deaths in a population of 23.6 million—an infection rate of around 100 infections per 100,000 persons. Taiwan announced a formula for opening up in 2021, as a first step towards 'living with COVID', based significantly on achieving certain vaccination levels. That plan was later suspended in the light of the rapid global spread of the Omicron variant, and Taiwan moved back to a zero-COVID management model.³⁸ Initially, unlike in Hong Kong—but like the mainland and Macao—Taiwan continued to maintain tight and effective controls despite the arrival of some imported Omicron cases. However, by late April 2022, Omicron infections began to rise dramatically in Taiwan. Case numbers peaked at around 90,000 per day in late May and were still running at around 25,000 per day in mid-July, by which time officially recorded total figures stood at around 4.4 million infections and 8,500 deaths (a case rate of around 18,500 per 100,000 persons). By this time, approximately 85 per cent of the population had been fully vaccinated. Taiwan announced, in May 2022 that it planned to gradually ease travel and local COVID controls and move away from its zero-COVID policy, noting that the Omicron variant, though highly infectious, was milder than previous strains.³⁹

Macao, with a population of less than 700,000, has been particularly successful in containing the COVID-19 pandemic. Like the mainland, Hong Kong, and Taiwan, it adopted a zero-COVID strategy. After more than two years, in mid-June 2022, recorded COVID-19 infections totalled over 100 with zero deaths equal to an overall infection rate of around 18 infections per 100,000 persons. However, Macao had to impose mass testing, quarantine, and lockdown of certain neighbourhoods in mid-July 2022 as Omicron cases surged.

Mainland China is by far the largest jurisdiction in Greater China, with a population of over 1.4 billion. Total recorded COVID-19 infections by mid-July 2022

38. Victor Vincej, 'Taiwan Keeps Its "Zero-COVID" Approach as of Dec. 21', *Travelling Lifestyle*, 31 December 2021, <https://www.travelinglifestyle.net/taiwan-is-opening-borders/>.

39. Phoebe Zhang, 'COVID Cases Bounce back in Taiwan after Week of Declines', *South China Morning Post*, 11 June 2022, <https://www.scmp.com/news/china/politics/article/3181343/covid-cases-bounce-back-taiwan-after-week-declines>.

exceeded 900,000 with over 5,000 deaths resulting in an overall infection rate of around 70 infections per 100,000 persons.

Until mid-January 2022, COVID-19 infections in Hong Kong totalled below 14,000, in a population of about 7.5 million, with less than 220 deaths (around 190 infections per 100,000 persons). Within a few months, following the onset of the fifth wave, these numbers had grown exponentially to a recorded figure of more than 1.3 million cases (*estimated* to be much higher) and over 9,400 deaths (over 17,000 infections per 100,000 persons).

These figures show that, across Greater China, the overall COVID-19 infection rate was kept remarkably low for over two years. The highest infection rate, in Hong Kong, was still very low compared to most jurisdictions worldwide until the devastating fifth wave struck. The lowest rates, in mainland China and Macao, were exceptionally low, while the rate in Taiwan (until the recent major Omicron surge) fitted between these two 'bookends'. Until September 2021, Singapore (whose population is approximately 76% Chinese) fitted within this low-rate group. However, rising infections evident in September 2021, signalled a need to change from following a zero-COVID strategy to a 'living with COVID' approach.

Before moving on from these broad comparisons, two other points should be made. First, Hong Kong, Macao, Taiwan, and Singapore run public finance systems that are, comparatively, particularly sound. Fiscal reserves are typically strong, government debt is low, and private savings are high. There has been no need for recourse to extended public borrowing triggered by the pandemic, unlike what was commonly seen across much of the Western world. These East Asian jurisdictions have all long been prepared for a serious 'rainy day'. They have so far coped without the need to build up colossal new debt that taxpayers will need to cover in the future. Mainland China, given its massive development programmes, does carry large debt. But as the leading global trading economy, it also has the world's highest foreign exchange reserves (over US\$3 trillion)—and a high-saving population.⁴⁰ Hong Kong has seen its total fiscal reserves reduced from around US\$150 billion to around US\$130 billion by COVID-19-related deficit spending. However, the HKSAR has retained in excess of one year's total government expenditure in the fiscal reserves.⁴¹

Experts advised, correctly, that, as COVID-19 spread around the world, the original virus would mutate. The greater the number infected (around 570 million in July 2022) the greater the possibility that new variants will emerge. Two new variants (Delta and Omicron) have shown themselves to be highly infectious. Greater China—and especially mainland China—by making zero-COVID policies work so well for so long, has significantly reduced the potential global, COVID-19 variant, incubation

40. Elvis Picardo, '10 Countries with the Biggest Forex Reserves', *Investopedia*, 4 June 2021, <https://www.investopedia.com/articles/investing/033115/10-countries-biggest-forex-reserves.asp>.

41. HKSAR Government, 'Financial Results for the 10 Months Ended January 31, 2022', Press Release, 28 February 2022, <https://www.info.gov.hk/gia/general/202202/28/P2022022800418.htm#:~:text=The%20fiscal%20reserves%20stood%20at,profits%20tax%20and%20stamp%20duties>.

pool. Greater China, led by the mainland, has also, significantly lowered the risk of the relevant health systems being overwhelmed by serious ‘long-COVID’ burdens in the future. Experts consider that these burdens, arising out of continuing later illnesses particularly affecting a number of those infected with earlier versions of COVID-19,⁴² pose a potential major health system operational hazard in certain other jurisdictions, including the United States.

Zero COVID and Living with COVID

Zero-COVID and ‘living with COVID’ strategies create (differing) social and economic costs and benefits. In both cases, greater attention needs to be paid to assessing these costs and benefits thoroughly.

The *Economist* argued in mid-October 2021 that ‘China has decided it does not want to live with the virus.’⁴³ This was a curious claim as China’s top respiratory disease expert, Dr Zhong Nanshan, had already explicitly discussed the opening of China’s borders, stressing the need for very high vaccination rates to be fully achieved. He spoke about the process of ‘living with COVID’ in China once this was accomplished.⁴⁴ In fact, all the zero-COVID jurisdictions in Greater China knew that they would need, in due course, to establish effective ways to re-open their borders to the rest of the world. They knew, too, that the success of their zero-COVID policies had saved many lives; avoided placing major, additional stress on medical facilities; measurably protected their economies; and assisted global economic performance (and health protection). This approach has also given Hong Kong and the three other jurisdictions time to plan ahead with respect to when they should open and to whom. Nevertheless, the *Economist* stated that other jurisdictions with zero-COVID policies had ‘moved to relax them’, while ‘China is holding out’. The clear tilt in such stories is that the likes of Hong Kong, Macao, Taiwan, and mainland China are behind the times. This move-with-the-times narrative implicitly advanced the idea that the cited jurisdictions that have significantly eased their COVID controls have astutely done so after completing international comparative due diligence. In fact, all the named jurisdictions that have moved to ‘living with COVID’ have done so primarily out of necessity. In Singapore, Australia, and New Zealand, for example, the authorities lost control over the spread of COVID-19, despite their best efforts, after the arrival of more infectious variants. The explicable necessity of ‘living with COVID’ has since been re-presented, in a number of cases, as a distinct virtue.

42. Benjamin Mazer, ‘Long COVID Could Be a “Mass Deterioration Event”’, *The Atlantic*, 16 June 2022, <https://www.theatlantic.com/health/archive/2022/06/long-covid-chronic-illness-disability/661285>.

43. ‘How Long Can China’s Zero-COVID Policy Last?’, *The Economist*, 6 October 2021, <https://www.economist.com/china/2021/10/16/how-long-can-chinas-zero-covid-policy-last>.

44. Wallis Wang, ‘Mainland Headed towards 80pc Job Rate and Fully Open Borders’, *The Standard*, 4 October 2021, <https://www.thestandard.com.hk/section-news/section/11/234727/Mainland-heading-toward-80pc-job-rate-and-fully-open-borders>.

Arguments in favour of ‘living with COVID’ were vigorously advanced well before this term entered common usage. In September 2020, former Australian Prime Minister Tony Abbott said that ‘Health Dictatorships’ were failing to consider the economic costs of the crisis and that some elderly COVID-19 patients should be allowed to die naturally. Abbott stressed how costly it was to maintain certain lives and he cast serious doubt on the wisdom of striving to achieve very low or zero transmission rates.⁴⁵ At about the same time, WHO Director-General Tedros Adhanom Ghebreyesus took a strong position objecting to the view that high COVID-19 death rates for the elderly were not a major concern.⁴⁶

China was the first responder to the COVID-19 pandemic. It struggled, initially, to cope with a new infectious disease and to act with level-headed transparency. But it quickly settled on a comprehensive response. The solution’s focus swiftly and radically moved to containing and controlling the spread of the virus and, above all, saving lives (see Chapter 9). This imposed stringent personal controls and, initially, as the *Times* reported, it ‘effectively stopped economic activity’.⁴⁷ However, as the same *Times* report highlighted, these powerful disease control measures laid the foundations for an early normalisation of production with Chinese exports posting their strongest growth in 18 months in August 2020. This was a post-COVID-19 outcome unmatched by any other major jurisdiction. China thus confirmed that the initial best economic response to the epidemic was also the most life-saving and humanitarian. This outcome depended on scientifically informed decisiveness applied within the effective, centralised, mainland mode of governance.⁴⁸

In February 2022, Professor Li Bingqin, from the University of New South Wales, summarised both why the Chinese approach has worked so well and why it was still needed. Li stressed that maintaining the fitness of China’s domestic health system was crucial. China, she argued, with 3.6 critical care beds per 100,000 people, is in a far more vulnerable position than the United States or Germany, with 29.4 and 38.7 such beds per 100,000, respectively. Moreover, as she noted, even with a high vaccination rate, in such circumstances, the risk of an overwhelmed health system remains high (a risk acutely confirmed in comparatively wealthy Hong Kong). Li also observed how

45. Patrick Wintour, ‘Tony Abbott: Some Elderly COVID Patients Could Be Left to Die Naturally’, *The Guardian*, 1 September 2020, <https://www.theguardian.com/australia-news/2020/sep/01/tony-abbott-some-elderly-COVID-patients-could-be-left-to-die-naturally>.

46. World Health Organization, ‘COVID-19: Virtual Press Conference’, 31 August 2020, https://www.who.int/docs/default-source/coronaviruse/transcripts/COVID-19-virtual-press-conference---31-august.pdf?sfvrsn=391fc93a_0.

47. Philip Aldrick, ‘China Scores Hat-Trick of Export Gains’, *The Times*, 8 September 2020, <https://www.the-times.co.uk/article/china-scores-hat-trick-of-export-gains-lw52jz7qx>.

48. A cogent argument that what went wrong with the management of the COVID-19 pandemic in the UK pivoted, inter alia, on a fundamental lack of ‘governmental capacity’ is made in David Campbell and Kevin Dowd, ‘Disregard of the Empirical; Optimism of the Will; the Abandonment of Good Government in the COVID-19 Crisis’, Studies in Applied Economics Working Paper, Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise, March 2022, <https://sites.krieger.jhu.edu/iae/files/2022/03/Working-Paper-202-in-Studies-in-Applied-Economics.pdf>.

China's long-established, fine-grained community governance systems have helped to provide an effective platform for applying massive and successful rapid zero-COVID test-and-trace exercises (Chapter 10). Li, further confirmed what was argued in the *Times*: that China's zero-COVID approach had strengthened rather than weakened China's post-COVID-19 economic performance.⁴⁹

The unfolding of very serious Omicron outbreaks in various Chinese cities, including Shanghai in the spring of 2022 severely tested the mainland's zero-COVID strategy, however. By early May, over 600,000 infections had been detected in Shanghai, with around 540,000 being asymptomatic carriers.⁵⁰ This massive outbreak was eventually brought under control but at a serious cost, over several months, to the economy and to freedom of movement for millions.⁵¹ Lessons learnt from this harrowing experience are discussed further below.

In Shanghai, it was reported that less than 5 per cent of the almost 600 who died during the recent Omicron outbreak were vaccinated.⁵² These were typically older patients with co-morbidities, confirming how the COVID-19 pandemic has most severely affected older persons and the infirm. Statistics show that 75 per cent of COVID-19 deaths in the United States have occurred among adults aged 65 years and older.⁵³

It is important, at this point, to note another factor which has shaped Hong Kong's COVID-19 management approach. The total population living in low-cost, public rental housing is over 2.2 million. Those worst off, around 220,000 people, live in over 100,000 tiny, subdivided units. More than 1.4 million people, about 20 per cent of the population, are said to live (before government welfare interventions) below the poverty line.⁵⁴ Yet, Hong Kong has the longest life expectancy in the world, which now stands at 85 years. Studies that have looked at why this is so almost always note that wide access to good public health care is a key factor.⁵⁵

Public hospitals and clinics in Hong Kong handle millions of individual outpatient cases every year. More than 40 public hospitals provide around 30,000 beds, over 70 per cent of the total in Hong Kong. These services are always stretched and waiting

49. Bingqin Li, 'China Clings to COVID-19 Zero', *East Asia Forum*, 27 February 2022, <https://www.eastasiaforum.org/2022/02/27/china-clings-to-COVID-19-zero>.

50. Xinxin Zhang, Wenhong Zhang, and Saijuan Chen, 'Shanghai's Life-Saving Efforts against the Current Omicron Wave of the COVID-19 Pandemic', *The Lancet* 399 (2022), <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900838-8>.

51. Peter Jackson and Zubaidah Abdul Jalil, 'Shanghai Lockdown: China Eases COVID Restrictions after Two Months', *BBC*, 1 June 2022, <https://www.bbc.com/news/world-asia-china-61647687>.

52. Zhang et al., 'Shanghai's Life-Saving Efforts'.

53. Julie Bosman, Amy Harmon, and Albert Sun, 'As U.S. Nears 800,000 Virus Deaths, 1 of Every 100 Older Americans Has Perished', *New York Times*, 13 December 2021, <https://www.nytimes.com/2021/12/13/us/covid-deaths-elderly-americans.html#:~:text=Seventy%2Dfive%20percent%20of%20people,closer%20to%201%20in%201%2C400>.

54. Oxfam Hong Kong, 'Poverty in Hong Kong', accessed 15 September 2022, <https://www.oxfam.org.hk/en/what-we-do/development-programmes/hong-kong/povertyinhongkongandoxfamsadvocacywork>.

55. Chinese University of Hong Kong, 'Why Hong Kong Has the Longest Life Expectancy in the World', *CUHK eNews*, January 2021, https://www.oal.cuhk.edu.hk/cuhkenews_202101_life_expectancy.

times are long for significant, non-emergency treatment. The lack of funding and development of primary health care and community health facilities adds to the huge day-to-day burden placed on this hospital-based regime.⁵⁶ This is the system that is fundamentally charged with the vital responsibility of looking after the medical welfare of Hong Kong's huge low-income population. The work pressures on staff within these institutions are always very high. Nevertheless, prior to the fifth wave, they continued to do the same often-unsung, extraordinary work. Hong Kong's successful zero-COVID approach, which endured for two years, underwrote the ability of this system to continue looking after its oversize, vulnerable client base so well, until early 2022.

Next, there is the crucial matter of travel between the mainland and Hong Kong, which has been conspicuously restricted in both directions for over two years. Measured by transit numbers, this is the most important border Hong Kong shares. Hong Kong's zero-COVID policy (which emulates the policy applied on the mainland) has been notably shaped by the need to re-open this border. In 2018, before the violent political upheaval began, over 50 million mainland visitors made up almost 80 per cent of the total arrivals of 65 million in Hong Kong. This is also the border that the vast majority of Hong Kong residents wish to see re-opened as a priority. And for many professional expatriates residing in Hong Kong, this is also a crucial business border.

By early 2022, Hong Kong was drawing close to a staged re-opening of this border. The devastating Omicron fifth wave sank these plans. Hong Kong soon found itself in a position where the basic well-being of its own health infrastructure was put at risk. Moreover, Hong Kong became a new, major threat (because of this massive outbreak) to maintaining the successful zero-COVID policy on the mainland.⁵⁷

Both Hong Kong and Singapore saw their visitor numbers drop, by 2021, to a tiny fraction of what they were, following the onset of the COVID-19 pandemic: to less than 2 per cent of pre-pandemic levels in Singapore and around 3 per cent of the normal number of visitors in Hong Kong.⁵⁸ Both jurisdictions also experienced small but measurable reductions in total population in 2021: in Hong Kong a 1.2 per cent drop in population and in Singapore, a 4.1 per cent drop over the same period (amplified by the departure of low-wage contract workers).⁵⁹ As the Omicron fifth wave gripped

56. David Dodwell, 'Omicron Crisis: How a Lack of a Community-Based Primary Health Care System Doomed Hong Kong', *South China Morning Post*, 21 March 2022, <https://www.scmp.com/comment/opinion/hong-kong/article/3171111/omicron-crisis-how-lack-community-based-primary-health>.

57. Lau Siu-kai, 'Han's Message on Hong Kong COVID Fight Must Be Heeded', *China Daily*, 8 March 2022, <https://www.chinadailyhk.com/article/262575>.

58. See 'Visitors to Singapore Fall to Record Low in 2021', *The Standard*, 25 January 2022, <https://www.thestandard.com.hk/breaking-news/section/6/186416/Visitors-to-Singapore-fall-to-record-low-in-2021>; and 'Hong Kong Welcomed 91,000 Visitors Last Year, 97pc Less Than 2020', *The Standard*, 17 January 2022, <https://www.thestandard.com.hk/breaking-news/section/4/186057/Hong-Kong-welcomed-91,000-visitors-last-year-97pc-less-than-2020>.

59. See King Man Ho and Cheng Yut You, 'Hong Kong's Population Falls for Second Year Running Amid Exodus', *Radio Free Asia*, 16 August 2021, <https://www.rfa.org/english/news/china/falls-08162021154904.html>; and *The Standard*, 'Singapore Shrinks as COVID Takes Shine off Expatriate life', 25 January 2020, <https://www.thestandard.com.hk/breaking-news/section/6/186498/Singapore-shrinks-as-COVID-takes-shine-off-expatriate-life>.

Hong Kong, departure numbers rose conspicuously, strengthened by an inviting new pathway to permanent residence in the United Kingdom opened up to Hong Kong residents by the British government.⁶⁰

The downside of semi-closed international borders is plain to see. Extended quarantine periods, for example, make all travel—and especially business travel—significantly more difficult. They also have a clear adverse effect on separated families, and they add additional stress and expense to daily life. Moreover, cogent arguments have been made that this policy risks endangering Hong Kong's standing as a leading IFC. Such restrictions hamper hiring fresh talent (especially from outside Greater China) equipped with the skills needed in a principal IFC.⁶¹ These drawbacks are real, but they are also selectively stressed. The wider, sustained benefits of the zero-COVID approach, noted above, are conspicuous. This is especially so in the case of mainland China, as well as in Hong Kong and Taiwan for over two years, until the ruinous fifth wave struck. A number of zero-COVID critics have paid insufficient attention to this complete picture: crucial benefits arising from this policy are regularly overlooked—or taken for granted.

Conclusion

Debating COVID

Hong Kong managed the COVID-19 pandemic by sustaining an effective zero-COVID policy for over two years, thus maximising the health protection and protection of the right to life for its most vulnerable residents over that period. This was in keeping with the maintenance of similar policies across Greater China. Hong Kong, however, lost its capacity to sustain this policy within just a few weeks, once the fifth wave slipped alarmingly beyond its control by February 2022.

All through the pandemic period in Hong Kong, there have been contesting opinions about what policies are best. The debate over moving to 'living with COVID' provides some examples. Once the fifth wave hit, both the range and volume of contesting opinions became significantly amplified. The global reality is that countless governments have faltered (most sooner than Hong Kong) trying to cope, especially with the Delta and Omicron variants, during the most intense international health crisis seen in more than 100 years.

Singapore and New Zealand are widely and rightly regarded as each having done as good a job as possible in pandemic management. Yet, in each case, they lost control while pursuing a zero-COVID strategy: in Singapore, with the arrival of the Delta variant and in New Zealand, as the Omicron variant rapidly spread, with cases rising

60. 'One-Way Flights out of the City Surge 300pc amid COVID Outbreak', *The Standard*, 15 March 2022, <https://www.thestandard.com.hk/breaking-news/section/4/188144/One-way-flights-out-of-the-city-surge-300pc-amid-COVID-outbreak%C2%A0>.

61. Strump, 'Foreign Executives'.

from around 200 a day to over 20,000 a day within a month.⁶² In the case of Singapore, it is clear that strong, experienced governance capacity has been of central importance in meeting the shifting pandemic challenges so well, especially measured by the way it has kept the death rate low after moving, by October 2021, to ‘living with COVID’.⁶³ But coping with this change of policy (after the arrival of the Delta variant) still generated, ‘tension, division and fear’ within Singapore.⁶⁴

It needs to be remembered, too, that Singapore maintains some of the tightest media controls in the developed world. According to the Reuters Institute, print and broadcast media outlets in Singapore are largely run by two major corporations that are associated with the governing party, each of which maintains a dominant online presence.⁶⁵ Also, in 2019, Singapore introduced a robust anti-fake news law to counter falsehoods (especially online) aimed at ‘exploiting’ the city’s ‘fault lines’. This law has been already used to curtail certain negative, COVID-messaging related to Singapore.⁶⁶ The scope for regular, skewed reports about the claimed medical and political hazards of COVID-19 vaccines, for example, is far lower in Singapore than in Hong Kong.⁶⁷ Meanwhile, this problem of antagonistic messaging (anti-vaccine and encouraging infected persons to spread the virus, for example) has persisted in Hong Kong during the fifth wave.⁶⁸ In a recent report, Transparency International ranked Singapore within the top 2 per cent of least corrupt jurisdictions. At about the same time, the US-based, World Justice Report ranked Singapore within the top 11 per cent (globally) for rule of law compliance. Reporters Without Borders (RWOB), however, placed Singapore in the lowest 16 per cent of jurisdictions for press freedom.⁶⁹ Despite this RWOB ranking, the Reuters Institute ranked Singapore second highest in terms of media trust in the Asia-Pacific in 2021 (ahead of Australia, Japan, Hong Kong, and Taiwan).⁷⁰

62. These COVID statistics are based on the information drawn from the Coronavirus Resource Center at Johns Hopkins University, 9 March 2022, <https://coronavirus.jhu.edu/region>.

63. Michelle Fay Cortez, Faris Mokhtar, and Low De Wei, ‘Singapore Confronts the Division and Fear that Come from Living with COVID’, *Bloomberg*, 15 October 2021, <https://www.bloomberg.com/news/articles/2021-10-14/singapore-confronts-division-and-fear-bred-by-living-with-covid>.

64. *Ibid.*

65. Edson C. Tandoc Jr., ‘Singapore: 2019 Report’, Reuters Institute Oxford, <https://www.digitalnewsreport.org/survey/2019/singapore-2019/>.

66. Edson C. Tandoc Jr., ‘Singapore: 2021 Report’, Reuters Institute Oxford, <https://reutersinstitute.politics.ox.ac.uk/digital-news-report/2021/singapore>.

67. Tony Kwok, ‘Beware of Political Saboteurs When Combating COVID-19 Fifth Wave’, *China Daily*, 11 March 2022, <https://www.chinadailyhk.com/article/263049>.

68. Selina Cheng, ‘COVID-19: Hong Kong National Security Police Arrest Two for Sedition over Anti-vaxx Posts’, *Hong Kong Free Press*, 25 February 2022, <https://hongkongfp.com/2022/02/25/covid-19-hong-kong-national-security-police-arrest-2-for-sedition-over-anti-vaxx-posts/>.

69. Richard Cullen, *Hong Kong Constitutionalism: The British Legacy and the Chinese Future* (Abingdon: Routledge, 2020), 47.

70. Nic Newman, ‘Executive Summary and Key Findings of the 2021 Report’, Reuters Institute, <https://reutersinstitute.politics.ox.ac.uk/digital-news-report/2021/dnr-executive-summary>.

Social contracts

The social contracts across Greater China visibly differ. The mainland remains a singular party-state; Taiwan is home to a thriving democracy; and both Hong Kong and Macao have each been deeply shaped by their respective colonial legacies. Yet there has been a visible commonality in their responses to the COVID-19 pandemic. Professor Daniel Bell of Shandong University observed in May 2021 that ‘[t]he Confucian value of filial piety, or reverence for the elderly, helps [in part] to explain why East Asian countries took such strong measures to protect people from a disease that is particularly dangerous for the elderly’. It was increasingly evident, he argued (at that time), that East Asian societies had done notably better than most other jurisdictions in containing the spread of COVID-19 infections. Bell contrasted this focus with the prioritising of individual autonomy which, more than ever, lies at the core of social comprehension across most advanced Western nations.⁷¹ One British writer captured this actuality with the observation that many today, in such societies, consider themselves to be the ‘Sun King of their own soul’.⁷²

As noted in Chapter 9, the paramount leadership in Beijing stressed in January 2020 that in tackling the pandemic, all governance levels throughout China ‘should put people’s lives and health first’.⁷³ In late December 2021, Professor Chan Changchuan from the National Taiwan University College of Public Health observed that ‘the whole society in Taiwan has a zero-COVID mentality—the tolerance rate is so low and we cannot bear one case, not to mention ten or 100 cases.’⁷⁴ In essence, the right to life is regarded as preeminent across these jurisdictions. There is an emphasis on this right that is not evident, to the same degree, in the Western world. This viewpoint has shaped policy-making in response to the COVID-19 pandemic. First-rate public fiscal health has helped provide the resources to stress protecting the right to life in this way. The success of these zero-COVID policies has delivered fundamental health, human rights, and economic benefits. However, primary policy-makers across Greater China recognise that this approach cannot continue indefinitely. For Hong Kong, its leading IFC role is being hampered by this approach—and now the fifth wave has critically undermined the operation of its zero-COVID policy.

71. ‘Pro-people Policies, Dutiful Citizens Effective in China’s COVID-19 Fight: Daniel A. Bell’, *Global Times*, 2 May 2020. See also Priscilla Leung Mei-fun, “‘Dynamic Zero Infection’ Model Much Closer to True Humanism”, *China Daily*, 15 March 2022, <https://www.chinadailyhk.com/article/263561>.

72. Theodore Dalrymple, *How Other People’s Rubbish Shapes Our Lives* (London: Gibson Square, 2011), 98.

73. See also ‘Xi Jinping Honors China’s Coronavirus Fighters, Says Saving Lives Was Foremost’, *The Standard*, 8 September 2020, <https://www.thestandard.com.hk/breaking-news/section/3/154959/Xi-Jinping-honors-China’s-coronavirus-fighters>.

74. Nicola Smith, ‘Taiwan’s “Zero-COVID” Strategy: How Much Longer Can It Keep Out Variants’, *The Telegraph*, 20 December 2021, <https://www.telegraph.co.uk/global-health/science-and-disease/taiwans-zero-COVID-strategy-much-longer-can-keep-variants>.

Looking forward

Professor Chan, in Taiwan, is a firm advocate of clear-headed planning to begin the task of ‘weaning the public off a zero-COVID mindset’. To achieve this sort of transition, he has stressed the need for:

- Maximum levels of vaccination
- Still wider testing, tracing, and controlling
- Maintaining a highly robust public health system

He notes that ‘[o]ur hygiene standards are high. The people are the heroes of our successful story of pandemic control until now.’⁷⁵ This observation about Taiwan (made before the recent massive rise in Omicron cases) can also be said of the rest of Greater China, including Hong Kong. It reflects a key, similar aspect embodied within the varied social contracts which apply. The arrival of new variants is placing these zero-COVID jurisdictions under far greater pressure, however, as we have seen in Hong Kong, Taiwan, and the mainland. But their success in managing the pandemic so well, especially over the first two years, means significant benefits have already been ‘banked’. And this approach gave these jurisdictions time to plan how they can best manage their re-engagement with the rest of the world. Moreover, they have a wide range of real-life, ‘living with COVID’ experiments from around the world to study and learn from. Finally, it has given more time, too, for the potential development of improved COVID-19 vaccines and medical treatments.

Regrettably, Hong Kong and the mainland did not vaccinate enough of their elderly. One veteran Hong Kong commentator argued that ‘vaccine refuseniks’ were ultimately most to blame for laying the foundations for Omicron’s alarmingly deadly impact in Hong Kong.⁷⁶ This does not, however, absolve the government of significant responsibility for the exceptionally high Omicron death rate in Hong Kong. Most critically, Hong Kong helped foster the creation of this acute hazard, by being so watchful about individual rights that it failed to think unflinchingly about how best to protect that most primary of all rights—the right to life.

Looking beyond Hong Kong, potentially even more important is the way that maintaining a zero-COVID policy may allow other jurisdictions across Greater China to open up *after* the COVID pandemic has largely peaked across the rest of the world. WHO Europe Director Hans Kluge observed in late January 2022 that the European region may be ‘moving towards a kind of pandemic endgame’. The argument is that increasing vaccination and the boost to herd immunity arising from the highly contagious but less severe Omicron variant could, in combination, presage a steady move away from the COVID-19 pandemic towards it becoming an endemic illness more like

75. Ibid.

76. Kammerer, ‘Ultimately, Vaccine Refuseniks Are to Blame.’

the seasonal flu.⁷⁷ Still, this development is uncertain—and new, more harmful variants could yet emerge.⁷⁸ Even when an illness does become endemic, this, in itself, does not mean it will no longer be highly dangerous to health and life: Malaria is a life-threatening endemic disease, for example (see Chapter 1).

Opening up comprehensively would pose significantly lower risks across Greater China if very high vaccination rates have been secured, including across most of the world, and the international travelling public is markedly less liable to carry a dangerous version of the COVID-19 virus. In fact, overall vaccination rates are now quite high in mainland China, but its huge population amplifies potential risks greatly. Almost 90 per cent of the entire population is double-vaccinated. However, it was reported in mid-May of 2022 that close to 50 million people aged over 60 (more than the total population of Spain) remain particularly vulnerable as they were still not fully vaccinated.⁷⁹

This problem of the vulnerability of those of advanced age is confirmed by the Hong Kong experience. Hong Kong struggled badly to secure vaccination protection across its older population. Advice from the mainland and from within Hong Kong since the fifth wave struck has emphatically confirmed that fixing this shortfall is a fundamental priority both to emphasise saving lives and to build proper foundations for managing the transition to eventual opening up with the lowest risk. But why were so many older people left unvaccinated in China? One factor, it seems, was that a number of doctors counselled against vaccination for older patients with co-morbidities, especially as the zero-COVID strategy had contained the spread of COVID-19 so effectively. Professor Wang Feng, from the University of California Irvine, declared that ‘China really missed an opportunity in the last two years.’⁸⁰ He observed that, unlike in so many other jurisdictions, vaccination of the elderly was not prioritised in China. It seems that the mainland reluctance to mandate—or at least drive—vaccinations for the elderly presents significant resonances with the HKSAR experience. While the mainland has so far managed to avoid the huge relative spike in elderly deaths seen in Hong Kong, this has been achieved at a substantial social and economic cost, especially in Shanghai. Recent acute experience in Hong Kong and the mainland, thus, highlights how the deep tension between (a) major economic and freedom of movement costs and (b) basic health and survival costs are amplified when there is a decisive shortfall in vaccination coverage.

In mid-2022, the matter of the full opening of the HKSAR borders remained both unresolved and subject to significant debate. The new chief executive of the HKSAR expressed the view, shortly before taking office in July 2022, that the primary Hong

77. ‘Europe Could Be Headed for Pandemic “Endgame”: WHO’, *The Straits Times*, 24 January 2022, <https://www.straitstimes.com/world/europe/europe-could-be-headed-for-pandemic-endgame-who>.

78. ‘Facing Uncertainties, Sticking to Zero-COVID Policy Remains China’s Best Strategy: Epidemiologists’, *Global Times*, 24 January 2022, <https://www.globaltimes.cn/page/202201/1246794.shtml>.

79. ‘China’s Unvaccinated Elderly Driving Force behind Unrelenting “Covid-Zero” Policy’, *The Standard*, 17 May 2022, <https://www.thestandard.com.hk/breaking-news/section/3/190220/China%E2%80%99s-unvaccinated-elderly-driving-force-behind-unrelenting-%22Covid-zero%E2%80%9D-policy>.

80. *Ibid.*

Kong border opening to be resolved was that with the mainland.⁸¹ How this complex process was set to be managed was linked to the manner and timing of Hong Kong's wider opening up to regular international travel. Later in 2022, however, the new HKSAR government prioritised opening the international border and Hong Kong refocussed on 'living with COVID'. The mainland government began radically moving in the same adapting to COVID direction, after some significant protests, at about the same time.

Lessons learnt

The experience with SARS in 2003 was effectively called upon as the COVID-19 pandemic began, 17 years later. Masking, social distancing, and enhanced personal hygiene were swiftly and widely adopted. Most residents understood that all these measures played a role in augmenting personal protection and public well-being.

It is highly likely that the world will see further virus-based pandemics. There is a large pool of different illness-causing viruses circulating within the animal and bird populations. In very particular (but unpredictable) circumstances, these viruses can transition across species so that they are eventually able to infect humans. In the most dangerous cases, such as with COVID-19, they can trigger very serious illness and establish a propensity for highly infectious, human-to-human transmission.

The Spanish Flu, as it is generally known, resulted in what is still widely regarded as one of the deadliest disease outbreaks in human history, killing, it is said, between 50 million and 100 million people after it began to spread in 1918. Research by the Australian virologist and Nobel Laureate Macfarlane Burnet concluded that the evidence was 'strongly suggestive' that the disease started (notwithstanding its common name) in the United States and spread to France with 'the arrival of American troops' to fight in World War I.⁸² This hugely amplified the way it spread: it was taken around the world by personnel returning home from that terrible conflict. Persistent, official public lying across the United States, virtually mandated by the new Sedition Act, comprehensively covered up the terrible crisis, further aggravating the harmful outcome worldwide.⁸³

Today, the scope for mass, international travel has vastly increased since 1918, which, in turn, has greatly amplified the potential for global pandemics to run ahead of standard control measures. One primary lesson learnt from this latest pandemic is how crucial it is to establish, as accurately as possible and as soon as possible; the morbidity, mortality, and infectiousness levels of any new virus. Where these are all deeply

81. "Reopening Borders with Mainland Is Top Priority, Says CE-Hopeful John Lee", *The Standard*, 5 May 2022, <https://www.thestandard.com.hk/breaking-news/section/4/189865/Reopening-borders-with-mainland-is-top-priority>.

82. John M. Barry, 'How the Horrific 1918 Flu Spread across America', *Smithsonian Magazine*, November 2017, <https://www.smithsonianmag.com/history/journal-plague-year-180965222>.

83. *Ibid.*

concerning, as with COVID-19, radical test, trace, and control responses (including mass quarantining in dedicated facilities) will be needed, wherever resources allow. Living, from the outset, with such a virus, either deliberately or as a consequence of poor management (when resources are ample) very likely will result in prominently increased hospitalisation demands, very widespread illness, and significantly elevated death rates. Rapidly applying very strong control measures, including robust, efficient vetting of all visitors, can strikingly reduce these adverse impacts. There is no question that such restrictions will have an unfavourable impact on normal economic activity. But accelerating mass morbidity and high death rates can be even more damaging to economic activity. Moreover, strong control measures have proved to be the best way to protect the right to life (and good health) across a given population, especially among the elderly and infirm.

An important, positive message delivered by the response to the COVID-19 pandemic is that developing virus-impeding vaccines can now be fast-tracked in ways not previously conceivable. Hong Kong worked commendably fast to take up the new vaccines created to fight the COVID-19 pandemic. These were distributed widely and at no cost—an excellent initiative. But the government failed to prevent a major shortfall in securing comprehensive vaccination of substantial, vulnerable segments of the population.

Hong Kong also did far worse than it might have in using the time gained by its durable first-rate control of COVID-19 infection rates to research intensively and project how it might best meet future challenges which could arise. The specific, exceptional potency of the Omicron variant was not foreseeable in detail, but Hong Kong should have used the time it had to be notably better prepared for infection challenges which would *not* fit within the prevailing control framework, which relied on managing case numbers typically well below 1,000 per day. It lacked the best sort of policy research infrastructure to conduct, relevant, ongoing advanced risk analysis.⁸⁴

Although Hong Kong officials were steadfastly good at communicating statistics and certain details reliably and accurately, the government, as a whole, was distinctly less adept at maintaining a lucid and consistent, broader narrative about how the pandemic was being managed—and what the future options were.⁸⁵ This left still more space for harm to be done by the constant feed of negative, regularly misleading commentary, especially from the largely unchecked media—and social media—both local and international.

The challenges presented to governments by the onset of an exceptional, globalised public health emergency are extraordinary. The lessons outlined above do not provide any sort of magic bullet pandemic solution. They do emphasise the need for rapidly setting crucial initial and ongoing priorities so that extraordinarily grave harm

84. Lau Siu-kai, 'Enhancing SAR Government's Capability to Cope with Crises', *China Daily*, 22 March 2022, <https://www.chinadailyhk.com/article/a/264579>.

85. *Ibid.*

is minimised; the right to life is visibly respected; and the operation of normal life and the broad economy are both secured as far as is reasonably possible. All these plans and measures must, moreover, be effectively communicated to the people.

Finally, the way in which the COVID-19 pandemic has been managed in Hong Kong signals that certain, deep changes to the operating political framework in Hong Kong may have evolved since 1997. In a series of three significant books, Leo Goodstadt explained the extraordinary influence of business and professional elites on the governance of British Hong Kong and then the HKSAR.⁸⁶ He argued how 'business leaders in Hong Kong have always had a major influence on government policies and they have successfully thwarted many policies detrimental to their interests.'⁸⁷ That power of influential persuasion, dating back to the nineteenth century, remains significant today, but the experience with the COVID-19 pandemic signals that the dominance of these groups is no longer as distinct as it was.

The merits of Hong Kong's primary COVID-19 management policy have been intensely debated, but for well over two years the perceived rights of the huge number of low-income residents in Hong Kong have been prioritised by persisting with a zero-COVID influenced strategy over a strongly argued case by certain business and professional leaders and qualified commentators to move decisively away from that strategy. This approach has closely followed aspects of COVID-19 policy-making in the mainland. Further research is warranted on the complex factors which have shaped the choice of this prevailing management mode in the HKSAR. One interesting question which arises from a review of the established research on the elevated level of business and professional influence on government in Hong Kong is whether the COVID-19 pandemic may have been managed in a measurably different way had it struck while Hong Kong was still under British rule or during the early years of the HKSAR? What we can say, at this point, is that the handling of the COVID-19 pandemic has arguably provided evidence of an appreciable shift, since 1997, in certain operational precepts governing the social contract in Hong Kong. In this sense, too, it is possible that Hong Kong will no longer be entirely the same once closure on managing the pandemic is ultimately achieved.

86. Leo F. Goodstadt, *Profits, Politics and Panics: Hong Kong's Banks and the Making of a Miracle Economy, 1935–1985* (Hong Kong: Hong Kong University Press, 2007); *Poverty in the Midst of Affluence: How Hong Kong Mismanaged Its Prosperity* (Hong Kong: Hong Kong University Press, 2013); and *A City Mismanaged: Hong Kong's Struggle for Survival* (Hong Kong: Hong Kong University Press, 2018).

87. See Bart Wissink, Sin Yee Koh, and Ray Forrest, 'Tycoon City: Political Economy, Real Estate and the Super-Rich in Hong Kong', in *Cities and the Super-Rich: Real Estate, Elite Practices and Urban Political Economies*, ed. Ray Forrest, Sin Yee Koh, and Bart Wissick (New York: Palgrave Macmillan, 2017), 229–252.