Is China’s authoritarian system superior to a liberal democracy in terms of crisis management? This question is addressed by looking at China’s pandemic response since December 2019. In due course, an authoritarian state can come forth with a robust ability to mobilize resources and bureaucratic capacity for high-priority action. However, the downside of China’s authoritarian model is equally glaring. Although the cover-up and inaction contributed to emergence of the crisis, China’s initial mishandling suggests that an authoritarian state is highly susceptible to any disruptions or shocks. To some extent, the policy blunders in late January 2020 intensified the crisis facing the Chinese leadership. The zero-infections policy introduced after April 2020 encourages an at-all-costs and by-all-means approach that is currently experiencing diminishing returns and hindering China’s mass vaccination efforts. Overall, the analysis does not support China’s authoritarian model as a viable alternative to liberal democracy.

Covid-19, the most devastating pandemic in a century, has presented a “brutal political stress test” (Francis Fukuyama) to every country, democracy or nondemocracy alike.1 More than one year into the pandemic, it is now clear that some countries have weathered the storm better than others. Meanwhile, the pandemic has highlighted China’s role in global health security. The debate over the origins of Covid-19, the disruption it caused to global supply chains, and the debut of “mask diplomacy” and “vaccine diplomacy” all point to China as a central player in the global fight against the pandemic.

If success is measured in terms of ability to break the domestic transmission chain, China is indisputably a success story. Based on a torrent of pandemic control measures, from drastic lockdowns to mass testing and contact tracing, China not only brought the disease under control by April 2020 but also has since managed to sustain an extremely low level of infection. As of May 15, 2021, China confirmed about 100,000 Covid-19 cases and 5,000 deaths, compared to more than 32 million cases and nearly 600,000 deaths in the United States, where the population is less than one-quarter that of China.2 Despite being the first country to suffer from the pandemic, China is the only major economy that registered positive economic growth in 2020. In contrast, the Trump administration, even with longer warning and preparation time, chose to play down the virus and to blame China and the World Health Organization (WHO) for inept responses to the pandemic.

1 https://www.foreignaffairs.com/issue-packages/2020-06-03/world-after-pandemic
2 https://coronavirus.jhu.edu/map.html
The pandemic boosted a perception that China’s authoritarian model is superior to Western liberal democracy. In a January 2021 speech, President Xi Jinping said: “Judging from how this pandemic is being handled by different leaderships and [political] systems …[we can] clearly see who has done better.”3 One government media outlet contends that the country’s epidemic control demonstrates the “powerful ability” of China’s political system to “rally, organize, mobilize, appeal, and act.”4 Witnessing the epic failure of the U.S. to control the pandemic and to unite as a nation, even some liberal-minded Chinese intellectuals are now in line with the official narrative that argues that the greatest advantage of the Chinese political system is its ability to “concentrate forces to do big things.”5 China’s success in reining in the spread of Covid-19 also rendered its governance model more appealing internationally. In late February 2020, a leading WHO expert urged the rest of the world to copy China’s response to Covid-19.6 Indeed, the three primary recommendations Dr. Anthony Fauci recently laid down for India to address its Covid-19 crisis – impose an immediate lockdown, establish make-shift hospitals, and create a central organization – are exactly the policy instruments China relied on to handle the crisis in Wuhan.

Is China’s authoritarian system superior to a liberal democracy? Investigating this question is both theoretically relevant and policy informed, as it fits squarely with the debate over Chinese state capacity to revamp itself and the prospects for democracy in China. Three decades after the fall of Soviet communism, the euphoria over democracy seems to be disappearing.7 Impressed by the endurance of the Communist regime in China and the adaptability with which the Chinese leadership has handled internal and external challenges, many China watchers have begun to characterize the authoritarian political system as “resilient” and “strong.”8 As the authoritarian resilience theory is increasingly becoming the mainstream explanation for China’s economic growth and political sustainability, U.S. policymakers are increasingly convinced that China’s system poses the most serious challenge to democracy since the rise of communism and fascism nearly one century ago.

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4 http://www.qstheory.cn/llwx/2020-02/25/c_1125621948.htm
5 http://www.qstheory.cn/wp/2020-02/07/c_1125543860.htm
In April 2019, a senior official in the U.S. State Department framed China as a “more fundamental long-term threat” than Russia. But China’s response to the pandemic seems to suggest that the country is a more imminent threat to liberal democracies and the international order. On July 23, 2020, then Secretary of State Mike Pompeo contended that “if we don’t act now, ultimately the CCP will erode our freedoms and subvert the rules-based order that our societies have worked so hard to build.”

This paper seeks to address this question by looking at China’s pandemic response during three different phases. Although an authoritarian approach can be identified in China’s response throughout the period of the pandemic, the policy objectives and implementation patterns vary across various phases of pandemic control. In Phase 1, which lasted from December 2019 to late January 2020, local governments in Hubei province were in the driver’s seat to address the looming crisis. Phase 2, covering the period from January 23, 2020 to April 8, 2020, saw the Chinese government imposing a lockdown and taking other drastic measures in Wuhan and other parts of the country. With the lifting of the lockdown in Wuhan, China shifted its priority to routinizing Covid-19 control to make sure that the country remains free of Covid-19 cases in Phase 3. The pros and cons of the authoritarian approach during each phase are discussed below in order to unravel the myth that authoritarianism provides a viable alternative to liberal democracy.

The Path toward Disaster (December 2019 – January 2020)

When news about a mysterious pneumonia began to spread in Wuhan in December 2019, people’s first reaction was: “Is this another SARS?” They were referring to the more than 8,400 cases of the epidemic that was caused by a novel coronavirus seventeen years earlier, which ultimately caused 813 worldwide deaths. Although both Covid-19 and SARS are caused by coronaviruses, Chinese government officials were fully confident about the country’s core surveillance and response capacity in 2019. China CDC director Gao Fu promised that China’s new web-based surveillance system would be able to prevent another SARS-like outbreak. His rationale: in the wake of the SARS epidemic, China invested significantly in constructing the world’s largest disease surveillance network that, according to Gao, was able to quickly detect an outbreak “even in a small village.” Earlier, a self-study concluded that China had met more than 90 percent of the capacity-building requirements of International Health Regulations, making China the poster child among developing countries in implementing international health

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law for global public health emergencies.\textsuperscript{13} Granted, the post-SARS investment in disease surveillance and response did contribute to an improved ability to identify the etiological agent of the Covid-19 outbreak. It took Chinese scientists no more than two weeks to identify the novel coronavirus – later called SARS-CoV-2 – that caused the outbreak. The genome sequence of the virus that they shared with the international scientific community in early January 2020 was crucial for the development and rollout of Covid-19 testing kits and vaccines worldwide.

But despite such impressive investments and improvements, it now is clear that China’s public health infrastructure was poorly prepared for the Covid-19 outbreak. China CDC, the agency built to detect and stop outbreaks of acute diseases, acted more like a public health research agency that did not have authority to issue national alerts about a disease outbreak and that was struggling to recruit and retain talented staff.\textsuperscript{14} Surge capacity building in China remained uneven: leaked documents suggest that “underfunding, understaffing, poor morale and bureaucratic models of governance” continued to bedevil China’s early warning system.\textsuperscript{15} The real-time online disease reporting system failed to function as anticipated in December–January. Gao first learned about the outbreak on December 30, not through the online reporting system, but from scanning group-chats that suggested the local health commission had issued “urgent notices” on atypical pneumonia cases.\textsuperscript{16} Provincial government officials intervened and deleted the cases submitted through the system.\textsuperscript{17} Gao later admitted that many of the cases reported by Chinese healthcare workers ended up not reaching central health authorities.\textsuperscript{18} Between December 31 and January 20, the National Health Commission (NHC) dispatched three groups of investigators to Wuhan. Even though infection of healthcare workers (which would be strong evidence of human-to-human transmission of the virus) became an open secret as early as January 10, it was not until January 19 that the third team disclosed this secret. The tight-lipped local government very likely misled the central decision makers. The CCP Politburo Standing Committee meeting on January 7 apparently failed to highlight the gravity of the Wuhan outbreak.\textsuperscript{19} Discovery of the first overseas case in Thailand on January 13 prompted the NHC to convene a teleconference to warn provincial health officials about the spread of the disease, but according to the NHC head, “the ability of human-to-human transmission remains to be closely

\textsuperscript{13} 我国达到《国际卫生条例（2005）》履约标准, at http://www.nhc.gov.cn/yjb/s7860/201407/e9d32c8306a8494981d10ddbf2bede3a.shtml
\textsuperscript{14} https://www.wsj.com/articles/chinas-cdc-built-to-stop-pandemics-stumbled-when-it-mattered-most-11597675108
\textsuperscript{17} Huang, China Leadership (prcleader.org), at https://www.prcleader.org/huang
\textsuperscript{18} http://sj.cfi.cn/newspage.aspx?id=20210319000027&client=phone . Full text available at 高福接受专访 回应疫情初期情况为何未上报中疾 加拿大家园网 (iask.ca)
\textsuperscript{19} https://www.prcleader.org/huang
This explains why the WHO continued to say on January 14 that there was no evidence of human-to-human transmission, despite the fact that experts were suspecting the opposite. Provinces other than Hubei were also unaware that a dangerous virus was spreading in the country. Even though cases had already started to appear overseas and in at least five Chinese cities, until January 19 no Chinese city other than Wuhan reported cases of infection, earning the pathogen the nickname “patriotic virus.” This information-flow problem probably also explains why on January 19, 2020, Wuhan tourist bureaus were still trying to lure more visitors to the city by distributing 200,000 coupons for free events.

The obstacles to upward information flow and the lack of coordination between government agencies during the crisis highlight the weaknesses of “fragmented authoritarianism,” under which authority below the very peak of the system is fragmented and disjointed, leading to a bogged-down policy process. But similar to its initial response to SARS, a deeply ingrained authoritarian impulse to maintain secrecy, in conjunction with upward accountability (under which government officials at each level of the administration all are appointed by higher authorities, and therefore are only accountable to their superiors, not to the people) and government officials’ obsession with social stability, also contributed to the failure to communicate effectively with the public about the outbreak. Driven by concerns about the outbreak’s potential impact on social and political stability, local government officials were unforthcoming in communicating with the public about the nature and scale of the outbreak. The government failed to update the disease situation during the “two sessions” period (January 4–9, then January 11–17), for fear that bad news would ruin the atmosphere during the convening of the two most important local political events. The state-centric political structure also discouraged civil-society participation. Whistleblowers, such as Ai Fen or Li Wenliang, were disciplined or reprimanded for spreading rumors.

The rise of the bandwagon polity after 2012 reinforced the upward accountability problem. As political power was rapidly centralized in a superordinate figure, local officials were more enthusiastic about jumping onto Xi’s bandwagon as loyal followers than about taking policy initiatives. Such bureaucratic inertia in a fragmented authoritarian setting resulted in inaction and an inept response to the initial outbreak. Local government officials in Wuhan took no

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22 https://www.prcleader.org/huang


effective prevention and control measures to nip the crisis in the bud. They hastily shut down the Huanan Seafood Market on the first day of 2020, but they disinfected the market so thoroughly that little evidence remained for future researchers to trace the origins of the outbreak. According Guan Yi, a leading virologist, failure to identify the origins of the outbreak enabled the virus to have sufficient time to adapt and evolve into a highly transmissible disease, thus making a pandemic inevitable. Residents were poorly informed about the danger of the virus. On January 18, 40,000 families gathered at a Lunar New Year’s banquet to share homecooked food. On January 21, one day after China confirmed there had been human-to-human transmission, Guan Yi visited a wet market in Wuhan where only 10 percent of the people wearing masks.

To be fair, government officials in democracies also lied to the public when it came to communication during the pandemic. Former U.S. President Donald Trump played down the crisis for fear of generating panic among the public, thereby undermining his prospect of being reelected. He publicly implied that Covid-19 was less dangerous than seasonal influenza, and in September 2020 he promised that the virus was “very much under control.” The U.S. recognized gold-standard surveillance system also did not operate effectively in handling the outbreak. A recent poll conducted by the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health found that only 52 percent of Americans have a lot of trust in the CDC, and even fewer have trust in the NIH. But feelings that there was an overall and systematic cover-up of the outbreak of the disease remain rare in the U.S. and in other democracies, not to mention that there is no censorship of media reports or of discussions publicly challenging President Trump’s remarks and policies.

Sure, this novel coronavirus is highly transmissible and largely asymptomatic. Any country that is the first to be hit by the pandemic might initially stumble badly at the beginning of an outbreak. But as the above analysis suggests, not all mistakes were inevitable or condonable. Mistakes related to a cover-up and inaction, which also were evident during China’s SARS response, were spawned by the authoritarian system. Unfortunately, recognition that its hobbled response in the early days highlighted a fundamental flaw in China’s authoritarian model not only led the government to eliminate this part of history from its official narrative but also discouraged any serious discussion of the political and institutional problems in the “lessons-learned” discourse in China. In the absence of meaningful political and institutional reform, the problem will continue to haunt China’s future responses to outbreaks of disease.

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27 [https://i.ifeng.com/c/85GqRvzlZmb](https://i.ifeng.com/c/85GqRvzlZmb)
30 CDC And FDA Trusted By Only Half Of Americans : NPR, at [https://www.npr.org/2021/05/13/996331692/poll-finds-public-health-has-a-trust-problem](https://www.npr.org/2021/05/13/996331692/poll-finds-public-health-has-a-trust-problem)
Addressing China’s Chernobyl Moment (January 2020 – April 2020)

In their studies of China’s energy industry, Kenneth Lieberthal and Michel Oksenberg differentiate two levels of policy making in China: while power below the apex reflects the position of individuals within institutions rather than the individuals themselves, power at the apex inheres in individual idiosyncrasies rather than institutions.31 The re-creation of the bandwagon polity reinforced this two-level policy-making structure, with lower-level officials increasingly looking to Xi as the bellwether for any policy shift. During his January 28 meeting with WHO director-general, Xi emphasized that he had been constantly “personally issuing commands and personally arranging deployments” for China’s Covid-19 containment efforts.32 The expansion of “despotic power” – the range of actions that state elites can undertake without routine, institutionalized negotiation with civil society groups33 – was facilitated by a perceived major crisis, which quickly led to a consensus among the elites over the urgency for actions beyond normal political procedures. On January 22, convinced by leading public health experts of the “extremely grim” situation China was facing, President Xi Jinping ordered the lockdown of Wuhan, the largest quarantine in human history.34 This unprecedented containment measure was soon extended to other parts of the country.

In taking decisive actions, the Chinese state clearly demonstrated its “infrastructural power,” or “the institutional capacity of a central state, despotic or not, to penetrate its territories and logistically implement decisions.”35 Over the span of only a few days in January and February, China completed two new hospitals in Wuhan, each having the capacity to treat 1,000 severe cases. In February, the government also converted sixteen exhibition centers and gymnasiums in the city into makeshift hospitals to treat patients with mild symptoms. These hospitals enabled the authorities to launch a campaign on February 9 to hospitalize all the infected or those had had close contact with the sick.36

The authoritarian resilience was also manifested in the deft use of social forces and high-tech means to enforce public health measures, including masking, quarantines and contact tracing, social distancing, and monitoring people’s movements. The outbreak led to nationwide


36 https://www.prcleader.org/huang
activation of the “grid management” system, under which paid or volunteer “grid managers” were entrusted to monitor and report on the households in their assigned grids. The system was strengthened by the introduction of an extensive array of surveillance techniques and instruments, including artificial intelligence, big data, and QR codes, to track and stop the spread of the virus.

Largely due to this neo-Orwellian approach, the number of newly confirmed cases began to fall dramatically in mid-February. By early April, it was clear that China had emerged as an early winner in the fight against the outbreak. On April 8, China lifted the eleven-week lockdown on Wuhan. On the same day, reported cases in the U.S. surpassed 400,000 and the death toll was more than 13,000. National online surveys of urban residents in China, conducted by the UCSD China Data Lab, show that the pandemic had boosted government legitimacy. On a scale of 1 to 10, the average level of social trust in the central government increased from 8.23 in June 2019 to 8.87 in May 2020. The percentage of respondents who “agreed” or “strongly agreed” that they prefer living under China’s political system, as compared to other political systems, increased as well, from 70 percent in June 2019 to 83 percent in May 2020.

Despite the comparative success of China’s approach, the impromptu and non-participatory policy process exacerbated the problems facing Chinese leaders. Before the lockdown decision was made, 5 million people had already left the city, thus fueling spread of the virus to other parts of China and abroad. In the absence of advance planning, the policy flop initially spawned fear and panic and caught lower-level officials off guard. The number of patients in fever wards surged, despite serious shortages of hospital beds, testing kits, and other medical supplies. Consequently, many COVID-19 patients who could not receive a proper diagnosis and/or treatment died at home. Infections and mortality rose exponentially in the first half of February. The dire situation immediately triggered a legitimacy crisis for the CCP. Even the regime’s defenders found it difficult to justify the government’s hobbled response during the beginning stage of the outbreak. Social media platforms were awash with posts questioning or mocking the government’s handling of the crisis. The death of Dr. Li Wenliang on February 6 triggered mass mourning and anger at the government. China watchers began to muse about whether the bungled government response could catalyze into China’s “Chernobyl moment,” opening the doors to an era of political reform or even regime collapse.

40 https://www.ft.com/content/6f7fdbae-4b3b-11ea-95a0-43d18ec715f5
The upsurge in despotic power and infrastructure power also failed to address the inherent problems in the upward accountability and top-down political structure, which tend to discourage/distort information flows in the policy apparatus. Despite an official statement against “intentional delayed reporting and underreporting,” the problem of a cover-up continued through the first half of February 2020. During February 5–14, the officially released daily mortality numbers became easily predictable using a simple mathematical formula. Later, the government had to add 1,290 COVID-19 deaths to Wuhan’s previous tally, raising the official number of deaths by 50 percent. Government reports likely significantly underestimated the actual number of cases as well. A new seroprevalence study published in *Lancet* suggests that by April 2020 nearly 760,000 residents in the city were infected, 15 times more than the officially adjusted case count.

The draconian government response created second-order problems, including lack of access to run-of-the-mill healthcare, encroachment on civil liberties and human rights, and blows to the manufacturing and service sectors. There is also growing concern that the pandemic provided proof of the concept of a “surveillance state” that promises to control every facet of human life in the post-pandemic era. True, consolidated democracies including Taiwan and South Korea also used extensive surveillance technologies in their pandemic responses, but they generally managed to emerge from the crisis “without significantly compromising democratic standards.”

It is also true that many democracies imposed lock-down measures to contain the spread of the virus, but these measures were in no way as draconian as those in China. Indeed, those countries that have responded best to Covid–19 are overwhelmingly liberal democracies – South Korea, Finland, and New Zealand – that were able to strike the right balance between protecting health and minimizing disruption to the economy and society.

**Sustaining a Zero-Infections Policy (April 2020 - Present)**

In early April 2020, when China triumphantly emerged from the months-long lockdown, other countries were still reeling from the pandemic. China’s main objective then was to sustain “the hard-won achievements of epidemic control.” Keenly aware of the major threat of imported cases, the government imposed arguably the world’s most stringent restrictions on inbound international travel, making almost everyone who wanted to enter the country – including Chinese citizens – persona non grata. Tightening border control facilitated the pursuit of a zero-


42. Author’s personal communication with Mr. Li, March 10, 2020.


44. [https://www.prcleader.org/huang](https://www.prcleader.org/huang)


47. [http://www.xinhuanet.com/politics/2020-09/08/e_1126466732.htm](http://www.xinhuanet.com/politics/2020-09/08/e_1126466732.htm)
infections (dongtai guiling) policy, under which the detection of even one single Covid-19 case would trigger mass testing, aggressive contact tracing and quarantines, and lockdowns of neighborhoods and cities in order to reset local cases to zero.

In implementing the new policy, the government continues to rely on high-powered, politically charged public health campaigns. On May 11, 2020, after six new cases were identified in a residential community in Wuhan, the city government announced it would conduct nucleic acid testing on nearly ten million residents in ten days. That seemingly impossible mission was accomplished with the introduction of a new method called “pool testing,” which combines samples taken from multiple individuals and tests them together in a single tube. The new testing method enabled the city to significantly expand its testing capacity. During May 15–22, testing capacity in the city increased more than thirteen-fold, from approximately 114,000 to nearly 1.5 million tests per day. Since the highest daily number of Covid-19 tests stood at no more than 420,000 in the U.S., the achievement made the U.S. record pale by comparison:

Also different from ad hoc mass campaigns, the government has institutionalized and routinized policy instruments introduced during the local outbreak in Beijing in the summer of 2020, a pattern similar to what some China scholars describe as “institutionalized mobilization.” After detecting the outbreak in Beijing’s Xinfadi Market on June 11, the municipal government implemented nonmedical intervention measures that focused on quarantining key populations and their close contacts and expanding nucleic acid testing in the general population. The Beijing model soon became the default response to Covid-19 cases in China. It was so popular that until mid-May 2021 localities in Liaoning and Anhui provinces still relied on the same playbook to cope with small and sporadic outbreaks within their jurisdictions. Again, the government demonstrated robust capacity in mobilizing resources and capacity to get things done. At the end of December 2020, more than 1,000 Beijing CDC staff as well as police, local governments, and work units within 140 hours raced to identify “Patient no. 1” – the first case that led to the infection of about one dozen people in one district of the city. During the Shijiazhuang outbreak in January 2021, it took only three days for the city to test more than 10 million residents. Since April 2020, the daily new case count has rarely exceeded 100 in the country.

Still, the state has reached its limits. Despite draconian Covid-19 control efforts, sporadic outbreaks have been observed in a growing number of cities since June 2020. On June 22, 2020, Beijing municipality had all but one of the medium- or high-risk Covid-19 infection areas in the
country. On January 7, 2021, six cities (Beijing, Shijiazhuang, Shenyang, Dalian, Heihe, and Xingtai) identified a total of fifty such areas. Moreover, as shown in the outbreaks in Hebei province early this year, small and isolated outbreaks that were confined to urban cities were increasingly giving way to multiple clustered outbreaks in rural areas, where disease surveillance and response capacity remain weak.

The politically charged top-down policy structure has also encouraged a by-all-means and at-all-costs approach in handling the Covid-19 cases in China. Local government officials face tremendous pressures from above in implementing the zero-infections policy: they are assigned ambitious targets, and they can be immediately removed from their positions if they fail to fulfill the targets or are found to have neglected their duties. “[We] tread as if on thin ice and sit as if on pins and needles,” a local director of the health commission said on WeChat when speaking about enforcing the government zero-infections policy. Strategic disobedience or foot dragging has become rare since the central leaders have clearly signaled Covid-19 control as a top priority. But under the upward accountability, local officials have strong incentives to produce instant results in order to impress their immediate superiors. This policy structure encourages an over-kill method of policy implementation, or, in Chinese, “better kill a thousand wrong than let one slip through the net.” Heavy-handed and questionable containment measures are now widely used. During the Covid-19 outbreak in Xinjiang in the summer of 2020, local authorities forced residents to drink unproven herbal medicine. In a move reminiscent of a system in nineteenth-century France under which police medics were permitted to inspect the bodies of women using a speculum to determine whether they had syphilis, China in January 2021 introduced an anal swab test as a new protocol to test for COVID-19 among foreign visitors and those in quarantine. Government officials claimed the method was more accurate and based on science, although many scientists question use of such a protocol as a mass diagnostic tool.

The same policy structure does not leave any leeway for local government officials in Covid-19 prevention and control. Since even a single case is not allowed in their jurisdictions, risk-averse policy implementers prefer the officially endorsed Beijing model to a targeted or more flexible approach – the latter not only requires strong bureaucratic capacity but it also increases the probability of a case escaping control by state power. As a result, mass testing and the sealing off of affected cities/neighborhoods have become the few legitimate choices available for local government officials. The sealing off of cities/neighborhoods has been observed in almost all

55 http://www.sz.gov.cn/sztt2010/yqfk2020/ywj/content/post_7816077.html
56 https://www.sohu.com/a/443100762_120311571
57 For a list of local officials who were sacked, see https://www.ixigua.com/search/%E7%96%AB%E6%83%85%E5%85%8D%E8%81%8C%E4%BA%BA%E6%95%B0/?logTag=8e2a961b9f711769fc1e&tab_name=search
localities that report sporadic outbreaks, including Beijing, Xinjiang, Shijiazhuang (Hebei), and Ruili (Yunnan), affecting the lives of millions of people, even though only a very small number of severe cases was confirmed. Beginning on January 21, 2021, the local government in Tonghua, Jilin province, sealed the city’s 400,000 residents in their homes, but it only mobilized 800 volunteers to distribute basic necessities to the residents. After one week of lockdown, city residents struggled to keep hunger, not the deadly virus, at bay. In addition, almost all cities that reported Covid-19 cases turned to indiscriminate and extensive use of nucleic-acid testing without taking into account the actual risks such cases may have posed. On May 13, 2021, after only three cases – none of which were severe – were identified in Luan, Anhui province, the city government launched a campaign to mass test the more than one million residents. Just one day after the test results became available, the city ordered that residents be tested a second time (it would not rule out the possibility of third-round testing), in order to not omit any potential positive cases.

Another phenomenon that is unique to the authoritarian policy structure is *cengceng jiama*, or imposing additional targets and requirements at every lower administrative level. Due to the upward accountability, government officials, when reaching assigned policy targets, tend to act on their own to raise the bar even higher in order to curry favor with their bosses and demonstrate their loyalty. The incentive to turn to excessive containment measures becomes particularly strong when handling a highly transmissible and largely asymptomatic virus such Covid-19 because *cengceng jiama* serves to maximize the chances of weeding out any conditions that may lead to an outbreak in one’s jurisdiction. During the 2021 Spring Festival period, central health authorities released guidelines that required village returnees to show a negative nucleic-acid testing result, plus fourteen days of health monitoring; for those traveling from a low-risk region a green health code would be sufficient. But northwestern Gansu province required a negative test result from all travelers, regardless of whether their destination was an urban area or a village. They also required that those traveling from low-risk regions show a negative-nucleic acid test result in addition to a green health code. At the village level, the policy became fourteen days of quarantine, even for travelers from low-risk regions.

In hindsight, China’s ability to rapidly crush its Covid-19 epidemic turned out to be a mixed blessing. Wu Zunyou, China CDC’s chief epidemiologist, admitted in late March 2021 that vaccines provided an ultimate solution to the Covid-19 pandemic. But the gains associated with the existing zero-infections policy – epidemiological, economic, political, and diplomatic – also create forces resistant to mass vaccination efforts in the country. Indeed, until the end of

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60 [https://www.163.com/dy/article/G1BK0UCG0541UIC1.html](https://www.163.com/dy/article/G1BK0UCG0541UIC1.html)


64 [https://www.sohu.com/a/457649323_162758](https://www.sohu.com/a/457649323_162758)
December 2020 Wu himself claimed that ordinary people did not really need to be vaccinated because the chances of infection were very small. Even Zhang Wenhong, an outspoken Shanghai-based infectious disease expert, said at that time that there was no urgency for China to roll out mass vaccinations because “China is the best in Covid-19 control.” Its comparative success in containing the virus spread nurtured an unusually strong sense of safety among the public. Last September, Caixin published results of a survey of nearly 2,000 respondents in six Chinese cities, which found that less than one-quarter of the respondents agree or strongly agree that they or their relatives and friends run the risk of being infected by Covid-19. But the perceived low risk only reduces Chinese people’s desire to get vaccinated. In a study conducted by Harbin Medical University in August 2020, more than 30 percent of nearly 20,000 respondents said they would hesitate to be vaccinated when it became available. A World Economic Forum-Ipsos survey of confidence in a Covid-19 vaccine found that among those who say they would not be vaccinated, 32 percent of Chinese respondents—the highest among all fifteen countries surveyed—cite “not being enough at risk from Covid-19” as a main reason.

This does not bode well for China’s Covid-19 control efforts. Different from the U.S. experience, China’s vaccine development is largely a state-driven process. The government deployed five technological approaches, including inactivated vaccines and mRNA vaccines, and mobilized enormous financial resources and research capacities in the global race to produce a vaccine for Covid-19. Unlike the U.S., China ended up prioritizing inactivated vaccines. The vaccines are based on well-established technologies and have certain advantages, but compared to mRNA vaccines developed by Pfizer/BioNTech and Moderna, they are not fast to make and do not have high efficacy rates. The scale-up challenges, when combined with vaccine hesitancy, accounted for the initial lack of progress in domestic vaccination in China. By the end of April, China has administered only 17.4 doses of vaccines per 100 people, compared to 71.1 administered in the U.S. China has significantly increased the amount of administered doses since then. As of May 23, 2021, it has administered more than 500 million doses of vaccines in the country. By the end of June, it is anticipated that 40 percent of the population will have received at least one dose. By that time, the U.S. will be close to achieving herd immunity, which renders further human-to-human transmission unlikely. According to Gao Fu, China will not achieve herd immunity until next year. Given the relatively low efficacy rate, though, it remains unclear whether this is a realistic objective. Since most of its vaccines have an efficacy rate lower than

66 https://opinion.caixin.com/2020-09-15/101605308.html
67 https://mp.weixin.qq.com/s/kfqQE__oq3t1sCkwJXD-AA
70 http://www.xinhuanet.com/video/sjxw/2021-05/24/c_1211170419.htm
80 percent, China might have to vaccinate the entire population in order to achieve herd immunity.\textsuperscript{72}

The prospect that the U.S. and other Western democracies will achieve herd immunity ahead of China will be both epidemiologically and politically dangerous to the authoritarian state. As Zhang Wenhong noted, when other countries open their borders after reaching herd immunity, it will be the “most dangerous moment” for China.\textsuperscript{73} In order to address the “immunity gap” between China and the West, China may have to maintain existing containment measures, which are already bumping into a diminishing-returns problem. Much more fatigue, organizational energy, and economic and financial pain may have to be expended. This will only tarnish China’s image as one of the most effective countries in coping with the pandemic, making it difficult to justify the resilience and superiority of the so-called China model. In March 2021, Wu Zunyou admitted that China did not have any special comparative advantage in the global race to reach herd immunity.\textsuperscript{74} Wu’s remarks were echoed in a social media post attributed to a leading public health expert in China:

Our achievements in combating the pandemic derive mainly from nonmedical means, i.e., administrative means, including centralization, quarantine, sealing off, and suppression of production and distribution. When other countries’ medical instruments are ready for large-scale use, we may fall behind. Administrative means against infectious diseases are not sustainable.\textsuperscript{75}

**Conclusion**

When the novel coronavirus was engulfing Wuhan in early 2020, few anticipated that the public health crisis would translate into CCP opportunities to beef up its legitimacy and market its authoritarian model. The party-state did not just muddle through the crisis; it emerged from it triumphantly and forcefully. Arguably, China succeeded in the battle against Covid-19 because the disease responds to harsh, centralized restrictive measures, many of which would be impossible to implement in Western democracies. It is difficult to deny that when push comes to shove, the authoritarian state can burst out with a robust ability to mobilize resources and a capacity for high-priority action. By contrast, the huge number of infections and deaths in the U.S., and, more recently, India, is evidence of the inability of at least some democracies, especially those with a federal system, to effectively respond to Covid-19.

But authoritarian resilience is derived not so much from genuine institutional innovations as from the strengthening of a mobilizational and paternalist state. Despite more than four decades of reform and opening up, China’s impromptu, non-participatory, and top-down policy making and implementation has not fundamentally changed. Not surprisingly, when applied to the pandemic response, the downside of China’s authoritarian model is equally glaring. Its initial

\textsuperscript{72} https://www.thelancet.com/article/S0140-6736(20)32318-7/fulltext

\textsuperscript{73} https://www.163.com/dy/article/G4730IP5053438SI.html

\textsuperscript{74} 吴尊友：中国已无特别优势，要尽快提升疫苗接种率|新冠肺炎_新浪财经, at https://news.sina.com.cn/c/2021-03-27/doc-ikkncsk2455890.shtml

\textsuperscript{75} 中国抗疫成功的根本原因是？ at https://www.zhihu.com/question/398091102/answer/1724406768
mishandling of the crisis suggests that while its initial cover-up and inaction contributed to the emergence of the crisis, the authoritarian state itself was highly susceptible to disruption and shocks. Even after central leaders reversed course in late January 2020, information flows continued to be a concern, and the single-minded pursuit of Covid-19 control created second-order problems, reducing the desirability of the draconian containment measures. Since April 2020, the state has pursued a zero-infections policy in order to sustain the extremely low level of infection in China. That policy, while successful in breaking the transmission chain of the virus domestically, has encouraged an at-all-costs and by-all-means approach that increasingly is bumping into diminishing-returns problems. Equally important, the policy has generated unintended outcomes, such as vaccine hesitancy, which has hindered the country’s mass vaccination efforts. Consequently, China is caught in a Catch-22 situation: it will have to sustain or even tighten its draconian and costly Covid-19 control policy before it achieves herd immunity. However, the existing policy generates forces that make herd immunity more difficult to realize than it is in liberal democracies. Through successful development, distribution, and administration of Covid-19 vaccines, the U.S. appears to be reasserting its leadership in pandemic control. To conclude, China’s authoritarian model is not superior to liberal democracy; it may not even count as a viable alternative.

About the Contributor

Yanzhong Huang is a senior fellow for global health at the Council on Foreign Relations. He is also Professor at the School of Diplomacy and International Relations at Seton Hall University, where he developed the first academic concentration in U.S. schools of international affairs to explicitly address the security and foreign policy aspects of global health issues. He is author of Governing Health in Contemporary China (Routledge, 2013) and Toxic Politics: China’s Environmental Health Crisis and Its Challenge to the Chinese State (Cambridge University Press, 2020). This paper is part of the Diamonstein-Spielvogel Foundation Project on the Future of Democracy.

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