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Political meritocracy and policy integration: How Chinese government combats the COVID-19?

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Abstract

The COVID-19 pandemic is fundamentally affecting the world by challenging governments. Although most countries are still combating the virus, China, as the first plagued country, has basically contained the pandemic. This review article aims to analyze and explain how the Chinese government has achieved this task. By tracing the detailed timeline of the pandemic, it dissects the political meritocracy and policy integration of the Chinese government, which are the main reasons for its policy efficiency and effectiveness. Meritocracy requires the government and politicians to respect science, knowledge, evidence, rationality, and professionalism, particularly within the background of populism and anti-intellectualism. In a pandemic, the Chinese experience of political meritocracy and policy integration may balance conflicting public values better than liberal democratic nations. Global solidarity and cooperation during this pandemic can be better achieved if Chinese politics and policies are deeply understood.

KEYWORDS

China, COVID-19 Pandemic, politics meritocracy, policy integration

INTRODUCTION

Initially occurring at Wuhan, China in December 2019, the COVID-19 has spread rapidly all over the world, infecting more than 57,274,018 and killing more than 1,368,000 people as of 21 November

2020 (WHO, 2020a). It was a tremendous public crisis after WWII, reshaping the global economy, politics, and world order. Although the origin, cure, spreading route, and consequences of the pandemic are still totally unclear, one thing is apparent and significant. That is, as the first reporting and plagued country, China has basically contained the pandemic effectively and efficiently (Accenture, 2020; Donovan, 2020). It performed rather remarkably as measured by major indicators such as confirmed cases, death toll, death rate, duration of the pandemic, particularly considering its large population, geographic size, and urgent preparation. What policies have the Chinese government implemented, and what factors have determined its policy efficiency and effectiveness? These questions are worthy of exploring and clarifying not only for scholars theoretically, but also for governments still combating the virus.

China's performance on the pandemic can be sharply contrasted against the performance of some liberal democratic countries such as the United States, United Kingdom, and other developing countries such as India and Brazil. This comparison has stirred the long-term debates that whether democracies and autocracies are better at dealing with external emergencies and the complex relationship between strong and weak governments (Croissant & Hellmann, 2020; Stasavage, 2020). Besides the accomplishment of pandemic containment, China has achieved prominent economic growth and social development in nearly all social spheres including health, education, infrastructure, science & technology, which provide conditions and basis for the pandemic combating (Wang & Christensen, 2017). In 1980, which can be regarded as the starting point of China's Reform and Open Policy, the country's GDP per capita was \$194 in nominal value, only higher than Guinea-Bissau (\$141), Nepal (\$129), Uganda (\$100), and Somalia (\$96), listing bottom fifth among 175 countries. In contrast, in 2018, the GDP per capita of China was \$9976, ranking No. 79 among 198 countries, far exceeding India's \$2005, and the HDI of China ranked No. 85 among 189 countries (UN, 2020; World Bank, 2020). China's mileage of expressway and the high-speed railway ranked No. 1 in the world (People's Daily, 2019). The performance of anti-pandemic is just another evidence of China's social development, resilience, and state capacity.

China's performance on the pandemic, as well as its development in other social spheres, are controversial, but can be explained and understood by political meritocracy and policy integration. China's political system is not defined by liberal democracy as there are no Western-style multi-party and competitive elections. Therefore, China's regime is generally labeled as autocratic, totalitarian, or authoritarian, and is anticipated to be unsustainable or even due for collapse (Ang, 2018; Chang, 2001; Fukuyama, 2006; Tang, 2018; Tufekci, 2020). However, China's political system has a strong property of meritocracy (Bell, 2016; Hankins, 2017, 2018), which means that the Chinese government, in principle, is run by well-educated and experienced officials who were carefully selected and promoted by merit. This meritocracy can guarantee policy integration to pursue comprehensive social development and pandemic control. Although this system is not perfect and still has many defects, it can be a comparable political system to Western liberal democracy. Chinese political elites have learned much from the West.

Governing the COVID-19 pandemic requires politicians and governments to establish and implement policies more efficiently and effectively. This article analyzes how the Chinese government combat and contain the pandemic by its political meritocracy and policy integration. With this aim, it (a) traces back the origin, outbreak, and containment of the COVID-19 in Wuhan and China; (b) dissects the political meritocracy of the Communist Party of China (CCP) and policy integration implemented by the local and central government; (c) explains why Chinese government can contain and overcome the pandemic; and (d) provides a new understanding of Chinese meritocratic politics and policy.

COVID-19 GLOBAL OUTBREAK

Global pandemics have been alarming for years (Gates, 2015; Harris, 2020). Scientific and policy preparation for COVID-19 have been guided by past pandemics such as HIV/AIDS, SARS, Ebola, Zika, bird flu, H5N1, H9N1, etc., for decades (Fauci, 2017; McCoy, 2016). However, the outbreak of COVID-19 was sudden and shocking, much more severe than otherwise anticipated given its rapid spread and global contamination. One can look at 12 countries to make some comparisons. China (CN) is the initiating country. The United States (US), India (IN), and Brazil (BR) have the highest confirmed cases and death toll as of November 2020.¹ The United Kingdom (GB), France (FR), and Italy (IT) are European and developed countries. Sweden (SE) is the representative of Nordic countries. Japan (JP), South Korea (KR), and Singapore (SG) are East Asian countries. Russia (RU) is the country with largest geographic size. The data of Confirmed Cases, Death Toll, Death Rate (Death Toll/Confirmed Cases), Confirmed cases per 1 million people, and the First Report Time of these countries are shown in Figure 1 and Table 1.

As Figure 1 and Table 1 show, the initiating time, spreading process, and tendency of the pandemic in different countries vary greatly. In China, although Patient Zero and the origin of the virus are still scientifically unknown, the first 41 confirmed cases and 1 death were officially and publicly reported to the WHO before January 9 (WHO, 2020b), as one basic fact and time node. Since then until April 8, 2020 the day of Wuhan lockdown releasing, the pandemic has been lasting for February and March and has been basically contained, with the confirmed cases and deaths gradually climbing to 92,588 and 4749 on December 21, 2020. These data are quite low compared to other countries.

In contrast, the first reporting time and the outbreak in other countries generally started in February and March 2020. Although China was criticized for covering up the pandemic at the initial stage, two months is not a short time to raise alarms and prepare for other countries. In fact, the United States officially reported the first case and first death on January 21 and February 29, respectively (Andone et al., 2020; Cohen, 2020), much later than the Chinese government reporting to WHO on January 9. But now it recorded the highest confirmed cases by 11,597,979 and death toll by 250,607 on November 2020. Brazil reported the first cases on February 26 and the first death on March 18, but now it recorded the second highest death and third confirmed cases by 168,061 and 5,981,767, in Table 1. Although having relatively enough preparation time, these countries have not been alarmed by China's pandemic situation and made sufficient coping measures. This can be explained from the perspective of hindsight bias, which means that at the initial stage of crisis, the information is generally insufficient and it is hard to take severe and enough measures, but at the final stage everybody knows the consequences and everybody can attribute fault to decision makers at the initial stage (Pohl & Erdfelder, 2019). In fact, according to hindsight bias, seldom people can make correct decisions at the initial stage of crisis, otherwise, there would be no crisis at all. This is the same true for the Chinese government. At the initial stage of the pandemic, the Chinese government has also committed many mistakes, but it made up its mind and adjusted its policies timely, and contain the pandemic quickly. The key is not to point fault, but to clarify why they committed mistakes.

The data speak loudly. First, the confirmed cases, death toll, and death rate increased sharply at the initial stage but gradually stabilized for most countries except the United States, Brazil, and India. The death rate of France, the United Kingdom, Italy, and Sweden have reached a peak of 20.0%, 15.7%, 14.5%, 13.4% in May, and gradually reduced to current 2.3%, 3.7%, 3.6%, 3.1%, while the death rate of China is quite constant around 5.1% after March 2020. These death rates are not high comparing to the past infectious diseases such as Ebola at 50%, but still quite high, particularly for the developed countries (Ries, 2020). Second, the United States has the highest confirmed cases and death toll, not matching its superpower position on the economy, medicine, science and technology, and the model of

FIGURE 1 Confirmed cases, death toll, and death rate of 12 countries. These data are from WHO (2020a), till 21 November 2020. The exact data on this day are listed in Table 1. The small figures in A and B are to enlarge the details to exhibit the variance of China and other countries at the initial stage [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

liberal democracy. The performance of the U.S. health system and responding policies in the pandemic is worthy of comparing to China. Third, considering the population, China has the lowest number (67, see Table 1) on the confirmed cases per one million people, much lower than other countries such

TABLE 1 Death toll, confirmed cases, and death rate (21 November 2020)

	Rank of DT	Death toll (DT)	Rank of CC	Confirmed cases (CC)	Death rate (%)	Confirmed cases per 1 million people	First report time
United States	1	250,607	1	11,597,979	2.2	35,669	Jan. 20
Brazil	2	168,061	3	5,981,767	2.8	28,781	Feb. 26
India	3	132,726	2	9,050,597	1.5	6760	Jan. 30
United Kingdom	5	54,286	7	1,473,512	3.7	22,306	Feb. 01
Italy	6	48,569	9	1,345,767	3.6	22,230	Jan. 29
France	7	47,917	4	2,071,499	2.3	30,980	Jan. 24
Russia	11	35,778	5	2,064,748	1.7	14,288	Jan. 31
Sweden	32	6406	37	208,295	3.1	20,908	Feb. 01
China	36	4749	65	92,588	5.2	67	Jan. 04
Japan	54	1963	49	127,665	1.5	1006	Jan. 14
South Korea	90	503	94	30,403	1.7	591	Jan. 19
Singapore	167	28	83	58,143	0.0	10,360	Jan. 23

Source: WHO (2020a).

as the United States (35,669), Sweden (20,908), Singapore (10,360), Japan (1006), and South Korea (591). Although these data are still inaccurate and insufficient, particularly at the initial stage and maybe adjusted,² they tend to be more accurate as the test criteria and technique improve. According to these data and timeline, we can get the conclusion that the performance of the Chinese government pandemic policy is effective. It is worth exploring how the Chinese government has achieved this.

TIMELINE OF THE PANDEMIC IN CHINA

The origin of the COVID-19 in Wuhan are still unknown, and have been greatly politicized and blurred. Table 2 contains the timeline of all pandemic-related events in China from November 2019 until April 2020.

In November and December 2019, pneumonia caused by an unknown virus similar to SARS in 2003–2004 has been observed in some hospitals in Wuhan, capital city of Hubei Province. The reporting of infectious diseases is regulated by Chinese laws.³ These laws require that the doctors and hospitals monitor and record the cases of infectious disease and report to the local Hygiene and Health Commission. Only these government departments have the legality to officially publicize the information of infectious disease and pandemic, while individuals are illegal to release this information because of possible social panic. According to these laws, Zhang Jixian (张继先), the 54-year-old female doctor at Hubei Provincial Hospital of Integrated Chinese and Western Medicine (湖北省中西医结合医院), on December 27, formally reported the four cases to the hospital and then to the Wuhan Hygiene and Health Commission (武汉卫生与健康委员会), as official health regulation agency (Woods, 2020). Three days later, on Dec 30, the Commission issued the Urgent Notice on an Unknown Pneumonia Cure Affairs, signifying formal governmental action. On December 31, the National Hygiene and Health Commission (国家卫生与健康委员会) sent an expert task force to Wuhan and formally established the Leading Panel on the Epidemic. However, on December 30, Li Wenliang (李文亮), an ophthalmologist at Wuhan Central Hospital, alarmed his colleagues and

TABLE 2 Brief timeline of the COVID-19 in China (2019–2020)

Nov. and Dec. 2019. Pneumonia caused by an unknown virus similar to SARS in 2003–2004 was observed in some hospitals in Wuhan.
Dec. 27. Zhang Jixian, a doctor from Hubei Provincial Hospital of Integrated Chinese and Western Medicine, formally reported the four cases to the hospital and then to the Wuhan Hygiene and Health Commission (Woods, 2020).
Dec. 30. Wuhan Hygiene and Health Commission issued the Urgent Notice on an Unknown Pneumonia Cure Affairs, signifying formal governmental action. Li Wenliang, an ophthalmologist at Wuhan Central Hospital, alarmed his colleagues in social media (WeChat) about a possible outbreak of an illness resembling SARS.
Dec. 31. National Hygiene and Health Commission assigned an expert task force to Wuhan, and formally established the Leading Panel on the Epidemic.
Jan. 3. Li Wenliang was summoned and admonished by Wuhan police for “making false comments on the Internet”.
Jan. 6–10 and Jan. 11–15 were the time for Wuhan and Hubei People's Congress and Political Consultative Conference, respectively. As significant political events, these conferences are held annually at regular time. During that period, the Wuhan and National Hygiene and Health Commission were monitoring the pandemic but announced “no obvious human to human transmission”.
Jan. 9. The WHO released the first statement regarding the cluster of pneumonia cases in Wuhan (WHO, 2020b).
Jan. 10. The Spring Festival Travel started, which meant that millions of people would travel domestically and internationally.
Jan. 17. The CDC of the United States declared screening travelers from Wuhan for the virus (Ansari & McKay, 2020).
Jan. 20. Reputable academician Zhong Nanshan declared that the disease can transmit human to human on the official news media CCTV. Wuhan Epidemic Prevention and Control Headquarters (EPCH) was established.
Jan. 23. Wuhan EPCH issued Notice 1, ordering Wuhan lockdown. Most provinces launched the highest level of public hygiene emergency.
Jan. 25. Chinese New Year. The Standing Committee of Political Bureau held a conference and established the Pandemic Leading Task Force.
Jan. 30. The Director-General of WHO declared that the outbreak of 2019-nCoV constitutes a PHEIC (WHO, 2020c).
Feb. 3. Fangcang shelter hospitals were adopted and 16 of them with more than 10,000 beds were rebuilt in Wuhan. Medical supply shortage was gradually eased (Chen et al., 2020).
Feb. 13. The Party Secretary of Hubei and Wuhan were removed and replaced.
Mar. 10. All the 16 Fangcang hospitals were closed.
Apr. 8. Wuhan lockdown ended.

Source: News reports collected by the author

friends by social media WeChat (微信) unofficially about a possible outbreak of an illness resembling SARS. According to the laws, his behavior is not considered as legal reporting and may cause panic, so he was summoned and admonished by the Wuhan police for “making false comments on the Internet.” But sadly, he was infected by the virus and died on February 7, 2020 at 33 years old. His death has stirred resentment of the Chinese netizens and aroused public criticisms on the Chinese government's cover-up and mismanagement of the virus.

Chinese government's existing experience and laws on epidemics are mainly from SARS in 2003–2004 (Knobler, 2004; Little, 2020). However, the symptoms, spread, and pathology of the COVID-19

are much different from, and more severe than, the SARS. Some key facts and times are worthy of analyzing. First, the virus emerged and spread in the winter closing the Solar New Year, while winter is generally the season for respiratory diseases. In addition, the coming Lunar New Year for Chinese people was quite early in 2020, starting on January 25, therefore, the annual Chinese Spring Festival Travel (春运) would start on January 10 and hundreds of millions of people will travel within the country or abroad. Without enough evidence at that time, it would be impetuous for the Wuhan local government to announce the pandemic and restrict people from traveling.

Second, January 6–10 and 11–15 were the scheduled time for the annual Wuhan and Hubei People's Congress and Political Consultative Conference, which are the significant political events for China, Hubei Province, and Wuhan. The local government tended to be conservative to sustain stability and peace during this period, because the Chinese government generally places stability and harmony as the highest priority of governance. By this logic, the local government and the expert task force from National Hygiene and Health Commission still recorded and analyzed the disease, but claimed that “there is no obvious evidence of human to human transmission,” and did not alarm the public to take necessary measures. Observing from the current perspective, these decisions were serious faults, worsening the pandemic, but at that time, it challenged Wuhan local government and experts' determination and foresight.

Thirdly, on January 20, 2020, the 84 year-old academician Zhong Nanshan (钟南山), who gained his experience and reputation during the SARS outbreak in 200–2004, was sent to Wuhan and declared the disease can be transmitted human to human on the official news media. On the same day, the Wuhan Epidemic Prevention and Control Headquarters (EPCH) was formally established, signifying the tough measure taken by Wuhan local government. On January 23, allowed by the central government, Wuhan EPCH issued Notice 1, ordering Wuhan lockdown. It was a milestone in the pandemic, unprecedented in China and human history, as Wuhan is a megacity with a population of more than 14 million. Meanwhile, most provinces of China launched the highest level of public hygiene emergency. On January 30, the Director-General of WHO, Dr. Tedros, declared that the outbreak of 2019-nCoV constituted a Public Health Emergency of International Concern (PHEIC) (WHO, 2020c). During that period, Wuhan and China were in panic and disorder because of serious medical resources shortage and unknown future, while the local governments, central government, and non-governmental organizations (NGOs) were still trying to control the situation.

Fourth, on February 3, 2020, several medical scientists suggested the policy of *Fangcang* (make-shift) shelter hospitals, which was a crucial policy and adopted by the government immediately. Sixteen *Fangcang* hospitals with more than 10,000 beds were built in Wuhan within one week, and medical supply shortage was gradually addressed (Chen et al., 2020). On February 13, the Party Secretary of Hubei and Wuhan were removed and replaced, taking accountability for their mistakes at the initial stage of the pandemic. One month later on March 10, the pandemic was basically contained and all the 16 *Fangcang* hospitals were closed. On April 8, the Wuhan lockdown was lifted.

POLITICAL MERITOCRACY

Politics is the precondition to understand and explain China's pandemic policy. China is generally regarded as a centralized and authoritarian country, mainly because the Communist Party of China (CPC) is the sole governing party and there are no mass elections for political leader (Ang, 2018; Tang, 2018; Tufekci, 2020). However, established in 1921 in the civil war, the CPC has defeated the Kuomintang, gained the political power and universal support of Chinese people, and established the People's Republic of China in 1949. Although it has made many mistakes in history, it has also made great achievements and policy changes.

Daniel A. Bell, a Canadian political scientist, living in China for more than ten years, argued that China's political system can be described as a meritocracy, which means that the country is not governed by generally-elected political leaders, but by well-educated political elites caring for their people and the society (Bell, 2016). This meritocracy in China can be traced back to its more than 2000 years of history ruled by emperors and their dynasties. This political system cannot be referred to as an autocracy, if we define autocracy as the emperor ruling the county and people arbitrarily using absolute power. The emperors were powerful but they were not dictators. Most of them have to rule the giant country and people with the assistance of civil officials, who were recruited into the government through imperial examinations and promoted by their merit order. Therefore, the government was open, and these officials assisted the emperors ruling the country and people with Confucian ideas of benevolence and rituals. According to Confucianism, if the government and officials treated their people tyrannously and arbitrarily, they would lose their people and country. The power of the emperor was not absolute but limited and balanced by the officials and Confucianism. This political philosophy has exerted great influence on modern China, distinguishing it from an arbitrary autocracy. This meritocracy has also profoundly influenced countries in East Asia such as Singapore, Japan, South Korea, and Vietnam, whose responses to the pandemic so far are relatively effective than Western democratic countries (Huang, 2020; Searight, 2020; Sonn, 2020).

Figure 2 depicts current Chinese politics and governance structure, which was at work during the pandemic. At the central level, the Party organ is the Central Committee (中央委员会) composed of about 200 members, from local leaders and rotating every five years. The Politico Bureau (政治局) is composed of 25 members selected and promoted through strict criteria and fierce competition from the 200 members of the Central Committee. The Standing Committee (常务委员会) has seven members chosen from the Political Bureau. Although without Western-style election and campaigning, these members are chosen by examination and promoted by political performance with fierce competition from the heads of provinces, ministries, and significant public organizations. China has 34 provincial districts with comparable population and geographic size as medium countries,⁴ and so the local leaders generally have rich experience of governance, and the top leaders are political elites chosen from all the local governments.

China's political system has generally been regarded as autocratic or authoritarian from the perspective of Western liberal democracy, but its selection of political leaders is through internal competition and promotion that can be considered as meritocratic (Bell, 2016; Hankins, 2017, 2018; Ko, 2017). In a meritocracy, political leaders have great power, but not absolute, and their power is restricted by great responsibility and morality. Western politics tend to believe law but not morality, while Chinese political philosophy and Confucianism rely more on morality, although rule by law has also been highlighted since 1980. After graduating from university and passing the competitive civil servant examination, these well-educated officials gradually accumulate experience in local governance and administrative affairs. Meanwhile, the centralized political system makes it possible for the central government to implement its policy from the top to the bottom throughout the country. There were unavoidably bargaining between central and local governments, but these were limited relative to the decentralized federal system, particularly for the emergent pandemic. Therefore, the direction given by the central government to local government can be described as "the arm directing the fingers" (如臂使指).

In fact, there was a strong meritocratic tradition in democratic counties and it functioned well in the past. As UNDP (2015) argued, the basic characteristic of a meritocracy is the civil service system, which can be traced back to the Northcote-Trevelyan Report in 1854 in the UK, and the Pendleton Civil Service Reform Act in 1883 in the US. These acts established the modern civil service system in the UK and the US. According to these laws, the government's high, middle and low officials and ordinary

FIGURE 2 China's governance structure

employees are recruited openly from well-educated college students through the exam, trained, and improved to be professional civil servants. Therefore, the country is not only governed by the elected politicians, but essentially by these professional civil servants. This modern civil servant system can be traced back to China's Imperial Examination since 650 AD. The essence of meritocracy and the civil service system is to respect knowledge and professionalism. Governing a country, including combating the pandemic, are professional affairs requiring knowledge, science, and evidence. However, populism and anti-intellectualism in Western countries, particularly in the US and European countries, rejected and doubted science and professionalism (Brennan, 2016; Dryzek et al., 2019; Merkley, 2020).

In China, politics and administration are centralized and integrated. Their functions are divided but not dichotomized as in Western countries (Rosenbloom, 2008; Wilson, 1887). This centralization can greatly achieve policy integration. The party and government are separated, but all are led by the CPC. The State Council, as a narrowly defined central government, oversees national administrative affairs with its 26 ministries. The Prime Minister, as the head of the State Council, ranks No. 2 of seven members in the Standing Committee. China has four levels of local governments, including provincial, city, county, and village/town. At every level of government, as well as public organizations such as universities, hospitals, and state-owned enterprises, there are two top leaders. One is the Secretary

of the Party (党的书记) and the other is the Administrator (行政首脑), such as the president of a university, director of a hospital, mayor of a city and governor of a province. These two leaders are at the same administrative level, but the Secretary's position is implicitly higher than the Administrator, so the party can lead and control all the public organizations through a top-down approach. These two leaders and other deputy leaders will form a committee and make decisions deliberatively and collectively. Therefore, there could be deliberation within the committees that can be considered democratic, if we understand it not only as a representative democracy in the form of general elections, but as deliberative democracy among officials and technocrats (Dryzek et al., 2019; Fishkin et al., 2010; Unger et al., 2014).

The strong political will of the top governing body is one of the most important conditions of China's meritocracy. At the initial stage in December 2019 and early January 2020, the pandemic was still a local affair and the central government did not intervene. On January 20, several days before the Chinese Lunar New Year festival, the Political Bureau of the 25 members held the first conference, discussing the policies and measures that they could take to grapple with the pandemic. The top scientists were invited to report and recommend some suggestions to the Political Bureau. The severe lockdown policy of Wuhan was suggested by academicians Zhong Nanshan (钟南山) and Li Lanjuan (李兰娟),⁵ the top respiratory and public health experts with rich experience from the SARS outbreak. This policy was adopted promptly by the Political Bureau with great determination and risk, because it was unprecedented to impose a lockdown in a megacity with a population of more than 14 million. Since then, the Political Bureau held conferences basically every week, consulting the scientists, discussing the pandemic, and making crucial decisions and policies. These scientists' suggestions and recommendations helped in evaluating pandemic policies.

After the Wuhan lockdown, all the economic and outdoor activities were strictly prohibited, and all the people were required to wear a facial mask in public. Except special vehicles, no other public or private vehicles were allowed to on the streets. But the EPCH at every level and other necessary departments such as news media, policemen, and volunteers were working, sustaining the order, and providing basic public services. Citizens' necessary supplies were rationed, transported, and allocated by the government, and assisted by the more than one thousand communities, which are the bottom branches of the CPC. Since China has the tradition of collectivism and planned economy, most people followed the government orders, and those few who violated the orders, such as rejecting to wear a facial mask and insisting on going outside, were forced by the policemen according to the wartime policy. Meanwhile, the state council organized medical resources including doctors, nurses, and respiratory machines from all other 33 provinces and military to support Hubei and Wuhan. The news agencies and government collaborated to hold the news briefing to report the daily situation of the pandemic. People were motivated and inspired by the doctors, nurses, and volunteers. The pandemic has allowed the Chinese people to display their unity and, bravery.

POLICY INTEGRATION

The Wuhan lockdown was the most radical and effective policy implemented by Wuhan (EPCH), approved and supported by the central government. The pandemic was regarded as akin to a war situation in which there must be a strong and forceful commander, and the EPCH was the commander of the pandemic war. As a temporary organ, the EPCH was headed by the Mayor and supported by the Party Secretary and other main leaders of the Party and government departments. It was composed of eight subgroups, including emergency, publicity, transportation, market, medicine, epidemic prevention, community, and general. Since February 16, 2020, four more groups were added, including bed

TABLE 3 Notice 1–21 of Wuhan EPCH

Jan. 23. Notice 1. Wuhan lockdown to be implemented since 10 a.m. Jan 23. All public and private transportation to be suspended.
Jan. 23. Notice 2. Types of commodities, food, and medical supplies are sufficient. Do not panic and hoard.
Jan. 23. Notice 3. Announcement of a donation drive to support pandemic efforts.
Jan. 23. Notice 4. Publicizing the Wuhan Charity Federation and Wuhan Red Cross Society as the recipients of donation, and identifying urgent medical materials.
Jan. 23. Notice 5. The ride-hailing taxi service is suspended. The cruise tax service can serve by the odd–even rule.
Jan. 24. Notice 7. The Yangtze River Tunnel, which is a major transportation channel, is closed from 0 a.m. The body temperature of passengers crossing Yangtze River bridges is required to be monitored.
Jan. 24. Notice 7. Persons with fever will be checked, screened, categorized, and arranged by the community in the hospitals or home.
Jan. 24. Notice 8. The EPCH to arrange 6000 taxis, and every community to be allocated for 3–5, providing free service of delivering food and medicine.
Jan. 25. Notice 9. Motor vehicles are prohibited except permitted special vehicles.
Feb. 2. Notice 10. The confirmed patients with fever and their close contacts are to be sent to isolation points for medical care. The patients should obey, otherwise, they will be forced by public security to comply.
Feb. 10. Notice 11. Compulsory for patients to be cured in local district hospitals, and cannot be transferred to different districts.
Feb. 10. Notice 12. All the resident communities to be closed, and particularly, the buildings with confirmed and suspected patients to be closed and monitored more strictly.
Feb. 16. Notice 13. All the public places to be regulated more strictly. The cultural, sports and tourist places must be closed. The hotel and market must monitor the visitors' body temperature. All the people entering the public space must put on a face mask.
Feb. 17. Notice 14. To avoid the infection and encourage e-commerce, the closed resident community and village can set a delivery point.
Feb. 20. Notice 15. People isolated at home must check and report their body temperatures twice a day. Those above 37.2 degrees must report to the community.
Feb. 22. Notice 16. The recovered patients must be isolated at the selected places for 14 days, and then can be released from isolation after fulfilling the medical conditions.
Feb 24. Notice 17. Strengthening the vehicles and personnel coming and leaving Wuhan, allowing the non-resident of Wuhan leaving the city.
Feb. 24. Notice 18. Canceling Notice 17 for the mistake. Criticizing the responsible personnel.
Feb. 27. Notice 19. Wuhan government to provide necessary services to the people with living difficulties due to the lockdown policy.
Mar. 17. Notice 20. All the people coming or returning to Wuhan from abroad to be sent and isolated in the selected places for 14 days, and the expenses to be paid according to laws and by-laws.
Mar. 26. Notice 21. Regulating the Qingming Festival sweeping cemetery and worshipping ancestor activities. Physical activities to be prohibited. The cemetery administrator to sweep and worship collectively, and the internet service of sweep and worship to be provided.
Apr. 3. The Notice on establishing the long-term COVID-19 prevention and containment mechanism, and continuing the community monitoring.

Source: All the Notices can be found on Wuhan (2020) local government website.

guarantee, disease control, party construction, and reception of the medical team supporting Wuhan. Wartime policy and mechanism were established and highlighted. From then on, the Notice of Wuhan EPCH from No. 1 to No. 21 has been announced and implemented, as Table 3 shows.

Similar EPCHs were established at every governmental level from the central, provincial, city, county, and other public organizations such as university and state-owned enterprise, as Figure 2 shows. They can direct and coordinate the epidemic affairs at the local level. At the central level, the Central Epidemic Leading Task Force (中央疫情防控领导小组) was established on January 25, 2020, the right first holiday of Lunar Spring Festival, and was headed by the Prime Minister and led by the Standing Committee. Through the National Coordinating Prevention and Containing Mechanism (国家疫情联防联控机制), this Task Force can coordinate the government departments and place the containment of the pandemic at highest priority. It held conferences once a week, discussing and preparing all affairs of the pandemic, including disease cure, medical resource, community prevention, and economic recovery, etc. In China's centralized political system, the EPCHs operated the pandemic containment comprehensively and systematically, so the efficiency and effectiveness can be guaranteed.

Doctors and medical scientists have played a crucial role in pandemic containment. At the initial stage of the outbreak, the medical resources shortage was severe due to the surge of patients, holiday resting, and psychological panic. After disorder for about one and a half weeks since lockdown on January 23 to February 3, the *Fangcang* (makeshift) hospital policy, as the key policy, was recommended by Wang Chen (王辰), the medical scientist, academician, and vice dean of Chinese Academy of Engineering (Chen et al., 2020). This policy was adopted promptly by the central government and Wuhan local government. Sixteen Fangcang hospitals with more than 10,000 beds were refurbished from original exhibition centers, gyms, or warehouses. Patients were sorted, and those who have severe symptoms were transferred to the normal hospitals, while those slight symptoms were accommodated in *Fangcang* hospitals. Meanwhile, essential medical resources and respiratory equipment were arranged, coordinated, allocated, and transported to Wuhan, guaranteed by China's manufacturing and infrastructure capability and coordinated by the National Coordinating Prevention and Containing Mechanism. Notably, tens of thousands of doctors and nurses were assembled from other 33 provinces with the inspiring slogan of "One Province Supporting One City of Hubei." Thirty-one medical teams with 42.3 thousand doctors and nurses were dispatched to support Hubei Province during the pandemic (Sohu, 2020). These resources, personnel, and mechanism guarantee the effectiveness of the Chinese government pandemic policy.

Relative to the decentralized and democratic political system, it is easier for China to achieve policy integration by its centralization and meritocracy in wartime mobilization. The pandemic policies are comprehensive as they covered curing patients, allocating medical resources, rationing living materials, arranging communities, handling public opinions, coping with rumors, and mitigating the anxiety of people. From Notice 1 to 21, we can find that the EPCH have to grapple with nearly all aspects of public life. Definitely, there are many mistakes, but they were eventually corrected through policy changes.

POLITICS AND POLICY DEFICIENCIES

Although the Chinese government effectively contained the COVID-19 by its political meritocracy and policy integration, it is far from perfect, and prominent political and policy deficiencies remain. First, China's meritocracy is still at a low level comparing to other meritocracies in Singapore, South Korea, Japan, and Taiwan. It still lacks political transparency, which has aroused international criticism and damaged the image of the Chinese government. Because China is still a developing country with a GDP per capita as \$9976 in nominal value in 2018, transparency is generally neglected, or placed behind political stability and economic growth by the CPC and Chinese government. At the initial stage of the pandemic in November and December 2019, if the cases reporting were more transparent and scientific evidence were more respected and prioritized, more rapid and effective measures

may have been taken. One lesson from the pandemic for the Chinese government is that transparency can defeat the rumors and conspiracies, strengthen the government legitimacy, and reduce policy deficiency. Since Wuhan's lockdown on January 23, the Hubei EPCH, National Hygiene and Health Commission, and State Council have organized the news briefing every day. The key officials and experts are invited to introduce the pandemic situation and answer questions from the media and the public. The pandemic has propelled the Chinese government and officials to enhance transparency. China's political meritocracy and administrative centralization do not reject transparency, but can enhance transparency, once the officials understand the value of transparency.

Second, the pandemic policies of the Chinese government are effective but still coarse, lacking the detailed consideration and policy craftsmanship. Politicians can also be regarded as political and policy entrepreneurs even during a pandemic (Faling, 2019; McCaffrey & McCaffrey, 2011; Mintrom & Norman, 2009). Similar to entrepreneurs' craftsmanship concerning details and pursuing perfection, policy quality has many dimensions, including not only efficiency and effectiveness, but also transparency, legitimacy, resilience, and flexibility. Some of these dimensions are conflicting and challenging for political and policy entrepreneurs. During the pandemic, the EPCHs at different levels ignored a lot of policy dimensions and details. For example, the Wuhan EPCH focused on the isolation of the virus by sudden city lockdown but ignored the weak capability of local communities. Hence, disorder, complaints, and anxiety were serious at that time. Although the government and volunteer service gradually relieved the pressure and panic, the endurance, tolerance, and collectivism of ordinary Chinese people also contribute a lot. Another case of policy flaw is local protectionism. At the initial stage. Millions of people leaving Wuhan and Hubei were discriminated, unable to get catering and hotel services outside the province. Most of them were blocked from entering neighboring provinces by local governments, and some roads were damaged and blocked by local people. Although this was eventually remedied by the higher government, they should have been anticipated and arranged if policy craftsmanship was in place. China's political meritocracy still needs to be improved in the future.

Third, political rights such as freedom of traveling, association, and speech have been compromised or sacrificed during the pandemic. The Chinese government has defeated the virus by political meritocracy and policy integration with Chinese characteristics, but has also been criticized as inhuman, unfree, and authoritarian (Tufekci, 2020). All these points are claimed by those who stress the importance of freedom and right as public values (Jørgensen & Bozeman, 2007; Moore, 1995). However, in extreme situations such as a pandemic, balancing the conflicting values of freedom and life is more difficult. The Chinese government decided that the containment of the virus and saving lives are top priorities, while other values such as freedom and economic vitality have to be sacrificed. However, policy craftsmanship could still help them to do better, for example, providing more policy persuasion and explanation, improving the professionalism of officials, enhancing transparency, and strengthening citizen quality. There is still a long way to go for China's meritocracy.

CONCLUSION AND PROSPECTS

The COVID-19 pandemic has fundamentally altered China and the world. As the first plagued country, China has basically contained and overcome the pandemic, and the economy and society are gradually recovering to date. Although the origin of the virus is still scientifically unknown, and the mistakes of the Wuhan local government at the initial stage were palpable, the Chinese government's pandemic policy was highly effective. By reviewing and dissecting the timeline of the pandemic and the policies implemented by the Chinese central government and the Wuhan local government, this article showed that China's political meritocracy and policy integration greatly influenced its actions

during the pandemic. These Chinese characteristics functioned well during the extreme situation of the pandemic, assisting the Chinese government and people in finally containing the virus.

China's political meritocracy and policy integration compared to Western liberal democracy are two different models of governance (Ostrom, 2005). Although liberal democracy in the United States and United Kingdom has tremendous merits, it did not seem to perform well in the immediate phases of their respective pandemic crises. As China has learned and benefited much from liberal democracy, liberal democracy, and all the other countries can also learn and benefit from meritocracy (Hankins, 2017, 2018; Kim, 2013; Mahbubani, 2020), particularly during a pandemic of this unprecedented scale. Most countries have meritocracy in the form of the civil service, with at its essence are respect science, knowledge, professionalism, evidence, and rationality. Despite populism, anti-globalization, and anti-intellectualism, scientific deliberation and evidence-based analysis remain the best way to combat the pandemic and form the proper policy. Confronting a health emergency, any governments must compromise and balance public values of life, safety, freedom, democracy, and individual rights. China's policy choice is not perfect, but can be a typical case worthy to be argued and compared.

The basic fact is that the COVID-19 has no discriminate on the basis of race, nationality, or geographic borders, and all of humankind is in the same boat given this virus. Globalization has been obstructed by the pandemic albeit only temporarily. Solidarity and cooperation are more urgent than ever before for the United States, China, and all the countries in the world to combat this formidably common challenge.

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ENDNOTES

- ¹ Because the pandemic is still ongoing, the rankings of the countries are always changing. The US, India, and Brazil are number three with highest confirmed case as of 11 November, 2020.
- ² On April 17, Wuhan local government officially adjusted the data. The confirmed cases were adjusted from 50,008 to 50,333, and death toll from 2579 to 3869.
- ³ China has three laws and by-laws about infectious diseases: (a) Law of the People's Republic of China on Prevention and Control of Infectious Diseases, established by the National People's Congress in 1989 and amended in 2004; (b) Regulations on Preparedness for and Response to Emergent Public Health Hazards, established by the State Council in 2003; and (c) Measures of Monitoring and Reporting of Emergent Public Health Hazards and Infectious Diseases, established by the Ministry of Hygiene in 2003. All these laws and by-laws were established or primarily amended after 2003–2004 due to the SARS experience.
- ⁴ For example, Germany has about 82 million population and 357,023 km², comparable to Sichuan Province with 83 million population and 486,000 km².
- ⁵ Academician is the top title of scientists in China. China has two academies, Chinese Academy of Sciences and Chinese Academy of Engineering with 785 members and 862 members respectively.

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