

Wuhan's Combat Against Coronavirus: Making Mobilisation Work

*By ZHAO Litao**

Right before the recent outbreak of the coronavirus, Wuhan, the capital city of Hubei province in central China, had been held up as a model of good governance for other Chinese cities to emulate. On 3 December 2019, it was the only provincial capital city to present at the national conference on urban social governance innovation.

The model failed a real test, however. A novel coronavirus—now officially named COVID-19 by the World Health Organisation (WHO)—began to infect Wuhan residents as early as December 2019. Within weeks, a small-scale outbreak erupted into a full-fledged epidemic due to the poor decisions of the local government.

Even more ironic were events at Wuhan's Baibuting Community (百步亭社区), a winner of over 100 national awards for good governance. It was hard hit by the virus after it held a massive Lunar New Year gathering of more than 10,000 families on 19 January 2020.

Wuhan have spent tremendous resources and efforts on city infrastructures and social governance in recent years, driven in part by the desire to showcase a modern and vibrant city when it hosted the seventh World Military Games in October 2019. It succeeded in projecting that image until the COVID-19 epidemic exposed its weaknesses in handling risks and managing emergencies.

Wuhan's governance system comprises four layers, namely, the city, district, street and community, or five if smaller cells known as "grids" are included. Above it are two layers of provincial and central authorities. Such a multi-layered governance system is known to have a number of problems.

For one, it is primarily oriented towards social stability maintenance rather than public health emergency response; for another, the authority is often concentrated at the top while unfunded or under-funded mandates are pushed down to the bottom. The mismatch between responsibility and resources is a problem for the majority of communities, which are understaffed to perform routine tasks, not to mention emergency responses.

In the past two months, Wuhan has paid a high price in terms of life losses, stresses and sufferings, and economic and social disruptions for not having a good governance system that makes sound decisions, takes quick actions and mobilises adequate supply for medical staff and community staff working at the frontline in the combat against COVID-19.

GETTING WORSE BEFORE GETTING BETTER

The missteps by the authorities in Hubei and Wuhan up to 20 January 2020 are better known now. The earlier stage of COVID-19 outbreak was characterised by disinformation, misguided decision and slow action, problems also seen during the 2002/2003 SARS outbreak.

The single most important factor driving local government inaction was the attempt to ensure smooth implementation of two key political meetings in Wuhan: the “two sessions”—the People’s Congress and the Political Consultative Conference. These took place from 6 to 10 January for the city-level and 11 to 18 January for the province. Whistleblowing by doctors such as Li Wenliang was suppressed in the lead up to the “two sessions”.

On 31 December 2019 when the expert team sent by the National Health Commission reached Wuhan, Wuhan health authority reported 27 cases of “viral pneumonia”. It announced 44 cases on 3 January 2020, followed by a report of 57 cases on 5 January. During the “two sessions”, it stopped announcing from 6 to 10 January. Subsequently from 11 to 17, it insisted that there had been no new cases of “novel coronavirus” since 3 January and there was no evidence of human-to-human transmission. A critical window for disease control was missed. The delay caused a minor outbreak to evolve into a major health emergency that simply overwhelmed the local authorities.

Wuhan shifted from inaction to massive mobilisation on 23 January, with the extreme measure of “shutting down” the city that banned unauthorised mobility in and out of Wuhan ahead of the Chinese New Year.

High-powered mobilisation normally produces quick results in China. The Chinese system is well known for its ability to “concentrate resources on accomplishing big things”. The big thing this time is the fight against the COVID-19 epidemic.

However, the ensuing mobilisation was much less effective than expected. The following three weeks failed to produce a turnaround. Text, photographic and video messages from various sources, widely available via Weibo, WeChat and other social media (under loosened internet censorship up to early February), all pointed to the rapidly worsening situation on the ground. A large number of the infected were not properly segregated and cared for. Many had to “shop around” for hospitals. Only lucky ones were able to secure a hospital bed after light symptoms turned into critical conditions; for some, the needed care never came before their life ended. Numerous requests for help were sent out through social media.

Equally alarming were the urgent requests for help from hospitals and doctors weeks after Wuhan switched to mobilisation mode. Frontline health workers were not only extremely overburdened, but also improperly protected. Government data shows that as of 11 February, the number of confirmed cases among medical staff reached 1,716, 3.8% of the national total. The largest number was in Hubei (1,502), with Wuhan accounting for 1,102.

PERSISTENT BOTTLENECKS IN THE EARLIER MOBILISATION

“Shutting down” the city created enormous problems for Wuhan, particularly in the supply of goods/ services for emergency responses and for the livelihoods of 11 million residents. But Wuhan was not fighting a lone war.

Donations poured in from all over China and overseas. Notably, as of 17 February, over 30,000 doctors/nurses had been dispatched to Wuhan. Among them were 11,000 medical staff working in the intensive care units (ICU), nearly 10% of the national total. The whole nation had been mobilised to help Wuhan.

The massive mobilisation was not as effective as expected because bottlenecks emerged within the governance/emergency response system. A few examples are illustrative:

—The Wuhan Red Cross: Donations were left piled up in the warehouse of the Wuhan Red Cross while hospitals were crying for medical supplies. Wuhan Red Cross, with 10 plus staff, did not have the capacity and expertise to bookkeep and distribute the never-ending stream of donated goods. Wuhan authorities insisted that all the donations go to the Red Cross, not directly to the recipients,

despite a scandal involving Wuhan Red Cross distributing more masks to a private hospital with no fever clinic than a public hospital at the frontline of combating COVID-19.

—“Dragnet style inspection”: Wuhan carried out a number of citywide dragnet style inspection from late January to mid-February. The first round was on 24 January with the aim of thoroughly inspecting all patients with fever in every community. It was not thorough enough, however. A second round was done by 10 February. Then Party Secretary Ma Guoqiang said at a press conference that by 9 February, the inspection had covered 3,371 communities/villages, 4.21 million households and 10.59 million residents, accounting for 98.4% of total households in Wuhan. Reportedly, many netizens were not convinced, commenting that they belonged to the remaining 1.6% that were not inspected.

—“A good thing turned into a bad thing”: On the night of 9 February, news reporters followed a bus transferring over 30 infected elders to a designated hospital. The bus driver was told to fetch patients from a community, but had to stop at different pick-up points, resulting in a much longer ride that exhausted and angered the elderly patients. Moreover, no community staff was on the bus to coordinate the transfer work. When the bus finally arrived at the hospital, the bus driver had to drop the elders at the parking lot, without knowing which ward/department to go to. The following day, the Central Government Group to guide the epidemic control work in Hubei province summoned local leaders to question why “a good thing was turned into a bad thing”.

—Third party laboratories: BGI, one of the world’s leading life science and genomics organisations, has scaled up production of its new test kits for detecting COVID-19 and set up the Huo-Yan (literally Fire Eye) Laboratory in Wuhan with its partners. The laboratory started to operate on 5 February, with the capacity of handling 10,000 samples daily. However, it received only 1,754 samples on 9 February and 1,800 plus on 10 February, with over 80% of the capacity unused. In sharp contrast, the clinical laboratories in government hospitals and under the Centre of Disease Control and Prevention were lamenting of workload and severe shortage of hands.

MAKING MOBILISATION WORK

During the first stage of mobilisation, the provincial leadership of Hubei and the municipal leadership of Wuhan fell woefully short. The central leadership eventually replaced Hubei party secretary with Shanghai Mayor Ying Yong and Wuhan Party secretary with Wang Zhonglin, party secretary of Jinan, capital city of Shandong. The leadership reshuffling on 13 February marked a new stage of mobilisation.

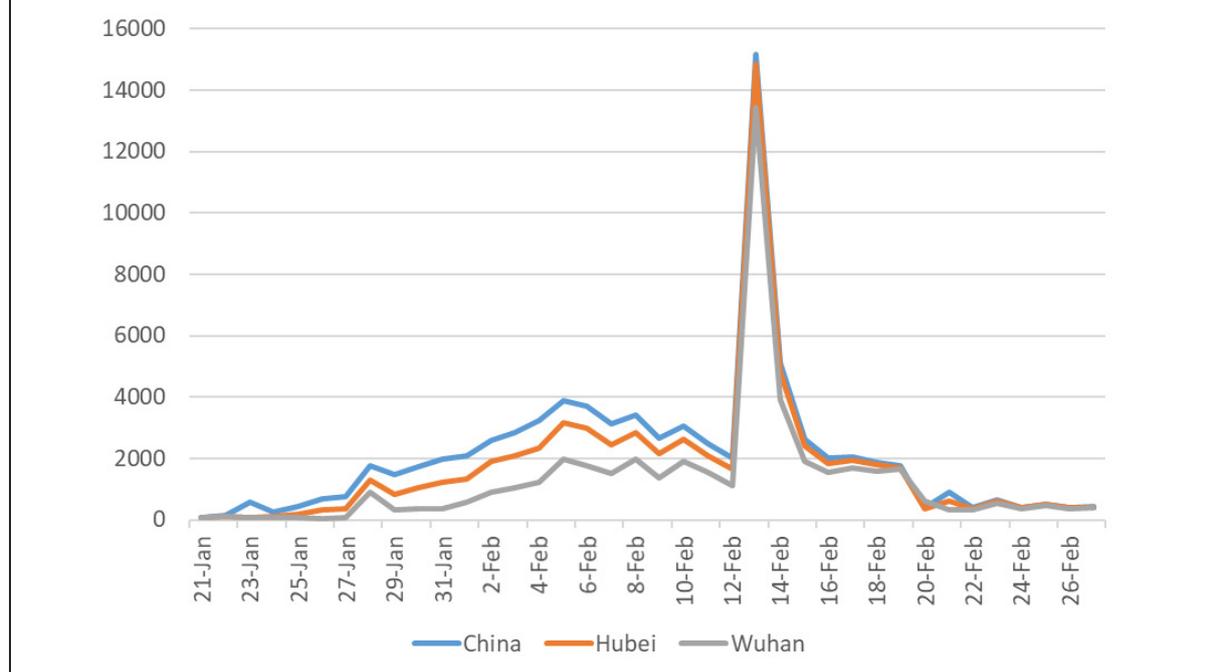
The effectiveness of mobilisation began to pick up after the personnel changes. Under the new leadership, Wuhan carried out a new round of citywide dragnet style inspection from 16 to 18 February. The three-day campaign aimed to “have all suspected victims receive nucleic acid tests; round up all infected patients; check all patients with fever; put under quarantine anyone who has had close contact with patients; and ensure all communities and villages implement 24-hour closed-off management measures”. Some netizens commented that the third round of inspection did reach them.

Currently, the fight against the epidemic is not over yet, though the number of new cases and number of deaths are now on the decline (see Figure 1 for the number of new confirmed cases). But if preliminary lessons can be drawn, there are at least three. First, top-down mobilisation does not work without addressing internal bottlenecks within the governance/emergency response system. Mobilisation is not a sure recipe for success if inertia is not effectively dealt with. Wuhan’s new party secretary makes mobilisation work by holding the district head accountable for a single miss of the infected during the dragnet style inspection from 16 to 18 February.

Second, resources have to reach the frontline. In China’s top-down governance system, administrative tasks are increasingly pushed down to the grass-roots, resulting in the complaint of “a thousand threads from above, one needle point below”. The “needle point” is often under-staffed and under-funded to perform even routine task, not to mention in times of emergency. Mobilisation works only when those working in the city-, district- and street-level offices, public institutions and state-owned enterprises are mobilised to help those working at the “needle point”. The third citywide inspection was more thorough because more helping hands were mobilised to help frontline staff in every community.

Third, non-state capacities have to be leveraged. Failure to make good use of non-state capacities

FIGURE 1 THE NUMBER OF NEW CONFIRMED CASES OF COVID-19 IN WUHAN, HUBEI AND CHINA



Source: China's National Health Commission and Hubei Health Commission.

Note: The hike on 13 February was due to a change in the diagnostic criteria to include patients confirmed by clinical diagnosis using CT scans. Previously, confirmed cases were based on laboratory-based test kits.

proved costly for Wuhan. Innovation in the non-state sector has moved the governed ahead of the governing in terms of know-how and capacity. In fact, a Shanghai-listed company Jiuzhou Tong later assisted Wuhan Red Cross to more efficiently receive and distribute donations. In important ways, China's private couriers such as SF Express, ride-hailing companies such as Didi, food delivery platforms such as JD.com and many other technologically savvy companies are helping Wuhan to live through the lock-up period.

NEW LEARNING IN A NEW CONTEXT

The COVID-19 outbreak, which started in Wuhan and later spread to other parts of China and over 20 countries, has occurred in a new social and economic context. Unlike the SARS outbreak 17 years ago, today's China is more urbanised, mobile and networked. The cost of mismanaging public health risks is remarkably higher.

There is a need for new learning in a changed context. Wuhan's experience suggests that good governance is an illusion if internal bottlenecks in information flow, inter-governmental coordination and policy implementation persist, if the grass-roots and frontline institutions lack resources to perform routine tasks and emergency responses, and if non-state capacities are excluded or overlooked.

How much the new learning will take root is an open question. Hard-learned lessons can be quickly forgotten if habitual practices return to dominate the post-crisis period. An ideational change is essential: Wuhan's experience clearly shows that the formal governance system has much to learn from non-state actors and much to gain by leveraging non-state resources and capacities.

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