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### Comparison of the mainland and Hong Kong's epidemic prevention policies from the perspective of collaborative governance

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**Lingnan** 嶺南大學  
**University**

**Master of Social Sciences in  
Comparative Social Policy (International)**

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**SOC 605 Comparative Social Policy Research  
Project**

**Comparison of the Mainland and Hong Kong's  
Epidemic Prevention Policies from the Perspective of  
Collaborative Governance**

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## **1. Introduction**

### 1.1 Research Background

COVID-19, a new type of coronavirus. It broke out in Wuhan in early 2020 and spread rapidly to the world. According to statistics, as of February 17, 2022, the virus has infected more than 400 million people and accumulated more than 5.86 million deaths from new coronary pneumonia (Overseas Network ,2022). This may be the most serious public health problem humanity has encountered since World War II. The new crown epidemic is not only a medical problem, but also an economic problem, a social problem, and even a political problem. At present, how to deal with the new crown epidemic has become a worldwide problem. In the face of these problems, mainland China, Hong Kong, and Macau have adopted the so-called "dynamic clearing" method, adopting strict quarantine policies and nucleic acid policies to separate those who carry the virus from ordinary people. East Asian countries or regions such as Taiwan, South Korea, and Japan have also adopted relatively strict measures to control the spread of the epidemic. On the contrary, some western countries such as the United States and the United Kingdom hope to form herd immunity through mass vaccination and infection. The so-called "herd immunity" is to achieve the purpose of "living with COVID-19" through large-scale vaccination and virus infection. Different policy orientations in the East and the West in dealing with the epidemic have also led to different results. But it is clear that no matter what epidemic prevention policy is adopted, the participation of different social actors is required. In dealing with the epidemic, the cooperation of different social entities is very necessary. Because the prevention and control of the epidemic is a systematic process, it is impossible to complete the work of the government alone. The "dynamic clearing" policy requires continuous case tracking to reduce infection rates. This not only tests the government's governance ability, but also requires the active cooperation of various social entities. Therefore, the "dynamic clearing" policy may have higher requirements for the collaborative governance capabilities of the government.

As the virus has spread, several variants virus has emerged. Among them, the Omicron virus has a powerful ability to infect, although the virulence of the virus may be decreasing. The virus has penetrated China and Hong Kong, which have adopted a "dynamic clearing" policy, by the end of 2021. In December 2021, Xi'an City announced a "closed city". At the same time, the fifth wave of the epidemic in Hong Kong began to break out and spread to Shenzhen, Shanghai and other cities. For several months, a large number of citizens have been infected with the virus in several of China's most developed cities. Some people have symptoms such as fever and cough, while some people are not sick but carry the virus. The government set up makeshift hospitals and isolation points to isolate positive cases as quickly as possible and did its best to reduce the possibility of the spread of the new coronavirus in the community. Second, announcing strict social distancing measures to reduce the likelihood of transmission. In addition, the government strongly urges citizens to get vaccinated as soon as possible. This helps reduce the rate of severe illness and infection.

It is not only the government that is working hard to control the epidemic, other social entities are also working hard. On February 19, the Li Ka Shing Foundation announced today that it will support private hospitals to accept non-infectious patients in public hospitals, and donate HK\$30 million in the first phase (RTHK,2022). On the same day, Futu announced that it would donate 10 million yuan to support Hong Kong's anti-epidemic work, and at the same time, it will speed up the procurement of 1 million rapid test kits and give them to Hong Kong citizens in need free of charge (HKET,2022). In addition, non-governmental organizations have also made great contributions to the fight against the epidemic. On March 7, the "Hong Kong Community Anti-epidemic Connection" and the "Hong Kong Volunteer Alliance" jointly launched the "Hong Kong Anti-epidemic Volunteer Alliance" to mobilize volunteers to participate in the anti-epidemic work. In the mainland, mass autonomous organizations such as village committees and neighborhood committees have also made great contributions. Whether it is organizing nucleic acid testing, publicizing isolation policies, and distributing

materials, it is the task of the neighborhood committee and the village committee. Some studies believe that neighborhood committees and village committees have become the dominant force in community epidemic prevention (Cai, Zhu, 2020).

In general, although the specific epidemic prevention measures are different, the mainland and Hong Kong do have the same epidemic prevention slogans and similar epidemic prevention policies. Therefore, an interesting question is: despite similar efforts made by the mainland and Hong Kong governments, why did the results differ? At the same time, how do NGOs, private enterprises and other social entities in the two places cooperate with the government to fight the epidemic? To what extent have their efforts affected the prevention and control of the epidemic? What are the results and problems? This is the core of this research to answer and solve.

## 1.2 Research Significance

Humanity has been fighting the new crown epidemic for more than two years. A terrible fact is that the new crown epidemic will continue for a long time to come. This is a huge test for the mainland and Hong Kong, which have adopted the "dynamic clearing" policy. Whether it is the mainland or Hong Kong, we must think about how to improve the epidemic prevention policy so that the government can achieve its policy goals without seriously affecting economic development and people's freedom. Through the comparison of anti-epidemic policies between Hong Kong and mainland China, we can understand the strengths and weaknesses of the two places in policy formulation and implementation. This has a positive effect on the continuous optimization of epidemic prevention policies in the two regions.

As mentioned earlier, epidemic prevention is a systematic process. An effective epidemic prevention policy requires the joint efforts of the government, private organizations, NGOs and citizens. This coincides with the diversification of governance subjects required by the theory of collaborative governance. Studying the epidemic

prevention policies of the mainland and Hong Kong from the perspective of collaborative governance, it is easy to understand the systems and subsystems of the entire society under the epidemic prevention policies, and the interaction between subsystems. This is helpful for this study to clarify the relationship between the government, enterprises, and NGOs in epidemic prevention policies. Putting forward suggestions for improvement from the perspective of collaborative governance will help improve the governance capacity and governance level of the two governments under the epidemic.

### 1.3 Literature Review

#### 1.3.1 Collaborative governance

In recent years, the cooperation and linkage between the government, private enterprises, NGOs and citizens have become more and more frequent. This cross-departmental collaboration is called "collaborative governance" in academia. The origin of collaborative governance theory, scholars have similar views. Li (2014) believes that the collaborative governance theory hopes to improve the efficiency of the system by improving and enhancing the collaboration between various subsystems. The second is the dynamism of the social system. This dynamism not only reflects the mutual competition and cooperation between the various subsystems, but also reflects the change of the whole system from disorder to order, or from one structure to another. However, the various social subjects emphasized by the theory of collaborative governance struggle with each other. They find ways to differentiate and integrate into the struggle. Obviously, Li believes that collaborative governance carries elements of synergy theory and governance theory, and is considered to be a cross-theory of synergy theory and governance theory. Other researchers such as Zheng and Xiao (2008) have similar views. They also believe that synergy and governance theory are the origins of collaborative governance theory. At the same time, they also believe that collaborative governance is the governance logic of a service-oriented government. The government must nurture and develop civil society organizations, innovate social management



systems, and create socially benign capital. That is to say, if we want to build a service-oriented government governance model, it is a must to achieve the coordination of multiple social subjects. However, different scholars have different views on the specific definition of collaborative governance. Ansell and Gash (2008, p.554) define collaborative governance as: “A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets”. Frank and Weil think that “The essence of Collaborative Governance is a new level of social/political engagement between and among the several sectors of society that constitutes a more effective way to address many of modern societies’ needs beyond anything that the several sectors have heretofore been able to achieve on their own”. In addition to foreign research, Chinese scholars have also given their own definitions based on the reality of China. Li (2014) believes that the collaborative governance theory should have the following characteristics: First, the diversification of governance subjects. Second, the synergy of each subsystem. Third, the synergy between self-organizing organizations. Fourth, the formulation of common rules for each organization. Scholar He (2008, p.103) believes that “based on synergistic theory and governance theory, the so-called collaborative governance refers to the multi-element social elements such as the government, civil organizations, enterprises, and individual citizens under the support of network technology and information technology. Mutual coordination and cooperative governance of social and public affairs, in order to pursue the maximum governance efficiency, and ultimately achieve the purpose of maximizing the maintenance and promotion of public interests” Some scholars also try to solve practical problems by using collaborative governance theory. Zhang and Huang (2020) studied the collaborative governance of public goods supply in the Guangdong-Hong Kong-Macao Greater Bay Area. Facing the problem of coordinated regional development of urban agglomerations where the metropolitan government system in the Bay Area cannot operate effectively, it proposes improvement plans such as exploring land leases in

special zones, establishing a parallel social security system, and expanding cross-border elderly care public services in Hong Kong and Macau with a collaborative model. Wang (2020) studied the collaborative governance of coupled environmental emergencies. He believes that in the collaborative governance of different social subjects, it is necessary to achieve cognitive synergy, power synergy and organizational synergy. He believes that in collaborative governance, the government can build a relationship of equality and mutual trust only when it reaches the same opinions and interests with other social subjects. At the same time, the government should transfer some public power and resources to support the work of other social subjects. Beyond that, the government needs to build a coalition. Through the system, the power, responsibility and interests of the government, society and private sector in the alliance are unified. Scholar Yu (2018) used the theory of collaborative governance to study the problem of rural environmental pollution control. The paper analyzes the three main bodies of government, rural market and community, and puts forward targeted suggestions based on the analysis results. Although they both use collaborative governance theory to study environmental issues, the two scholars have different views on the application of collaborative governance theory. Scholar Wang (2020) pays more attention to the relationship between social subjects when they cooperate and cooperate. Yu focuses on the coordination of multiple social subjects. That is to say, it emphasizes the importance of multi-society collaboration to solve environmental problems.

### 1.3.2 Prevention and control of the epidemic

There are a lot of studies at home and abroad on epidemic prevention and control and related policies. Some scholars pay attention to the policies of epidemic prevention and control, especially the new crown epidemic. Some scholars have studied the role of China's primary medical and health institutions in epidemic prevention and control through policy analysis. In China, basic medical institutions need to complete work including case detection, education and education, personal protection of hospital staff, and grid management (Zhou, Yao, Chen, 2020). Xu (2021) took this epidemic as an

example to study local government misbehavior and its governance strategies. The study found that despite the success of epidemic prevention and control strategies, there are still many shortcomings. For example, some local governments have insufficient early warning and prevention and control measures, and the implementation speed is too slow to control the epidemic. Secondly, the coordination degree of various governance bodies is not high, and there is a lack of overall planning. In addition, there are varying degrees of dereliction of duty in the disclosure of information and the application of new technologies. There are also academics who have studied economic policy during the pandemic. Iyke (2020) used EPU to study the uncertainty of economic policies in China, South Korea, Japan, Singapore and India under the epidemic. EPU stands for Economic Policy Uncertainty Index. China and South Korea "outbreak spearheaded equally unprecedented policy responses," the study found. In contrast, Academics find no evidence that the pandemic has led to significantly higher economic uncertainty in India, Japan and Singapore. At the same time, some Chinese scholars have studied the economic impact of the sudden outbreak. They found that the longer the outbreak continued, the greater the negative impact on economic growth. But because the epidemic will not cause damage to infrastructure and physical capital, "the economic shock is phased and temporary." If the epidemic is under control, market demand will be released in a concentrated manner, but in the long run, the sudden epidemic will not cause substantial damage and destruction to infrastructure and physical capital, and the economic impact will be staged and temporary. There will be no change in economic fundamentals. If the epidemic is under control, the unleashed market demand will bring about high economic growth. In addition, the study also found that a sensitive emergency response mechanism and timely information disclosure can effectively reduce the negative economic impact of the epidemic (Zhu, Zhang, Li, 2020).

## **2. Research Design**

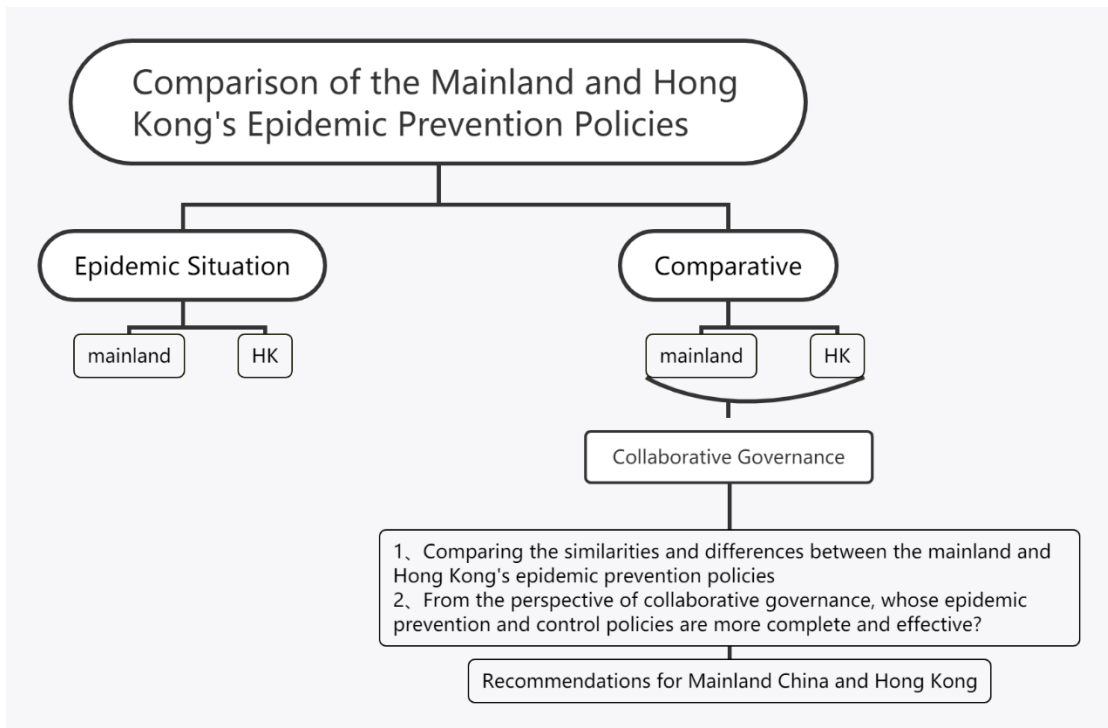
Mainland China plays an important role in the development of the world economy. As an important bridge between the mainland and Western countries, Hong Kong also has very special economic and political significance. At the end of 2021, epidemics broke out in two places one after the other. Judging from the current situation, the epidemic has indeed seriously hindered the economic development of the mainland and Hong Kong. At the same time, the daily life of citizens is also affected. Therefore, from the perspective of mitigating the negative impact of the epidemic, this study is committed to evaluating and providing reasonable opinions on the current epidemic prevention policies in mainland China and Hong Kong through the theory of collaborative governance. Strive to improve the ability of the mainland and Hong Kong to prevent and control the epidemic. Reduce the impact of epidemic prevention policies on citizens' lives, and improve the efficiency of government collaboration with other social organizations. Finally, it is hoped that this study can have a positive impact on improving the ability of the mainland and Hong Kong to prevent and control the epidemic.

### **2.1 Research Framework**

The ravages of the epidemic have affected the development of the world and the normal life of individuals. Only when the epidemic is over can society and families return to their normal life track. The key to controlling the spread of the epidemic is the implementation of effective prevention and control policies. Therefore, this study will focus on the epidemic prevention policies of mainland China and Hong Kong. From the perspective of collaborative governance theory, understand the policies of the two places and their implementation. In particular, it should be mentioned that this study only studies the policies to prevent and control the epidemic. Policies to alleviate poverty and unemployment caused by the epidemic are not within the scope of this study.

In this regard, this study designs a mainland-Hong Kong epidemic prevention policy framework from the perspective of collaborative governance. First, this study will examine the situation of the epidemic in Hong Kong and the mainland. This includes not only basic information, such as the number of infections and deaths but also the specific policies implemented by their governments. Next, this study will do a policy comparison from the perspective of collaborative governance. In this part, this research will demonstrate how the mainland and Hong Kong governments cooperate with other social actors in epidemic prevention policies. And find problems or deficiencies in the policy. At the same time, this study will also answer two questions: First, what are the similarities and differences between the Mainland and Hong Kong's epidemic prevention policies? Second, From the perspective of collaborative governance, whose epidemic prevention and control policies are more complete and effective? Finally, this study will provide reasonable suggestions for improvement for the Hong Kong and mainland governments from the perspective of collaborative governance.

Figure1 Research Framework



## 2.2 Research Method

This study will be conducted through two research methods. The first is the literature research method. Through the collection of relevant data, understand the government's policies and policy implementation. At the same time, this research will also collect some reliable secondary research data to support the thesis. The second is the qualitative interview method. Because the epidemic prevention policy involves all aspects of society. There are many sources of data, including official statistics, news, secondary data from papers, and more.

Therefore, this study will also use qualitative interviews to understand the living conditions of citizens under the prevention and control policy. And understand the ideas and opinions of citizens, so as to reflect on whether there are problems in the design and implementation of policies. Qualitative interviews consist of four to five people. They live in cities such as Hong Kong, Guangzhou, Shanghai and Shenzhen, which have experienced massive community transmission this year. Due to the impact of the epidemic, this study had to use tools such as WeChat or WhatsApp for online interviews.

Figure2 Material of Interviewee

	Gender	Age	Profession	Location
Interviewee A	Male	23	Aviation	Guangzhou
Interviewee B	Male	24	Education	Shenzhen
Interviewee C	Male	27	Logistic	Shanghai
Interviewee D	Female	40	Insurance	Hong Kong

### **3. Current Situation in Mainland China and Hong Kong**

From the perspective of the purpose of policy implementation, the "dynamic clearing" policy is to protect people's health and social order by reducing the infection rate and preventing community transmission. The "living with COVID-19" policy is to form herd immunity through high infection rates and high vaccination rates. But efforts are made to reduce severe and fatality rates. The anti-epidemic policies for both Hong Kong and the mainland until 2022 have been successful. However, the outbreak in Shanghai and the fifth wave in Hong Kong clearly made the situation different. If we evaluate the anti-epidemic policies of the mainland and Hong Kong in terms of "whether the policy goals are achieved", then both places have failed to vary degrees. Shanghai adheres to a large-scale nucleic acid test and a "closed city" strategy, but there is still a large-scale community transmission and a large number of infections. The situation in Hong Kong maybe even more serious, with not only more than one million infections, but also a mortality rate as high as 0.76% (BBC, 2022). On the other hand, the outbreaks in Shenzhen and Guangzhou were brought under control in a relatively short period of time. Obviously, if you need to understand the differences between them and the reasons, the best way is to understand the policies and actual situations of the two places, based on the perspective of collaborative governance.

#### **3.1 Epidemic Prevention Policies in Mainland China and Hong Kong**

There are many specific measures in mainland China's "dynamic clearing" epidemic prevention policy, mainly including large-scale nucleic acid testing, health codes, and city closures. In this part, this research will systematically research and analyze the epidemic prevention policies of the mainland government and the Hong Kong government, and understand the actual situation of the epidemic.

##### **3.1.1 Epidemic prevention policy in mainland China**

Since the outbreak of the new crown epidemic in Wuhan, Hubei Province, China has responded quickly. A series of epidemic prevention policies have been launched in a

relatively short period of time. According to statistics by Ma, Zhang and Qin, from January 20 to February 15, 2020, the government issued a total of 235 policies (2020). The scope of the policy covers medical, economic, transportation and other fields. Due to the vast territory of mainland China, the policies of each province or city are different. But in general, the government's anti-epidemic measures mainly include nucleic acid testing, health code system, travel restrictions and makeshift hospitals.

Nucleic acid testing is the most effective and important method for the mainland government to detect positive virus carriers. Through nucleic acid testing, it is possible to find out whether citizens are carrying the new coronavirus at the fastest speed. Today, whether by train or by plane on the mainland, a 48-hour or even 24-hour nucleic acid test report is required. The report will be pushed into the health code system. If there is large-scale community transmission in a city, the government will initiate large-scale nucleic acid testing. The general practice is that citizens of the entire city complete nucleic acid testing within a certain period of time. Taking Shenzhen as an example, Shenzhen entered a 7-day "slow life" on March 13. During these seven days, Shenzhen completed three rounds of nucleic acid testing for 17 million citizens (HK01,2022). Large-scale nucleic acid testing not only tests the organizational ability of the government but also tests the nucleic acid testing capabilities of cities. Surprisingly, Shenzhen completed more than 51 million nucleic acid tests within 7 days. This means that Shenzhen can inspect at least 7.28 million people per day. In fact, the mainland government has built a large number of nucleic acid testing stations and laboratories in the past two years. On May 13, the National Health Commission proposed that a 15-minute walk for nucleic acid "sampling circles" should be established in big cities (Central People's Government of the People's Republic of China,2022). In the future, China's nucleic acid detection capabilities will continue to increase. Furthermore, in addition to nucleic acid testing, antigen testing is also being used. But nucleic acid testing is more widely used. Antigen testing is often seen as an adjunct.



The health code system is an innovation in epidemic prevention policy and e-government. In order to improve the level of government services, the government has designed government affairs platforms on WeChat and Alipay. This makes it easier for citizens to use their mobile phones to conduct business. The health code system is based on the original government affairs platform of the government. Citizens can obtain a health code after filling in their personal information on the platform, including health status, travel history, and place of residence. The health code system will always track the travel of citizens. The health code is divided into three colors: red, yellow and green, which dynamically display the personal epidemic risk level. If everything is normal, the health code is green. If people are at risk of infection or are close contacts, the health code will turn yellow. It turns red if people are close contacts, people with a history of living abroad, or carriers of the virus. It is worth noting that the health code is not universal throughout the country, and the health code of each province or municipality is independent. For example, Shanghai uses the Suishen code, and Guangdong Province uses the Yuekang code. Such an approach is beneficial to the management of the provinces, but if people move from one province to another, they need to reapply for the health code. At the same time, nucleic acid test results may also not be recognized.

Figure3 Schematic diagram of Yuekang Code



Travel restrictions are also a way to prevent the spread of the virus. But travel restrictions are not actually a single policy, but a collection of multiple measures. When community transmission occurs in cities, the government will issue announcements of "not leaving the province unless necessary" or "not leaving the city unless necessary" (Xinhuanet,2022). It is a policy tool of symbolism and exhortation. In addition, the government divides cities and villages into low-risk areas, medium-risk areas and high-risk areas, which is called risk area division. The three regions are matched with different travel requirements. Since last year, the government has set up prevention areas, control areas and lockdown areas in some areas with a high risk of infection. According to the requirements of the Beijing Municipal People's Government, citizens in the prevention area should reduce gatherings, do a good job in hygiene, and complete nucleic acid testing in a timely manner, but citizens can travel freely in the prevention area. In the control area, in addition to fulfilling the requirements of the prevention area, citizens in principle "do not go out unless necessary." In the lockdown area, citizens are

not allowed to go out. In the policy of zoning, the government uses mandatory management methods to restrict citizens' travel (People's Government of Beijing Municipal,2022). This is the government's use of a tool of authority. Similar policies have appeared not only in Beijing, but also in Shanghai, Shenzhen, Guangzhou and other cities. When the risk of community transmission drops to a certain level, the government re-enables risk zoning.

Fangcang shelter hospitals are also an important measure of the "dynamic clearing" policy. When nucleic acid tests screened the virus carriers in the population, they were no longer allowed to stay in the community. They have to go to a makeshift hospital for isolation. If virus carriers show symptoms of new coronary pneumonia and are diagnosed with COVID-19, they will be treated in Fangcang shelter hospitals. China's makeshift hospitals have the characteristics of low construction cost and fast construction. Transferring virus carriers to makeshift hospitals helps minimize the possibility of community transmission. At the same time, the cost to the government and society is not high.

### 3.1.2 Hong Kong's epidemic prevention policy

Compared with the mainland, Hong Kong has summed up a lot of experience in the process of fighting the epidemic and has formed an epidemic prevention policy with local characteristics. The Hong Kong government's anti-epidemic measures mainly include nucleic acid testing and sewage sample testing, residential anti-epidemic plans, social distancing restrictions, safe travel and vaccine passes.

In Hong Kong, nucleic acid testing is also an important means of finding virus carriers. But unlike the mainland, the Hong Kong government not only implements large-scale nucleic acid testing and antigen testing but also conducts sewage sample testing in areas with frequent new crown cases. Sewage sample testing is to extract samples from sewage manholes and sewage treatment plants and test them to find out

whether the sewage contains the new coronavirus. If the sewage contains the new coronavirus, it proves that there are virus carriers in this area. Sewage sample testing is obviously more cost-effective than large-scale nucleic acid testing, but its disadvantage is that it cannot accurately find virus carriers. On the other hand, Hong Kong's nucleic acid testing capabilities are not strong. As of February, the largest daily nucleic acid test in Hong Kong was only 200,000. This is far behind Shenzhen. Therefore, the testing of sewage samples is a practice that is relatively suitable for the actual situation in Hong Kong. After the virus carrier is found through sewage sample testing technology, the health protection team will issue a compulsory testing order, requiring citizens living in this area to undergo nucleic acid testing or antigen testing. The government will publish the announcement of the forced inspection on the government website and TV station.

The Stay Safe Anti-epidemic Program is a policy designed for those who test positive for nucleic acid. It requires asymptomatic infected persons to stay in their homes, wear electronic wristbands, check their physical condition, conduct regular rapid antigen tests and follow other home quarantine guidelines set by the Department of Health (Travel Industry Council of Hong Kong,2022). However, not everyone is suitable for this program. The Hong Kong Department of Health will check whether the home environment is suitable for home isolation. If the living conditions are not suitable for home quarantine, then they will be required to go to a makeshift hospital or an isolation hotel.

In the face of the community spread of the epidemic, the Hong Kong government usually adopts measures to limit social distancing. In February this year, in the face of the pandemic, the Hong Kong government tightened social distancing measures, tightening the number of people per table in dining establishments to two, and banning dine-in from 6:00 p.m. to 4:59 a.m. the next day. In addition, the ban also prohibits people from more than two households from gathering in private places, and stops all

large-scale events (News gov.hk,2022). When the epidemic has eased, the government will relax social measures at an appropriate time and return to normal life.

Safe Travel is similar to the mainland's health code system. It is actually a tool for tracking and detecting the whereabouts of cases. Citizens must scan the Safe Travel Code before entering public places such as supermarkets and restaurants. The program will automatically record the citizens' itineraries. If citizens have been in contact with virus carriers during their travels, the program will issue a reminder. Citizens will also need to register for a vaccine pass in the Safe Travel app. The vaccine pass policy requires citizens to be vaccinated and upload proof of vaccination to the system before they can go to restaurants, department stores and other places. Vaccine passes are actually a measure to encourage citizens to get vaccinated. It's not mandatory, but without a vaccine passport, it can cause a lot of inconvenience to life.

Figure4 Safe Travel and Vaccine Pass



### 3.1.3 Policy comparison between the two areas

In the past two years, both the mainland and Hong Kong have formed a very complete epidemic prevention system against COVID-19. Although the specific measures are

different, some policies are similar in the two places. For example, the mainland health code system and Hong Kong's "Safe Travel" are both used to monitor the travel trajectories of citizens, while nucleic acid testing and sewage sample testing are both used to screen positive cases among the population. On the other hand, there are also differences in the epidemic prevention policies of the two places. The mainland's epidemic prevention policy is generally stricter than that of Hong Kong. The mainland used more authoritative tools to restrict the movement of citizens. Compared with the mainland, although Hong Kong has restrictions on crowd gathering, it has not restricted the travel of most citizens. Under such a policy, the spread of COVID-19 can be effectively slowed down, but severe travel restrictions have affected the freedom of citizens and economic development. Conversely, Hong Kong's policies allow Hong Kong citizens who do not have the virus to still enjoy freedom of travel during the epidemic, but may not completely prevent the rapid spread of Omicron. In addition, compared with Hong Kong, the epidemic prevention system in mainland China is much more complicated. On the mainland, different provinces and cities may have different epidemic prevention measures. For example, an independent health code system, different isolation times and isolation requirements, etc.

### 3.2 The Role of Other Social Organizations in The Epidemic

During the pandemic, not only the government is taking action, but other social organizations are also actively preventing the epidemic, whether it is Hong Kong or mainland China. In the mainland, communities, neighborhood committees and village committees take root at the grassroots level and implement epidemic prevention policies under the government's instructions. Volunteers and enterprises are also assisting and cooperating with the government's epidemic prevention work under the guidance of policies. Unlike the mainland, which is dominated by the government, the Hong Kong government and other social organizations are more of a cooperative relationship. In some missions, the government and NGOs cooperate with each other.

At the same time, they have worked independently and contributed to the fight against the epidemic.

### 3.2.1 Other social subjects in the mainland

In the mainland, in addition to the government, communities, neighborhood committees and village committees are also important parts of the epidemic prevention policy, but they have a substantive affiliation with the government. Article 111 of the "Constitution" stipulates that the residents' committees or villagers' committees established by the residents' living areas in cities and rural areas are grass-roots mass self-governing organizations. (The Central People's Government of the People's Republic of China, 2022). In fact, communities, neighborhood committees and village committees are the bridges between the government and citizens. They are the "last mile" of urban governance. During the implementation of the epidemic prevention policy, communities, neighborhood committees and village committees have shouldered a very important mission. We can learn from the interviewees that the local community not only needs to organize policy publicity, but also needs to do nucleic acid testing, recruit volunteers, and deliver supplies. That is, they are the enforcers of the policy. Although communities are called grassroots mass self-government organizations, they are not actually run independently. In the mainland, the government is responsible for the normal operation of community neighborhood committees and the salaries, welfare and allowances of their members, and guarantees resources such as service places and basic facilities. The reality is that most of the neighborhood committees are in an administrative state. The relationship between the mainland government and NGOs such as communities and neighborhood committees is more like a relationship between superiors and subordinates. Although they are not nominally part of the government, government agencies such as the Centers for Disease Control and Prevention, the National Health Commission, and others have the authority to direct the work of these organizations. In this case, communities, neighborhood committees and

village committees actually need to obey the government's instructions. They do not have much autonomy in epidemic prevention work.

**Interviewee A:** *Our community still does a lot of work. Basically, nucleic acid testing, transporting materials, arranging quarantine, etc. are all done by the community. They also work hard.*

Volunteers also play an important role in epidemic prevention and control. The operation of communities and neighborhood committees is inseparable from the support of volunteers. During the pandemic, volunteers were mainly led by the community. According to the interview, the community recruits volunteers in the community under its jurisdiction through online social media. Volunteers are often asked to assist with nucleic acid testing, transportation of supplies, etc. Under normal circumstances, the community will provide volunteers with masks and protective clothing and other items. After simple training, volunteers are ready to work in the community.

**Interviewee A:** *We only went because the community recruited volunteers in the WeChat group... (Community) briefly explained the wearing, doffing and disinfecting of protective equipment, and what work you need to be responsible for; volunteer work Usually relatively simple, just tired.*

Enterprises have also shouldered their responsibilities in epidemic prevention and control. It can be seen from the interview that during the epidemic, the company mainly provided psychological support and material assistance to employees. Some companies provide some psychological counseling services for employees. In addition, some interviewees mentioned that his unit had provided him with material assistance and food purchase channels during the blockade. It can be seen that companies support their employees in their own way. And, the help provided by the enterprise is very effective and important.



**Interviewee A:** *The company mainly provides us with psychological counseling. Of course, the most important thing is to pay wages.*

**Interviewee C:** *My unit said it would give me supplies, but it never arrived. I don't know why it didn't arrive, maybe there is a problem with the transportation, I don't know. But my wife's school is very good, and her unit sent us a lot of materials in the early stage. There are milk, meat, disinfectant water, these. And they are all very good materials, very good. Later, the supplies could not be delivered, so their school gave them a channel to buy supplies. Same high quality stuff. So basically I didn't encounter the problem of material shortage.*

### 3.2.2 Other social subjects in Hong Kong

In Hong Kong, there are also many voluntary organizations and NGOs participating in the fight against the epidemic. But the situation in Hong Kong is different from the mainland. NGOs and voluntary organizations in Hong Kong are relatively independent. These organizations are not under the direct command of the government. During the pandemic, they self-funded and actively provided necessary assistance to some vulnerable groups. Since the end of January 2020, Oxfam Hong Kong (OHK) has purchased more than 224,000 masks, 76,000 bottles of hand sanitizer and 9,500 packs of hand sanitizer wipes. These have been distributed to vulnerable groups such as street cleaners, seniors living alone, visually impaired, mentally ill, low-income families (Oxfam, 2022). More than 30,000 people have been assisted. After receiving urgent requests from some domestic workers, the Bethune House raised funds for them, providing food and water, medical supplies, and safe and reliable accommodation. Habitat for Humanity Hong Kong, dedicated to helping low-income families, the elderly and the disabled, launched an urgent appeal to provide 1,000 home hygiene kits containing masks, hand sanitizers and rapid antigen tests to its clients (HKFP, 2022). In addition, some voluntary organizations have also cooperated with the government to fight the epidemic and made a lot of contributions. In April, the Hong Kong government distributed epidemic prevention kits to the entire population. It is worth noting that the

press announcement of the SAR government mentioned, "Community anti-epidemic connections in 18 districts, more than 350 regional organizations and non-governmental organizations, local associations, charity groups, volunteers, uniformed groups, youth organizations, religious groups and ethnic minorities. A total of more than 17,000 volunteers have been mobilized in 133 packaging centers to participate in packaging work." (Government of the Hong Kong Special Administrative Region, 2022) In general, Hong Kong's NGOs have made a huge contribution to the fight against the epidemic in whatever form.

In the prevention and control of the epidemic, citizens and shops have also made a lot of contributions. The safe travel and vaccine pass mentioned above depend on the conscious cooperation of citizens and the supervision of the store. In practice, they do this very well. Today, when you enter and leave Hong Kong's shops and dining establishments, if you do not follow the relevant regulations, including scanning the "Safe Travel" QR code and registering for a vaccine pass, the store owner will not allow you to enter his store. The cooperation of citizens and businesses has greatly reduced the risk of the spread of the new crown epidemic.

### 3.2.3 Comparison of collaborative governance between the two areas

In terms of collaborative governance, there are huge differences between the mainland and Hong Kong. On the mainland, the government and mass self-governing organizations have formed an epidemic prevention system similar to a bureaucratic system. Under this system, the government and the community quickly reached power coordination, that is, the government's power was delegated to the community, and the community performed various tasks of epidemic prevention on behalf of the government. What's more, this system also allows the government and the community to form organizational synergy. In the entire epidemic prevention system, the government and the community can rely on the system to achieve efficient collaboration. In Hong Kong, the government and NGOs are in a cooperative

relationship. During the epidemic, NGOs in Hong Kong have shown a strong ability to act. They have helped a large number of vulnerable people get through the difficult time. NGOs have also given great support to the government's epidemic prevention work. Compared with the mainland, NGOs in Hong Kong have stronger autonomy. In addition, whether it is in Hong Kong or the mainland, the support of enterprises and the cooperation of citizens with epidemic prevention policies cannot be ignored.

## **4. Problems from The Perspective of Collaborative Governance**

### 4.1 The Mainland

#### 4.1.1 Community bureaucracy

As mentioned above, communities, neighborhood committees, and village committees have a similar relationship to the government, even though they belong to grass-roots self-governing organizations. In the epidemic prevention policy, the community has become a continuation of the government's top-down bureaucracy. On the one hand, the government can directly inform communities or village committees of measures and directives. They enforce policies based on the realities of the community. From the perspective of collaborative governance, the government and the community can indeed achieve the coordination of power and organization under such a system. According to the description of the interviewees, in Shenzhen, when the government issued an order to the community to block the community, the community would act immediately, inform all residents in advance, and remind residents to stock up on supplies to facilitate the quarantine period. Communities and neighborhood committees will also arrange manpower to help those residents who are quarantined at home or unable to go out to deliver supplies or provide door-to-door nucleic acid testing services. But on the other hand, such a system also makes the community appear formalistic and bureaucratic. Residential committees and village committees in an administrative state must obey the orders and requirements of the government. Although they are not government agencies, they deal with community affairs according to the logic of administrative agencies. Over time, this kind of administrative thinking has led the neighborhood committee to pay too much attention to the needs of higher-level administrative agencies, while the demands and needs of the community are easily ignored. Under pressure from the government, they may choose to "overweight" the policy. For example, privately increase the number of nucleic acid tests and the number of days of isolation. One interviewee complained that he should have only been quarantined at home for 5 days. However, the community added four days to his quarantine without any reason. And he also said that for such a thing, he can

only accept it, and there is no other way. At the same time, the working capacity of the community also greatly affects the implementation of epidemic prevention policies. For example, interviewees living in Guangzhou complained that the community and neighborhood committee lacked manpower to help him transport supplies while in quarantine. Finally solved the problem with the help of a friend. What's more, another interviewee's community even encountered the sudden illness of the neighbor's elderly. But due to the lockdown, the community was unable to provide any help. Fortunately, the danger was saved with the help of other residents. Conversely, another interviewee rated the neighborhood committee highly.

**Interviewee B:** *The neighborhood committee is about ahead of schedule... Tell us two or three days. Shenzhen is still better. There has been no shortage of supplies. Everything that should be there... The neighborhood committee is still more responsible. Supplies are sent upstairs.*

**Interviewee A:** *I was asked to isolate at home before. According to the requirements of the Guangzhou Municipal Government, I have to isolate for five days. But five days later, the community told me that four days would be added... At this time, you have nothing to refute, you can only listen to them (the community). According to the regulations, shouldn't the nucleic acid be once every other day? But my community just asks me to take a nucleic acid test once a day, which is annoying.*

**Interviewee A:** *In the end, I had no choice. My colleague helped me bring the vegetables. He put the vegetables at the door and I went out to get them.*

**Interviewee C:** *The most frightening thing is that an old man in our community suddenly fell to the ground and convulsed at home, and there was no way to ask for help. Later, with the help of his neighbors, he turned the corner... There was no way, there was no way... At that time, whether you contacted the community or dialed 120, no one could come to help you. Fortunately, the old man was finally unharmed.*

**Interviewee B:** *My neighborhood committee is doing pretty well. I'm still quite satisfied.*

#### 4.1.2 Lack of training for volunteers

As mentioned above, volunteers during the lockdown period can take up their jobs after simple training in the community. These volunteers share the work pressure of the community and the neighborhood committee. At the same time, for the volunteers, they also have the opportunity to go downstairs for activities. It's a win-win situation. However, one interviewee who used to be a volunteer found that a small group of volunteers yelled at other residents and had a bad attitude. Obviously, this situation will exacerbate residents' misunderstanding of the policy and dissatisfaction with the community.

**Interviewee A:** *Some people, like me, volunteer to go downstairs for a walk, and they are idle anyway. But some people seem to volunteer for the privilege. They had a nasty and disgusting attitude towards the residents who lined up.*

## 4.2 Hong Kong

### 4.2.1 The problem of collaborative governance

As mentioned earlier, NGOs in Hong Kong were very active during the fifth wave of the epidemic, helping many vulnerable groups. Some cooperation has also been carried out with the SAR government. But these collaborations have not been smooth sailing. Opinion leader Qu Yingyan described some problems in the cooperation between volunteers and the government. The Hong Kong government has mobilized a large number of associations and civil forces to participate in the packaging of anti-epidemic materials. However, after the volunteers completed the packaging of the epidemic prevention kits, the government notified that a leaflet had not been delivered in time. This resulted in volunteers having to unpack it the next day to put it in (Speakout, 2022). Obviously, this is not supposed to happen. There may be a lack of effective communication channels between the Hong Kong government and NGOs.

#### 4.2.2 Improper allocation of medical resources

Although the SAR government has taken many measures to prevent the spread of the epidemic, there is still no good integration of medical resources into the fight against the epidemic. The interviewee from Hong Kong was a confirmed patient of the new crown. She complained that public hospitals were full at the time, and private hospitals were not accepting new crown patients. And medicines that can treat colds have been snapped up. She can only choose to stay at home and pay a high price to find a doctor for online diagnosis and treatment. In addition, she should have been quarantined at home and not allowed to go out. But since there was no cold medicine at home, she had to go out to the pharmacy downstairs to buy it. Some problems can be found in this case. At the height of the epidemic, there were serious runs on public hospitals. However, private hospitals with a large number of medical resources are reluctant to lend a helping hand to new crown patients. They are also unwilling to help public hospitals treat other ordinary patients. Among them, the government did not cooperate with private hospitals in time to integrate medical resources to deal with the pandemic.

**Interviewee D:** *You know the situation at the time, the hospital was running on, and the private hospital could not go. We can only stay at home. Medicines are not available. Like happiness cold, and even medicines like Hua Qingwen are hard to buy. Fortunately, the price of medicines is stable... I finally found a Chinese medicine online consultation... No way, there is no medicine at home, I can only go down and buy it.*

#### 4.2.3 Inefficient rescue and support

Another thing that was mentioned by the interviewee was that she did not inform the government of her illness in time. Because in the early days, the Hong Kong government only recognized nucleic acid test results at designated locations. The Hong Kong government does not recognize the positive result of the antigen test. At the same time, due to the surge in the number of tests, the waiting time for monitoring has been as long as more than 4 hours. Even if the nucleic acid test is completed and the

government is informed, the government cannot provide the necessary help in time. In the early and mid-fifth wave of the outbreak, uploading test results not only failed to get help from the government, but also caused trouble for yourself. Under such circumstances, it is really helpless for the public to choose to conceal their illness. The interviewee also stated that the situation was fairly common around her. They didn't upload their sickness experiences to the system until the vaccine passport policy was enacted. It is easy to find that the Hong Kong government's anti-epidemic work has been chaotic under the epidemic. This is mainly reflected in two points: first, there is a deviation between the statistics of positive patients and the actual situation; second, there is not enough support for people who are isolated at home. The families of the interviewees were well-off, and even without the help of the government, they were able to tide over the difficulties on their own. But for low-income earners and other vulnerable groups, life may be harder without government help.

**Interviewee D:** *Under the circumstances at that time, we had no way to do nucleic acid, and it was meaningless... It was useless, and it was useless to tell the government. They also just send some supplies, and then take you to the epidemic prevention hotel for isolation. A friend of mine called the government to inform the government, but couldn't wait for help. In the end, she had recovered before the government came to ask her to go to a quarantine hotel for quarantine. She got nucleic acid several times in the epidemic prevention hotel, and she was released after explaining to the government for a long time.*



## 5. Conclusion

### 5.1 Key Findings

In general, although both Hong Kong and the mainland are implementing the "dynamic clearing" policy. But the two actually implement different measures and have different problems. From a policy perspective, the mainland's health code system is similar to Hong Kong's "safe travel", nucleic acid testing, and makeshift hospitals. However, Hong Kong's policies still retain their own characteristics. For example, the Hong Kong government allows positive patients to be quarantined at home, use sewage sample testing, set up anti-epidemic taxis, and so on. In terms of policy, Hong Kong's policies are relatively loose. Even at the height of the epidemic, the "closure of the city" was not implemented. But it is difficult to stop the spread of omicron under this policy. On the other hand, the policies in mainland China are stricter. Compared with Hong Kong, the mainland's epidemic prevention policy can better prevent the spread of omicron. However, the "closed city" and "national nucleic acid testing" have also seriously affected the normal life of citizens. During the epidemic, both mainland and Hong Kong, NGOs have made great contributions to epidemic prevention. In the mainland, the government, together with the neighborhood committees directly under the government's command, promoted the implementation of the policy, realizing the coordination of power and organization. Enterprises also actively cooperate with the government's decision-making. In Hong Kong, the government also has some cooperation with voluntary organizations and charities, but it is more independent. Compared with the mainland, voluntary organizations and charities in Hong Kong better understand the needs of the masses and are able to give more help to the disadvantaged.

On the other hand, there are some problems with the epidemic prevention policies of both Hong Kong and the mainland. On the mainland, bureaucratic behavior has emerged in administrative neighborhood or village committees, causing dissatisfaction among residents. Some of the results of policy implementation are contrary to the

purpose of policy formulation. From the perspective of collaborative governance, the autonomy of neighborhood committees and village committees is too weak to meet the needs of residents well. For Hong Kong, the government and NGOs lack proper communication channels. At the same time, the government did not well integrate social resources to deal with the pandemic during the epidemic.

Overall, no one is the real winner. There are many problems hidden behind the achievements of epidemic prevention, whether it is Hong Kong or the mainland. Facing the new variant of COVID-19 virus, both Hong Kong and the mainland need to be more vigilant, constantly improve the construction of the epidemic prevention system, and improve the governance capacity and level of governance.

## 5.2 Recommendations

Since 2020, mainland China has been running such a set of anti-epidemic policies different from the rest of the world and has been continuously improving it. Although the epidemic did not spread widely due to the efforts of the government and citizens, everyone made great sacrifices. Under the pressure of epidemic prevention, some government workers committed some inhumane actions. For example, epidemic prevention personnel forcibly enter the homes of virus carriers for disinfection. Such behavior will only intensify the contradiction between local governments and citizens, and will not do any good to prevent the spread of the epidemic. If the Chinese government wants to continue to implement the "dynamic clearing" policy and gain the support and cooperation of the people, it must make some changes. The Chinese government must optimize the current epidemic prevention policy, make it more humane, and work hard to reduce its negative impact on people's lives. Unlike the mainland, Hong Kong seems keen to implement a "middle line". Hong Kong neither wants itself to be "living with COVID-19" like some Western countries, nor is it willing to implement the same strict epidemic prevention policies as the mainland. Considering Hong Kong's economic development and reality, such a policy is reasonable and

feasible. On the other hand, if Hong Kong cannot better integrate medical resources and strengthen the monitoring of virus carriers, there will likely be several large-scale outbreaks in the future. Based on the above situation, this study puts forward the following opinions for the mainland and Hong Kong respectively based on the theory of collaborative governance.

#### 5.2.1 Mainland China

For the mainland, the community needs to pay more attention to the needs of the masses. Communities, neighborhood committees and village committees are grassroots self-governing organizations. Community workers must clearly understand this. Of course, the community needs to cooperate with the work of the government, but the needs of the masses cannot be ignored. Communities need to make emergency plans. When an emergency occurs in a lockdown, the community can better handle it. For example, when the elderly in the community feel unwell during the blockade, how to arrange manpower to send the patient to the hospital. Or for some disadvantaged groups who do not know how to shop online, how to ensure their basic life and so on. In addition, community workers must abandon formalism and bureaucracy, and implement epidemic prevention policies according to the actual local conditions.

The government needs to optimize its relationship with the community. The government needs to delegate some powers, improve the autonomy of the community, and realize the diversification of governance subjects. The government also needs to work hard to open up logistics channels during the blockade and provide more financial and policy support to the community. In addition, the government should strengthen the supervision of the community. For example, setting up a mass reporting mechanism. If there is formalism or corruption among community workers during the epidemic prevention process, the public can report it to the government.

Last but not least, the community should strengthen the training of volunteers. The content of the training should not only include the training of work skills, but also strengthen the ideological and legal training. Improve the working ability and

ideological and moral quality of volunteers, improve their service quality and work efficiency.

### 5.2.2 Hong Kong

For Hong Kong, the most important thing is to improve the government's ability to integrate social resources. In this fifth wave of the epidemic, the Hong Kong government fought an unprepared war. When the outbreak hit, Hong Kong didn't have enough medical resources to deal with the pandemic. If the Hong Kong government wants to continue to implement the "dynamic clearing" epidemic prevention policy, some changes must be made. First, strengthen cooperation with other social organizations. For example, cooperate with private hospitals to allow them to treat some ordinary patients at the price of public hospitals, and the government and charities will bear the rest of the medical expenses to reduce the burden on public hospitals; cooperate with medical institutions to improve nucleic acid testing capabilities; cooperate with construction companies , build more makeshift hospitals and isolation points to reduce the possibility of community transmission; cooperate with charitable organizations and voluntary organizations to help vulnerable groups in society to tide over the difficulties during the epidemic.

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## **Appendix**

### Mainland Area Interview Outline

1. What is your community epidemic prevention and control category? (Prevention area? Control area? Sealed area?)
2. Have you ever had the COVID-19? How is your life now?
3. Did you encounter any difficulties during the sealing and control process? How to solve it?
4. What kind of help do you think you need most during the epidemic?
5. How do you view the community's participation in epidemic prevention and control? How do you think the community is doing in epidemic prevention and control?
6. During the epidemic prevention and control period, what kind of assistance did the government staff provide to you?
7. Apart from government workers, are there other individuals and organizations that have helped you during the epidemic? If yes, please give an example.
8. Do you have any suggestions for improving the work of the government and the community, or other social organizations during the epidemic?

### Hong Kong Interview Outline

1. Where do you live in Hong Kong? (New Territories, Kowloon, Hong Kong Island)  
Have you ever undergone mandatory testing in enclosed buildings or quarantine in hotels/fangcang?
2. Have you ever had the COVID-19? What was the situation at that time?
3. (If ever infected) Did you encounter any difficulties when you were sick? Point solved?
4. What kind of help do you think you need the most during the pandemic?
5. During the epidemic prevention and control period, what kind of assistance did the government and staff provide to you?
6. In addition to government workers, are there other individuals and organizations helping you during the outbreak? If yes, please give an example

7. Based on your experience and observations, what is the role of NGOs in responding to COVID-19?

8. Do you have any suggestions for improving the work of the government, volunteers and social workers, or other social organizations during the epidemic?