Center for Strategic and International Studies

TRANSCRIPT
Online Event

“China at Home and Abroad: Opportunities and Fears - Big Data China 2022 Annual Conference”

Panel Two – Covid-19 Policy: Impacts and Exit Strategies

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FEATURING
Wenhong Chen
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Yanzhong Huang
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Winnie Yip
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MODERATOR
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Ilaria Mazzocco: Good afternoon. My name is Ilaria Mazzocco. I’m a senior fellow and the trustee chair in Chinese business and economics at CSIS, and I’m delighted to welcome you to the second panel of the first annual Big Data China Conference.

I’m excited today to be joined by an outstanding panel of experts to discuss the path forward for China as it moves away from a strict Zero-Covid policy. Before I introduce our panelists and I talk more about the panel’s topic, I just wanted to take a moment to mention some housekeeping items.

We will be taking audience questions in the second half of the panel. So, if you do have questions – and we do encourage you to submit your questions – please submit them through the event page on CSIS.org or BigDataChina.CSIS.org. You should be able to see it on the event page where you may be also be viewing this. There should be a button right there. So, we look forward to getting many questions on this exciting topic.

And then the other quick note is that this is panel number two of our conference and there is a panel following this one. So do stay tuned after we’re done to watch the next discussion.

So, Zero-Covid – when we thought about this panel weeks ago, we had no idea the situation would be so dynamic. As people may know, it’s over the almost past three years, China has pursued this strict policy to control COVID, which entails rolling lockdowns of neighborhoods, cities, strict testing policies, a variety of apps on phones to help with contact tracing, and then quarantine centers for those infected or exposed to infection.

There seemed to be very few signs that this was changing or that the officials were considering different types of exit strategies, and then in the past few weeks everything started changing very, very quickly. So, it’s actually become very challenging to track all the different changes.

There was a tragic, deadly fire that took place on November 24th in Urumqi, which led to protests, and then after that we saw protests breaking out throughout the country, notably, in Shanghai and Beijing. And although those protests have ended – they seem to have mostly ended by the beginning of December – last weekend we saw a relaxation of central government policies and a profusion of local government policies aimed at reopening.

So, there’s still huge differences in regulation across regions in China, which is contributing to a certain level of, well, confusion for observers but also, you know, very – differences in how people are experiencing this moment in China.
So, infection rates do seem to be soaring in some areas and there’s some concern that this will put some pressure on the health-care system in China.

China’s vaccination rates, we should note, are actually quite high at 91 percent. But there are some concerns about low booster rates among the elderly and the effectiveness of the vaccines that are most widely available in China.

So, this is the background. But, today, I’m delighted to be joined by some experts that can actually help us make light and understand better the situation.

So, we have – today, I’m delighted to introduce Wenhong Chen, who is an associate professor of media studies and sociology. She is the founding co-director of the Center for Entertainment and Media Studies and a distinguished scholar in the Robert Strauss Center for International Security and Law at the University of Texas at Austin. She was a visiting fellow at the East-West Center and the Kissinger Institute at the Wilson Center. Dr. Chen’s research focuses on digital media technologies in entrepreneurial and organizational settings. Her current project examines how the U.S. and Chinese AI policies affect tech and media entrepreneurship, and she has been looking closely at the codes – the health codes used in China to help implement Zero-Covid policies.

Then we have Yanzhong Huang, who is a senior fellow for global health at the Center of Foreign Relations, where he directs the global health governance roundtable series. He is also professor and director of global health studies at Seton Hall University School of Diplomacy and International Relations. Dr. Huang is the founding editor of Global Health Governance, the scholarly journal for the new health security paradigm. He is the author of Governing Health in Contemporary China and Toxic Politics: China’s Environmental Health Crisis and its Challenge to the Chinese State.

And, finally, we have Winnie Yip, the professor of the practice of global health policy and economics at the Harvard T.H. Chan School of Public Health. She serves as the faculty director of the China Health Partnership and recently completed her appointment as acting director of the Fairbank Center for Chinese Studies. Dr. Yip was previously a professor of health policy and economics at the Blavatnik School of Government at Oxford. Her research focuses on policy-relevant health system evaluations, and the design and testing of innovative interventions for equitable access to quality health care.

And I should note there I think there are some technical issues. So, Professor Yip will be joining us via phone. So even though you don’t see her image, she is here and should be able to join the conversation.
So, welcome to everyone. I wanted to start with a very broad question but, I think, is a question that everybody has on their mind, right, and that is how should we understand the sudden change in policy direction or, at least, apparently sudden, that we’ve seen in the past few weeks?

What do you make of the current situation, especially, you know, given your own area of expertise, how do you approach this? What do you make of it, and what do you think it tells us about the approach that we’re seeing in China and the – you know, the governance and the leadership and how they’re seeing this?

And so maybe we can start with Yanzhong.

Yanzhong Huang:   Thank you, Ilaria.

Well, thanks for the invitation to participate in this panel. I think just certain of this is a very interesting moment to examine what is happening in China, right. You saw, essentially, this big change, right – you know, the policy pendulum moving from one extreme to another, right.

In just the last month, right, you’re seeing how, you know, the – you know, it was strictly, right, sticking to the Zero-Covid policy, right, by launching the mass PCR testing, close contact tracing, quarantine, was still busy building makeshift hospitals, by doing the quarantine, you know, people, right, through the app.

But now you’re seeing most of those key components of Zero-Covid, right, they are being essentially scrapped, right. There’s no longer any mandatory mass PCR testing. They no longer check your health, you know, codes, you know, for whether you were infected or not, right. There’s the – you are allowed to be home quarantine, right. That is, you are not – governments are not authorized to impose any snap lockdowns at will, right. So, there’s really – right, there’s significant change.

I think – you know, while I think social protests last month – actually, the end of last month – maybe explained why this policy change happened in early December, in terms of timing, but there’s, certainly, other factors at work, right. There’s mounting pressures, right, including economic lockdown, the, you know, social discontent, but the equally important, right, this – just that Zero-Covid is no longer sustainable, right.

You talk about, right, that the – just the last month, you know, I was looking at the government data, right. The confirmed cases saw an increase of 24 percent in one month compared to all the previous months combined, right. But if you look at the people who were sent to the quarantine centers it
was 4.5 million people. That was, like, a 247 percent increase in one month over all the previous months since January 2020.

You know, you could imagine, you know, how, like, the local government faces the funding challenges, right, to – just to quarantine that many people, right.

So, I think, you know, this – in ways the spread of Omicron variant is just, simply, right, impossible for the local governments to continue that approach. You know, in the meantime, like, containing, right, the spread of the virus is becoming a mission impossible, you know.

So, I think when we are accounting for the policy shift, right, earlier this month, I think these are the factors we should keep in mind.

I’ll stop there. Thank you.

Ms. Mazzocco: Yes, and thank you for that.

I mean, absolutely. I think we were all, you know, especially those of us who look at China’s economy were all looking at those factors and wondering, you know, how long can they keep going, and it just seems like maybe this was the moment where a lot of those motivations, you know, converged, and led to this very rapid change.

Wenhong, how do you see it from your perspective?

Wenhong Chen: First of all, thank you very much for having me. It’s such a great honor to be part of this panel, which is so timely. And as you just point out, things really change and evolve very fast right now in China.

So, I will start with an anecdote. So, just probably a week ago I talked with one of my research assistants about to conduct another survey about the health code app in China, and we did a survey just ahead of the Chinese New Year 2021 and almost a year after the breakout of Covid cases in Wuhan – in the city of Wuhan as well as in the city of Hangzhou to study how people use the health code app, what their experience, their privacy concerns. They are tracked in government institutions and nongovernment institutions, their use of digital media or other type of media, as well as their imagination about a post-pandemic future.

And we are thinking, OK, right now probably another time to conduct the second round of our survey to learn more. And then the next day I saw the news, the new 10 articles, basically almost a U-turn of China’s Zero-Covid policy, and then farewell health code app become the number-one Weibo hot topics, and there all these photos of janitors across the country pulling off
the health code app posters in public spaces, in subway, in entrance of public buildings, and I was, wow.

On the one hand, I feel what a lost an opportunity for us. We should have conducted our survey probably a little bit earlier. And then this joy and happiness, right. It’s almost three years that many people in China have to use health code app to travel to interior public spaces, to return to their neighborhood.

So, on the one hand, I think many people are happy to see the change. On the other hand, for us – many of us who have families and friends that are living in China, and right now is also a very, very anxious time.

For instance, many of my friends, including family members in Beijing, now they got Covid and many people have fevers, coughing, all these syndromes, and worrying whether they should go to the hospital or not. And obviously, this is just the start. And there are, you know, several months to go for China to ride this Covid pandemic and many uncertainties.

And, as Yanzhong just pointed out, why this sudden almost 180 change, why China abandoned Zero-Covid policy. I don’t think we can actually pin down to one single variable or one single factor.

For me, I think the fatigue among the population about constant testing as well as these increasing concerns and the fear among the population to be sent to an isolation facility. In many facilities, like, they allow medical treatment, and the conditions were not really good for people. So, there’s that.

And, second, I think the protest – the white paper movement started by college students and joined by young people across the country actually helped the government to speed up about their reconsideration of the Covid policy.

And the third, I think, one important factor in this picture is Foxconn workers protest in Zhengzhou and which attract a lot of international media attention and raise the question whether China will remain a reliable production center for the global supply chain, and that I think that also pushed the government to have some accelerated decision making to change the course.

Of course, many people will also point to the World Cup, and when many people in China see how the audience, the spectators, in Qatar enjoy the game without a facial mask, tens of thousands of people sitting in the stadiums, and that’s really increased the sense of missing out as well as the desire to return back to normal life.
So, I think all these factors come together to bring us where we are right now.

Ms. Mazzocco: Thank you for that. That is – you know, you mentioned many, many things that I do want to then ask Winnie, especially now that you’re talking about soaring infections and, you know, the pressure on the health-care system.

But, also, I think it's worth remembering that although we have seen extraordinarily high compliance on the part of the Chinese population with these rules, you know, also sacrificed to maintain sort of low contagion rates, that that may have come with a very high level of fatigue, which may have not been as visible until now and then it just sort of – as I said, a convergence of different issues and it sort of exploded, in some ways, right. And now we're seeing just how happy many people are to move away from some of these restrictions.

Winnie, if you can hear me, can – would you be able to comment and see, you know, from your perspective and your area of expertise what – how do you interpret the last few weeks and the developments in terms of China’s Covid policy?

(No audible response.)

I can't hear Winnie. So maybe we'll move on if there's – are you muted, Winnie?

(No audible response.)

I guess we’ll move on and see if there’s a technical issue we can –

Winnie Yip: Hi. Can you hear me now? Can you hear me now?

Ms. Mazzocco: Yes, we can hear you now. Great. We can hear you. Wonderful.

Dr. Yip: OK. I apologize for the tech problem, which only happened at – on my end 15 minutes before the start time, and I couldn’t fix it. So, I have to connect by phone. But I could hear everything that you and the other panelists have said.

I actually think that China was already developing a plan to transition from the Zero-Covid policy to another policy. But that timeline might have been a bit slower than what people can put up with. And so, this is looking – we’re looking at a sort of a speeding up of what might have been, in their mind, taking a little longer to implement.
So, I’ve said in multiple cases that – situations that I think that China has already recognized that Omicron is a different variant. It is more infectious, but it is less severe, and the infection rate just makes zero infection as a policy impossible to achieve.

And so, it is needed, both scientifically and for people’s livelihoods, to gradually transition to a different goal that is accepting that people will be infected, but the goal is really to reduce the probability of mortality and also serious cases that require hospitalization, and that really has to be vaccine.

There’s no other solution but vaccine and also vaccine with the effective kind of vaccine and – which means that if China continues to use Sinovac it means three doses at a minimum. And so China’s, really, playing catch up, especially with the older population, the population that has underlying conditions that previously for a number of reasons were not fully vaccinated, and that takes – that will take a month or two, at least, to catch up.

And so it would be more advisable to open up and loosen these restrictions, rather than making it a national policy to make it a phased policy, a condition on the population’s vaccination rate and also condition the local health system capacity to deal with serious cases.

Again, I want to switch the conversation from infection to serious cases. So, yes, yeah, like the other two panelists have said, even just our friends, our colleagues, many of them are infected but mild. So that’s not important.

What I am not getting enough information but am more concerned, maybe, are the rural area where we’re paying less attention to and, because I did a lot of work of my research is in rural area, I understand that the reported infection cases are not as high as in urban areas. But in those places, if there’s a surge then the local capacity to deal with it would be more difficult.

In big cities, I’m actually not as worried. There is capacity. The question is whether the management of the hospital can actually pivot fast enough to have a different management strategy so that it would triage carefully and not hospitalize a large number of cases that actually doesn’t need to be hospitalized. And I’m not talking about just Covid. I’m just talking about in general.

So those are my several key points just to kick off the discussion.

Ms. Mazzocco: Great. Thank you so much, and thank you for the reminder that, you know, the infections themselves are not necessarily the issue. The issue is serious cases – you know, the hospitalization and such.
Actually, just staying with you, Winnie, and moving on to the next follow-up question, you know, my – I think the other thing that is on everybody’s mind is, you know, what next – what’s the next steps and what is the pathway in the next few months.

And so, you mentioned a little bit what some of the options are and some of what of the risks are. But if you could elaborate a little more. I mean, you mentioned that you think that there was a plan because I think many observers have been surprised by the lack of coordination or, apparently, lack of coordination. But, I think, in some ways we know that China often does things in a sort of delocalized way where provinces and cities are given a certain amount of freedom to operate differently.

So, do you think that’s what we’re seeing now or do you think that maybe, because of how quickly things have developed, that some of the plan has gotten derailed and there’s going – it’s going to take some time to sort of get back onto a pathway? And what do you think some of the scenarios are in the next – in the coming weeks and months?

Dr. Yip: 

I want to clarify. I didn’t say that there is a plan. What I want to say is – if I have been unclear is my sense is that they – the Chinese government is working towards a plan to open up and to change from the Zero-Covid policy but is working faster now because I do think that the decision – of course, there are two parts of it. One is the technical part. The other part is more of a political part.

I think there’s a group of technical experts who actually have looked at the situation and have given quite serious thoughts on how to gradually open up, and what is going to unfold in the coming months, I think, all of us is just speculating.

There’s no question with the protests, with Chinese New Year, with people wanting to go home after several years, everything from a social perspective – a social pressure perspective – and then the economy all pushing the government to be doing the opening and the giving up of the Zero-Covid policy on a fast track.

And so we will be expecting a surge and then the question is whether that is synchronized with catching up with the vaccine for the older people and also for people who are living in a nursing home, sort of close quarters, that are most likely to be getting serious infection.

I cannot predict a hundred percent, but if you read through the documents through the lines, I do think that the government know very well that's the group of people they're targeting to vaccinate, and I do think that whether
they can successfully do that is going to determine on the scenario that we’re seeing.

Otherwise, yes, we will see a huge surge of infection. I noticed that the last two day(s) China is giving up the health code very quickly. I am of the view that the health code on its own at this point for Omicron may not be the most effective.

It was effective earlier on for the other version and before we had vaccine. But I do think that some sort of vaccine passport will be useful in limiting entrance and mobility to public spaces with close contact. That’s my speculation I can only say.

Ms. Mazzocco: Thank you for that, and that would be similar to what many European countries have done or did at this stage. I was just in Europe, actually, and there is no more passport – no more vaccine passport app used at all. But up until earlier this year it was still in place.

Well, let’s go back in the same order. So, Wenhong, what about you? What would you see? And, you know, I think many people were surprised that the health apps were discarded so quickly, right. There were a lot of predictions that this was a new form of social control – you know, that it would – we were going to see them for a very long time, et cetera, and then very suddenly there was this reversal.

So, what are you looking at? What are your – what are your predictions?

Dr. Chen: Thank you very much for this question.

So I actually want to respond to Winnie’s comments about a health code app, like, a very powerful tool and particularly in the early days of the pandemic, back in February all the way to spring 2020 when China was seriously challenged by the outbreak of Covid, and the health code app has been a public-private partnership, local government, first the Hangzhou city government and then Shenzhen city government worked with top Chinese tech companies, Alibaba and Tencent, respectively, to develop health code app so that they can trace and track positive cases, close contacts, so that they can help people go back to work, and to also control positive cases for quarantine.

But the health code app itself is not a treatment, right. It’s more about the control of population mobility to slow down or even stop the diffusion of variants.
And, of course, now, almost three years from the first introduction of health code apps, we can learn a lot about how digital technologies has and will play a role in Chinese society during and after the pandemic.

For instance, health code app really legitimize(d) broad state and corporate surveillance. We know that the health code app has other users to provide their personal information is tied with citizens’ national ID numbers and their also spatial-and-temporal-data aided through telecom data. Then their also vaccination-, as well as, testing-data aided.

And according to our survey back in 2021, the big majority of our survey respondent(s) would support expansive or moderate health code app use even after the pandemic. Only a very, very small percentage of our survey respondent(s) would say that we should narrow down, limit the health code app use, or even terminate health code app use after the pandemic.

Of course, it was back in 2021, right, and the situation has really changed so dramatically, and I wonder if we actually conducted our survey for the second round what would be the result, how people will imagine the future of health code app post-pandemic.

But I also want to point out health code app is not just an app. It’s not just used for the pandemic. It’s one important integral part of China’s digital infrastructure and the data there and the technologies are there, and over the last three years the government, in particular, local government invested heavily in the technology as well as trained personnel to work with the technology.

So even we don’t now have the so-called travel code or travel card from telecom anymore and right now people do not need to check their health code app anymore if they travel across cities or if they need to enter public transit or public space, but we know the technology remain.

And the health code app also had a lot of privacy concerns as well as this dual nature of personal data as – personal as well as public. It’s become an important part of public goods, right. And so next time when a pandemic happens or when, like, you know, any emergency happens how data will be used, right. There’s this open question there.

And also, I think, health code app as a technology really shows many of the challenges and the contradictions in contemporary Chinese society as a collaboration but also competition between the government and the big tech who has the ownership of data and what’s the benefit from using such data as well as, obviously, the differences between the central government and the local government, right.
We know the technology is there, but even today there’s not one single health code app in whole China, right. There are provincial level health code apps. Although the technology follows the national standard, but there’s not one unified national health code app, and I don’t think that we will have that anytime soon.

One thing, I think, most scholars and observers are pretty certain maybe we don’t have something called health code app anymore, but the technology will go into public health. That’s already part of a national public health policy to develop a health code for all citizens so they can use that for their health care and the health insurance payment.

Ms. Mazzocco: Well, thank you. That’s really interesting and really important, and I think, actually, I will just do a quick plug for a feature that we did for Big Data China back in July, looking at China’s surveillance system, right, because I think there’s a sense – there’s a question of the health app, per se and then the surveillance question in China, which is much broader. It’s a much broader infrastructure and maybe, you know, one app is not actually what will make the difference, right. There’s a much broader infrastructure.

But that’s very interesting to think about how these codes may have an afterlife in the health-care system in China and we may see them in a different form in the future as well. So, thank you for that and for the – your predictions on what we should be taking a look at.

And also, at the provincial level – I think for anybody who’s familiar with China, of course, that’s nothing new, right. The difference between local government, central governments, and maybe even lack of coordination at some time in some moments.

Yanzhong, what do you see as the outlook for the next few weeks and months? And also, if I may, like, just slip in one of my questions because we are – you know, I’m mindful time. I’ll slip in another question there, which is, what – do you see a role for any U.S.-China cooperation on health in this – you know, in this moment – in this very crucial moment?

Dr. Huang: Well, thank you for the questions. So certainly, you’re right that this is very sort of full of uncertainties, you know, like, it’s very hard to predict what will happen in the coming month, I would say.

You know, there’s – some people, right, predicted that for most of the Chinese major cities the viral wave will peak around this January. But, you know, just today I saw the social media post, you know, that, basically, say according to anonymous internet survey of 160,000 residents in Beijing already one-third of those residents likely are infected, you know. So that seems to be much quicker, right, than we found, right. So, basically, if that
trend continue(s), we’re likely going to see, right, the peak arrive much early, right, than even before January.

And so, of course, but Winnie had – has already touched upon this, whether, right, that the government has the capacity, right, to withstand this viral wave. I think, you know, currently, right, I think this seems to be mainly focused on enforcing triage procedures, right; you know, basically, right, discouraging the mild cases, those who are not showing any symptoms, you know, from visiting the hospitals.

But, you know, I think data – as Winnie has indicated, right, when the spring festival is coming, right, you’re going to see, right, those people, more than 200 million, right, will be moving around in the country that it also means the virus is going to travel with them.

And so the countryside, even though we know, right, that this pandemic is pretty much still an urban phenomenon in China but, you know, it’s going to spread to the countryside and as we know, right, in the countryside they have a very fragile health-care system. So many of these people are likely, in my opinion, right, bypass, right, those rural health-care institutions to seek care in urban – you know, major urban health centers.

You know, that is going to actually put more stress on the health-care system, right, in the urban areas. You know, I think, you know, as Wenhong earlier indicated this is not just about we’re talking about, right, the infected people, right. It’s also about how – whether people could have access to run-of-the-mill health care, right, for those – you know, like cancer patients, right, they worry that now with all these reports they have difficulty of receiving the chemo in the hospitals because of this. The health-care system is now all equally overwhelmed.

They are also, quite simply, trying to increase the vaccination rate among the elderly population. Winnie is a bit more optimistic on that, expects one to two month(s) to significantly increase the vaccination rate.

But based on, right, with the history of the vaccination campaign, it typically takes China at least four months to deliver a round of the vaccination, right, to its vast population. So, what we hope for this time, you know, they can accelerate through the process and, hopefully, they’ll also use, right, the more effective vaccines. And it’s there we found that U.S.-China cooperation could be more important than ever now, right, and I think the U.S. and China should seriously, right, consider right now to sit down and start a dialogue and, you know, that U.S. could offer, right, the Chinese this bivalent Omicron-specific vaccines, you know, with, you know, a good price so that the large percent in population could have access to the vaccines.
They could also, right, offer the Chinese the – China, right, the more effective antiviral drugs like Paxlovid. I just saw today the internet pharmacy in China already start – actually, this Paxlovid is offered for presale in the Chinese online store, which are high price, you know, that – and it’s not covered by health insurance.

You know, I think, again, here the U.S., you know, government could do something. They could, you know, buy, you know, these – the drugs, you know, from, you know, the companies and then, right, donate it to the Chinese side. I’m talking about not too many, 21 million doses, right, just to cover those – you know, the at-risk population – I mean, people aged over 80. You know, that would be really something that could help China, right, to fight this coming new – this viral wave – you know, flatten the curve, in my opinion.

Ms. Mazzocco:
Thank you. And that actually answers partially some of the questions from the public because there were some questions on the mRNA vaccine and the Chinese – the vaccines – the Chinese homegrown vaccines. So I think that’s good.

And I’m actually – in the interest of time, I’m just going to combine a couple of other questions that we received.

So one has to do with clear communication strategies by public health officials. So what – you know, why does it matter? You know, how do you evaluate China’s current strategies? Are there other countries that China might look at to learn more?

And then the – you know, the other question, which you may be able to answer as well, is looking at, you know, whether there’s other lessons from other countries in general that China can learn from when opening up, right. Because it feels to a certain extent like some of these issues like managing triage, et cetera, these were things that a lot of countries were grappling with back in 2020 and they were developing strategies on how to approach this. And then, you know, of course, more closer to China is the experience of Hong Kong when – you know, when we had a lot of rising infections there.

So, you know, two different questions but maybe if – you know, I’ll let you guys decide who wants to take which one and how do you want to answer them.

Winnie, do you have any thoughts?

Dr. Yip: Can you hear me? Can you hear me?
Ms. Mazzocco: Yes. Yes, we can hear you.

Dr. Yip: I think if you look around the world there are only a few strategies, right, and I think I am repeating myself that vaccine – with the right kind of vaccine, targeting the high-risk people, and also adopt vaccine passport in the beginning, and my feeling for the health system capacity China might have a more difficult time in adopting the triage system, actually, because a hospital has an incentive to really keep patients in the hospital for big problem or small problem.

So it’s not a national policy that can change that immediately. So is there going to be friction in implementing that? I don’t know. The national policy is clear to try to triage but how well can they implement it? I don’t know.

And on the people’s side, as I said, in other circumstance – other situations, China does need to mount some very effective public education campaign(s), letting people know the importance of vaccines, letting people know that for a minor problem please don’t go to the hospital because hospital is the most dangerous place if you think about infection.

And it does take changing people’s minds. But I’m of the view, given the 27 years of work that I have done in China, if the government sets its mind to do it and with the right messaging, I think that the public will align. That’s my hopeful note.

Ms. Mazzocco: Thank you. That’s helpful.

Wenhong, do you have any thoughts?

Dr. Chen: Yes. I’m thinking about social media and the digital technology again, as well as the Chinese diaspora. Like, in the last several days, I saw many people share their Covid experience outside of China, telling people in the mainland: Don’t panic. The current variant of Omicron may be very infectious but not that dangerous, and these are the common symptoms people may have and these are – you know, are the days you may need to recover and if the symptom not too bad maybe you want to stay at home. So I do see that the people share those experience through social media.

And I do see that at least in big cities like Beijing and Shanghai or Guangzhou, like, the people are listening to the advice from doctors, public health experts, or maybe, you know, their friends. Like, you do not see, like, you know, long lines outside of hospitals probably in the first couple of days and now become so much shorter because the hospitals start to provide online diagnose, online inquiry, delivering medicines through internet.
But I do share concerns shared by many, as you know, Covid spread to less-developed regions, and particularly to rural area. And the challenge may become much more serious, both because of underdeveloped public health services but also many people may – do not have the kind of information or social support to help them because we do know that in some rural areas the population has become predominantly senior citizens taking care of their grandchildren when their parents are working in big cities.

So, I hope the government will start a public health campaign very soon to communicate. I think they’re already doing that, communicating to the population the importance of getting vaccinated and not panic and the, you know, advice they can use to monitor their situation.

Ms. Mazzocco: Thank you.

So, Yanzhong, we’ve heard, you know, better communication via social media or, you know, public campaigns to tell people to vaccinate, to tell people to not rush to a hospital unless it’s necessary, you know, better – you know, figuring out ways of making the triage work even though it may not be the way in which hospitals are incentivized to work.

Do you agree and do you have any other thoughts on things that could be done?

Dr. Huang: Well, yeah, I agree on all the suggestions. But I think we know that the challenge here, of course, in this messy event-streaming, go go environment the local governments may not have the time, have the money, right, to pursue some of those – the measures like, you know, vaccine – increasing vaccine uptake, you know, investment in surge capacity building. I think it’s just, right, they might not have the time to complete, right, the – just the required work, you know, before, you know, overwhelmed by, you know, this surge of the cases.

You know, so they’re really facing this, you know, narrow – (inaudible) – in terms of policymaking. But on the – the silver lining in the cloud is that I think as – you know, as Winnie suggested last time in our pre-call, you know, the – China is so large, so heterogeneous you were not expecting, right, this viral wave, the peak time, you know, occurred at the same time, right. So Beijing, you know, might peak or the viral wave peaked by – in mid-January, but in Shanghai it might be in early January, right.

So that allow the government, you know, to use its strong mobilization capacity to mobilize health-care resources, personnel, to support one locality where the system is, you know, stressed out, you know, overwhelmed. But when, you know, the situation was stabilized, right, that
they could then mobilize or reallocate the resources, you know, for, you know, supporting other areas, you know.

So I think, you know, the situation may not be as bad as we thought, you know.

**Ms. Mazzocco:** Well, let’s hope the situation is not as bad as we thought. But, you know, I think – I could keep talking for another hour. I’ve learned so much. I had no doubt I was going to learn a lot, but it’s been really enlightening and very exciting to think of the possibilities as well as very scary, right, for the lives of many.

So, I’m sure you will – I will stay in touch with you all because I want to keep hearing your thoughts on what – as China moves forward with this challenge, and I hope the public enjoyed this as well.

I encourage watchers to stay online. After a very short break the next panel on U.S.-China relations, hosted by Scott Kennedy, will be coming online – this same link.

And thank you so much to everyone for your insights. Thank you to Wenhong, Yanzhong, and Winnie, and thank you for the public for your questions.

**Dr. Huang:** Thank you.

**Dr. Yip:** Thank you.

**Dr. Chen:** Thank you.

(END)