

# **The Deliberation and Co-ordination Mechanism for the Prevention and Control of COVID-19 in Wuhan, China, 2020**

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**To cite this article:** Nuchun Qu and Wai-Shee Wong (2022). The deliberation and co-ordination mechanism for the prevention and control of COVID-19 in Wuhan, China, 2020. *Malaysian Journal of Chinese Studies* 11(2): 61–74. [http://doi.org/10.6993/MJCS.202212\\_11\(2\).0004](http://doi.org/10.6993/MJCS.202212_11(2).0004)

**To link to this article:** [http://doi.org/10.6993/MJCS.202212\\_11\(2\).0004](http://doi.org/10.6993/MJCS.202212_11(2).0004)

## **Abstract**

The prevention and control of epidemics has become a major issue that needs to be grappled with urgently worldwide. The outbreak of COVID-19 and its subsequent global spread have caused a pandemic of unprecedented proportion and duration. The first author served as a volunteer in Wuhan during the initial stage of the COVID-19 outbreak. There was then much public criticism of the handling of the situation and poor response strategies adopted by the local government. This study discusses attempts by the Wuhan government to check the spread of the disease in the city and to examine the deliberation and co-ordination control mechanism that was established for the purpose. Various problems were encountered during the prevention governance process, and these were related to the inherent weaknesses in the deliberation and co-ordination mechanism. To understand the rationale and operating principles of the prevention and control mechanism, reference is made to relevant documents and also through interviews and close observation of events as they unfolded on a daily basis. The control mechanism was faced with various problems that called for proper strategies to improve its operation and management. An attempt is made to suggest ways to improve the co-ordination mechanism to promote seamless management and to provide insights for future prevention and control of epidemics in China.

**Keywords:** seamless government, deliberation and co-ordination mechanism, epidemic prevention and control, COVID-19

## Introduction

The sudden outbreak of an unknown disease in the city of Wuhan of Hubei Province, China, in December 2019 claimed the life of many who were infected. The virus strain was later identified by the World Health Organisation (WHO) as the Novel Coronavirus-19 or COVID-19. The virus was highly contagious and spread rapidly in the city and other places. The Wuhan Municipal Health Commission released the first reported on December 31, 2019 regarding 27 cases of pneumonia linked to the city's seafood wholesale market. The report noted that no clear human-to-human transmission was discovered during the examination.<sup>1</sup> However, there was a significant rise in new cases after the report's release. In January 22 and 23, 2020, confirmed cases throughout China rose from 571 to 830, while suspected cases rose from 393 to 1,072, and close contact cases rose from 5,897 to 9,507. A month later, on February 22, there were 51,606 confirmed cases in the country.<sup>2</sup> The disease had clearly developed into an alarming epidemic. The city officials ordered a lockdown of the city to check the spread of the epidemic. However, initial ignorance of the true nature of the disease and in-bound and out-bound international travel led to person-to-person spread to other destinations. Similar initial lack of urgency and unpreparedness among foreign governments resulted to the development of a global pandemic of unprecedented proportion. By March 11, 2020, WHO announced that COVID-19 had spread to 114 countries and a total of 118,000 cases were reported. The assessment of WHO was that COVID-19 could "be characterized as a pandemic" (WHO, 2020).

The Wuhan municipal government came under public criticism for its delay in responding to the outbreak, disorganised work, and low efficiency in handling the situation. The basic cause of weak management was because the decision-making and co-ordination mechanism for epidemic prevention and control were found to be lacking and inefficient. In general, public affairs governance often requires close co-operation and collective action to complement management efforts by different departments to create governance synergy.

It was decided that a deliberation and co-ordination mechanism was necessary to make up for departmental inadequacies caused by the division of bureaucratic administration. Wuhan city duly established this mechanism on January 20, 2020 in the form of the Wuhan Municipal Novel Coronavirus (COVID-19) Prevention and Control Command Centre (PCCC). This Centre would act as an inter-departmental organisation to expedite the optimal use of the functional specialisations of various departments and different working groups, committees, and joint meetings (Xie & Chen, 2014). This control mechanism was to operate on a two track the hierarchy of departments performing similar functions and various local governments each with its own inter-departmental structure (Ye, 2016).

Reference is made to the seamless government theory put forward by the American scholar, Russell M. Linden (2002), to study the transition process of government reengineering from a bureaucratic-based society to that of a civil society. The conventional bureaucratic system gives rise to problems such as inflexible division of work, fragmentation and compartmentalisation, departmental jealousy, low efficiency, and indifference to customer service. There is a clear need to eradicate the rigid bureaucratic system to meet the management demands of the information era in terms of being efficient, responsive, engaging, kind, competitive, and productive. In short, seamless government should be a civil-oriented organisation capable of acting promptly, providing diversified service options in an integrated rather than fragmented fashion. Under the seamless management system, all departments, personnel, and other government resources would join force with public resources to operate in a faultless manner (Shi, 2016). Inter-departmental boundaries are suppressed to facilitate effective collaboration and to take corresponding actions collectively. In epidemic control, administrative practices and the effectiveness of government can be improved by a mechanism that ensures the seamless harmonisation of decisions and co-ordination efforts.

Based on the analysis of the responses and inadequacies in COVID-19 prevention and control by the Wuhan municipal government, this study attempts to identify the defects of the deliberation and co-ordination mechanism, and to propose an optimal approach to provide further reference and insight for future public health emergencies.

### **Response of Wuhan Government to the Epidemic**

Although COVID-19 soon developed into a global pandemic, it will be referred to as an epidemic in the Wuhan context. For effective implementation of the measures taken by the Wuhan municipal government to combat COVID-19, three separate strategies were taken, namely, the creation of a hierarchy of command centres, define the scope of operation and action taken by these centres.

#### **Hierarchy of Command Centres**

The prevention and control programme of Wuhan was launched officially on January 20, 2020. The city held a working conference and decided to set up a command centre to take charge of the epidemic control. The centre was headed by the city's mayor and consisted of eight working groups dealing with emergency support, publicity, transportation, market, medical, epidemic prevention and control, community, and general affairs. The command centre and mode of operation were duplicated in the urban districts of the city down to the township and community or neighbourhood level in a hierarchical structure.

## Operation and Co-ordination

A key issue of concern in this study is how the Wuhan PCCC functions as the hub of co-ordination for all government departments involved in the control of the epidemic to achieve stated goals. Co-ordination involving complicated arrangements, work, and methods was adopted to suit different situations (Liu, 2013).

The institutional structure of the Wuhan PCCC was to expedite efficient operation, prompt response, and safeguard the standardisation of the prevention and control process. The PCCC divided the entire task into a network of responsibilities and issued orders to departments which worked in parallel to meet common objectives. It monitored work to ensure that its commands were followed and implemented by each unit in accordance with stated requirements. The command centres at the local level formulated prevention and control measures according to the policies of their superior command and the local or regional epidemic situations. The policies were generally issued in the form of documents for strict execution by relevant units.

The establishment of specific operation mechanisms was to safeguard the effectiveness of epidemic prevention and control. These mechanisms were directed at mobilising resources in terms of personnel, funding, and material support by means of a variety of channels. The process of procuring resources also implied co-ordinating various departments and the community to participate in the epidemic prevention and control. In this process, the Wuhan PCCC ensured proper functioning as an unconventional governance mechanism that included the rewarding or penalising unit members in its ultimate plan to achieve the targeted objectives.

In general, the operation of the Wuhan PCCC was a process of incorporating different member units and subordinate departments into the prevention and control system by assigning responsibilities, and utilising prevention and control strategies for the achievement of targeted objectives. It was a way to introduce innovative features that were absent in conventional government operation. The Wuhan PCCC may thus be seen as the core of a new mechanism network system that played the role of a central co-ordinator in the entire prevention and control system.

## Scope of Co-ordination

The scope of co-ordination work under the aegis of the Wuhan PCCC consisted of three major areas of concern involving the co-ordination of personnel, financial and materials resources, and patient care.

The Wuhan PCCC co-ordinated the work of relevant government departments in the area of emergency response, treatment, transportation, employment security, publicity, environmental treatment, personnel control, market stability, and others. At the same time, it co-ordinated the work of different departments in the execution of their duties and responsibilities. Each department then formulated its own response strategies. For instance, to safeguard the rights and interests

of employees and to ensure normal production and operation of enterprises, the city's Human Resources and Social Security Bureau, together with the social security bureau of each district, the Human Labour Bureau of Donghu Ecotourism, the Management Committee Office of Donghu New Technology Development Zone, District Federation of Trade Unions, District Federation of Industry and Commerce, and the District Enterprise Association, issued on January 29, 2020 the "Notice on Ensuring the Stability of Labour Relations during the period of prevention and control of the COVID-19 pandemic." Similarly, the city's Education Bureau issued on January 28, 2020, the "Notice of the Municipal Education Bureau on Postponing the School Semester during Spring of 2020" to control the spread of COVID-19 and to protect the lives and health of teachers and students. Essentially, the basic purpose of co-ordination work was targeted at safeguarding the people, financial and material support, and patient rescue.

The co-ordination of personnel included those involved in prevention and control of the pandemic. The PCCC issued a notice on the implementation of the "dual advance and dual prevention and control" work to reinforce the idea of battle fortress and pioneer work on the first line of defence in epidemic prevention and control. To solve the serious shortage of manpower, the PCCC organised online and offline work for party members in departments, enterprises, and institutions enlisted to combat the epidemic at sub-district and community levels.

The next aspect of co-ordination is related to emergency resources. Epidemic prevention and control require large amounts of financial support, medical facilities and equipment, and a variety of material resources. The shortage of critical supplies would interfere with urgent response to emergency situations and would expose staff and other workers to great risk. It was the role of the PCCC to co-ordinate its work with officials and departments as well as with local communities for public support including donations. Apart from ensuring the supply of medicine and essential items, it was necessary to meet the needs of home quarantine residents as part of the fight to check the epidemic at the community level.

An essential aspect of co-ordination was that patient care. All district command centres occupied the first line of defence against the epidemic. Each centre would designate proper sites to monitor or care for the welfare of the local community. It would be responsible for screening, identifying, and assembling all who needed further attention at these sites for observation, and to admit confirmed cases to the hospital for treatment after co-ordinating with the municipal command centre. It also undertook responsibility to monitor the condition of patients, compiled basic statistical data for subsequent consolidation at higher levels of administration in a four-level prevention and control co-ordination, and set up a rescue system for the community, sub-district, district, and the city. The sub-district and community levels took charge of patient care while co-ordination was reinforced in a grid network for efficient operation. Patient care and treatment co-ordination was carried out

according to district and territorial jurisdiction. Other important aspects of co-ordination included information relating to market supply, departmental co-operation to maintain social stability during the pandemic period, and tightening supervision to prevent disruption of essential supplies.

### **Public Dissatisfaction with the Local Government**

Since the outbreak of COVID-19 in Wuhan in December 2019, the municipal government of was subjected to criticisms for lack of transparency, governance method and its effects. Dissatisfaction with the local government was manifested in three areas of complaints. These were centred on the lack of or tardiness in making available information, improper governance, and doubts over governance capability.

The sudden outbreak of a deadly and infectious disease in early 2020 in Wuhan city caused great alarm among the residents and the authorities. On December 20, 2019, the Wuhan Health Committee issued an “Urgent notice on Reporting the Treatment Situation of Unknown Pneumonia.” However, official information on what was happening was not readily available between December 8, 2019 and January 20, 2020. The initial reaction was one of uncertainty and lack of basic information did not go down well with the people. There was then a general lack of confidence in official action, and the public was urging urgent response by the authorities through social media.

Indeed, Wuhan residents learned of the severity of the disease only when Academician Zhong Nanshan of National Clinical Center for Respiratory Disease made it known that it was caused by a virus known as the novel coronavirus and was highly transmissible.<sup>3</sup> This prompted relevant government units and departments to work in close co-operation with the work of the Wuhan command centre which was established in January 2020 as well as to implement policies to confront the problems. Nevertheless, the public were critical of policies that lacked direction and were disorganised. Inconsistent official statistics caused much confusion among the public. The rapid diffusion of the disease led to public suspicion of the real-time epidemic official reports of the Wuhan municipal government made through the Internet. By January 28, 2020, there were allegedly around 100,000 cases reported on the internet which was significantly different from official figures from the National Health Commission.<sup>4</sup>

Another source of public dissatisfaction was the ineffective governance strategy. The Wuhan municipal government had resorted to the normal practice of tackling the epidemic as a means to prevent social disquiet. It had downplayed the severity of the situation in order to maintain social stability and the orderly function of city administration. It was unfortunate that the outbreak was unlike anything seen in the past and “business as usual” was no longer realistic. Both city government and its professional departments had failed to realise the seriousness of the situation. The World Health Organisation, too, showed insufficient knowledge of the severity of COVID-19 which it initially

identified as a medium risk infection. The Wuhan municipal government was similarly guilty of the same oversight in judgement. As the epidemic dispersed with worrying rapidity, the inadequacy of the conventional governance was exposed and a change of strategy from seeking social stability to effective disease prevention and control at all costs became imperative.

The Wuhan municipal government decided on an unprecedented emergency control by ordering a city lockdown. The closure was generally accepted by the public especially after expert opinion cited the action as the only option. Meanwhile, an exodus of Wuhan residents left the city within the 8-hour interval between the announcement and the lockdown on January 23, 2020. Hubei itself and other provinces that had questioned the decision by the Wuhan municipal government on the lockdown.

Despite the four-tiered structure of city, district, sub-district, and community that had expedited the administration of the epidemic prevention and control, numerous teething problems were encountered. The urgent response by the government had been delayed by the lack of medical equipment resources. Emergency prevention and control measures and deployment of resources were initiated only when the infection was spreading rapidly and had caught the attention of central authorities. Hospitals in Wuhan were facing severe shortages of medical resources such as face masks, goggles, and other medical personal protective devices, and had to seek community funds and support. Control regulation at the community level was not fully effective as some home quarantined patients could not receive proper treatment. The failure of the community to receive official responses to inquiries led to conflicts between the Community Neighbourhood Committee and family members. Attempts to seek help were made via posting problems online. Some succeeded to be admitted to quarantine sites while others were made to wait for several more days as hospitals were fully occupied, causing panic among helpless patients and their families.

Clearly, the Wuhan municipal government was caught unprepared to handle this sudden and deadly outbreak. Existing emergency mechanisms were unable to cope with the pressure and measures taken were not always applied consistently. For instance, the declaration of traffic control had hampered travel to and from work among the staff of medical, government, enterprise, and institutions. To ease the situation, the Wuhan PCCC issued a supplementary notice to permit travel by car owners who were not prohibited on the road. The lack of co-operation among multiple departments reflected the city's disjointed and chaotic administrative system.

### **Weaknesses of the Co-ordination Mechanism**

There were serious shortcomings in the mechanism for emergency management of the Wuhan municipal government. Prompt action in establishing a command centre had undermined public confidence. When the command centre was indeed set up weeks later followed by those at the



district, sub-district, and township levels, they were found to be lacking in institutional safeguards, their operation was subjected to the rules of the existing system, and implementation of the mechanism was ineffective.

The central government has since 1949 set up different types of *ad hoc* administrative units and groups or create special administrative mechanisms as contingency measures to handle unforeseen events or inter-regional issues. Different departments may set up special offices for poverty alleviation and various task forces to facilitate co-ordination and undertake collective action (Qu, 2018). Compared with the normal and established agencies, the temporary administrative units functioned with minimal institutional support (Tong, 2007). It was not until 2003 that the work of institutional building of the administrative system and its departments and units began in earnest. At the provincial level, agencies are basically established according to the practice of the central government. Generally, sufficient institutional safeguards in the deliberation and co-ordination mechanism are lacking.

Among the temporary institutions, some are empowered to make decisions while others implement these decisions into practice. The Wuhan PCCC was a typical deliberation and co-ordination organisation and primarily composed of the municipal government heads and medical experts working under the leadership of the Party Committees of Wuhan municipality, the province, and the central government. It was clear that Wuhan was under heavy pressure to deliver results. The major sources of pressure came from the Party Committee and the provincial government. Equally stressful was the immense pressure from Wuhan residents, other local governments, people all over the country and, indeed, the international community. As PCCC had to operate within the conventional bureaucratic system with little independence, its failure to integrate working units as well as financial, material, and other resources hamper its effective role. The co-ordination between various departments was regulated and formalised, and it was hard to develop a strong joint force for epidemic prevention and control. Not surprisingly, the entire process of control and co-ordination mechanism was lacking in drive and initiative.

Unlike the workings of other specialised administrative units such as poverty or environmental control, epidemic control calls for urgent response in decision making and action. The performance of epidemic control in Wuhan did not reflect this sense of urgency nor the need for effective action. The shortcomings are manifested in insufficient flexibility caused by weak co-ordination and ineffective implementation.

The decision-making process lacked flexibility for being slow to adapt to the rapidly developing epidemic situation and to respond accordingly to different situations arising from changes in the epidemic in Wuhan. There were some recurring problems in the prevention and control such as the serious shortage of medical resources in major hospitals so much so that assistance had to be sought from the public. The PCCC was slow to act in co-ordination and related aspects of work. As the



co-ordinating body of epidemic prevention and control, the PCCC should anticipate problems and identify solutions based on the epidemiological inference on the evolution of virus. This would have relevant impact on the proper function of the entire co-ordination mechanism. The assigned co-ordination personnel and methods were not able to resolve all the co-ordination particulars and had needed other methods to conduct co-ordination and communication. There was much formalism in the epidemic control mechanism. The PCCC required subordinate districts to report on the latest statistics within their jurisdiction on a daily basis. They have to compile data for submission at the community and street levels. Government departments at all levels took turns to present their reports through video conference in a process that occupied two or more hours on each occasion. For the time and effort invested in this exercise, the results were not always satisfactory.

Epidemic control brought about disruption to normal city and community life and many problems had to be resolved through co-operation among departments, units, and organisations. The governance mechanism required that government departments functioned independently to carry out their own assigned responsibilities. Each department co-operated with other departments passively in the areas within its purview. This fragmentation of responsibilities did not promote inter-departmental consultation and collaboration to handle contingency matters to maximum effect.

During the initial phase of epidemic prevention and control, limited hospital and admission capacity had prevented immediate treatment to many patients. This in turn frustrated attempts to check the spread of the epidemic. Some suspected and confirmed cases were forced to be quarantined at home at the risk of exposing their immediate families and the community to infection, while other patients had succumbed before they could be diagnosed. The situation was alleviated when a couple of temporary hospitals began to admit patients. However, the initial delays and the failure of hospitals to cope with the situation were manifestations of the indecisive working of the prevention and control mechanism. This was also reflected in the imperfect performance and ill-informed behaviour during supervision from some department heads. Some of the staff were held to account because of this. Indeed, this phenomenon was not confined to Wuhan alone but in similarly affected regions of the country.

### **On Improving the Co-ordination Mechanism and Promoting Seamless Management**

To improve the co-ordination mechanism would require a transformation from professional management to seamless management. This may be achieved by redesigning the administrative workflow to raise efficiency to meet public demand, reduce administrative costs, improve the service quality, and ensure a responsive and effective problem-solving machinery. It is by adopting innovative procedures that administrative reform may be introduced in order to break through the rigid constraints of departmental boundaries and to promote a more seamless administration.

The deliberation and co-ordination mechanism could play the role of a seamless organisation in epidemic control. It was unfortunate that the rapport between the relevant departments was not tightened for forceful collective action. In the context of modern concepts of governance, it is advisable to improve the deliberation and co-ordination mechanism to optimise its capability. To do this would require the attention on several fronts.

A comprehensive institutional structure is essential for creating an effective administrative system. China has a rich experience in social governance by ad hoc rules and regulations but without much emphasis on institutional building. The issuance of specific policy documents on the management on temporary organisations by some local governments is clearly insufficient to regulate large numbers of deliberation and co-ordination mechanisms. Some of these agencies were not discontinued after their missions were completed while some agencies have caused overstaffing through protracted operation. Inadequate supervision had led to the abuse of power by some agencies; while others remain ineffective and wasteful of resources. Reform of the deliberation and co-ordination mechanism has become an urgent issue and a new comprehensive institutional system may be built to integrate the unconventional governance mechanism into the national governance system (Zhou, 2011).

The inefficient handling of the COVID-19 outbreak in Wuhan was the reflection of an imperfect emergency management system. An effective strategy for confronting this massive public health event required more than the establishment of temporary response mechanisms but also the co-ordination of a highly specialised and institutionalised emergency management system. There is an urgent need to evolve an emergency management system with centralised leadership that is authoritative and efficient. Complete reliance on a temporary command centre to deal with major problems such as the pandemic was not conducive to the division of responsibilities, the implementation of policies, the accumulation of experiences and lessons, and the enhancement of the emergency management system. Promoting the modernisation of the emergency management system needs to be improved from the following two aspects.

The first is to improve the normal emergency management mechanism. The government has to appreciate the need to establish an alert and rapid response mechanism for speedy and effective crisis response (Xiu & Zhu, 2003). With reforms in recent years, the division of rights and responsibilities of the emergency management system of China at the central and local levels are more clearly defined. The scope of responsibilities includes co-ordination in prevention and rescue work in fighting forest fires, floods, drought, earthquake, and geological disasters, as well as other assignments. This list apparently does not include involvement with public health incidents. It is the Health Commission that is responsible for emergency prevention and control of public health events. It was obvious that the Health Commission did not play a leading role in the COVID-19 prevention, and the local health bureaus did not seem to have kept up with the latest developments of the

epidemic. Incorporating public health events into the emergency management system and refining its function would be a step in the right direction to a more holistic approach in administration.

The second aspect is to integrate unconventional emergency management rules into a conventional and institutionalised system. Proper management mechanisms are required to meet different emergency situations that affect public interests and call for special measures to attain professional governance and efficiency. Specifically, new emergency management departments should integrate the function of safeguarding public health efficiently and effectively to ensure public safety and social stability.

The primary reason behind the delayed action of the Wuhan municipal government was the limited authority of the deliberation and co-ordination mechanism. In short, the local government and the deliberation and co-ordination mechanism were expected to carry great responsibilities but were granted limited authorities. They were therefore not able to take tough measures beyond their authority in handling the epidemic, but rather had to follow normal procedures to maintain stability and hence missed the best time for epidemic control. The lesson learnt from the Wuhan city experience indicates that the central government has to delegate greater authorities of decision-making and comprehensive co-ordination while integrating the mandates of both conventional and unconventional emergency management departments.

On the basis of improving the emergency management system and mechanism to enhance the authority of emergency management organisation, it would be necessary to set up a system to evaluate the effectiveness of the governance of emergency matters. Evaluation implies motivation in performance to raise productivity and to maximise the potential value of existing strengths and functions. Evaluation too comes with due rewards and penalties. The weight of public opinion or the words of higher authorities alone would not be relied upon to evaluate the work of the Wuhan municipal government and the emergency management system in the prevention and control of the public health crisis. Perhaps more importantly would be a set of rules and regulations that are duly institutionalised, standardised, and legalised. An evaluation system with legal basis would serve to inspire administrative initiatives and to empower more dedicated actions.

### **Conclusion**

The co-ordination agency is a common component of the Chinese bureaucracy. It is created to undertake special, temporary, and cross-departmental tasks, and is intended to function as a form of seamless machinery in administration and management. One such example is the Wuhan PCCC. By deploying personnel from various units in the form of “leadership teams” and by distributing bundles of tasks and responsibilities to integrate the resources from various departments, it had managed to bring the COVID-19 outbreak in Wuhan under control.

As the first co-ordination centre set up to prevent and control the epidemic in China, the Wuhan PCCC model, despite its many weaknesses, serves as a source of reference for other cities in China. Some local governments are now more alert to occurrences of emergencies and to act promptly to mobilise personnel and resources for frontline duties to curb the situation from worsening. Not to be overlooked is that the proper working of co-ordination agencies requires the backing of institutional safeguards granted by central government policies.

The impact of a co-ordination agency is often constrained by certain inherent factors that deny it the autonomy to optimise its potential to contribute. Membership of the agency often comprises staff from different departments as well as medical experts. All are used to operate within the bureaucratic framework of their administrative mandate and power. The Wuhan PCCC acts under the leadership of the Wuhan municipal government and other senior Party Committees and the central government. It had encountered major problems in the process of epidemic prevention and control due largely to its inability to make timely decisions and the failure to achieve effective integration of manpower and materials as a result of its subordination to the conventional bureaucratic operating system.

The core function of the deliberation and co-ordination agency is to co-ordinate joint operations and to facilitate communication between organisations in order to solve specific problems. Apart from overcoming the fundamental problems of “co-ordination,” it is also important to evolve a “culture of co-ordination” between organisations by emphasising that all departments are to be bound by common objectives to serve the larger interests of society and country and to forego departmental gains or losses from the exercise.

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### Notes

- 1 Bulletin of Wuhan Municipal Health Commission. 武汉市卫健委关于当前我市肺炎疫情的情况通报 [Briefing on the current situation of pneumonia in our city]. 31st December 2019 [http://wjw.wuhan.gov.cn/gsgg/202004/t20200430\\_1199576.shtml](http://wjw.wuhan.gov.cn/gsgg/202004/t20200430_1199576.shtml)
- 2 The epidemic data apply in this article are according to the official website epidemic data report by the National Health Commission. <http://www.nhc.gov.cn/xcs/yqtb/202001/9614b05a8cac4f-fabac10c4502fe517c.shtml>
- 3 Zhong Nanshan is a Pulmonologist expert and Academician of the Chinese Academy of Engineering. He led an expert panel of doctors to investigate the SARS and COVID-19 outbreaks. He is currently heading the Senior Expert Group of the National Health Commission and the Interagency Mechanism Scientific Research Group during the COVID-19 pandemic period.
- 4 According to the official website epidemic data report by the National Health Commission, as of January 28, 2020, 31 provinces and districts in the country have recorded 5,974 confirmed cases, 9,239 suspected cases. <http://www.nhc.gov.cn/xcs/yqtb/202001/1c259a68d81d40abb939a0781c1fe237.shtml>