It was the best of times, it was the worst of times: A tale of two cities—Beijing and Shanghai—Why the divergent COVID-19 control outcomes?

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Abstract

COVID-19 both creates and complicates public health challenges. Yet the pandemic also provides a unique lens for dissecting complex issues in global health that could benefit society in the long run. In this paper, we discuss the underlying reasons that can help explain the divergent COVID-19 control outcomes between Beijing and Shanghai—two advanced metropolitans that are similar in their municipal capacity, administrative capability and pandemic strategy. We hope insights of this investigation contribute to the development of disease prevention systems, such as contextspecific and data-driven public health strategies that could yield optimal pandemic control outcomes with minimal unintended consequences, both amid and beyond COVID-19.

Keywords: COVID-19, health policy, global health, disease prevention, infectious diseases

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Highlights

- Albeit their similarities in municipal capacity, administrative capability and pandemic strategy, Beijing and Shanghai have divergent COVID-19 control outcomes.
- In this analysis, we discussed the underlying reasons that might have contributed to Beijing and Shanghai's different COVID-19 control performances.
- Insights of this investigation underscore the importance of data-driven pandemic policymaking to maximize desirable disease prevention outcomes and minimize unintended consequences.

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COVID-19 is a time of revelations and contrasts. As there are vaccine supporters and boosters, there are mask wearers and doubters. However, while these differences could shed light on individual differences in people's susceptibility to COVID-19 infections, hospitalizations and deaths, they are limited in their ability to explain why societies that adopt the same COVID-19 countermeasures, such as Beijing and Shanghai, could result in immensely divergent pandemic control outcomes. As two of the most advanced metropolitans in China and across the world, Beijing and Shanghai share similarities in their municipal capacity, administrative capability and pandemic strategy—the zero-COVID strategy, an elimination policy that aims to reduce virus spread to negligible levels. However, while Beijing's new positive daily cases in 2022 ranging from one to three digits (weekly average cases are 115 as of 30 June 2022), Shanghai has seen over 30,000 cases per day during its worst Omicron surges—cases that took the city a two-month lockdown to control (1).

Drawing from the literature and our own research, we believe several factors might have contributed to the divergent pandemic control outcomes between Beijing and Shanghai during their Omicron spread. First, Shanghai's application of the zero-COVID strategy is poorly timed and implemented (2). It has been long-established that COVID-19 infections grow exponentially, which means that the earlier their spread is controlled, the easier they could be controlled. Unfortunately, officials in Shanghai failed to implement the zero-COVID strategy swiftly or successfully during the early weeks of its Omicron outbreak. Different from Shanghai, officials in Beijing rolled out zero-COVID measures as soon as positive COVID-19 cases were identified in the city, which not only bought the city valuable time for readying overall anti-pandemic

infrastructure (e.g., quarantine hotels), but also helped health experts gain more evidence-based understanding of the scale, scope and severity of the Omicron spread.

Second, Shanghai might be distracted by its own success, both in terms of its past economic achievement and pandemic containment. Prior to its Omicron scares, COVID-19 cases in Shanghai are largely negligible (1). This might have given the public, especially the elderly, a false sense of security and a pretext for not getting vaccinated, even though they are profoundly vulnerable to COVID-19 threats (3, 4). In March 2022, for instance, only around 20% of elderly over 80 years in China received three doses of COVID-19 vaccines (5). By contrast, almost 90% of people of the same age group were boostered in the United Kingdom (1). Shanghai's unique status as a key global financial hub may also lead the false assumption that Shanghai's economic prowess is too exceptional to not be considered an exception to the zero-COVID strategy. This is an ill-founded judgement, as Shanghai, too, has weaknesses—noticeably the city's large population size and its chronically cramped health infrastructure. In a modelling study, for instance, researchers estimate that, without sufficient implementation of zero-COVID measures, in a 3-month period alone, Shanghai could face a demand for intensive care services 15.6 times its capacity and a surge of COVID-19 deaths up to 1.55 million (6).

Local officials' miscalculation of the situation may also explain why their COVID-19 communications are confusing and conflicting—another factor that could have contributed to Beijing and Shanghai's contrasting pandemic control outcomes. Days after repeatedly emphasizing that Shanghai will not implement a lockdown, officials have abruptly implemented a citywide lockdown, accompanied by opaque public health directives, foggy implementation guidelines and changing interpretations of what "lockdowns" entail (7). As a result, many residents in Shanghai face acute shortages of essential goods such as food and medicine (8), which may

have further undermined their ability or willingness to comply with COVID-19 health directives (9). Different from Shanghai, officials in Beijing have clearly delineated what efforts are needed from the public to control the city's Omicron spread and for how long. Though Beijing's public health directives also vary as cases fluctuate, the city has largely controlled its Omicron surges without implementing citywide lockdowns. Another factor that could explain Beijing's success in controlling its Omicron spread centres on the overwhelming warnings and lessons Shanghai provided.

When it comes to early warnings and evidence that substantiate timely implementation of the zero-COVID strategy, Shanghai was the canary in the coal mine. Before Shanghai's Omicron surges, China has been widely considered a success in managing COVID-19 threats. Shanghai showed how fragile could a society become if COVID-19 was not addressed with effective countermeasures. Lessons from Shanghai on dos and don'ts in coping with Omicron spread, in turn, may have prepared officials in Beijing for their later virus outbreaks. Public adherence to COVID-19 countermeasures may also play a role. Abrupt and stringent implementation of pandemic countermeasures could cause poor public adherence to the zero-COVID strategy (7), and in turn, compromise Shanghai's pandemic control efforts. Furthermore, different from Beijing, Shanghai is also less familiar with disruptions to daily life and economic activities. By contrast, as China's capital, similar to cities such as London, Beijing is often exposed to events that would result in short- or long-term disruptions to public spaces or transportation systems, such as visits from state officials, national parades and the Olympic Games. This means that pandemic countermeasures might be less surprising and more approachable among residents in Beijing than their counterparts in Shanghai.

Another potential contributing factor is that the toll of severe acute respiratory symptoms or SARS on Beijing was substantially graver than that of Shanghai by degrees of magnitude (10). A more personal and relatable understanding of the damages of infectious diseases can incur if not controlled swiftly may also help shape Beijing residents' adherence of public health directives amid COVID-19 scares. Taken together, these insights suggest that, even under the same pandemic control framework—the zero-COVID strategy, prevention outcomes could vary substantially across societies. This means that to ensure public health directives inspire public belief as opposed to incredulity, support rather than scepticism, more evidence-based and data-driven understanding of pandemic control strategies is needed, so that health officials could more efficiently, economically and empathetically unite all communities in surviving and thriving public health crises, amid and beyond COVID-19.

List of abbreviations

NA

Declarations

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