

University of Wales Trinity Saint David

Doctor of Business Administration

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Assignment Topic :

**A critical review of the management of the Coronavirus issue by the HK Government
with the 3H framework.**

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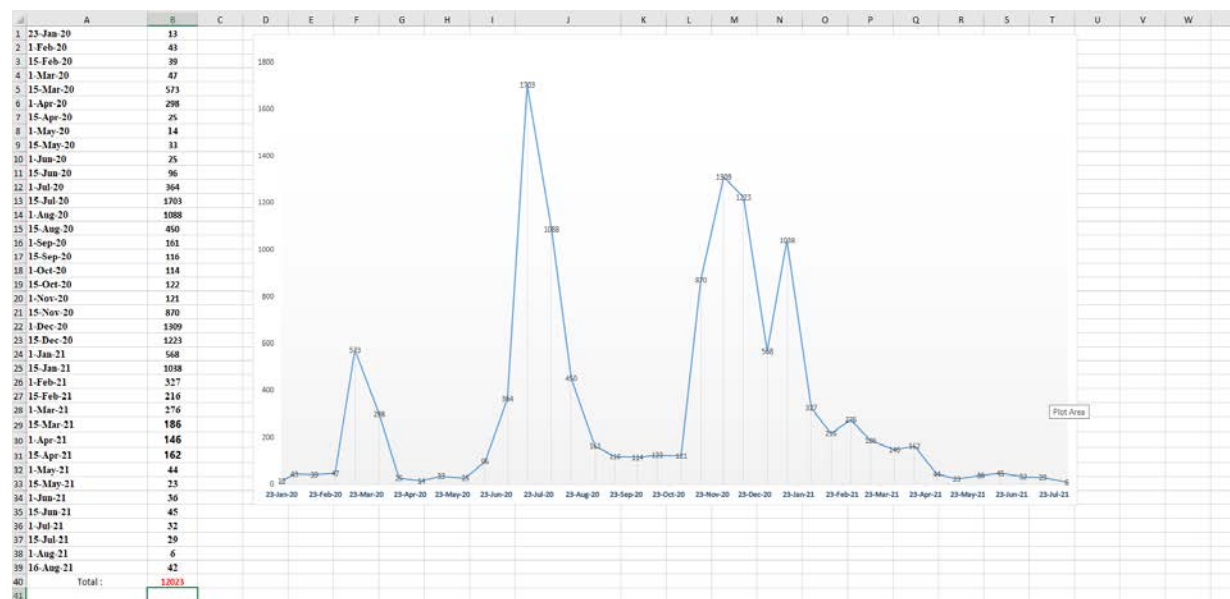
Topic : A critical review of the management of the Coronavirus issue by the HK Government with the 3H framework.

Introduction

The whole world has experienced an unexpected scathing attack by Coronavirus since around Jan, 2019, and most of the world is still surging through the fluctuating tides of its variants even after the application of vaccines since early 2021. The latest situation of Israel relapsing into a variant pandemic, despite almost 100% of national vaccination, is a tell-tale sobering lesson to prompt us to think and plan ahead.

Since Jan, 2020 , Hong Kong has experienced 4 major waves of Coronavirus peaking in mid March, mid- July and end of November 2020 and mid January 2021 (see Diagram A in the Appendix). The total number of infections are around 12023 with death toll at 212 by mid August, 2021.

Since March , 2021, four kinds of variant virus had attacked HK ,including British N501Y variant (140 cases) , S. African E484K variant (7 cases) , Indian L452R variant (104 cases) and European D614G variant (1 case) only .



Because of the persistent looming existence of Coronavirus in our community with or without known origin, HK has suffered repeated major disruption of its governmental, educational and commercial activities, with lives and economy seriously upset. By the end of the 1st quarter of 2020 , HK economy has shrunk by 9.1 % , according to the government announcement on 29.7. 2020 . By the end of 2020,, HKK's GDP had plummeted a staggering 4.4 % compared to 2019

(see Appendix: Chart 1) . The employment rate had risen to highest 7.2 % in around March and April, 2021 (see Appendix: Chart 2).

HK border was almost closed since 25th March, 2020 (except for the exempted classes e.g. flight and crew members, some manufacturers , professionals). It is questionable when our border can be fully re-opened to China or Macau, or achieve any travel bubble safely with any country. We have been stranded by Coronavirus for about 20 months from January, 2020.

Not too far away from HK, Wuhan of our motherland had demonstrated to us how a place once under a complete lockdown from 23rd Jan, 2020, with 68,282 cases of infection and a death toll at 4512, could triumphantly open up shortly on 8th April, 2020 after just 76 days, with no permanent adverse effect on its economy (Yu, 2021) .

While the experience of HK in containing Coronavirus may be applauded in the eyes of westerners, our battle record is very much eclipsed when compared to Wuhan or any part of China which had almost completely cut off the transmission links of Covid-19 in a few months' time.

Even after the drastic drop of Coronavirus cases since March, 2021, HK is not out of the dark forest yet, since various variants are looming at our doorstep waiting for any small chance to sneak in and wreck havoc with a pandemic . This is true of many cases of re-lapse into Coronavirus variant pandemic witnessed in Israel, USA, UK, Thailand, Japan and Singapore, etc.

Research questions

The unspeakable danger of variant virus inevitably probes us to think: Has the HK government (“HKSAR”) got ready for a possible 5th wave of Coronavirus, in particular for a rampant attack by one or more of its variants?

Judging from its past performance in handling Coronavirus pandemic, will HK government be able to ward off the variant virus and/or contain it effectively within a reasonably short period of time?

Are there rooms for enhancement in its existing containment policies, even if they are considered effective in the eyes of some countries? Should we be complacent with the current situation, thinking there should be no more overwhelming challenges ahead?

On the other hand, if one is not satisfied with the performance of HKSAR in the past, what were the reasons that had taken it so long to eradicate the inbound Coronavirus transmission? What could we do to battle Coronavirus as effectively as the Wuhan or Chinese government?

Research objectives

The aim of this study is to examine the area that HKSAR had done well or failed to do well in containing Coronavirus, through the analytical lens of the 3 H model devised by professor Eddy Yu (Yu, 2020). The ultimate goal of this paper is to offer suggestions to HKSAR for its Coronavirus containment measures, with a view to prevent, reduce and/or eliminate the virus transmission links within HK in the near future.

Research method

The investigation of performance of HKSAR in containing Coronavirus will be carried out by an exploratory and inferential approach , with a descriptive analysis of the data gathered from (i) HKSAR official website including the speeches, announcement and policies enunciated by its various department head ; (ii) Information from the official website of WHO, (iii) Newspaper report or online articles and (iv) peer review literature .

For the public perception of HKSAR performance, data will be gathered through questionnaires (see sample in Appendix) which aim to solicit the reasons of inadequacy , if any, of the containment measures by HKSAR in the eyes of the public .

Finally, a qualitative and reductive approach will be deployed for the analysis of the factors contributing to the performance of HKSAR under the 3 H framework devised by Dr. Eddy Yu (Yu, 2020).

Literature review

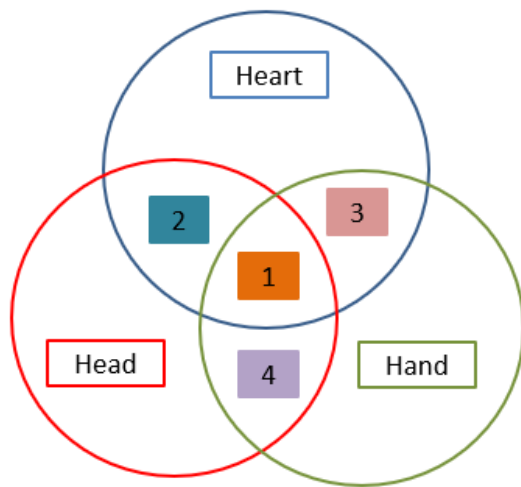
The 3 H model

The 3H model is a framework for examining a mode of administration through the angles of Heart (H1), Head (H2) and Hand (H 3).

The Heart issues relate to **feeling** (e.g. motivation, determination, courage , EQ (emotional quotient) , AQ (adversity quotient) , patriotism , interest, obedience, humility, open mindedness, bias, arrogance, fear, worry , emotion, etc.).

The Head issues relate to **thinking** (e.g. wisdom, intelligence, insight, discernment, strategy, planning, persuasion, mobilization, review, estimation, projection, etc.).

The Hand issues relate to **execution** of policies (e.g. competence in performance, production, design, tactics, co-ordination, teamwork, presentation, sale, etc.)



Source : Yu (2020)

Commencement of pandemic outbreak in HK

HK had experienced the Coronavirus infiltration very shortly after the outbreak in Wuhan. There were a total of 59 suspicious pneumonia cases detected in Wuhan by 5th Jan, 2020.

In HK, between 9th to 14th Jan, 2020, there were about 30 odd people (who had travelled to Wuhan in the past 14 days) being admitted into HK public hospitals. On 23rd Jan, 2020, HK had the 1st Covid -19 case confirmed . By 26th Jan, 2020, 77 persons with Covid-19 symptoms were hospitalized already.

Analysis of HKSAR containment measures under the 3 H model

Head issues

Key performance variables

Judging from the experience of China and other countries , the key performance variables (the independent variables) that lead to a good outcome of effective prevention, containment and/or eradication of the Coronavirus (the dependable variable) are mainly around the following measures :

- (i) Preventive measure - Mask wearing, Social distancing, Disinfection.

- (ii) Detective measures- Nucleic acid testing, Contact-tracing , Quarantine
- (iii) Immunization measures - Vaccination

Positive factors in Coronavirus containment by HKSAR

Drawing on our experience of the Avian influenza in 1997, SARS in 2003 and Influenza (H1N1) pandemic in 2009, HKSAR had promptly alerted to the threat of an epidemic when 44 pneumonia cases were reported by the National Health Committee of China on 3rd Jan, 2020.

By 4th Jan, 2020 HKSAR had **activated the 3 tiers response level plan** (alert, serious and emergency) where Wuhan was assessed to be at serious level of risk . On 7th Jan, 2020 , additional measures of **infrared temperature checking** machine or hand-held temperature reading devices were introduced at airport and border control points. On 8th Jan, 2020 , Hospital Authority (“HA”) reviewed the response measures of the 7 hospital clusters in HK .

Soon after China had announced, through Dr. Wong KA Hing of the Centre for Health Protection Controller, that the preliminary determination of the pathogen of the cluster of viral pneumonia cases in Wuhan was a kind of novel coronavirus which shared the genetic sequence of Covid 19 with HO on 12th Jan, 2020, HKSAR sent out Dr. Chui Tak Yi under Secretary for Food and Environment to visit Wuhan to examine the question.

On 23rd Jan, 2020, HKSAR extended the Health declaration form system to cover all inbound travelers using high speed rail, and urged schools to put mainland tours on hold.

On 25th Jan, 2020, Chief Executive of HKSAR Carrie Lam (“CE”) announced that the response level under the “Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance” (the Preparedness and Response Plan) would be raised to Emergency Response Level with immediate effect. She rolled out a package of measures to tackle Coronavirus (hereinafter called the “ disease”) including:

- (i) **Enhancing mechanism and organization structure to tackle disease**, with the setting up of a “Steering Committee cum Command Centre” (hereinafter called “SCCC”) for formulating relevant strategies and measures according to the development of the disease.

There are four workgroups under SCCC- (a) the Workgroup on Disease Prevention and Control led by Secretary for Food and Health, Professors Sophia Chan for formulating strategies to manage infected cases and maintaining close liaison with relevant departments in Mainland and WHO (b) the Workgroup on Responses and Actions led by the Chief Secretary for Administration Mr. Matthew Cheung Kin-Chung to co-ordinate the work of various departments in fighting the disease; (c) the Workgroup on Public Participation led by the Secretary for Home Affairs Mr. Lau

Kong Wah to encourage the community to take part in activities to tackle the virus, and (d) the Workgroup on Communications led by the Secretary for Constitutional and Mainland Affairs Mr. Patrick Nip to make sure that the latest and accurate messages were conveyed to all members of the public and stakeholders speedily and effectively.

Further, an **expert advisory group** was set up under the SCCC to provide professional advice to CE and HKSAR government(“HKSAR”) . Four experts with rich experiences in public health , epidemiology and clinical aspect were engaged to join the expert advisory group , including (a) Professor Gabriel Leung, Dean of Li Ka Shing Faculty of Medicine of the University of HK ; (b) Professor Keiji Fukuda, Director of Clinical Professor of the School of Public Health of the university of Hong Kong and former Assistant Director General of the WHO; (c) Professor Yuen Kwok Yung, Chair of Infectious Disease, Department of Microbiology, Li Ka Shing Faculty of Medicine of the University of HK and (d) Professor David Hui Shu- cheong , Stanley Ho Professor of Respiratory Medicine and Director of Stanley Ho Centre for Emerging Infectious Diseases.

(ii) Strengthening immigration control

Specific measures to prevent the spreading of the disease were laid down as follows:

- (a) Indefinitely suspending flight and high-speed train services to and from Wuhan;
- (b) Expanding the arrangements of health declaration by in-coming travelers from Mainland to all boundary control points, and to pilot the e-health declaration system;
- (c) Enhancing manpower for conducting temperature checks and stationing at Border Control Points;
- (d) Exploring temperature checks for departing passengers with priority on passengers departing to Shenzhen, Zhubai and Macao;
- (e) Updating travel health advice and advising the general public not to visit Hubei province in which there was community transmission of novel coronavirus; and
- (f) Suspending all Mainland exchanges, visits, cultural and sports activities organized by HKSARG.

(iii) Minimizing risks of virus infection and spreading in local community – by :

- Cancelling large-scale events in the coming future (including Chinese N.Y. Carnival , Lunar NY football tournament, HK Marathon and Chinese N.Y. receptions hosted by HKSARF receptions.
- Appealing to community groups to take public health risks into account in organizing any event.
- Extension of Chinese N. Y. Holidays for all schools until 17th Feb., 2020 to lower risk of disease transmission among students .

- SWD providing additional resources to facilitate the cleaning and disinfection of the service organizations , and reminding temperature taking measures for residents ., staff and visitors.
- Government departments stepping up cleaning work in public facilities and reminding public transport operators and property management companies to step up cleaning work .

(iv) Enhancing personal hygiene of the public

- The Centre for Health Protection had issued guidelines reminding citizens to be aware of personal hygiene.
- HKSAR would proactively increase the supply of masks to ensure sufficient supply.
- CE had personally written to the State Council to seek assistance I mask supply from Mainland to HK
- HKSAR would monitor market supply of hygiene products e. g. hand sanitizer, alcohol-based handrub and bleach .

(v) Improving anti-epidemic facilities and service

- Two quarantine facilities (Lady MacLehose Holiday Village and Lei Yue Mun Park and Holiday Village) were officially activated to receive persons required for quarantine. Department of Health (“DH”) had also coordinated with Housing Department to convert Fai Ming Estate , an unoccupied public estate in Fanling, into temporary flats for quarantine and observation of close contact person without symptoms.
- DH put in place additional thermal imaging systems in HK International Airport and HK West Kowloon Station of the XRL for checking body temperature of travelers with increased random checking.
- HA closely monitor the system with the strategy of “early notification”, “early isolation” and early testing” with a view to prevent transmission into the community .
- 603 isolation beds were ready in public hospitals with occupancy of around 40 % . HA would mobilize other isolation beds if required.
- The Public Health laboratory Centre of DH had enhanced testing service for ascertaining infection. HA expected rapid testing would be provided in laboratories of public hospital in early Feb the soonest.
- HA would activate designated clinics timely in case of community outbreak in HK or neighbouring region (e.g. Guangdong province) to handle mild cases whereas AEDS would focus on more severe cases.

It can be seen that many good timely strategies were laid down soon after the first wave, and the focus was understandably geared towards warding off the pandemic from mainland China.

However, the pandemic did not cease to die down in HK after Jan, 2000 . Instead, it escalated to 573 cases (between 1st & 15th March, 2020), at 1703 cases (between 1st & 15th July , 2020) , 1309 cases (between 15th & 30th Nov , 2020) and 1038 cases (between 1st & 15th Jan, 2021).

What were the pits and fall in the strategies of HKSAR that could have contributed to it is marathon struggle with Coronavirus up to now ?

Questionable home quarantine

Since 8th Feb 20 onward , Department of Health (“DH”) had issued **compulsory quarantine orders** for all people entering HK from Mainland and those to Mainland in the past 14 days. People concerned were required to **stay at home or other dwellings** for 14 days of quarantine, while those with symptoms would be referred to DH for further handling. (All people under compulsory quarantine were required to **share real-time locations** using their mobile phones at boundary control points). Those who chose not to, were required to **wear electronic wristband** to help Office of the Government Chief Information Officer to monitor whether they were staying at their dwelling places.

During peoples’ home quarantine, DH would continue to contact people via phone calls , and disciplinary force members would conduct spot checks. Police might issue warrants to ensure compulsory quarantine effectively. (Max penalty was 6 months imprisonment and HK\$25,000 fine) .

All inbound travelers from different countries were ordered to undergo compulsory home quarantine. The **enhanced electronic wristband** were issued on 18th March,20.

All the abovesaid quarantine measures were necessary and highly commendable. However, HKSAR seemed to have forgotten that the very feature of Covid -19 was that it was transmittable among close contact. On 15th Jan, 2020 , Dr. Chiu Tak Yi announced that the **possibility of limited human -to human transmission** could not be ruled out. But there was no further guideline on how a person under home quarantine should better be segregated from their family members in their daily lives. Hence, family members of asymptomatic infected people could have easily been infected and further disseminated the disease outward in their daily routine.

Up to 18th March, 2020 , domestic workers arriving to HK were only required to undergo home quarantine. Other travelers from highly infectious places like USA and Europe also only had to go through self-monitored home quarantine. These foreign entrants when mixed with local communities were just waiting time bombs.

Lack of testing facilities at the airport

Despite the notorious rampant nature of Covid – 19 , there was **no readily available testing facilities for inbound travelers or returnees** at the HK Airport or other control points.

Up to 20th March, 2020 , when the temporary Covid 19 test centers at AsiaWorld -Expo and north Lantau Hospital were opened , they were expressly said by CE to be for symptomatic returnees only . Asymptomatic travelers or returnees (who were potential silent carriers) were just advised to take home quarantine, making it possible for them to infect others on their way to the hotel or residence.

It was not until 13. 4. 2020 that inbound travelers from USA and Europe were required to go to the Temporary Specimen Collection Centre at AsiaWorld -Expo to wait for the Covid-19 test result .

Weak monitory measures for inbound travelers

Before 8th March, 2020, when Covid 19 was wrecking havoc in the world, the HK government did not require proof of virus test result upon boarding, and **no compulsory testing at the airport** was conducted before they were allowed to leave the airport.

It was only from 8. 3. 2020 that all inbound travelers were required to fill in a health declaration form (the mildest form of monitory system).

On the contrary, **China** had taken proactive step to tighten its border control . From 10. 4. 2020, all cross-boundary goods vehicle drivers entering Shenzhen had to present ‘iShenzhen’ health cerification code, and had to present **proof of a negative result for a nucleic acid test** within the previous 7 days before they were admitted into China . HKSAR could have imitated to adopt this measure for all inbound travelers. But sadly, there was none (In the absence of such stringent border control measures , HK was laying wide open for at least several months when Coronavirus in all forms and shapes could have infiltrated from all over the world in HK freely) .

Belated close down of border against Hubei

In response to complaint that HKSAR had delayed action in combating the spread of CO 19 , CE said on 25th Jan, 2020 that the HKSAR had taken actions in a very systematic manner based on scientific evidence and advice from experts, and that a critical point was only reached on 23rd January when two Covid 19 cases were confirmed in HK .

It was **only until 26th Jan, 2020** that HKSAR started to restrict people who had visited Hubei in past 14 days to enter into HK (except for HK residents). Yet, by this time, not surprisingly, six Covid – 19 cases confirmed in HK were about HK residents who had return from Wuhan .

There was thus a **whole month's absence of inbound ban from Hubei** since the outbreak in Wuhan, China in late Dec, China. During this whole month, returnees from Hubei could have transmitted the disease within the local community in HK, in particular given the very loose home quarantine measures .

Belated quarantine order for travelers from foreign places other than China

On 19th Jan, 2020 , HKSAR had issued Red outbound travel alert on Iran . on Korea on 24th Feb., 2020 , on 3 regions of Italy- Emilia-Romagna, Lombardy and Veneto on 28th Feb., 2020 .

On 28th Feb., 2020 , DH admitted that the accumulated number of confirmed Covid 19 cases across the globe had risen to a recording breaking figure in the neighboring countries .

Yet, on the same date on 28th Feb, 2020 CE still maintained that it was **not meaningful to talk about a complete closure of all boundary control** point, as 75 % of passenger flow through HK control points were HK residents .

For inbound travel measures, it was not until 1st March, 2020 that the Department of Port Health Division issued a quarantine order to people who had been to the three Italian places and to Iran in the past 14 days, and required doctors to report on any individual with fever, acute respiratory illness or pneumonia , and with travel history to a place with active community transmission.

Yet by this time,, there were **already 2 months' delay of quarantine measures for inbound travel** from Italy and Iran, not to mention from other infectious places .

No immediate local lockdown of HK (partial or whole) to cut off transmission link

As early as on 1st Feb, 2020, the possibility of local transmission came to the notice of HKSAR, as Dr. Chuang Shuk Kwan (the Head of Communicable Disease Branch of the centre for Health Protection(“ Dr. Chuang”) announced that HKSAR could not exclude the possibility that case no. 12th and 14th were locally transmitted.

By 19th Feb, 2020, Dr. Chuang, expressly said it was **very difficult to identify the infection cases with mild symptoms or asymptomatic carriers in the community** (looking at case no. 63 in which the patient had only runny nose and mild symptoms 5 days ago).

On 23rd Feb, 20 Dr, Chuang said the North Point temple resembled outbreak with many close contacts and suspected the virus had transmitted through gatherings and person -to -person contact. Dr. Chuang also noted that since there were still **cases with unknown sources**, she could not predict when the outbreak would die out.

Hence, by mid Feb., 2020 , it was clear to HKSAR that Coronavirus had become locally transmittable and infected people did not necessarily exhibit symptoms in the first week of infection.

Yet, **unlike China, HKSAR had not taken any extra measures** (except by individual contact - tracing for close contact) **to encircle and cut off the transmission network** immediately (e.g. by local lockdown of the building where the N. Point temple was situated and conducted compulsory testing for all residents and visitors there) .

Inadequate hospital beds or quarantine accommodation

On 17th March, 2020 CE explained quarantine facilities should be reserved for high risk Covid - 19 cases since the capacity of HK quarantine centers were limited . (Only about 1600 places by 17th march, 2020)

On 17th Feb., 2020 , the Scientific committees under the Centre for Health Protection (“CHP”) announced that since the **quarantine centers had reached full capacity** , close contact should be quarantined in designated facilities **only for the first 10 days** to be followed by 4 days of **home quarantine**. Due to this shortened quarantine period at quarantine centers, the risk of contact between asymptomatic patients and their family and/or the public would be accordingly raised.

On 31st March, 2020 , CE expressed that it was unsatisfactory for patients not be sent straight to hospital as soon as they were tested positive , and according to HA chief manager Dr. Lau Ka Hin , patients with no fever for more than 48 hrs , had experienced more than 10 days after onset of symptoms, had no more respiratory symptoms or no diarrhea, had no need of oxygen therapy , and had improving trend of haematological and biochemical profile were transferred to **step - down care** level to **free up 400 hospital beds for serious patients** in need. Risk of transmission was thus increased when these yet to fully recover patients were discharged prematurely.

Belated social distancing measures for public places

In March, 2020 , CE on her own introduced a temporary ban on alcohol sales in bars and restaurants to enhance social distancing . The effect was widely lamented as discriminatory and ineffective. The number of people infected between 1st to 15th of March amounted to 573.

It was not until after the 1st wave had surged to its highest in mid March, 2020 that CE attempted to widen the social distancing rules to that of : (i) From 29. 3. 2020 onward for 14 days, banning of gathering of more than 4 people in public place (exemption for workplace and weddings)

(ii) From 6. 3. 2020 for 14 days, restaurants were only allowed to serve up to 50 % of its customer capacity , with each table 1.5 m apart and maximum of 4 people at a table . Cinemas, fitness centres and amusement game centre were closed.

From 29. 3. 20 to 11. 4.. 20 , HKSAR ordered a ban of group gathering for more than 4 people in public places.

The **delay for over one month in ordering social distancing in restaurants** and failure to ban opening of places with high clusters of activities (such as cinemas and fitness centres) had played a significant role in shaping the sharp spike of the 1st wave in the first part of March, 2020 .

As was shown in the downward trend of the recorded Covid 19 cases subsequently , the total number of infection (from 1st to 15th April , 20) had drastically dropped to a mere number of 25 cases, then staying at a low level of occurrence until 1st July, 2020 when the 2nd big wave started to surge up again largely due to the 35 + pre-election political activity.

Lack of compulsory quarantine at designated quarantine hotels/centers

Since Jan, 2020 till March , 2020 , people who were stranded in Hubei or other places such as Peru were consistently assisted by HKSAR to come back home by flights. While these measures were warm and necessary for saving HK people from the predicaments of epidemics abroad , the **inadequate testing at the HK admission control points** seemed to pose big problem . Up to 25th March, 2020 , It was reported that upon the arrival of the returnees from Hubei, DH staff only checked their body temperature and briefed them about the quarantine arrangement of **14 days home quarantine**. There was no compulsory quarantine of these people from highly infectious places at proper quarantine hotels or centers .

Delay in closing the border to England or other foreign places with major outbreak

By March, Covid 2019 was surging high in many foreign countries including UK ,USA and all parts of Europe. On 10th March, 2020, HKSAR issued a Red outbound travel alert on whole of Italy , and regions in France, Germany, Japan and Spain . On 13th March, 2020 , a Red outbound

travel alert was issued on Schengen Area countries. On 17th March 2020 , HKSAR finally issued a **Red outbound travel alert to the whole world** except Mainland . Macau and Taiwan .

On 20th March, 2020 , Dr. Chuang attributed the high infection rate to increase of returnees from oversea, including the links to students returning to HK from UK where there was a major outbreak .

Yet, HKSAR **did not impose closure of HK border to inbound travelers from all countries until 25.3. 20** after experiencing the peak of the 1st wave and when the globally reported Covid 19 case had exceeded 1 million (note: travelers from Mainland, Macau and Taiwan could enter if went through 14 days compulsory quarantine.)

Exempted group of people

When HKSAR imposed the inbound travel ban against the whole world on 25.3. 20 and extended it on 6. 4. 20, there was nevertheless a group of exempted people admissible under the renewed extension :

- a. Crew members of aircraft who need to commute to and from foreign places for performance of necessary duties or crew members of good vessels;
- b. Government officials carrying out government duties including personnel of consular posts;
- c. Personnel engaged in anti-epidemic work endorsed by the HKSAR Government , and
- d. Spouse and minor children of HK residents.
- e. On 28. 4. 2020 , exempted people included people who had manufacturing operations or business activities, or who provided professional services in the interest of HK 's economic development.
- f. From 19. 5. 2020 , exemptions included legal practitioners, arbitrators or mediators providing necessary professional services in the Mainland, Macau or Taiwan

Without a detailed contact prevention plan to prevent contact between these untested airflight or vessels crew members with the HK public or inbound passengers, it was difficult to see how Covid 19 could not be transported into HK through these exempted people.

For example, on 19. 4. 20, a Virgin Atlantic ground staff tested positive was found to have come into contact with many people.

Then on 13. 7. 2021, there was a transportation worker who had been working inside the cabin of flight 9966 9(from Moscow) for a few hours and he contracted Covid-19 because a crew member of the same flight had been infectious (even though he had not come into direct contact with this infectious crew member)

Chance of transmission in the course of travel from airport to home

Although HKSAR had ordered enhanced testing for returnees at airport on 22. 3. 20 , the returnees were required to **collect their deep throat saliva sample at their residence** (i.e. they were not tested right at the airport) . The chance of these returnees (from highly infectious places) infecting others on their way home via public or private transportation could not be ignored.

Failure to impose community wide compulsory Covid -19 testing

Even after the surge up to 1703 cases between 1st to 15th July, 2020, HKSAR **failed to adopt any universal mandatory Covid 19 testing measure** to locate the invisible transmission links ravaging in HK.

On 30th Nov, 2020 during a press conference, CE express stated that **she did not think it was feasible to conduct a universal mandatory testing** within a short period of time in HK , particularly after consulting her 4 experts. Why was this idea perfectly feasible and successful in China but not in HK ?

This may turn to the discussion of the next issue – the Heart issues in relation to HKSAR and the HK public.

Heart issues

Hong Kong had experienced an anti-government movement since 2014 with the commencement of the Umbrella movement .The anti-government sentiment erupted to its highest in 2019 when the movement turned into riots, strikes and violence against the introduction of the China Repatriation legislation by the HK government .

Looking at the result of the District Council Election in 2019, it's not difficult to deduce that there was roughly 60 % of voters in HK who were anti -China. Inside the Government sector, the percentage of workforce which shared the same anti-China sentiment was possibly high. Whatever said or done by the HK government on behalf of or related to the Chinese Government would be objected by these counter-China revolutionary liberals.

.In fact, as early as on 4th Feb., 2020, the healthcare workers had organized a strike trying to force HKSAR to close down the border with China, citing the danger posed to lives and health of the healthcare workers by the Coronavirus pandemic from Wuhan .

On 19th Feb., 2020 , there was demonstration organized by the Union for New Civil Servants, shouting slogan of independence of HK. Carrie Lam was well aware of the restrain on her power brought by these anti – HKSAR and anti-China sentiment . She would have anticipated that if she expressly modeled after China, or adopted any device or innovation created by China, there would at least half of the HK population refusing to adopt or avail such device (The Sinovac vaccine was a live example of such sentiment) .

One of key elements of success of China in containing Coronavirus was a complete lockdown of the city followed by efficient mandatory universal Nuclei acid testing within a couple of weeks , in order to root out the invisible transmission links hidden in the community. Carrie Lam probably knew that if she forcibly led HK to model after China to implement this lock down measures on a mandatory basis, there would be strong overwhelming opposition from the yellow camp.

Furthermore, in 2020 , there was the legislative Council election scheduled to be held in Dec., 2020 and the CE election in early 2022 . Nether Carrie Lam nor any legislative councillor would like to enrage the yellow camp too much with the mandatory measures innovated by China thus weakening their own chance of election. Hence, in the mind of Carrie Lam , introducing mandatory Covid-19 testing, contact tracing or largescale lockdown measures (even though they might be good medicine to curing the Covid19 problem in HK) , it would be disastrous to her election . This political consideration was, in my respectful submission , the major underlying reason why CE did not model after China, although China had expressly offered assistance repeatedly.

Infection control measures after July, 2020

The mind of CE and her government started to change when the National Security Law introduced by Beijing on 30th June, 2020 had silenced may previous revolutionary liberals. The voice and weight of the yellow camp thus waned . No civil servant dared raise any strike or opposition against HKSAR or the Chinse government. Even for some experts in CE's expert teams (who was previously known to be anti-China in their stances) , they became modest and low profile . With the removal of these obstructive force , we saw a series of strong and firm infection control measures taken out by CE in the latter part of 2020 :

On 31st July , 2020 , CE successfully **adjourned the Legislative Council election** date to 5th Sep 2021 (which was further adjourned to 19th Dec 2021) by reason of the reform of the HK election system .

On 28. 8. 2020 , CE welcomed the **Mainland support team for nucleic acid testing** , their provision of necessary equipment and resources to enhance HK testing capability.

Within two weeks from 1st Sep, 2020 , a **universal one -off voluntary Covid-19 test** was carried out in HK (although only 1.783 million of people were tested , with 39 positive cases being found out).

On 30th Nov, 2020 , CE expressly advocated that the “**Leave home Safe “ should be made mandatory** for all subjects in HK. She had also implemented mandatory quarantine at the designated quarantine centers/hotels.

On 8th Dec, 2020 , she amended the relevant legislation enabling Secretary of Food and Environment to issue order of Restriction and Testing (commonly known as ‘**Lockdown**’) requiring citizens to stay at a restricted area until all the people had finished the Covid19 test with the test result being known.

From 24th Dec, 2020 to 10th Feb., 2021, HKSAR had **locked down 26 areas involving 200 blocks** of buildings and a total of 25,000 people . Although there were only 20 persons found positive with Coronavirus , these were very successful experiences which were carried out smoothly and effectively in each restricted area. (Further , during these government actions, there were 234 persons being fined with HK\$ 5000 or put under mandatory quarantine for their failure to cooperate in the mandatory Covid-19 testing) .

By a series of these new strategies of mandatory lock down ,mandatory Covid 19 testing and mandatory contact tracing in the targeted area , the infection rate of Covid had drastically plummeted from 1038 cases (between 1st to 15th Jan, 2021) to a mere 23 cases (between 1st to 15th May 2021) and down to 9 cases only (between 15th July to 1st August, 21).

Hand issues

The Heart issues have affected not just the Head issues (strategies) of HKSAR, but had also affected the Hand issues accordingly.

Unsatisfactory Hand conditions

By reason of the lack of unity and solidarity in the stance of many civil servants(including but not limited to those working in HA , DH or SWD) , CE had experienced much hesitation, hiccup, and inefficiency in the execution of her policies. For example, by reason of the strike and demonstration put up by the healthcare workers in Feb., 2020 , the spirit of the HA workforce was largely affected. The quality of care that HA could deliver to the general public would thus be impaired.

In addition , in the beginning of 2020 when masks were in serious shortage, the manner conventional seeking for tender before orders were made became a laughing stock in the commercial sectors. No doubt HKSAR failed to secure enough mask supply for HK citizens by that kind of procurement method.

In other regard, it was noted there was an instance when 4 samples of saliva were mistakenly swopped , and another instance where a man was mistakenly sent to hospital for Covid 19 treatment instead of his son who was tested positive.

In implementing the “Leave Home Safe” (“LHS”) device, the leaving of discretion to the subject to volunteer personal information without verification by the restaurant owner was defeating the whole purpose of contact tracing.

Similarly, in requesting flight passengers to fill in Health Declaration Form without criminal or legal sanction was not a reliable or effective self-monitoring system , in that it could easily be abused by defiant citizens who did not support the purpose of HKSAR .

The failure of HKSAR to build or prepare adequate accommodation for a mere few hundreds of Covid19 patients in the beginning of 2020 was a significant administrative or logistical failure that had aggravated the seriousness of the 1st wave in March, 2020.

Finally, in planning how to carry out Covid 19 testing and quarantine as desired by HKSAR , the detailed planning of transportation and accommodation to prevent contact between the subject of quarantine with the public or their family members should be of top priority . However, this simple but important issue had missed the eyeball of HKSAR until as late as Dec, 2020 , thus allowing the virus to sneak into our community surreptitiously through silent carriers for almost a year.

Good Hand performance

The good ‘Hand’ performance of HKSAR can be viewed in the administrative deliveries of : (i) its smooth and heroic actions in saving many HK residents stranded in Hubei, Peru, morroco, India and the Diamond Princess Cruise ship in Japan ; (ii) its warm visits by HKSAR officials to various voluntary institutions to show support for their infection control effort; (iii) the enhancement of electric wristband to enable effective compliance with stay-home quarantine order since 18th March, 2020 ; (iv) the exemplary prosecution of people in breach of quarantine rules (e.g. jailing three persons with 3 months,10 days and 6 weeks of imprisonment respectively for their pre-mature exile from the home quarantine orders) ; and (v) : the uneventful Covid 19 testing and the efficient procurement and application of vaccines so far.

Conclusion in 3 H model analysis

The 3H variables in the past performance of HKSAR in Coronavirus containment had been deciphered, analyzed and discussed above.

In conclusion , it is noted that the Head issues (H2) (strategies, policies and planning) of HKSAR were largely affected by its Heart issues (H1) (social /political concerns, unity/solidarity, patriotism/individualism, fear / worries, pride / humility) .

In turn, the Hand issues (H3) (efficiency in execution , quality of performance, efficacy of administration) were also affected by the Heart issues, in addition to by the Head issues.

The performance of HKSAR = $f(H1c H2c H3)$. There was an intrinsic interactive relationship among these three variables. One cannot be stand entirely independent of the other.

Head (H2) cannot succeed without the intuition and desire of the Heart(H1) , and Heart (1) cannot dream and fly without the direction and planning of Head (2) .

On the other hand, Head (H 2) cannot succeed without the work done by Hand (H 3) , and Hand (H 3) have to rely on direction from Head (H 2) to achieve anything meaningful and sustainable.

In the relationship between H2 and H3 , it is submitted that Hand (H3) is often directed by Heart (H1) , similar to how an artist's hand is often guided by his or her heart, not by cool analysis of his or her head.

In turn, one's Heart (H1) is often affected by the information that Head (H2) put into its furnace for processing or purification . Similarly, H1 is reliant on Hand (H3) for its protection and provision.

Application of 3H theory to case study

In the present case study of Coronavirus control measures by HKSAR, it is submitted that (H2) elements - intelligence, technology , experience, knowledge of HKSAR were never a problem. The competence, efficiency and efficacy of HKSAR (H3)issues were also expectedly top-notched according to the usual HK speed and efficiency in performance .

The only variable that is most precious but sometimes unpredictable is actually the Heart (H1) issues for which HKSAR is expected to be :

- (i) visionary and transformational to excel, innovate and enhance its virus containment measures ;

- (ii) humble and wise to respect and learn from overseas experience , and be wary of others' strengths and pitfalls ;
- (iii) courageous and righteous to pursue the proper values -e.g. compassion to save lives, altruism to sacrifice one's political and commercial gain for the greater good of the public, and truthfulness to act according to facts, science and experience .

Limitations and future research interest

There are many facets of the effect of Coronavirus and about the governmental containment measures that are worth in-depth study . It is impossible to mention and analysis all such aspects in in this paper.

Due to the restraint of time , only 10 persons were interviewed and asked to fill in the questionnaire (enclosed in the Appendix herein) to reflect their impression of HKSAR performance in Coronavirus containment.

The adequacy of financial relief provided by HKSAR in time of a pandemic is a very interesting aspect for research in the future. The kind of necessary logistical arrangement to enable effective function of a society during a complete lockdown is another very practical and necessary research topic.

Conclusion in outlook

HKSAR has the early alertness drawn from its prior pandemic experience and it had the Head (H2) and Heart (H1) to prompt it to react rightly from the beginning to keep a healthy relationship with National Health Committee of China to understanding and monitor the development of the Coronavirus virus .

What has dragged the feet of HKSAR in catching up with the pace and style of China in the containment of Coronavirus was largely its **Heart issue** (H1) – i.e. its political concerns or fear of arousing the acrimonious sentiment of the anti – China liberals by virtue of the containment measures that bore strong connection with the mainland Chinese government.

Given now that HKSAR is free from the threat and discontent of the yellow camp liberals (after the implementation of the National Security Law) , it is believed that HKSAR should feel free and confident to interact with and learn from China, to push forward for mandatory measures, if and when they are necessary and applicable (whether in respect of mandatory large-scale testing, contact tracing , quarantine or vaccination).

In my humble futuristic outlook for the betterment of HK, it is proposed that in addition to all the existing good Coronavirus containment measures for the moment, HKSAR should also look

forward to step up the measures of : (i) Establish the **Health QR Code and the Vaccine Passport** for maximum contact tracing and health identification purpose ; (ii) Enforce **mandatory vaccination** in all social ,commercial and governmental and industrial sectors (save and except for people certified by doctors to be unsuitable for vaccination) ; (iii) Enforce **regular mandatory Nuclei acid testing** for unvaccinated people ; (iv) Maintain **stringent repeated Nuclei acid testing** and **at least 21 days of compulsory quarantine at designated quarantine centers/hotels** for visitors or returnees to HK; (v) **Enhance technology to enable rapid group Covid 19 testing** over a large portion of population (iv) Be prepared for **necessary comprehensive lockdown** of whole or part of HK within a short period of time – by installing the necessary administrative, logistical , disciplinary, medical and social measures , and providing adequate and timely financial assistance for all individuals affected by the drastic lockdown measures financially (e.g. subsidy , tax cut and arrangement with property owners or banks to delay payment of mortgage /rent until the government guaranteed loans become available).

It must be emphasized that we are not lonely pioneers. There are tons of good experience that we can learn from China, subject to necessary modification according to our actual geographical and local circumstances .

On the other hand , we also have tons of negative experience from overseas that should warn us what not to do. Political and hubristic attitude are obstacles to learning. Humility and openness will always allow us to absorb and simulate different kinds of knowledge and experience and churn them into useful learning materials for the betterment of our future.

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[hk/%E6%96%B0%E5%9E%8B%E5%86%A0%E7%8B%80%E7%97%85%E6%AF%92%E7%97%85%E6%99%82%E9%96%93%E8%BB%B8](https://www.otandp.com/zh-hk/%E6%96%B0%E5%9E%8B%E5%86%A0%E7%8B%80%E7%97%85%E6%AF%92%E7%97%85%E6%99%82%E9%96%93%E8%BB%B8) (assessed on 14 August 2021).

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APPENDIX:

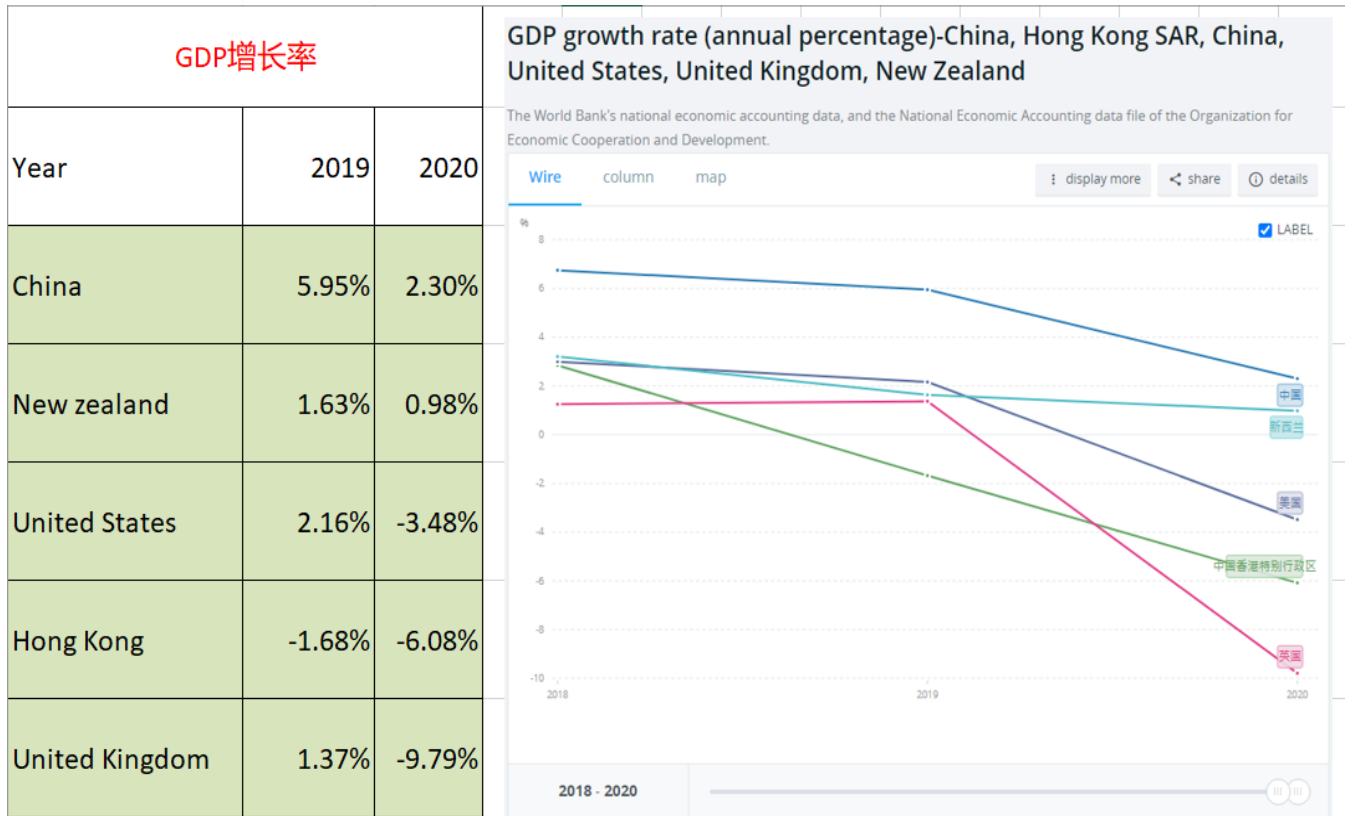


Chart 1

Source: available at: <https://data.worldbank.org.cn/indicator/NY.GDP.MKTP.KD.ZG?end=2020&locations=CN-HK-US-GB-NZ&start=2018&view=chart>

圖006-A：失業率(經季節性調整)

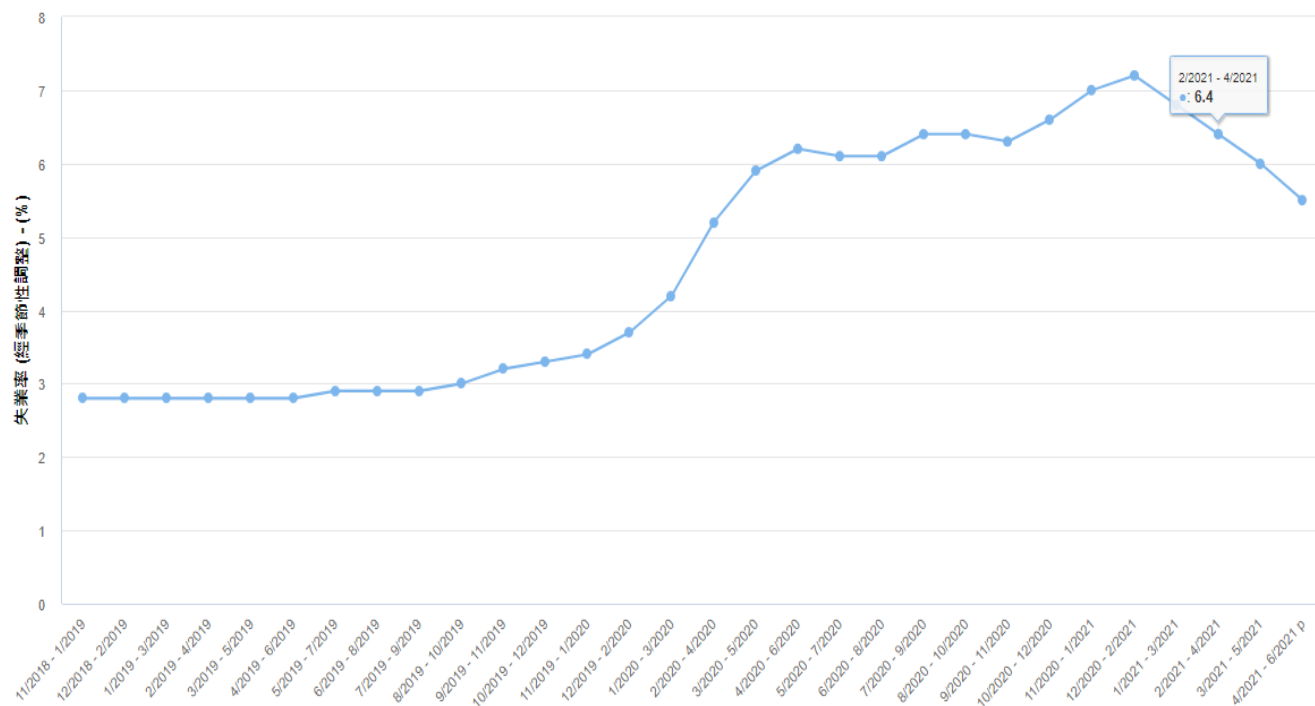


Chart 2

Source: available at: https://www.censtatd.gov.hk/tc/web_table.html?id=6#

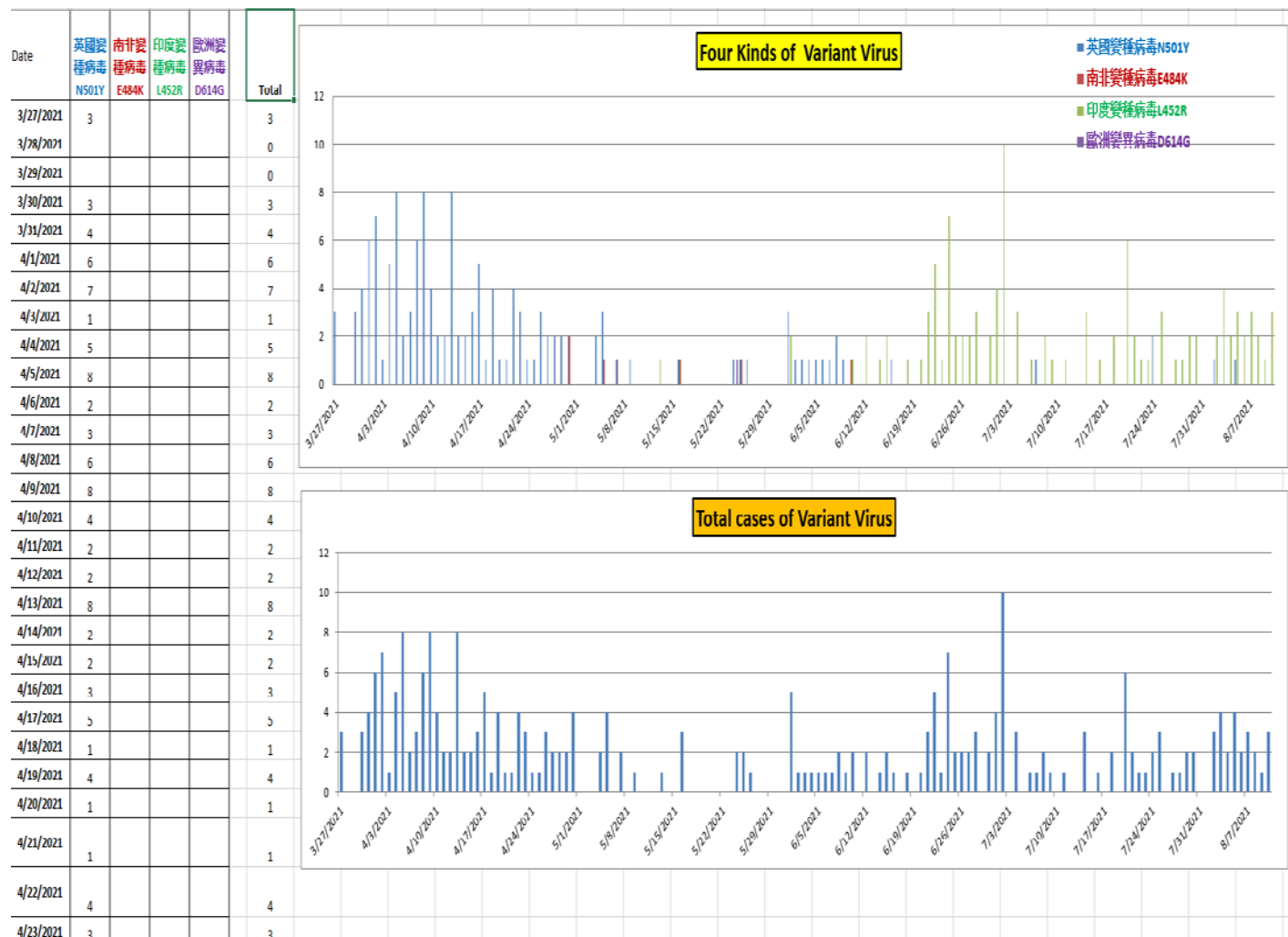


Chart 3

Source: Chih (2021)

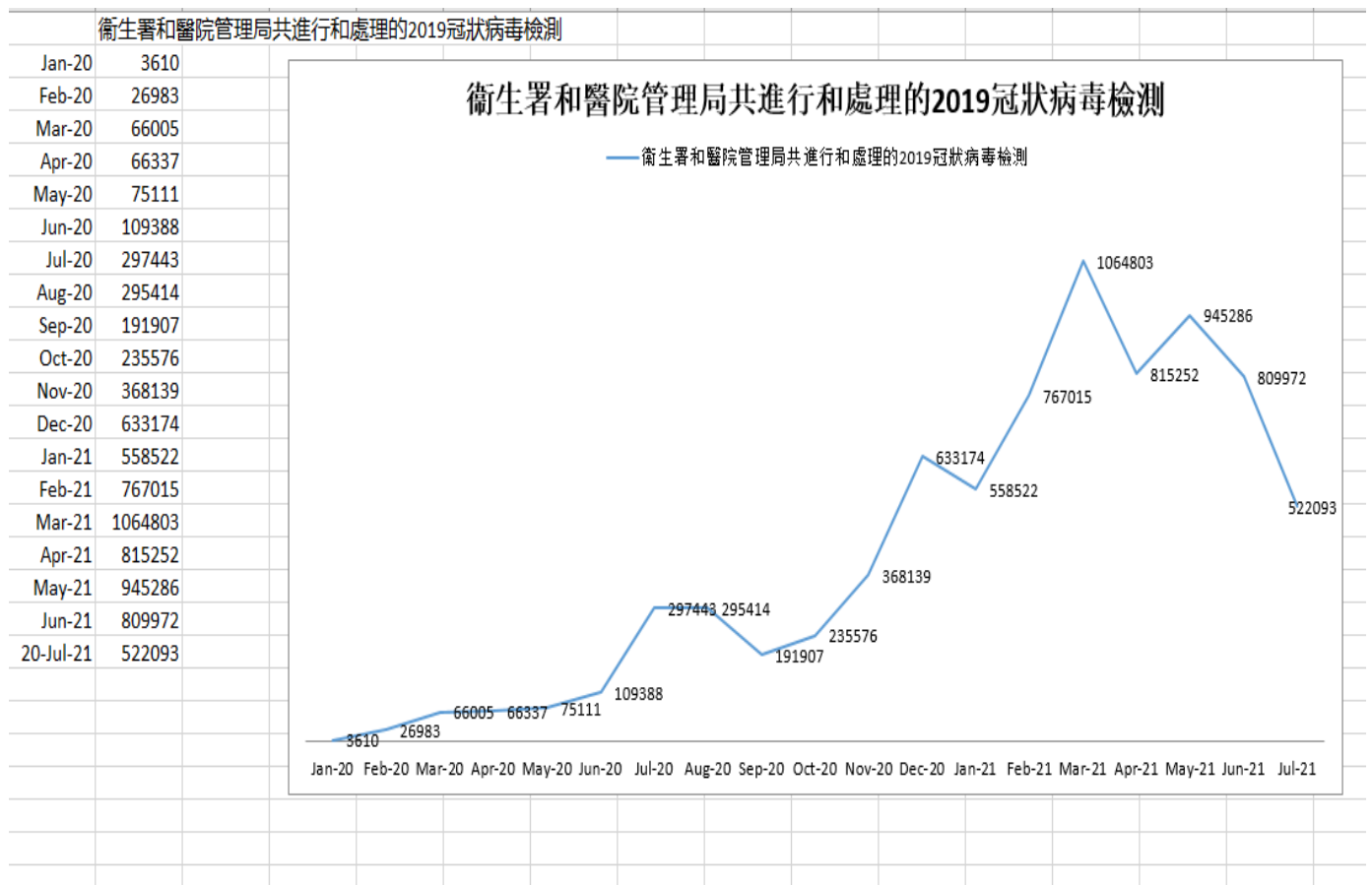


Chart 4

Source: Chih (2021)

香港新冠疫苗接種資料概覽

(截至2021年8月16日晚上8時，除非另有註明。)

回上一頁

疫苗接種劑次

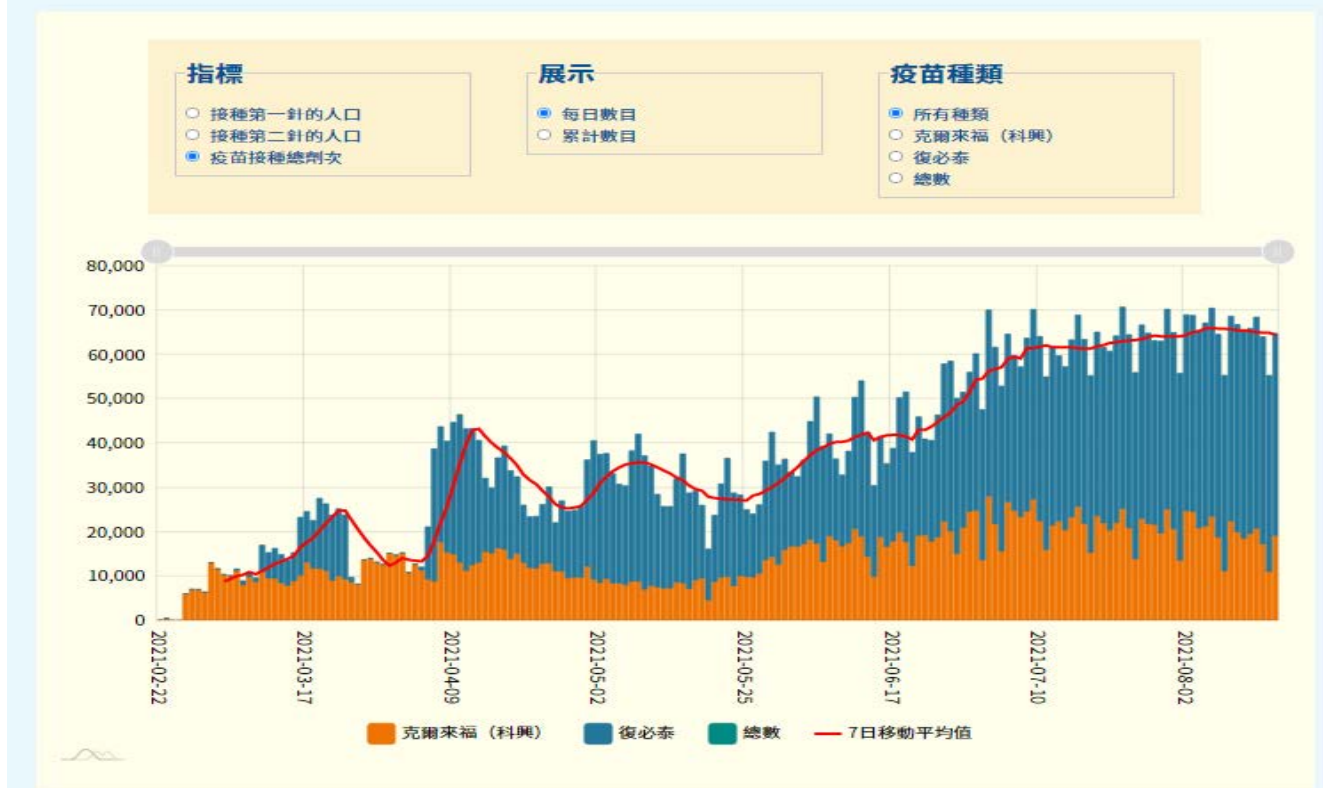


Chart 5

Source: available at: <https://www.covidvaccine.gov.hk/zh-HK/dashboard/totalFirstDose>

Questionnaire (A)

What is your impression of the **performance of HKSAR in combating Coronavirus in terms of the following measures ?**

(Please indicate your answers by circling the number you choose, and state the reasons/remarks if any):

	Between Jan 20 to Dec 20	Between Jan 21 to August 21
Mask provision	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate
If your answer above is inadequate or v. inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5) :	Production problem 0__1__ 2__3__ 4__5__ Logistics problem 0__1__ 2__3__ 4__5__ Economic reasons 0__1__ 2__3__ 4__5__ Political reasons 0__1__ 2__3__ 4__5__ Governmental incompetence 0__1__ 2__3__ 4__5__ Other reasons _____	
	Between Jan 20 to December 20	Between Jan 21 to August 21
Mask compliance	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	Lack of social education 0__1__ 2__3__ 4__5__ Social/political resistance to HK governmental measures 0__1__ 2__3__ 4__5__ Human right concept of freedom 0__1__ 2__3__ 4__5__ Health reason 0__1__ 2__3__ 4__5__ Lack of effective enforcement 0__1__ 2__3__ 4__5__ Other reasons _____	

	Between Jan 20 to December 20	Between Jan 21 to August 21																						
Social distancing	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate																						
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	<table> <tr> <td>Unclear guidance</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Requirement too loose</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Requirement too unrealistic</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Lack of effective monitoring</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Lack of publicity /education</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Other reasons</td> <td>_____</td> </tr> </table>		Unclear guidance	0__1__ 2__3__ 4__5__	Requirement too loose	0__1__ 2__3__ 4__5__	Requirement too unrealistic	0__1__ 2__3__ 4__5__	Lack of effective monitoring	0__1__ 2__3__ 4__5__	Lack of publicity /education	0__1__ 2__3__ 4__5__	Other reasons	_____										
Unclear guidance	0__1__ 2__3__ 4__5__																							
Requirement too loose	0__1__ 2__3__ 4__5__																							
Requirement too unrealistic	0__1__ 2__3__ 4__5__																							
Lack of effective monitoring	0__1__ 2__3__ 4__5__																							
Lack of publicity /education	0__1__ 2__3__ 4__5__																							
Other reasons	_____																							
	Between Jan 20 to December 20	Between Jan 21 to August 21																						
Nucleic acid testing	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate																						
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	<table> <tr> <td>Inconvenience</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Expensive</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Time consuming</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Fear of confirmation of infection</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Fear of quarantine</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Social/political resistance to governmental measures</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Social refusal to learn from or model after China</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Lack of reward/incentive for compliance</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Inadequate social education by government</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Inadequate governmental appeal</td> <td>0__1__ 2__3__ 4__5__</td> </tr> <tr> <td>Inadequate mandatory requirement</td> <td>0__1__ 2__3__ 4__5__</td> </tr> </table>		Inconvenience	0__1__ 2__3__ 4__5__	Expensive	0__1__ 2__3__ 4__5__	Time consuming	0__1__ 2__3__ 4__5__	Fear of confirmation of infection	0__1__ 2__3__ 4__5__	Fear of quarantine	0__1__ 2__3__ 4__5__	Social/political resistance to governmental measures	0__1__ 2__3__ 4__5__	Social refusal to learn from or model after China	0__1__ 2__3__ 4__5__	Lack of reward/incentive for compliance	0__1__ 2__3__ 4__5__	Inadequate social education by government	0__1__ 2__3__ 4__5__	Inadequate governmental appeal	0__1__ 2__3__ 4__5__	Inadequate mandatory requirement	0__1__ 2__3__ 4__5__
Inconvenience	0__1__ 2__3__ 4__5__																							
Expensive	0__1__ 2__3__ 4__5__																							
Time consuming	0__1__ 2__3__ 4__5__																							
Fear of confirmation of infection	0__1__ 2__3__ 4__5__																							
Fear of quarantine	0__1__ 2__3__ 4__5__																							
Social/political resistance to governmental measures	0__1__ 2__3__ 4__5__																							
Social refusal to learn from or model after China	0__1__ 2__3__ 4__5__																							
Lack of reward/incentive for compliance	0__1__ 2__3__ 4__5__																							
Inadequate social education by government	0__1__ 2__3__ 4__5__																							
Inadequate governmental appeal	0__1__ 2__3__ 4__5__																							
Inadequate mandatory requirement	0__1__ 2__3__ 4__5__																							

	Ineffective enforcement measures 0__1__ 2__3__ 4__5__ Lack of technology to conduct widespread nucleic acid test quickly 0__1__ 2__3__ 4__5__ Lack of governmental strategy to conduct large-scale mandatory nucleic acid testing 0__1__ 2__3__ 4__5__ Reluctance of govt experts to learn from, model after, collaborate with or receive assistance from China 0__1__ 2__3__ 4__5__ Governmental lack of confidence in public compliance with mandatory nucleic acid testing 0__1__ 2__3__ 4__5__ Lack of governmental will to enforce mandatory testing 0__1__ 2__3__ 4__5__ Fear of arousing anti-government sentiment with mandatory testing 0__1__ 2__3__ 4__5__ Other reasons: _____
	Between Jan 20 to December 20 Between Jan 21 to August 21
Contact tracing	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate
If your answer above is inadequate or very inadequate, Please state the reasons, and indicating the degree of significance of the reasons by 1-5 :	Lack of social education 0__1__ 2__3__ 4__5__ Inadequate governmental appeal for compliance 0__1__ 2__3__ 4__5__ Lack of reward or incentive for compliance 0__1__ 2__3__ 4__5__ Lack of penalties with adequate deterrent effect to ensure compliance 0__1__ 2__3__ 4__5__ Lack of effective enforcement policies 0__1__ 2__3__ 4__5__ Social/political resistance to governmental tracking measures 0__1__ 2__3__ 4__5__ Governmental fear of arousing anti-government sentiment 0__1__ 2__3__ 4__5__ Lack of governmental will to enforce mandatory tracking 0__1__ 2__3__ 4__5__ Lack of technology to implement effective contact tracing devices (e.g. Health QR code /vaccination passport) 0__1__ 2__3__ 4__5__ Lack of governmental strategy to conduct large-scale mandatory tracking 0__1__ 2__3__ 4__5__ Reluctance of experts committee or government officials to learn from or model after China

	0__1__ 2__3__ 4__5__ Public's privacy concerns in using tracing device or health QR code 0__1__ 2__3__ 4__5__ Fear of being tracked by government 0__1__ 2__3__ 4__5__ Misinformation causing fear & concerns for privacy /safety 0__1__ 2__3__ 4__5__ Social refusal to learn from or model after China 0__1__ 2__3__ 4__5__ Fear of trouble in getting connected with infected cases 0__1__ 2__3__ 4__5__ Inconvenience in installation or using tracking devices or health QR code 0__1__ 2__3__ 4__5__ Other reasons: _____
	Between Jan 20 to December 20 Between Jan 21 to August 21
Quarantine	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate 1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	Public's refusal to co-operate 0__1__ 2__3__ 4__5__ Disruption to daily routine 0__1__ 2__3__ 4__5__ Affect means of livelihood 0__1__ 2__3__ 4__5__ Expensive 0__1__ 2__3__ 4__5__ Fear of getting infected at quarantine center 0__1__ 2__3__ 4__5__ Social/political resistance to governmental measures 0__1__ 2__3__ 4__5__ Lack of governmental appeal 0__1__ 2__3__ 4__5__ Lack of reward/incentive for compliance 0__1__ 2__3__ 4__5__ Penalty lacking deterrent effect 0__1__ 2__3__ 4__5__ Lack of effective enforcement polices 0__1__ 2__3__ 4__5__ Inadequate quarantine hotel accommodation 0__1__ 2__3__ 4__5__ Inadequate government quarantine centers 0__1__ 2__3__ 4__5__ Other reasons: _____
	Between Jan 20 to December 20 Between Jan 21 to August 21
Lockdown	1. Very adequate 2. Adequate 1. Very adequate 2. Adequate

	3. Fair 4. Inadequate 5. Very inadequate	3. Fair 4. Inadequate 5. Very inadequate	
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	Fear of disruption to economy and means of livelihood 0__1__ 2__3__ 4__5__ Lack of strategy to conduct large scale lockdown 0__1__ 2__3__ 4__5__ Lack of labor force (security, administrative, logistics, enforcement) to enforce large scale lockdown 0__1__ 2__3__ 4__5__ Anticipated social /political resistance to co-operate with government 0__1__ 2__3__ 4__5__ Fear of public non-compliance leading to governmental embarrassment & failure of enforcement 0__1__ 2__3__ 4__5__ Reluctance of government experts/officials to model after China 0__1__ 2__3__ 4__5__ Social resistance to learn from or model after China 0__1__ 2__3__ 4__5__ Lack of governmental will to enforce large scale mandatory lockdown 0__1__ 2__3__ 4__5__ Lack of reward/incentive for compliance 0__1__ 2__3__ 4__5__ Lack of penalty with sufficient deterrent force 0__1__ 2__3__ 4__5__ Lack of effective enforcement polices 0__1__ 2__3__ 4__5__ Other reasons: _____		
	Between Jan 20 to December 20	Between Jan 21 to August 21	
Border control	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of			

the reasons by 1-5 :			
	Between Jan 20 to December 20	Between Jan 21 to August 21	
Vaccination	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	1. Very adequate 2. Adequate 3. Fair 4. Inadequate 5. Very inadequate	
If your answer above is inadequate or very inadequate , Please state the reasons , and indicating the degree of significance of the reasons by 1-5 :	Inadequate social education on vaccines		0__1__ 2__3__ 4__5__
	Fear of abnormal response to vaccination		0__1__ 2__3__ 4__5__
	Fear of death after vaccination		0__1__ 2__3__ 4__5__
	Lack of confidence in effectiveness of vaccination		0__1__ 2__3__ 4__5__
	Inadequate choice of vaccination		0__1__ 2__3__ 4__5__
	Inadequate supply of vaccination		0__1__ 2__3__ 4__5__
	Inconvenience/difficulty in booking vaccination appointment		0__1__ 2__3__ 4__5__
	Lack of mandatory requirement for vaccination		0__1__ 2__3__ 4__5__
	Lack of governmental will to enforce mandatory vaccination (save for people with good medical reason)		0__1__ 2__3__ 4__5__
	Governmental reluctance (experts or officials) to learn from or model after China		0__1__ 2__3__ 4__5__
	Social reluctance to learn from or model after China		0__1__ 2__3__ 4__5__
	Governmental reluctance to avail vaccines manufactured in China		0__1__ 2__3__ 4__5__
	Social reluctance to avail vaccines manufactured in China		0__1__ 2__3__ 4__5__
	Inadequate governmental appeal for vaccination		0__1__ 2__3__ 4__5__
	Lack of reward/incentive for vaccination		0__1__ 2__3__ 4__5__
	Lack of deterrent measures to enforce vaccination		0__1__ 2__3__ 4__5__
	Other reasons		_____

Questionnaire (B)

Please indicate your answers by circling the number you choose, and state the reasons/remarks if any:

A. What is your **overall impression of the performance of HKSAR** in combating Coronavirus so far?
1. Very good 2. Good 3. Fair 4. Poor 5. Very poor

Reasons/remarks_____

B. Do you support the implementation of **mandatory nucleic acid testing** for the whole of HK public within a short span of time (say within one to two weeks) if HK faces another wave of Coronavirus attack in the future?

1. Support very much 2. Support 3. No comment 4. Do not support 5. Very against

Reasons/remarks_____

C. Do you agree to the introduction of **Health QR Code /Health passport** in HK (which requires status of vaccination and/or regular nucleic acid testing)?

1. Very agree 2. Agree 3. No comment 4. Disagree 5. Very disagree

Reasons/remarks_____

D. Do you support the **strict full implementation of 安心出行** by disallowing people to report their personal information without verification?

1. Support very much 2. Support 3. No comment 4. Do not support 5. Very against

Reasons/remarks_____

E. If HK experiences a major hit of Coronavirus attack again in the future, would you support the implementation of a complete **lockdown of the whole or a substantial part of the city** within a short period of time (say 2 to 3 weeks) for the purpose of cutting off the Coronavirus transmission link ?

1. Support very much 2. Support 3. No comment 4. Do not support 5. Very against

Reasons/remarks_____

F. Would you support **mandatory vaccination** for the whole HK public (save and except for age or personal health reason certified by qualified doctor as unsuitable for vaccination)?

1. Support very much 2. Support 3. No comment 4. Do not support 5. Very against

Reasons/remarks_____

G. Would you prefer a **short complete lock down** of HK for 2 to 3 weeks, or a **marathon intermittent partial close -down** of commercial and school activities for over one to two years?

For a short complete lock down for 2 to 3 weeks-

1. Very prefer 2. Prefer 3. No comment 4. Against 5. Very against

For a marathon intermittent partial close-down of commercial/school activities-

1. Very prefer 2. Prefer 3. No comment 4. Against 5. Very against

Reasons/remarks_____

H. Would you support **stricter Coronavirus preventive measures at the border control points** of HK to eradicate any loophole that may allow variant virus to leak into HK?

1. Support very much 2. Support 3. No comment 4. Do not support 5. Very against

Reasons/remarks_____

I. What kind of **financial relief measures** do you see fit for the HK government to provide to alleviate the financial difficulty of the HK public during a Coronavirus pandemic?

1. Cash allowance
 2. Financial subsidy for utilities and public service
 3. Tax cut
 4. Government guaranteed loans
 5. Delay in rental payment and/or mortgage repayment for 3 to 6 months until government guaranteed loans are available
 6. Other forms of financial alleviation
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