



PUBLIC POLICY PERSPECTIVE IN CHINA ON MANAGING THE PANDEMIC EFFECTIVELY

Yuhui Zhang

Faculty of Business and Economics, University of Malaya, 50603
Kuala Lumpur, Malaysia

Qiwen Sun

Suzhou Municipal Health Commission, 215000 Suzhou, China

Received: August 20, 2022; reviews: 2; accepted: October 20, 2022.

Abstract

Since the first COVID-19 case was identified in Wuhan, China on December 8, the disease has spread to more than 200 countries, causing a global health emergency. From a crisis management (CM) viewpoint, the existing research does not investigate what led to this rapid epidemic. In order to comprehend the crisis's underlying causes as it link to China's existing management structure and health-care policies, this study analyses big data, material that has been publicly disclosed, and other digital media sources. This fills the research gap. The relevant findings are drawn by the article: Firstly, the large majority of individuals were unprepared and uninformed of COVID-19 as a direct result of the early media statements' early stifling and the severe state intervention over information that resulted. Second, choosing to deal with a virus whose size and origin are unknown over calming known public concern at a socially and culturally responsive time often results in lying and concealing. Thirdly, public health control agencies' limited autonomy makes it difficult for them to respond quickly to emergencies. Last but not least, the commercialization of numerous state-owned clinics resulted in the lack of public health hospital facilities to treat sufferers in the provinces of Wuhan and Hubei. According to this report, China must establish a Singaporean-approach public health crisis administration, employing it to track public health emergencies in instantaneously, and guarantee disclosure of information and uniformity. Additionally, the Chinese central government has to improve spending on public health and apply the territorial management concept of such a public health crisis.

Keywords:

China, COVID-19 Pandemic, Innovative China's Economy, Regulations

1. INTRODUCTION

The initial case of the Covid-19 virus was found on December 8, 2019, in

Wuhan, China, and since then it has spread to over 200 nations, creating a worldwide Public Health (PH) emergency [1]. But the COVID-19 epidemic has sparked a worldwide economic collapse – "2020 is on course to experience the biggest global recession on a scale not seen since World War II". Wuhan and the remaining Hubei province's failure to stop the spread of the virus in its early stages is a major contribution to the current global public health calamity [2]. Figure 1 depicts the Covid-19 timeline.

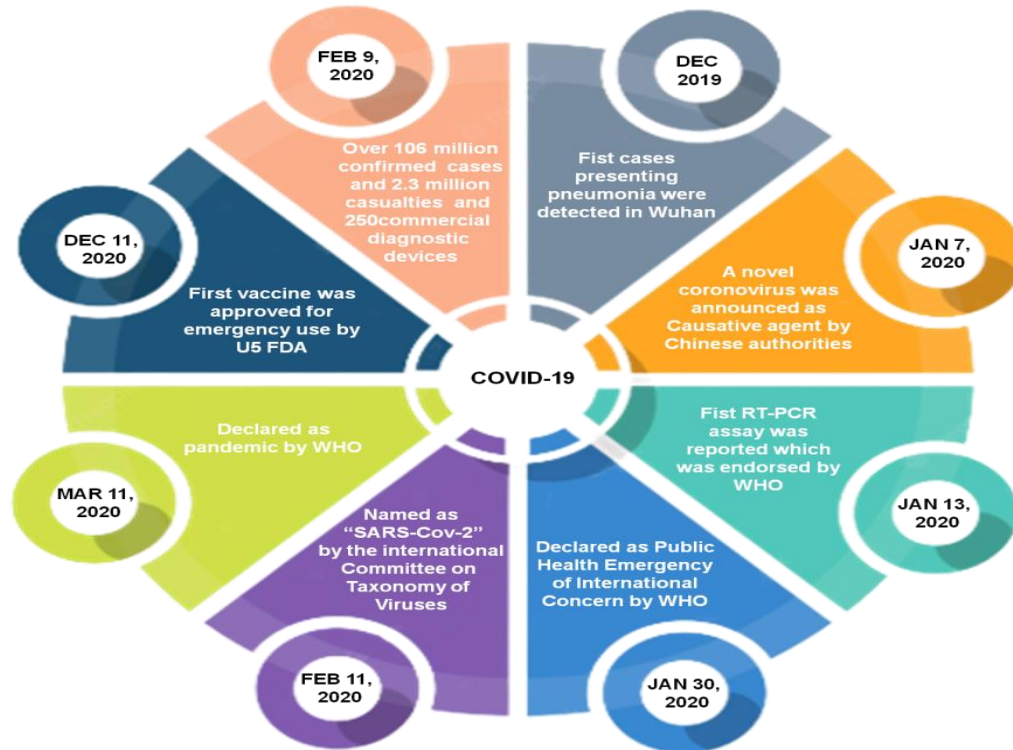


Figure 1: Covid-19 timeline

COVID-19 may cause SARS-like respiratory diseases, but it's spreading quicker and wider [3]. COVID-19 expanded from one city to all 34 provinces, municipalities, and autonomous territories in 54 days, whereas SARS started in Guangdong Province and spread to 24 in six months. According to Gundel's definition of crises, COVID-19 produced an unforeseen public health crisis that is difficult to predict but readily affected. This conclusion can be drawn with relative ease [4]. Despite having gained great experience coping with a public health catastrophe following SARS and developing a disease control and prevention system supervised by the "Center for Disease Control and Prevention (CDCP)", China was unable to stop COVID-19's rapid spread.

The pathological characteristics of patients, COVID-19 gene sequencing, demographic characteristics of the COVID-19 patients, and fatality rate are the main topics of the COVID-19 existing literature. "Clinical diagnosis", "general epidemiological study", "reaction techniques (isolation)", "social distance", and "community confinement" form the backbone of this kind of investigation. The mismanagement aspects that have contributed to the unprecedented rate of

geographic spread and exponential rise in the number of affected persons are not discussed. This study examines big data, publicly available information, and social media sources to fill a knowledge vacuum and better understand the crisis's origins in light of China's management structure and public health policy. This article analyses COVID-19's coordinating framework and procedures using structural-institutional theories.

2. RELATED WORKS

The purpose of this research was to create a cognitive—econometric model for evaluating the efficacy of existing Russian government initiatives meant to aid businesses in the face of a potential pandemic. By combining the results of the Granger test with those of a correlation study, we were able to create a set of indicators that together provide a picture of the economic growth of Russia's SMEs. Through the use of cognitive modelling, the author were able to describe the effect of public policy support instruments on the economic growth of SMEs by taking into account the established causal links and correlation coefficients. Using additive convolution, the author predicts the RSBI value in 2020 based on the coefficient of correlation between both the RSBI and the Covid-19 prevalence rate. Instruments of governmental assistance for SMEs were assessed in relation to the RSBI index projection [5]. The goal of the study [6] is to quantitatively evaluate the effect of government initiatives on mortality caused by the Covid-19 pandemic. The author use daily data for 32 nations and the strictness of the policies being implemented to show that stronger government interventions at an early stage result in slower or reversed development of mortality rates.

The number of fatalities caused by Covid-19 is correlated with the state's ability to handle such an outbreak. The author use an ordered probit system to compare the effect of state capacity on Covid-19 fatality rates across nations, accounting for variables such as democracy, government policy responses, older population share, and health system resource capacity. The research provides convincing evidence that state capacity is crucial to attaining successful policy results. Consistently negative and statistically significant effects of government impact on the Covid-19 mortality level show that more effective government is strongly linked to lower Covid-19 death rates [7]. This study aims to describe the concept of unique economy growth in Indonesia after the COVID-19 pandemic by an examination of management strategies, government regulations, and the contributions of other economic actors. The methodology used in [8] is a survey that is based on ethnography. Ethnography derives its name from the fact that researchers will carry out survey activities in the field by selecting a number of innovative economic actors in Indonesia to function as samples. The purpose of the study [9] is to shed light on the unique CM approach that has helped China achieve the successful pandemic containment it has maintained since February 2020. The author examines the extent to which the Chinese government committed every available resource to this conflict. Key differences at the institutional, strategic, and

operational levels are highlighted to provide context for the country's approach to crisis management. The purpose of this research [10] is to identify worldwide patterns caused by the Covid-19 pandemic, at the leadership level. The paper covers a wide range of topics, including the "impending economic slump", "de-globalization", and "the rise in the virtualization of the economy and whole communities". The research strategy is a review of the relevant (but limited) published material. Covid-19 pandemics have been little study of their social and cultural effects, but there has been a deluge of media coverage. The author understands that there is ambiguity in effect assessment and that it has to take into account several factors.

The research [11] details how the Chinese government has responded to the serious public health crisis caused by the coronavirus epidemic of 2019 and the effects this has had on the country's healthcare system (COVID-19). This is in the context of the outbreak of the COVID-19 virus in China. The author take a look at the local government ability, how well it performed in pandemic management, and how well it coordinated its actions to COVID-19. As a result, the author has identified the challenges that are faced by the health system. COVID-19 infections in Indonesia are continuing to rise and spread across the country. The study's [12] overarching goal is to examine the steps taken by the Indonesian government in the face of the COVID-19 pandemic. The study [13] purpose is to analyse how much of an impact the COVID-19 has had on the travel and tourist sector in ASEAN nations. Researchers in this research used a Panel Vector Auto regression model to probe the potential for bidirectional causation between COVID-19 and visitor numbers. Using data from seven ASEAN countries, we postulate that differences in inbound tourist levels and other socioeconomic factors contribute to the observed cumulative number of instances. The study [14] focuses on efficient and practical methods of energy consumption control that make use of cutting-edge technical solutions to lessen the impact of unforeseen complications. This study examines the recent COVID-19 epidemic, which led to a drop in energy usage and so disrupted the status quo of project management with regards to energy sources. In addition, this study compares the state of energy management practises before and after the current chaos caused by the coronavirus epidemic. Effective control of energy use during the COVID-19 pandemic was also investigated as part of this project. To pave the way for the new ICT in controlling energy consumption, the author aims to show that the current coronavirus epidemic affected energy use and energy pricing in many nations. The research [15] provides a high-level evaluation of COVID-19's effects on the country's culture and tourist industry, then chooses a few sample kinds of tourism regulations, scans the remark data of Weibo users, and evaluates consumers' impression and personal response to the policy. A binary logistic regression model is constructed to discover the ideal combination of tourist promotion policies and quicken the resuscitation of the culture and tourism industry utilising the recognised social consequences of various policies as dependent variables.

3. PROPOSED METHODOLOGY

3.1 Dataset collection

The Chinese government's records and information, big data analytics, governmental statistical evidence, international publications, and the media are only a few of the resources that this paper's inquiry information has been collected from.

3.1.1 Chinese government's records and information

Caijing ["http://www.caixin.com/2020-01-20/101506242.html"](http://www.caixin.com/2020-01-20/101506242.html) and Nanfang ["https://m.mp.oeeee.com/h5/pages/v20/nCovTimeline/?from=groupmessage&isappinstalled=0"](https://m.mp.oeeee.com/h5/pages/v20/nCovTimeline/?from=groupmessage&isappinstalled=0), that are utilized to acquire the most recent data and statistics on COVID-19, have been the primary components of Chinese government authoritative documents and top stories.

3.1.2 Big Data analytics

Comparable to Google, the big data analytics system employs Baidu, which offers an emigration database ["\(https://qianxi.baidu.com/\)"](https://qianxi.baidu.com/) and then a multimedia info ["\(http://index.baidu.com/v2/index.html#/\)"](http://index.baidu.com/v2/index.html#/) of search terms published by the media.

The quantity of keywords associated with the news that was covered by the media and was featured in the Baidu news program is reflected in the media index. "Wuhan pneumonia" and "new COVID" have been the search terms used in this study because they were used as the main title terms in all of the Chinese media reports on COVID-19.

The level of emigration is reflected in the emigration score, which is a standardized measurement. In this study, we went looking the Wuhan emigration score and contrasted it with the 25 days prior to the "Chinese New Year in 2020 and 2019": two data correlation periods—"1 Jan 2020 to 25 Jan 2020 and 12 Jan 2019 to 5 Feb 2019—when there wasn't COVID-19".

3.1.3 Governmental statistical evidence, international publications and Media

The authorized statistical information was gathered from pertinent Chinese agencies, international publications, and the media. The official websites of the "National CDCP (<http://www.nhc.gov.cn/>), the national Health Commission (<http://www.nhc.gov.cn/>), and the nation's Bureau of Statistics (<http://www.stats.gov.cn/>)" serve as China's authoritative reports. The Lancet has published the majority of the COVID-19 articles that are referenced in our international journal, which contains the highest quantity of articles. To determine the amount of COVID-19 infections, infection features, related data, and public

health expense, information from such agencies and journal publications were examined (Baikalov, 2021; Batoev, 2021; Bobinov et al., 2021).

3.2 A Crisis Dividing Line

We clearly observe that 25 Jan 2020 marks a turning point in the growth of COVID-19 in China. The time span covered by our analysis is from 8 Dec 2019 (the first case that is currently known about) to 25 Jan 2020, when the central government implemented its strict lockdown policy. There was uncertainty and commotion at this point. The original name of the condition was Wuhan pneumonia. Mr. Jixian Zhang, the head of respiratory medicine at the "Hubei Provincial Hospital of Integrated Chinese and Western Medicine", discovered four unusual instances of pneumonia on the day of Dec 26. The next day, he reported these cases to the Wuhan CDCP. Three further sufferers from the Wuhan South China Fish Market were hospitalized to the hospital's outpatient clinic on December 28 and 29, 2019. These 7 patients all had comparable concerns. On Jan 5, 2020, the Wuhan HC said that 59 patients have been identified in Wuhan as having an unexplainable pneumonia. Chinese officials formally recognised the new coronavirus as the cause of "Wuhan pneumonia" on Jan 9, 2020. Since, "Wuhan pneumonia" has been referred to be a novel coronavirus in Chinese media. The Wuhan HC reported on January 11, 2020, that there were 41 COVID-19 infected individuals and that on January 16, 17, and 18, the number of infected individuals rose by 4, 17, and 59, correspondingly. Further COVID-19 infections have been reported in different Chinese provinces, localities, and independent nations since January 19, 2020. By that time, China has seen a significant COVID-19 outbreak. In order to prevent residents from fleeing Wuhan, the Wuhan Municipal Government banned all public buses, subway systems, boats, lengthy public transport, airports, and train stations on January 23, 2020. Each degree of government started first-level reactions to significant public health crises (the maximum degree of public health disaster management) in succession on January 23–25, 2020, as a result of the virus's quick spread throughout China. China formally started the nationwide epidemic control stage on January 25, 2020. Therefore, China's CM issues primarily existed before January 25, 2020.

3.3 Covid-19 CM difficulties

This study highlights our most significant discoveries with regard to the following three factors.

3.3.1 Factor 1: Disclosure of Information or Control: The Early Controls on the Media Left Most People Unprotected Against COVID-19

The results of this study indicate that information control can temporarily halt the spread of rumours during a crisis, reducing public anxiety. On the other hand, a widespread crisis causes more anxiety among the public and is therefore rarely recommended in crisis management. The situation in China provides more

evidence that restricting people's access to information reduces their capacity to anticipate and respond to emergencies. In point of fact, the Chinese government instituted communication blockades and controls in the early phases of COVID-19 in order to minimise public panic. As a direct consequence of these measures, the majority of people were unprepared for COVID-19. From January 1st to the 19th, 2020, there were hardly any reports. There was not a single mention of the novel coronavirus in the media before January 8, 2020, according to our search using the keyword "Novel Coronavirus." Significant interest in "Wuhan Pneumonia" was observed on January 20 and 21, 2020, although the term "Novel Coronavirus" was used instead beginning on January 23 which is shown in figure 2. On the whole, the Chinese government strictly blocked media coverage of COVID-19 prior to December 31, 2019, and again between January 1 and 19, 2020. The Chinese media didn't start covering it seriously until January 20, 2020.

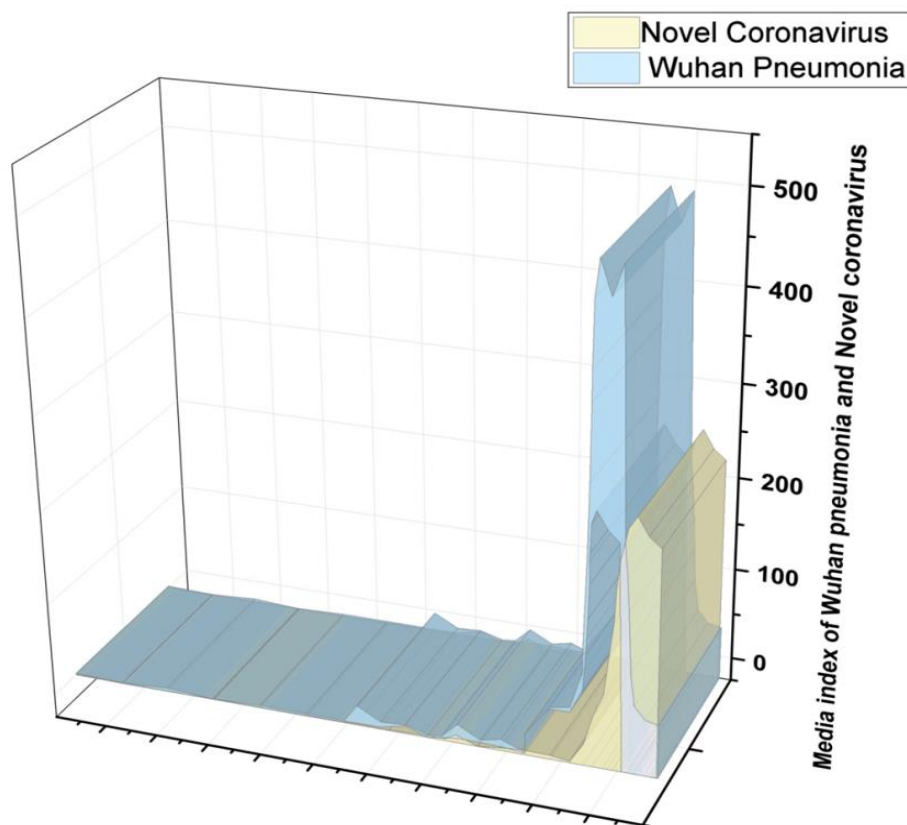


Figure 2. Media keyword frequency from 8 December 2019 to 25 January 2020 for "Wuhan pneumonia" and "Novel Coronavirus."

More than 40,000 families attended a banquet held by the Baibuting Community in Wuhan on January 18, 2020, in response to the media blackout and informational restrictions around COVID-19. This event was deemed to be the single most serious infectious event to take place in Wuhan. Wuhan residents continued to go to popular destinations including malls, supermarkets, and entertainment venues on the 20th of January 2020 despite widespread ignorance

about the spread of COVID-19. This enhanced COVID-19's propagation. Dr. Li Wenliang, the so-called "Coronavirus Whistleblower," sought to alert his med school colleagues on WeChat about the epidemic but was accused of spreading fraudulent data by local authorities. The Chinese government ultimately honored Dr. Li's efforts and honoured him as a martyr. For the most part, people weren't ready for the COVID-19 pandemic because of the government's and media's efforts to keep the public in the dark.

3.3.2 Factor 2. Strategic Crisis Response Plans: Wuhan's Slow Reaction to the Crisis Led to 5 Million people leaving Wuhan

In times of crisis, the government typically plays a significant role and can effectively respond by coordinating an uniform response policy. The public will worry and lose faith in the government if a timely reaction is not developed. The administration of Wuhan, China, missed an opportunity to take preventative actions early in its handling of the COVID-19 situation. Table 2 outlines, based on media sources, the important moments at which other countries took preemptive precautions in contrast to the Wuhan administration, which did not. Hospital doctors in Wuhan discovered a new strain of pneumonia on January 1, 2020, according to the results of medical tests. However, the Wuhan local administration blamed the doctors for propagating misinformation rather than bolstering protections from COVID-19. While this was happening, both Hong Kong and Singapore instituted quarantine policies on January 3, 2020. People who are infected with COVID-19 occurred in countries other than China after January 13, 2020, suggesting widespread dissemination of the virus. Nonetheless, the lockdown policy in Wuhan wasn't implemented until January 23, 2020.

Table 1. Important junctures to take preventive action

Events	Time
First COVID-19 case in America	January 22, 2020
First COVID-19 case in Korea	January 20, 2020
. Passengers on flights from Wuhan were confined in USA.	January 17, 2020
First COVID-19 case in Japan	January 16,2020
First COVID-19 case in Thailand	January 13,2020
Public health in Hong Kong has been elevated to a "serious" degree of government concern.	January 4, 2020
Passengers on flights from Wuhan were confined in Singapore.	January 3, 2020
Dr. Wenliang Li, the Chinese whistleblower, was one of eight physicians in Wuhan who were contacted by local public security authorities after reporting an outbreak of SARS-like pneumonia on the WeChat platform.	January 1, 2020

By allowing 5 million people to leave Wuhan before China imposed a quarantine, municipal officials made yet another crucial mistake. Many people

departed in order to avoid being quarantined, and not only because of the Chinese New Year. Our data comparison confirms this. Wuhan's emigration index from Jan 1, 2020, to Jan 23, 2020, and from Jan 1, 2019, to Feb 5, 2019, were compared using the "Chinese lunar calendar". We found that the emigration index in 2020 and 2019 is very similar up until lunar 22 December 2019, and then it reverses direction until the Chinese New Year (refer Figure 3). Even while out-migration often slows as Chinese New Year approaches, the trajectory in 2020 indicates that the opposite occurred, suggesting that many Wuhan residents had begun to take the initiative to depart before the problem reached its peak.

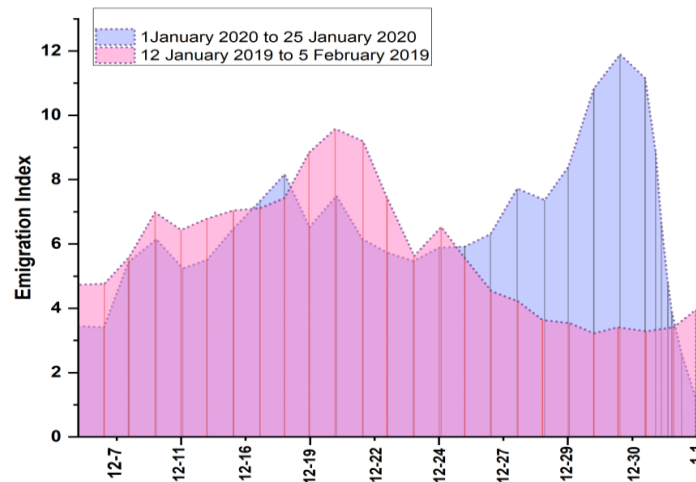


Figure 3. Index of emigration in 2019 and 2020

3.3.3 Factor 3. Overall Mobilization of Critical Resources

In the final section of this study, we look into the facilities available to deal with public health emergencies. The government must coordinate the mobilisation of resources due to the spike in demand caused by the public health crisis, particularly for short-term medical supplies. From the onset of the lockdown, all tiers of administration in China, led by the central government, mobilised support for Wuhan. There was also the deployment of almost 29,445 medical workers and the transportation of a large number of medical supplies. While the "Leisheng" hospital on the opposite side of Wuhan's city had 1600 beds, the "Huosheng" hospital in the city's mountainous area only had 1000. All of China's progress in combating infectious disease is hampered, however, by a severe shortage of medical facilities and materials. When faced with a pandemic, China is unprepared. China has struggled with a shortage of medical supplies for infectious diseases for quite some time. Consider Wuhan, where only two clinics dedicated to treating infectious diseases were available when the outbreak broke out, affecting a total of 14 million persons. There are roughly 900 beds available at these hospitals, or 0.64 beds for every 10,000 people. That's far lower than the recommended 1.2–1.5 beds per 10,000 individuals in China's infectious illness facilities. When Wuhan ran out of beds for diseased and suspected infected persons on January 23, 2020, the

"Huosheng" mountain hospital was constructed, and then on January 25, 2020, the "Leisheng" mountain hospital was constructed. Doctors could only recommend home isolation for patients with moderate symptoms or who had reason to assume they had COVID-19 due to a severe lack of available beds. The result was a dramatic rise in the frequency with which cluster transmissions occurred within families. A huge number of healthcare workers caught the virus in the early stages since there weren't enough masks, goggles, and protective clothes to go around. By 17 Feb 2020, a total of 3019 medical workers had contracted COVID-19, as reported in the "Analysis of Epidemiological Features of New Coronavirus Pneumonia" published by the national CDCP.

4. Discussion

This section will first define the issues plaguing China's public health CM and then detail the primary contributors to those issues.

4.1. Covid-19 CM issues

4.1.1 Media lost supervisory role

The Chinese government oversees the country's media outlets directly, thus they're able to use them for political ends. When the government owns all the means of communication, it may be selective in what it chooses to report and reveal to the public. Errors in the provided data slow down the process through which the public may get their hands on accurate information. The Chinese media failed to alert the government to the public crisis or to keep an eye on the administration's inadequate response to the problem.

4.1.2 A decision between tackling an unknown illness and minimising public hysteria at a politically and culturally delicate period

Stage 1 was delicate on both a political and cultural level, as no one wanted to cause unwarranted public concern in the run-up to Chinese New Year about a virus whose full scope and origin were still mostly unknown. The municipal governments of Wuhan and the rest of China spent the first few weeks of January preparing for the year's two most important political events, the "National People's Congress (NPC)" and the "Chinese People's Political Consultative Conference (CPPCC)". The stability and problem-free nature of the "two sessions" are of the utmost importance. Wuhan authorities avoided offending Beijing when Beijing specialists investigated the atypical pneumonia epidemic. So, they did a lot of different things to keep the news of the outbreak under wraps. In light of the political context and the timing, local leaders hid the truth.

4.1.3 Weak autonomy of local public health departments

Local health authorities in China cannot proclaim infectious disease epidemics even inside their own domains. The State Council may declare a crisis about a statutory contagious disease and design and implement contingency measures. Meanwhile, the State Council of Infectious Diseases has mandated a certain degree of disease prevention activity at the municipal level. Wuhan's HC and CDCP couldn't declare an infectious disease crisis or initiate any steps without first receiving approval. It has been fashionable to decentralise CM into multiple agencies, as an increasing number of experts now believe that centralised authority hinders effective response to emergencies. For any infectious disease to be contained, it is crucial that local departments have access to timely information and the authority to use that information in any way they see fit.

4.1.4 Privatizing public hospitals reduces public health resources.

The widespread idea that private hospitals are more efficient has led to the privatisation of medical hospitals and clinics in China, which is a major trend in healthcare. Private hospitals in China are expected to increase in number to over 66 percent of all hospitals in China by 2020. With so much social capital flowing into the privatisation of public hospitals, health care spending on the part of the government has been reduced drastically. Figure 4 shows that the percentage of government expenditures has fallen from 30.66% in 2011 to 27.74% in 2018, while the percentage of social expenditures has grown from 34.57% in 2011 to 43.66% in 2018. On the other hand, reductions in funding for public health and medical care have followed the privatisation of public hospitals. Private hospitals have reduced their spending on public health care in response to declining demand, as illness outbreaks are less common than they formerly were. However, a severe shortage of public health employees has developed as a direct result of the government's decision to cut back on previously substantial funding for this vital sector.

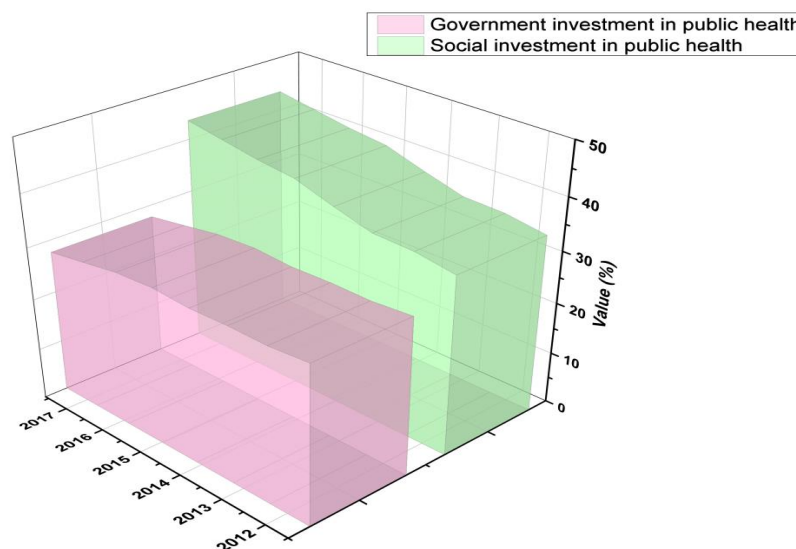


Figure 4. Government and societal investment in public health (2011-2018)

5. Conclusion

The COVID-19 conflict management in China could be divided approximately into 2 stages. The Chinese central government began an extraordinary nationwide campaign to eradicate the illness on Jan 25, 2020. Currently, China is successful and the remainder of the globe is engaged in combat. Nevertheless, China had suffered a steep price for its delayed action and early delays. We may observe that local officials in China frequently choose to downplay negative news in order to avoid suffering financial losses or receiving negative feedback from higher-ups, both of which could negatively affect their ability to advance their own political ambitions. Local governments' limited autonomy in management makes it difficult for them to act quickly when a crisis arises. Under intense time constraint, important decisions about countering COVID-19 should be taken and put into action. Immediate action is required from local councils. Lastly, Chinese and related authorities must reconsider China's healthcare system and undertake changes to and increased investments in its public health center in light of the inadequate medical aid provided by private clinics to help manage COVID-19. Finally, this study discusses the technical/physical and political facets of COVID-19 disaster management. Our results also demonstrate that various topics are involved in crisis situation and that these topics must cooperate in order to plan for, respond to, and rehabilitate from crises.

China is not the only country to have late involvement to COVID-19. In spite of watching the Chinese demonstrate the devastating implications of delaying any reaction in stage one, countries like the USA and several European nations also have suffered considerable latency in the CM process. Instead of focusing on who is to blame, this research tries to determine how China may or ought to improve the management and structural aspects of its intervention in order to better manage future crises. It is now appropriate to evaluate the following policy suggestion:

The fundamental causes of media destruction and politics prevailing over the truth in China's existing organisational management solution include data management and data dominance. China's future data control could take a page from Singapore's public health control system. Singapore has set up a Case Management System (CMS) that uses the Web to collect data on clinics, the Department of Health, the Departments of Education, and family physicians. Through the data gained, the method can monitor probable and verified individuals and also provide early alerts. As well as providing real-time data about patients, confirmed cases, and prospective cases, this also regularly checks the immediate family members of identified and verified patients. China should implement a comparable approach to disseminate data on the disease.

REFERENCES

1. Shangguan, Z., Wang, M.Y. and Sun, W., 2020. What caused the outbreak

- of COVID-19 in China: From the perspective of crisis management. *International journal of environmental research and public health*, 17(9), p.3279.
2. Brüssow, H., 2022. COVID-19: Omicron—the latest, the least virulent, but probably not the last variant of concern of SARS-CoV-2. *Microbial Biotechnology*, 15(7), pp.1927-1939.
 3. Elias, M., 2021. Crisis Preparedness Within Manufacturing Organizations: A study on corporate behavior in the face of crises.
 4. Ehrenmüller, D.A., 2021. Leader sensemaking and sensegiving in times of crisis: An analysis of the COVID-19 pandemic/Author Daniela Anna Ehrenmüller, BSc.
 5. Razumovskaia, E., Yuzvovich, L., Kniazeva, E., Klimenko, M. and Shelyakin, V., 2020. The effectiveness of Russian government policy to support smes in the COVID-19 pandemic. *Journal of Open Innovation: Technology, Market, and Complexity*, 6(4), p.160.
 6. Dergiades, T., Milas, C., Panagiotidis, T. and Mossialos, E., 2020. Effectiveness of government policies in response to the COVID-19 outbreak. *SSRN Electronic Journal*, pp.1-25.
 7. Serikbayeva, B., Abdulla, K. and Oskenbayev, Y., 2021. State capacity in responding to COVID-19. *International Journal of Public Administration*, 44(11-12), pp.920-930.
 8. Chollisni, A., Syahrani, S., Dewi, S., Utama, A.S. and Anas, M., 2022. The concept of creative economy development-strengthening post covid-19 pandemic in Indonesia: Strategy and public policy management study. *Linguistics and Culture Review*, 6, pp.413-426.
 9. He, A.J., Shi, Y. and Liu, H., 2020. Crisis governance, Chinese style: Distinctive features of China's response to the Covid-19 pandemic. *Policy Design and Practice*, 3(3), pp.242-258.
 10. Sułkowski, Ł., 2020. Covid-19 pandemic; recession, virtual revolution leading to de-globalization? *Journal of Intercultural Management*, 12(1).
 11. Xing, C. and Zhang, R., 2021, January. COVID-19 in China: responses, challenges and implications for the health system. In *Healthcare* (Vol. 9, No. 1, p. 82). MDPI.
 12. Roziqin, A., Mas'udi, S.Y. and Sihidi, I.T., 2021. An analysis of Indonesian government policies against COVID-19. *Public Administration and Policy*, 24(1), pp.92-107.
 13. Beh, L.S. and Lin, W.L., 2022. Impact of COVID-19 on ASEAN tourism industry. *Journal of Asian Public Policy*, 15(2), pp.300-320.
 14. Strielkowski, W., Firsova, I., Lukashenko, I., Raudeliūnienė, J. and Tvaronavičienė, M., 2021. Effective management of energy consumption during the COVID-19 pandemic: The role of ICT solutions. *Energies*, 14(4), p.893.
 15. Chen, T., Peng, L., Yin, X., Jing, B., Yang, J., Cong, G. and Li, G., 2020. A

- policy category analysis model for tourism promotion in china during the COVID-19 pandemic based on data mining and binary regression. *Risk Management and Healthcare Policy*, 13, p.3211.
16. Baikalov, N. S. (2021). Formation of the public health and medical service system in the baikal-amur mainline regions (The 1970–1980s). *History of Medicine*, 7(1), 23-32. <https://doi.org/10.17720/2409-5834.v7.1.2021.03c>
 17. Batoev, S. D. (2021). On the history of the formation and development of the soviet maternal and child welfare system in the buryat-mongol asr: 1923–1933. *History of Medicine*, 7(1), 33-40. <https://doi.org/10.17720/2409-5834.v7.1.2021.04d>
 18. Bobinov, V. V., Goroshchenko, S. A., Rozhchenko, L. V., Samochernykh, K. A., & Petrov, A. E. (2021). Historical aspects of microsurgical treatment of brain aneurysms. *History of Medicine*, 7(2), 179-188. <https://doi.org/10.17720/2409-5834.v7.2.2021.08h>