

# Lockdown: COVID-19, State Capacity and Neoliberalism

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## Introduction

The global outbreak of COVID-19 has ushered in an era of unprecedented public health challenges, compelling governments worldwide to adopt varied strategies to mitigate its spread. Notable among these are the stringent measures enacted by countries such as Australia, China and the UK. These measures, often characterised by lockdowns, are emblematic of a broader endeavour to balance infection control with economic and social stability (CNN, 2022; Pearson, 2022; Sargeant and Nice, 2020).

Characterised by aggressive containment measures, since 2020, China's contentious zero-COVID policy has attracted scholarly debate and human rights concerns. According to China's data and research, its zero-COVID policy has saved an estimated 4.5 million lives compared to the US, and 3.7 million lives compared to the EU (Ross, 2023).

This article intends to delve into an analytical comparison of the pandemic management strategies employed by China and the UK. The contrasting political frameworks and the resulting state capacities of these nations provide a rich canvas for evaluating the efficacy of various policy responses. This comparative scrutiny explores how political legitimacy, domestic policy considerations, state capacity and international relations intricacies have shaped the responses to the pandemic, thus impacting the human rights scenario and economic priorities within the International Political Economy (IPE) framework.

The research adopts a qualitative analytical approach, utilising a broad spectrum of data sources, including governmental policy documents, academic literature and statistical analyses. The rationale behind selecting China and the UK as the subjects of comparison stems from their contrasting political systems and their significant roles in the global health policy and international relations spectrum. This methodology enables an in-depth exploration of the pandemic management strategies, their human rights implications and the broader economic ramifications within the global geopolitical context.

## The lockdowns in Shanghai and London

### China's response - the case of Shanghai

Characterised by aggressive containment measures, China's contentious zero-COVID policy has attracted scholarly debate and human rights concerns. This policy was particularly evident in its implementation in Shanghai, which faced an 'abrupt' and strict lockdown in March 2022 due to a surge in COVID-19 cases (Anonymous, 2022). The Chinese government's strategy for containing the virus focused on enforcing zero-tolerance regulations, severely limiting daily life and movement (Kuo *et al.*, 2022). This approach adversely affected citizens as they encountered significant difficulties acquiring essential supplies amid logistical hurdles and panic purchasing, which provoked hunger among residents. Some Chinese residents even reported setting alarms for 5.50 a.m. just to be prepared for the sale of supplies. So why did the Chinese government decide to implement such a brutal zero-COVID policy?

China's zero-COVID policy is intimately linked with the Chinese Communist Party's (CCP) efforts to maintain political legitimacy and social control. By showcasing its ability to rapidly and effectively respond to the

pandemic, the CCP aims to secure the trust of the Chinese public and consolidate its position as the country's ruling party (Lo, 2022). The so-called 'Year of Politics' illustrated the COVID-19 pandemic as a political issue among the local government (Campbell, 2022).

So, the stringent lockdown measures and aggressive containment tactics have attracted criticism from human rights advocates, who argue that these policies infringe upon individual liberties, disproportionately affect marginalised populations and further strengthen the government's control over citizens' daily lives. The disparity between rich and poor was displayed by the fact that, in March of 2022, in Shanghai, some residents jointly bought 20,000 yuan (USD \$3047), worth of Shake Shack burgers while other 'ordinary' residents were facing starvation in lockdown (GT staff reporters, 2022). Thus, it outlines the stark differences in experiences across the population.

The zero-COVID policy underscored the importance of state capacity and a robust public health infrastructure in managing crises. China's ability to mobilise resources, coordinate extensive testing and contact tracing initiatives, and enforce strict quarantine measures has been critical to its success in containing the virus. For instance, at the beginning of 2022, all-resident-included mass tests were conducted once every two days when an estimated a hundred cases were reported in Beijing, a city with more than 21 million residents (Chinanews, 2023; The Office of Fengtai District Covid Pandemic Prevention and Control, 2022). China's focus on achieving zero domestic cases has led to neglecting other vital aspects of public health, such as mental health support and care for non-COVID-related illnesses.

Similarly to the situation in the UK, hospitals were not allowed to take any patients except COVID-19 patients, and there were situations where COVID-19 patients outnumbered the hospitals' capacity (Brant, 2022). However, some more abhorrent cases occurred during the Shanghai lockdown. At least two pregnant women lost their babies to denials of treatment as they were forbidden to leave where they were quarantined (Liu, 2022). Every institution in the decision-making that led to these consequences cared more about whether they violated the decree of their superiors, and that responsible personnel would face trial if they did.

The zero-COVID policy has also been influenced, in part, by the country's economic priorities and its position in the global economy. By preventing widespread virus transmission, China aimed to minimise economic disruptions and maintain its status as a global manufacturing hub. However, the lockdown measures have had significant short-term economic impacts, such as temporary business closures and reduced consumer spending. After the lockdown measure eased in late June 2022, Shanghai's population dropped, China's economy braked sharply in Q2, and the following crisis of confidence stifled China's economic recovery (Reuters, 2022; Yao, 2022; Yao and Yu, 2022). In Beijing, USD \$3.85 billion was spent on COVID-19, 111 per cent of the city's total annual healthcare budget (Singh, 2023). The policy has strained China's international relations, with other countries questioning the transparency of its reporting and its role in the global supply chain during the pandemic.

### **UK's response – the case of London**

Comparable to China, the UK government enforced various lockdowns in what has been described as a 'delayed reaction' reaction to COVID-19 outbreaks. The UK seemingly entered the pandemic in a 'blind state', not really knowing, or understanding, the full scale of the problem at hand (BMA, 2023). This meant a lot of advice was ignored and – in comparison with the forward thinking of other states – the UK presented a significant delay before any measures were solidified (BMA, 2023).

Lockdown restrictions denied basic social interaction and hindered access to vital services, particularly in large urban areas like London. Policymakers ignored the harmful implications that imposing lockdown restrictions would have. Consequently, in the first 6 weeks of lockdown in the UK, the loneliness levels increased tenfold in the

highest loneliness group (What Works Well-being, 2020); the UK government provided little support for such people and so, as a result, mental health and wellbeing plummeted.

Amid an abundance of COVID-19 cases, the NHS, undeniably and unsurprisingly, encountered further strain, which led to rescheduling non-critical treatments as well as scaling back overall capacity (Daventry, 2021; Pagel, 2021). Clearly, COVID-19 outlined how services like the NHS are facing capital issues and are not robust enough to prevent disruption, but this is due to the lack of expenditure on these services (Anderson *et al.*, 2021: 1916–19; Humber, 2017).

Many patients who were already critically ill – not necessarily due to COVID-19 – found themselves worse off and solitary within hospitals as a result of a stringent and cold governmental response to COVID-19. Such an inhumane and poorly managed reaction meant many patients spent the last few moments of life alone and without their loved ones. Failures such as this showcase the UK government's 'robotic-like' reaction towards this pandemic (Pagel, 2021) and also illustrate how 'delays in COVID-19 response were primarily to blame for the rollercoaster of lockdowns the UK public faced' (Hale, 2023).

Such mismanagement welcomed the implementation of more stringent lockdown measures for a longer period of time; therefore, prolonged measures created significantly negative social and economic impacts for the UK (Hale, 2023) – many of which are still being felt to this day. A standout example that exposes such impacts would be the worsened health outcomes and growing health inequalities; as of August 2023, 'urgent suspected cancer referrals standard' (Lowe, 2023), targets were missed by 18.2 per cent, with only 74.8 per cent of patients being seen by a specialist within 2 weeks of an urgent referral (Lowe, 2023). All four key targets, which act as indicators of the efficiency of cancer services, have not been met since the pandemic or since their introduction (Lowe, 2023), hereby signalling the detrimental pressures of decades of underfunding, and the consequential impact of COVID-19 lockdown measures.



Figure 1: Chalk drawing stating 'Stay Home. Save Lives'.



Figure 2: NHS COVID-19 vaccination bus.

## Comparative analysis of lockdown effects

The lockdowns in Shanghai and London share several key similarities regarding their adverse impacts on societies. The effects in these cities reflect the broader national policies, with both cases leading to immense suffering and difficulties. In both cases, the strict measures led to tremendous suffering and difficulties for residents. However, the divergence between the two emerges from the distinct political frameworks and the varying capacities of the state to devise, implement and adapt measures for controlling the outbreak.

In Shanghai, the lockdown caused widespread hunger and limited access to essential supplies (Kuo *et al.*, 2022). In London, due to the overwhelmed healthcare system – partly attributed to COVID-19 – the postponement of non-urgent treatments has caused distress and potentially worsened health outcomes for affected patients. According to research by the King's Fund, the COVID-19 pandemic was causing a sharp fall in life expectancy, the magnitude of which has not been seen since World War II (Raleigh, 2022). Examples of such failure of the NHS demonstrate that neoliberal structural adjustment has undermined health systems, and international financial institutions continue to offer little but more market discipline (Williams *et al.*, 2021; Zhou, 2021).

However, while the pandemic and lockdowns have had a marked adverse impact on the state of the NHS in the UK, we must not 'obscure the fact that the healthcare disruption' (Thomas, 2021) we are faced with currently is a political choice by the UK government, demonstrated through decades of neoliberal health policy and 'hollowing out' (Thomas, 2021). There appears to be an apparent political convenience for the government to place sole blame for the dire state of the NHS on the COVID-19 pandemic, thus decontextualising the impacts of neoliberalism (Thomas, 2021).

Notwithstanding, there are numerous outcomes of lockdown management – or 'mismanagement'. China's rigorous containment measures, executed through its government's authoritarian pandemic management approach, instilled anxiety regarding their efficacy in mitigating the wider societal ramifications of lockdowns (Kuo *et al.*, 2022).

In contrast, the UK's democratic system facilitated increased public inspection and discussion on whether or not implementing a national lockdown was appropriate, eventually leading to more painstakingly devised policy implementations that were elastic yet subtle (Pagel, 2021).



Figure 3: Image showing graffiti that reads 'No more Covid= No more masks!!' (A disappearing act, 2020).

## Reassessing pandemic management strategies

Given the adverse effects of lockdowns and stringent COVID-19 measures on societies, the only way to regain some form of normality and move forwards is by reconsidering the balance between public health measures and the protection of human rights.

It could be suggested, therefore, that governments prioritise the wellbeing of individuals and communities in pandemic management while still controlling the spread of infectious diseases through more nuanced approaches. One potential approach would be to execute precise interventions tailored to the region's infection rates and risk factors. It may also be beneficial to allocate more public spending and investment in enhancing healthcare infrastructure, which we rely on in everyday life, thus improving healthcare functionality.

Governments should use previous lockdowns to 'build resilience for future pandemics' while implementing more transparent communication strategies with their constituents – fostering trust and encouraging collective effort in combatting the pandemic (Vos, 2021).

## Conclusion

The juxtaposition of the pandemic management strategies between China and the United Kingdom unveils various challenges and outcomes. The strict lockdown measures in Shanghai and London have unfolded significant human and economic tolls, underlining the critical balance between public health measures and human rights. The analysis underscores the necessity for a nuanced approach in future pandemic management strategies, advocating for a balance prioritising human rights while ensuring public health safety. The learnings from these case studies accentuate the need to foster global collaboration and enhance state capacities to navigate such extraordinary public health crises, thereby contributing to a more resilient global health governance framework. Through this comparative lens, the article extends a narrative that could guide more humane and effective pandemic management strategies globally, ensuring the harmonisation of public health imperatives with fundamental human rights and economic sustainability.

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**Figure 1:** 'Chalk drawing stating "Stay Home. Save Lives."' Stay Home Save Lives – National Health Service, NHS. Phila Frenzy. April 2020. Licensed under CC BY-SA 2.0.

**Figure 2:** 'NHS COVID-19 vaccination bus'. NHS COVID-19 vaccination bus in Lidl carpark, Edmonton, July 2021. No Swan No Fine. Licensed under CC BY-SA 4.0.

**Figure 3:** "No more Covid= No more masks!!". A Disappearing Act. August 2020. Licensed under CC BY-SA 2.0.

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