Policymaking in a low-trust state: legitimacy, state capacity, and responses to COVID-19 in Hong Kong

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ABSTRACT
With indiscriminate geographic and socio-economic reach, COVID-19 has visited destruction of life and livelihoods on a largely unprepared world and can arguably be declared the new millennium’s most trying test of state capacity. Governments are facing an urgent mandate to mobilize quickly and comprehensively in response, drawing not only on public resources and coordination capabilities but also on the cooperation and buy-in of civil society. Political and institutional legitimacy are crucial determinants of effective crisis management, and low-trust states lacking such legitimacy suffer a profound disadvantage. Social and economic crises attending the COVID-19 pandemic thus invite scholarly reflection about public attitudes, social leadership, and the role of social and institutional memory in the context of systemic disruption. This article examines Hong Kong as a case where failure to respond effectively could have been expected due to low levels of public trust and political legitimacy, but where, in fact, crisis response was unexpectedly successful. The case exposes underdevelopment in scholarly assumptions about the connections among political legitimacy, societal capacity, and crisis response capabilities. As such, this calls for a more nuanced understanding of how social behaviours and norms are structured and reproduced amidst existential uncertainties and policy ambiguities caused by sudden and convergent crises, and how these can themselves generate resources that bolster societal capacity in the fight against pandemics.

KEYWORDS
COVID-19; pandemic response; policy capacity; social trust; political legitimacy; Hong Kong

1. Introduction
The COVID-19 pandemic, in its severity, immediacy, and complexity, has exposed weaknesses in the type of institutional capacities typically theorized as essential in crisis situations. Underlying the functionality of institutional capacity, particularly during a crisis whose resolution is dependent on the behavior of individuals, is public trust and political legitimacy. By this measure, Hong Kong could have been predicted to falter in responding to the COVID-19 pandemic, as the year preceding the outbreak saw socio-political tensions spill over into mass street protests against the government’s perceived facilitation of Chinese Communist Party control over the city. Despite these circumstances, Hong Kong endured the early stages of the crisis with minimal effects on public
health, casting doubt on the applicability of academic theories about response capacity focused primarily on government (Capano & Woo, 2018; Howlett, Capano, & Ramesh, 2018; Peters, 2015; Pierre, 2014; Woo, Ramesh, & Howlett, 2015).

This article illustrates how community capacity underpinned Hong Kong’s early success in responding to the COVID-19 crisis and reinforced by previous experience with mass-communicable disease during the SARS (Severe Acute Respiratory Syndrome) pandemic (2003–4) which also helped develop community capacity and public health infrastructure.

We use the term ‘community capacity’ in reference to collective action, whether coordinated or otherwise, that addresses a problem within the domain of public policy. It includes but also extends the concept of ‘civil society’, which refers primarily to the capacity of non-government and non-profit organizations. An example of community capacity is the mobilization of the mass protest movement in Hong Kong, which occurred not through formal, hierarchical, organisational decision-making structures but through diffuse and decentralized activities mediated largely via social media. Community capacity is thus characterised by a lack of (i) organised leadership; (ii) formal organisational structures; and (iii) centralised financial or coordinating resources – distinguishing it from more canonical forms of government-centred capacity. Importantly, we argue, because of its diffuse, often wide-spread mobilizing impact, community capacity can compensate for the lack of formal state capacity. Additionally, it can compensate for situations of poor or low socio-political legitimacy where trust in government is low, providing an important social resource that can help either ‘do the job of government’ or garner public compliance to collective objectives beyond official government policy or the exercise of formal political and policy capacity.

Our analysis thus has implications for the extant literature on government-centred understandings of capacity, and assumptions about the connection between legitimation capacity and other elements of formal policy capacity (e.g., analytical, managerial, and political) as outlined in the policy capacity framework proposed by Wu et al. (2015).

The article proceeds by briefly outlining the policy efforts of the Hong Kong SAR (Special Administration Region) government to manage the spread of the COVID-19 virus, including regulatory actions, risk assessment, risk communication (to the public), proactive risk management, border control and travel bans, and economic and budgetary responses. The remainder of the article then details Hong Kong’s experience with political crisis and social unrest in 2019–2020 and its more distant experience managing the SARS pandemic in 2003–4, highlighting the role of both these events in helping develop community capacity. The article concludes by discussing how the Hong Kong case illustrates the need for a more comprehensive understanding of capacity that incorporates community capacity as a key agency in enabling societies to successfully manage crisis.

2. Case background: Hong Kong government responses to the COVID-19 pandemic

Hong Kong’s success in the management of the crisis is demonstrated by the small number of confirmed COVID-19 cases, contained community transmission, limited impact on hospitals and the low number of COVID-19 deaths. To
date, for example, the total number of confirmed (and probable) COVID-19 cases stands at only 1,052 in a population of 7.488 million, with 4 recorded deaths and in a context of one of the most densely populated cities in the world where infectious disease transmission would be expected to be high (HKSAR, 2020). Demands on the public hospital system have been modest, with fewer than 50 people hospitalized as of mid-May, 2020 – a vast majority in stable condition. Relative to Singapore (29,000 cases and 22 deaths), to which Hong Kong is often compared because of their similar size, history and population levels, the territory has been relatively unscathed by the health pandemic, albeit severely impacted economically (MOH, 2020).

While it is too early to attribute success in the fight against the pandemic to any particular capacity or strategy, reduced transmission has been attributed in part to non-pharmaceutical measures such as social distancing, quarantine and isolation, and ‘changes in population behavior’ (Cowling et al., 2020). Indeed, the government has been relatively slow to institute intrusive measures to mitigate transmission of COVID-19 and the measures eventually adopted have been relatively light. For example, the government declined to institute the type of population-wide lockdown common in countries across Europe and other parts of Asia (Wuhan, China, the Philippines, Thailand, Malaysia and Singapore). Despite having its first cases in late January, Hong Kong did not institute the closure of certain private commercial establishments (pubs and bars) until early April, instead opting for social-distancing guidelines for patrons and permitting business to remain open. In a move widely considered more political than practical (Ting, 2020), the government also refused to fully close all borders with China, instead opting for virus screening measures and selective restrictions based on trip origin; full-scale closures had been urged by Hong Kong’s medical community since shortly after the identification of the first cases in January (Mahtani, 2020). By contrast, schools (local and international kindergartens, primary, secondary and special schools) were closed on 25 January, in part reflecting concerns that parents and children returning from Chinese New Year celebrations in the Mainland would act as a major vector of transmission. At the same time, the government’s equivocation about the use of protective facemasks, along with the contentious facemask ban introduced in 2019 in response to the social protests, drew public criticism, ridicule on social media and disapproval from press commentators (Chung, 2020; Davidson, 2020). The rollout of government responses to COVID-19 has thus been far from seamless or without controversy.

Following Lin, Wu, and Wu (2020), we organise government responses to the COVID-19 pandemic into six categories: (i) regulatory actions; (ii) risk assessment; (iii) risk communication (to the public); (iv) proactive risk management; (v) border control and travel bans; (vi) and economic and budgetary responses. A time-line of

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1See the following for frequently updated data concerning the cumulative number of confirmed cases, cases in the past 14 days, and cumulative number of deaths among all confirmed cases for Hong Kong and selected countries: https://www.chp.gov.hk/files/pdf/statistics_of_the_cases_novel_coronavirus_infection_en.pdf

2Information drawn from official government documents and press accounts. A detailed timeline is provided in the Appendix.
2.1 Regulatory actions

Hong Kong’s regulatory actions included the introduction of official response plans, threat level designations, and cancellation or deferment of school educational activities, among others. The January launch of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance, which included three tiers for the government’s response posture (alert, serious, and emergency); at the time, defaulting to ‘serious’; was followed by official designation of COVID-19 as a statutorily notifiable infectious disease. In late January, the response level was raised to ‘emergency’ and Chinese New Year holidays for schools were extended (further delays in reopening occurred on 31 January, 13 February, and 25 February; postponements of secondary school examinations were announced on 6 February, 25 February, and 21 March). A month after first recognizing the threat, Hong Kong committed additional resources to manage the crisis, with the anti-epidemic fund soon receiving separate increases of HKD 3 billion (US$390 million) and HKD 2 billion (US$260 million).

2.2 Risk assessment

Risk assessment measures were used to make determinations about the government’s response posture and about focus areas for resources and response efforts. Revisitations of these determinations occur ‘from time to time’, according to a spokesperson for the Centre for Health Protection (CHP) of the Department of Health. Early initiatives included a delegation of representatives from the Department of Health and Hospital Authority sent to Wuhan for on-site observation. A month thereafter, the Hospital Authority instituted more aggressive measures for early detection and diagnosis, targeting any individual with standard symptoms. A ramping-up of testing efforts, including additional equipment and testing capacity, was announced in late March, followed by the establishment of additional triage and test centres and a specimen collection centre near the airport (the operation was discontinued on 19 April). It was announced on 8 April that all asymptomatic arrivals by air would be required to submit to deep throat saliva samples, an effort that was extended on 13 April. Beginning 22 April, individuals arriving by any transport mode were required to await test results before departing entry-screening testing centres. Rapid testing was also introduced by the Hospital Authority and rehabilitation capacity was increased a day later.

2.3 Risk communication (to the public)

Most of the government’s response initiatives were made public on official websites and many were covered by Hong Kong’s manifold media outlets. However, in some cases, the government made official appeals directly to the public, primarily on issues related to
personal behaviour. On 30 January, for example, the Labour Department publicly urged foreign domestic workers (who number about 400,000) to remain at their places of residence on rest days; this appeal was repeated on 27 March. The Centre for Health Protection issued a call on 9 February for members of the public to avoid large gatherings, a request that was specified over subsequent weeks with stipulations about capacity limits for commercial establishments. In late March, the government appealed to firms in certain business sectors (e.g., bars, fitness centres, and cinemas) to institute contamination-prevention procedures and maintain flexible work arrangements. The government also initiated discussions with industry about procedures for social distancing and warned of possible regulatory tightening in the event of unsatisfactory voluntary action.

2.4 Proactive risk management

Hong Kong’s proactive risk management efforts included quarantines and operational regulations. On 23 January, the city’s first quarantine centre was opened to house at-risk arrivals from Wuhan. Flexible work arrangements for government employees and operational guidance for the private sector were announced on 28 January and expanded in February. On-premises government activities began to resume gradually by March, as did public services under certain conditions by May. A late-March prohibition on sales of alcoholic drinks was applicable to social establishments but not to take-home retail food establishments. A spate of guidelines for restaurants was announced thereafter, including capacity limitations and mask requirements; other leisure establishments were ordered to close. In subsequent weeks, certain types of group gatherings were prohibited and social-distancing regulations were imposed on in-person retail and services establishments; bars and pubs were soon ordered closed. In early April, the first citations for the illegal gathering were filed, when six people playing chess were fined HKD 2,000 (US$258) each (Lo, 2020). Early May saw relaxed restrictions on group numbers (from four to eight) and the opening of bars, gyms, and other services under certain conditions (Lau et al., 2020). The government committed in early May to provide free reusable masks to the public; in eleven hours, 1.5 million residents had applied (Zhang, 2020). In late April, the government signalled a turn towards longer-term risk management by announcing an HKD 111 million (US$14 million) research fund for universities to study COVID-19.

2.5 Border control and travel bans

Among the earliest border control efforts was the late December introduction of health checkpoints at boundary control facilities, with remote-sensing thermographic screening intended to minimize the impact on crowd-flow while providing a basis for case referrals. On 7 January, screening measures were strengthened at ports of entry, including the Hong Kong International Airport and West Kowloon Rail Station (which hosts fast train services to Mainland China). Health declaration requirements were introduced for Mainland arrivals and ultimately extended for all places of origin by early March. From late January, residents of Hubei Province (encompassing Wuhan) and arrivals having visited that province were denied entry. Services at six border control points (of 13 in total) were suspended on 30 January, followed by suspension of transport services at four control points and closure of Hong Kong’s cruise terminal immigration facilities. By early February, a mandatory two-
week quarantine was instituted for all arrivals from the Mainland, followed by arrivals from high-risk cities in South Korea; countries were incrementally added to the list throughout March and ultimately all countries were included. Quarantine restrictions were modestly loosened on 11 April, with fewer days required to be served in quarantine centres. An Indian businessman became the first foreigner to face prosecution for trying to break quarantine orders (Siu, 2020); by early May, dozens were under investigation from similar allegations (Lau, 2020). On 28 April, compulsory quarantine for arrivals from the Mainland was extended into June, with exceptions for individuals involved in certain educational endeavours, manufacturing and business activities, and professional services (considered economically crucial). In mid-May, the Secretary for Commerce and Economic Development stated ‘there’s still a need for a lot of business travelling, so business travellers would be the first among others [to be given exemptions]’ (Yau, 2020).

2.6 Economic and budget response

To mitigate the economic impact of the pandemic, an HKD 25 billion (US$3.225 billion) economic stimulus package was introduced on 14 February, earmarking one-time payments of HKD 5,000 (US$645) for low-income families, HKD 3,500 (US$450) for students, and HKD 1,000 (US$129) per month for security guards and cleaners. The stimulus also allotted money for firms across industries including public and private property management, travel agencies, restaurants and food establishments, schools meeting certain curricular standards, manufacturers of personal protective equipment (PPE), and hospitals. 26 February saw the elucidation of additional measures as part of the 2020–2021 fiscal budget, including payouts of HKD 10,000 (US$1,290) to qualified adult residents, reduction in taxes (payroll, profit, and property, among others), increased allowances for older and disabled individuals, provision of low-interest business loans, subsidies for construction contractors, and additional payments to low-income households. In early March, rent concessions were introduced for retail and factory tenants, followed by an HKD 1 billion (US$129 million) measure for the aviation industry and ancillary services (added 27 March). Bank capitalization programs were instituted in early April, along with relaxed capital reserve requirements and pressure to favourably renegotiate loan repayment terms. An additional phase of the stimulus plan, worth an additional HKD 138 billion (US$17.779 billion), was announced on 8 April that included an employment and job support, an enhanced SME financing scheme, transportation fare discounts, and student loan repayment deferrals, among others (Cheng et al., 2020).

3. Analysis: political crisis, SARS and trust in government

The response to the COVID-19 pandemic in Hong Kong has occurred in the context of two key events. The first, on-going social unrest surrounding the future of Hong Kong’s relationship with mainland China, and, second, the historical experience of SARS (-2002–2004). We argue that these events have produced social and institutional resources that have helped successfully manage the COVID-19 pandemic despite the erosion of political legitimacy and governmental authority.
3.1 Political crisis and social unrest

Commencing in June 2019, Hong Kong experienced several months of mass protests, periodic street violence, large-scale arrests of students and anti-government demonstrators, and ‘flash mob’ style confrontations between protesters and police in various districts, shopping malls and commercial centres. At their height, upwards of 2 million people took to the streets in defiance of government bans on street protests, with public sentiment increasingly at odds with the government which was widely seen as serving the interests of Beijing rather than those of Hong Kong (SCMP, 2019a, 2019b). Public sentiment was further inflamed by the police shooting of a student protester and the death of another protester who was killed when he fell from a wall near a protest site (Cheng, 2019), with allegations of excessive police force being used in dealing with the protesters (H. Leung, 2019; Woodhouse, Liu, & Wong, 2019). Violent confrontations on some university campuses (Chinese University of Hong Kong), culminating in the siege of the Hong Kong Polytechnic University which saw police shoot thousands of rounds of rubber bullets, tear gas and ‘sponge grenades’ into the campus, along with the student-forced closure of the central cross-harbour tunnel (a major thoroughfare connecting Kowloon to Hong Kong island) adjacent to the university, highlighted the severity of the political crisis and the extent of anti-government and anti-Beijing sentiment in the territory (Ng, 2019; Yu, 2019).

Trust in government was also eroded by widespread perceptions of government inaction in dealing with the demands of protesters, with the government slow (some claimed recalcitrant) in withdrawing legislation that would allow Hong Kong citizens to be extradited6 to Mainland China and subject to the Chinese criminal legal system –

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The Bill was termed the ‘Fugitive Offenders and Mutual Legal Assistance in Criminal Matters Legislation (Amendment) Bill 2019’.

Hong Kong became a Special Administrative Region (SAR) of the People’s Republic of China (PRC) on 1 July 1997, having been ruled by Britain since 1842 when it was ceded by the Chinese Qing dynasty after its defeat in the first Opium War (Kowloon and the New Territories were subsequently ceded after the Second Opium war in 1860 and 1998 respectively (Tsang, 2004)). At the time of its handover to the PRC in 1997, the territory was given a large degree of autonomy guaranteed under the ‘Basic Law’ which enshrines the principle of ‘one country, two systems’ and serves as the de facto constitution of the Hong Kong Special Administrative Region (SAR). The Basic Law specifies the rights of Hong Kong citizens, the relationship of Hong Kong SAR government to the central, Beijing government, the political and institutional structure of government in Hong Kong, and the legal system. Under the Basic Law, Hong Kong’s distinctive political system, common law tradition, and institutional structures would be preserved for a period of 50 years (2047), giving Hong Kong relative discretion in setting domestic policies.

Since the handover, however, a growing chorus of concerns have been expressed that Hong Kong’s autonomy is increasingly threatened, that the Basic Law and guarantees of ‘one country, two systems’ are being eroded, and that a more emboldened and assertive central government is seeking to reinterpret the Basic Law in ways that provide for more direct control over Hong Kong by Beijing. A first wave of protests in 2014, popularly labelled the ‘umbrella movement’, expressed many of these concerns, which crystallised around proposals by China’s National People’s Congress (NPC) Standing Committee to limit (screen) the types of candidates eligible to run in future Chief Executive elections. This move by the NPC was rejected by democracy advocates, who closed streets in downtown Hong Kong, held mass sit-ins, creating disruptions to business and transportation lasting for several months (Augustin-Jean, 2018; Davis, 2015; Ortmann, 2016). The Umbrella Movement represented the first, large scale social protests in Hong Kong against mainland Chinese authority over the territory.

A second, larger, and more sustained set of protests erupted in 2019 in response to the introduction of legislation into the Hong Kong Legislative Council (LegCo), the ‘Fugitive Offenders and Mutual Legal Assistance in Criminal Matters Legislation (Amendment) Bill 2019’ which would enable the extradition of individuals in Hong Kong to Mainland China where they would be subject to the criminal justice system of the PRC. Despite the Bill eventually being withdrawn due to large scale and often violent protests, the social protests persisted for several months until the end of 2019. Similar protests returned in 2020, but constrained by the needs of social distancing and community concerns about the COVID-19 pandemic (Liu, 2020; S.-L. Wong & Liu, 2020).

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legislation that many claimed breached the spirit of the ‘Basic Law’ and the principle of ‘one country, two systems’ struck at the time of the handover in 1997 and which guaranteed a high level of independence to Hong Kong (Lo, 2014 see also en 1). Coupled with the refusal of the Hong Kong government to meet with the protesters, whom the government pejoratively termed ‘rioters’, or engage in pro-active dialogue addressing widespread community concerns about the future of Hong Kong’s relationship with Mainland China, anti-government sentiment and public distrust continued to grow. Territory-wide district council elections on 24 November 2019, confirmed this, witnessing a record-high voter turnout (71.23%), with the pro-democratic camp gaining control of 17 of the 18 district councils, winning 388 seats compared to the pro-government/pro-Beijing camp’s 89 seats (HKSAR, 2019; Lam, Sum, & Ng, 2019).

3.2 The arrival of COVID-19 Hong Kong and continuing political crisis

Confirmation of the first cases of COVID-19 in Hong Kong on 23 January 2020 thus occurred in the middle of an ongoing political crisis. While elsewhere (Australia, Italy, Spain, New Zealand, Canada, Thailand, and Vietnam) the pandemic largely witnessed public confidence coalesce around government and political leadership, in Hong Kong trust in government continued to remain low, with many suspicious that the pandemic would be used by authorities to clamp-down on pro-democracy advocates and extend Beijing’s authority over the territory (Rogers, 2020; S.-L. Wong & Liu, 2020; Woodhouse & Liu, 2020). The approval rating for the Chief Executive (CE) Carrie Lam, the head of the Hong Kong government, for example, fell to just 9.1% in a poll conducted between 17–19 February, reflecting ongoing fallout after months of political protest as well as concerns that the government’s response to the COVID-19 pandemic (especially management of the border with Mainland China) was ineffectual, slow and uncoordinated (Straitstimes, 2020; Taylor, 2020; N. Wong & Cheung, 2020). Indeed, popular disquiet against the government soon surfaced at the outset of the first confirmed cases in Hong Kong, with a 4-day strike organised by 7,000 front-line hospital staff who demanded the government immediately close the border with Mainland China to help control the spread of the virus, and with ongoing strike action threatened if shortages of personal protective equipment for medical staff were not addressed (AFP, 2020; Cheng, 2020b).

The depth of social division, distrust and hostility toward the government is worth emphasising, since it might be expected to be an important source of policy failure or, at the very least, a potential catalyst eroding public health measures contributing to the spread of the virus and negating institutional capacity in the fight against the pandemic. In Hong Kong, the body-politic is divided not only by political sentiment but also by

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7The term ‘rioter’ or ‘rioting’ is legally and politically significant in Hong Kong since if arrested, charged and convicted with ‘rioting’, under the Public Order Ordinance (introduced by the British colonial government in 1970 following the eight month long public riots in 1967) individuals may be jailed for a period of up to 10 years (Lum, 2018).
8COVID-19 cases had been suspected in Hong Kong prior to this but testing of suspected patients had proven negative.
9The 22 May 2020 announcement by Beijing authorities that the Standing Committee of the National People’s Congress (NPC) will introduce legislation to enact national security legislation applicable to Hong Kong as well as allow PRC security agencies to establish offices and freely operate in the city, substantially confirmed fears in Hong Kong of the rollback of political freedoms, and of concerted efforts by Beijing to undermine the ‘one country, two systems’ political architecture and re-write the Basic Law (Ho, 2020b; Liu, Anderlini, & Mitchell, 2020; Times, 2020).
deeply held fidelity, with the city split between what is termed the ‘yellow-ribbon’ (pro-democracy, pro-autonomy/independence) camp and the ‘blue-ribbon’ (pro-establishment, pro-government, pro-Beijing) camp – political colours that impact everyday life, including where one eats, shops and the financial institution residents bank with (or boycott) and not just how one votes or self-identifies. This political fissure, however, has also been an important source of community-based-political mobilisation, morphing from an initial focus on anti-government street demonstrations to the organisation of political campaigns in the district council (November 2019) and up-coming Legislative Council elections (September 2020), and, as of January, also manifesting as a community-based-political response to COVID-19 in an attempt to overcome what was identified as government ineptitude, dithering and unresponsiveness to the needs and wellbeing of citizens. A comparative global survey of citizen perceptions of government performance in the management of COVID-19, for example, placed Hong Kong the third worst performing jurisdiction (out of 23 major economies studied), behind countries such as Vietnam, India, the United States, the UK, and Italy, and only slightly ahead of France and Japan (Sim, 2020). For many, and especially those who identify with the yellow-ribbon camp, the government was seen as either guilty of disinterest in the safety and health security of Hong Kong people, doing the bidding of Beijing in terms of trying to downplay the severity and impact of the virus, or otherwise incompetent to coordinate an effective response. Large swaths of Hong Kong residents simply had no trust or faith in government to do the right thing. According to polling data from the Hong Kong Public Opinion Research Institute (PORI), for example, the rate of public dissatisfaction never fell below 50% between in the first five months of 2020, reaching its highest (76%) in late February and early March but declining steadily thereafter.

3.3 The politics of COVID-19 and community-based responses

Part of the community-political response to COVID-19 is rooted in perceptions of government failure, non-responsiveness, and questions about the transparency and accuracy of government information in dealing with the virus. Government legislation in 2019, for example, outlawing the wearing of facemasks in response to protesters concealing their identity due to fears of electronic surveillance, facial recognition and possible arrest or retribution, was widely pilloried, prompting the mass-adoption of surgical mask wearing as soon as reports of a new virus in the Mainland surfaced (Bradsher, Victor, & May, 2019; K. Leung, 2019, June 28; Tufekci, 2020). It also exposed contradictory, muddled and poor messaging by the government, allowing the yellow-ribbon camp to exploit government shortcomings in the response to the pandemic. In the early phase of the pandemic (January–February), for example, the CE refused to wear a facemask and ordered government officials to similarly abstain, playing into concerns

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10 The depths of social division cannot be overstated, with retail premises throughout the city caught up in the social divide between pro and anti-government/Beijing sentiment. Retail premises, for example, either covertly list their identification as yellow- or blue-ribbon (often via an App or listing on a webpage) or overtly display their colour ribbon at the entrance to the premises (Chen, 2019; Pao, 2019; see also Riordan, 2020). Indeed, even in the city’s international financial and banking sector, the social fissures have been evident, with continuing physical attacks on Mainland Chinese banks, while local banks perceived to be pro-Beijing or pro-government such as HSBC, have been forced to suspend branch operations, often in response to pro-democracy customer boycotts (Liu, McMorrow, & Hammond, 2019; Riordan, 2020).
about government trustworthiness as reports of a cover-up by Chinese officials in Wuhan at the outbreak of the virus fuelled suspicions that the Hong Kong government was toeing the line of Beijing, dragging its feet and also underplaying the extent of the spread of the virus (Stephan Ortman as quoted in Sim, 2020).

With no government provision of facemasks, grassroots activists, including Joshua Wong (a central youth figure in the Umbrella Movement who was subsequently convicted and served jail time for his role in organising the demonstrations in 2014), seized the opportunity to import facemasks and distribute them free of charge to underprivileged Hong Kong residents, while other yellow-ribbon-affiliated individuals and organisations commenced local production and distribution of facemasks to help Hong Kong residents avoid being price-gouged as demand surged (Cheng, 2020a; Chow, 2020; Ortmann, 2016; Victor, 2019; Yiu, 2020). Community organised facemask distribution systems were also set in place, providing free facemasks to marginal groups and poor residents throughout Hong Kong by late January and early February, while the government and CE dithered, conflicted by their outlawing of facemask wearing in the hope of controlling the protesters (N. Wong, 2020).

Not until 7 May, did the government finally organise a free reusable mask programme, with residents required to apply on-line and receive their mask via Hong Kong Post, a policy that attracted criticism for its lateness, the fact that many elderly, marginal and poor individuals may not have access to on-line registration facilities, and privacy concerns about the information the government required before masks would be sent to them (Ho, 2020a).

Ironically, the politics of facemasks have served as an important resource supporting their mass adoption in the fight against the virus, raising community awareness and mobilizing community adoption of hygiene standards. Indeed, the organising, coordination and communication resources that arose out of the anti-government protests have been leveraged to criticise the government response to COVID-19, fact-check information, and develop community responses to the pandemic. The mass adoption of the encrypted Telegram App, for example, which allowed protesters to keep ahead of government and police attempts to crackdown on planned protests and ‘illegal gatherings’, has also been used to disseminate COVID-19 information, organise assistance to marginal groups, support yellow-ribbon business impacted by the COVID-19 pandemic, organise meals to aged and marginal people, as well as raise an ‘army’ of volunteers to help disinfect some 4,000 high density tenement buildings and install hand sanitiser dispensers (Banjo, 2019; R. Cheung, 2020). The App was also used to circulate messages mocking the CE for her comments about wearing facemasks and her eventual appearance at a news media conference wearing a facemask but incorrectly, with messages then circulating about how to wear facemasks correctly and safely (Yap & Wang, 2020).

Despite low levels of political legitimacy, governmental authority, and widely held perceptions of government ineptness in responding to the COVID-19 pandemic, or perhaps because of them, community-based-political mobilisation has thus been a key resource organising social resources in the fight against the pandemic. While government responses to COVID-19 have emerged, as Tufekci notes, ‘it was always a step behind the people’ (Tufekci, 2020).
3.4 SARS: Institutional capacities and social memory

A second, and equally important context shaping Hong Kong’s response to the COVID-19 pandemic is the previous SARS crisis. Outside of Mainland China, Hong Kong recorded the highest number of cases globally (20%), leaving the territory severely economically impacted and generating widespread community fear with the imposition of quarantine measures, including the lockdown of high-rise housing complexes throughout the city. Amoy Gardens, a private housing estate comprising 19 high-rise tower blocks and 10,000 residents, became infamous as a SARS ‘hotspot’, recording 329 confirmed cases which eventually claimed the lives of 33 residents, forcing authorities to lock down high risk tower blocks (Hung, 2003; Siu & Wong, 2004). At the height of the outbreak, infections in eight separate public hospitals and in more than 170 housing estates across the city brought the city to a virtual standstill, with restaurants, shopping malls, and hotels experiencing huge falls in demand along with air travel and tourist arrivals.

Soon after the containment of the SARS virus, a Select Committee appointed by the Legislative Council conducted a detailed inquiry into the handling of the SARS outbreak, examining government effectiveness, administrative command processes, and the role of public health and hospital authorities in managing the SARS crisis (Select Committee, 2004; Taylor, 2020). Several important findings and recommendations were subsequently published in 2004, including scathing criticism of the then Secretary for Health, Dr Yeoh Eng-kiong, noting his poor oversight of the Hospital Authority, the lack of contingency plans by the Hospital Authority for the management of large-scale communicable disease outbreaks, and the failure of health authorities to proactively monitor for Mainland Chinese communicable disease outbreaks, with the report also noting that administrative command structures for the coordination of a whole of government response and mechanisms for public communication of health information were not optimal. The political fallout from the report was such that the Secretary for Health was forced resign, while the head of the Hospital Authority also offered his resignation (Lee, Ann, & Benitez, 2004; Select Committee, 2004; Taylor, 2020).

Occurring soon after the Asian Financial crisis (1997–98) which itself had wrought widespread economic dislocation on Hong Kong, the SARS virus permanently changed the attitudes of the Hong Kong government and general public toward infectious disease management, public health preparedness, public health communication practices, and the need for proactive community disease monitoring. In a sense, SARS helped re-make the public health infrastructure of Hong Kong, highlighting the need to emplace public communication protocols, administrative coordination and command structures, and public health monitoring programs (specifically ‘an Expert Group on Exchange and Notification Mechanism on Infectious Diseases’ under the ‘Hong Kong and Guangdong Cooperation Joint Conference’ and statutory reporting of communicable diseases between Hong Kong, Macau and Guangdong on a monthly basis) in order to provide early warning of new infectious diseases (see, for example, the recommendations of the Select Committee, 2004, which were adopted by the government and health authorities). Together with the emplacement of public health and Hospital Authority contingency plans for the management of large-scale communicable disease outbreaks, the establishment of a new infectious disease program and School of Public Health at the
University of Hong Kong (2004), and the subsequent adoption of legislation (the ‘Quarantine and Prevention of Disease Ordinance’), the institutional capacity of public health authorities and systems was greatly enhanced – remaining in place to the present (see section 15.40 Select Committee, 2004).

Equally important, however, is that the experience of SARS also left a deeply ingrained residue of public awareness about the dangers of infectious disease, its economic impact and, in a visceral sense, the disruption this can bring to everyday life, especially into housing estates where the vast majority of Hong Kong people reside (E. Cheung & Cheung, 2020). Apart from an obvious awareness of the dangers of infectious disease associated with high density living, and of Hong Kong’s proximity to Mainland China where many transmissible diseases originate, and especially since Hong Kong has been a major transit point into and out of Mainland China, there is an implicit social consciousness and social memory that disposes Hong Kong residents to a heightened alertness to infectious disease outbreaks. The social sensitivity to the COVID-19 outbreak in Wuhan, for example, was far ahead of government announcements or public messaging, with the voluntary and virtually instantaneous adoption of facemasks, social-distancing practices, refusal to attend school in-person, adoption of work-from-home arrangements, and avoidance of public transport, shopping malls, and public gatherings.

The initial response to COVID-19 was thus organic, with individuals and organisations changing behaviours before being required to do so via government directive or public health communications. Much of the ‘job of government’ in terms of public health messaging, social distancing, and the adoption of hygiene measures was thus largely already being observed by citizens, private and public organisations before they were officially introduced. Universities, for example, moved immediately to adopt on-line teaching, disallowing students to return to campus after the Chinese New Year (25 January), advising staff to work from home, closing classrooms, campus facilities, and all face-to-face meetings without any formal directive from the government or health authorities. Private sector organisations were also quick to adopt ‘flexible work’ practices, allowing employees to work from home before the introduction of any formal government directives or closure of government offices. Public awareness and responses to the COVID-19 pandemic thus led government policy responses, with government policy ‘catching up’ to community sentiment.

4. Discussion and conclusion

This article has sought to extend received understandings about the role of legitimation capacity in supporting policy efforts to manage crises and complex policy problems more generally. A canonical assumption is that the standard dimensions of policy capacity (i.e., analytical, managerial, and political across individual, organizational, and systemic levels) encompass the manifold characteristics and complexities of the state. The concept of legitimation capacity has since been introduced to enrich the notion of political-systemic capacity by accounting for public trust in government institutions; no longer are the administrative characteristics of the state the sole determinant of its effectiveness. Recognition of a state-society dialectic, while far from novel in policy studies, was due an introduction to theories about policy
capacity specifically, and legitimation capacity filled that need. We extend this progress by arguing that community capacity supplements existing understandings of policy and legitimation capacity, and should therefore be incorporated more systematically into capacity studies; this is a justifiable undertaking as the boundary between state and society in pandemic response can become blurred – especially where policy action lags and the public perceives and responds to an existential threat.

As earlier stated, the notion of community capacity goes beyond civil society capacity (e.g., nongovernmental and non-profit organizations) to include the action of individuals aggregated to a collective level for addressing problems within the domain of public policy. There is a small and disparate literature on community capacity; in a review of definitions, Chaskin (2001) acknowledges a lack of clarity around the term and finds a variety of definitional elements and units of analysis: organizations, individuals, affective connections, shared values, and participation and engagement mechanisms (p. 292). Chaskin proposes the following definition:

Community capacity is the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community. It may operate through informal social processes and/or organized effort.

Chaskin (2001, p. 295)

It is evident, then, that community capacity and civil society capacity are partially overlapping but not necessarily coterminous. This article’s case, as emblematic of community capacity, highlights the other half of the state–society interface – the proactive work of the public in its own interest. In particular, it reflects Chaskin’s elements of human and social capital as drivers of informal social processes. Just as the Hong Kong protest movement lacked a leader or central coordinating mechanism beyond social media communications, so too did the public’s response to the COVID-19 crisis. The latter is distinguishable by the independent behaviors of individuals and reflects elements of formal mobilization where, for example, individual volunteers and ad hoc groups or ‘brigades’ assisted in making and distributing facemasks (Tufekci, 2020; US News, 2020; Wong, 2020). Despite apparent and measurable cases, community capacity in response to COVID-19 has thus far been explicitly addressed in only a few studies (Abir et al., 2020; Pitas & Ehmer, 2020; Cheng, 2020b; World Health Organization, 2020) and in only one that examines Hong Kong (specifically, the role of media messaging in community capacity (Buheji & Ahmed, 2020)). As such, the community capacity perspective is a potentially fruitful opportunity for continued studies of COVID-19 response and crisis resilience more generally. Furthermore, the Hong Kong case offers a unique opportunity to analyze community capacity in a developed context characterized by low public trust and political legitimacy – a combination of factors that may in time describe an increasing number of country cases.

While there are numerous cases of functional and even economically dynamic states that substitute repressive force for political legitimacy, it is arguable that for democratic systems legitimation capacity is a sine qua non for maintaining functional and credible policy capacity. Hong Kong’s COVID-19 response illustrates, however, that legitimation capacity in a democratic or quasi-democratic system is not necessarily the cornerstone of crisis mitigation and broader policy effectiveness. Based on capital from social memory
and trust from the solidarity of political action, Hong Kong witnessed a type of emergent community capacity as collective mobilization for anticipatory crisis response that initially outpaced the efforts of government. The result was a relatively successful early-stage mitigation that placed the city on a stable footing and thereby eased the burden on ramped-up policy measures that followed. The Hong Kong government was saved in this instance from the potential failings of its own weak legitimation capacity. To rephrase a quote attributed to Lao Tzu, people are best when the government barely knows they exist, and when their work is done, their aim fulfilled, the government will say ‘we did it together.’

In closing, community capacity is by no means limited to settings with low legitimation capacity, and its role in precipitating a collective outcome independent of or even in contradiction to formal policy efforts displays itself worldwide in numerous examples of civil society action on crisis response, social welfare, and local resilience to climate threats, among others. Such conversations are well developed in the literature about civil society mobilization and its variants. What makes this case and theoretical contribution unique, however, in the context of a global crisis whose successful response is contingent on fluid discourse between science and policy, and between fact and ideology more broadly. The resources that inform Hong Kong’s community capacity include a collective proprietary wisdom and social memory forged through the traumatic experience of the SARS crisis. Layered onto this is the acutely compromised credibility of the Hong Kong government in the eyes of many residents – particularly among younger generations. Given that people turn in times of crisis to government for credible scientific information and related guidance for individual behaviour, it is indeed notable that Hong Kong saw early-stage progress mitigating COVID-19 through community initiative, without an early and aggressive policy posture to prompt it. In short, the urgency of government, as displayed through eventual policy action, lagged that of the public. This evident effectiveness of community capacity suggests new ways of viewing and operationalizing elements of the policy capacity framework – a task deserving further research. More broadly, the case lends additional nuance to discussions about state–society relations at a time when convergent crises test the durability of fossilized governance models. The crisis response capacity of society, as built on social memory and solidarity, invites policy scholarship to extend the conceptual boundaries of policy capacity, capturing not only public sector capacity and private sector capacity in service to policy needs but also the pent-up capacity of a society that, in Hong Kong’s case as increasingly in others, possesses copious social memory but little trust in government. These elements coalesce into a complex and durable form of policy capacity and crisis preparedness.

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Appendix: Timeline of Hong Kong’s COVID-19 response

Timeline of HKSAR government responses to Covid-19
January 2020
- Strengthening port health measures with Wuhan’s passengers as the target
  - 7 Jan 2020
- Emerging surveillance measures at all border control points
  - 31 Dec 2019
- Introduction of a new reporting criterion for surveillance
  - 17 Jan 2020
- Introduction of the first quarantine centre
  - 23 Jan 2020
- Suspension of six border checkpoints
  - 30 Jan 2020
- Entry restriction on Hubei Province residents
  - 27 Jan 2020
- Requirement of health declaration for Wuhan travellers
  - 21 Jan 2020
- Rise of HK’s response level
  - 25 Jan 2020
- Expansion of the health declaration measures
  - 28 Jan 2020
- People’s dissatisfaction: 75%
  - 31 Jan 2020
- Requirements for medical practitioners to report the encounter of individuals with Covid-19 symptoms
  - 20 Jan 2020
- Suspension of class resumption
  - 31 Jan 2020
- Appeal to private sectors for flexible work arrangement
  - 28 Jan 2020
- Suspension of class resumption except the universities

Timeline of HKSAR government responses to Covid-19
February 2020
- People’s dissatisfaction: 75%
  - 4 Feb 2020
- Suspension of cross-boundary transport services
- Mandatory quarantine measures
  - 8 Feb 2020
- Enhancement of laboratory surveillance
  - 19 Feb 2020
- People’s dissatisfaction: 70%
  - 21 Feb 2020
- Postponement of all HKDSE exams
  - 6 Feb 2020
- People’s dissatisfaction: 76%
  - 7 Feb 2020
- 1st phase of Anti-epidemic Fund
  - 14 Feb 2020
- Suspension of class resumption
  - 25 Feb 2020
- Red Outbound Travel Alert on Korea
  - 30 Jan 2020
- Red Outbound Travel Alert on respective regions in Italy
