

Keona Buvari

Contrasting Approaches: A Comparison of China's and Japan's Responses to the COVID-19 Pandemic

Topic and Research Question

This thesis examines how China and Japan responded to the COVID-19 pandemic in 2020. Although both countries faced the same virus, their approaches to crisis governance differed considerably: China relied on a highly centralized and interventionist response, while Japan followed a more decentralized approach based largely on voluntary compliance. This thesis asks:

“Along which dimensions of crisis governance did China's and Japan's responses to COVID-19 in 2020 differ, and what does this imply?”

By comparing these two cases, the research contributes to a better understanding of how institutional structures influence crisis management. Its findings are relevant for public health officials and international organizations, as they provide insights into different approaches to pandemic preparedness and response.

State of the Art

Research on crisis governance shows that crises can expose weaknesses in institutions and coordination and force governments to adapt their existing structures under pressure (Boin et al. 2016).

Research on coordination looks at how responsibilities are divided between different levels of government and how effectively they work together. It also shows that institutional structures can influence how governments respond to crises, especially when responsibilities are shared between national, regional, and local authorities (Boin et al. 2016).

Other studies focus on specific response measures, including mobility restrictions, contact tracing, and quarantine (Gostin 2006), as well as the capacity of health systems to deal with increased demands during a crisis (Sheikhbardsiri et al. 2017). The Oxford Stringency Index provides a way to compare government responses across countries (Hale et al. 2021), but it mainly captures how strict policies are on paper, rather than how they are implemented or followed in practice.

These different aspects are often examined separately. This thesis brings them together in one analytical framework based on existing literature and developed independently of the two cases.

Methodology and Approach

The analytical framework was developed to systematically compare China's and Japan's COVID-19 responses in 2020.

It combines qualitative criteria on policy organization and implementation with quantitative indicators on policy stringency and infection trends. The analysis is structured around **four dimensions and seven criteria**:

- (1) **Administrative crisis governance**: governance coordination (examining centralization, coordination across government levels, and the timing of major decisions)
- (2) **Public health containment**: mobility restrictions, contact tracing, and quarantine enforcement;
- (3) **Health-system response**: health facility expansion, (including staff, space, supplies, and systems)
- (4) **Comparative indicators**: the Modified Stringency Index (MSI) and infection rates.

The empirical analysis draws on government documents and policy decrees, WHO reports and country profiles, peer-reviewed research and the Oxford COVID-19 Government Response Tracker.

The criteria were examined across selected policy phases in 2020 rather than on a day-by-day basis. For China, the analysis focuses particularly on Wuhan and Hubei, while Japan is examined mainly at the national level, including prefectures where subnational implementation was important.

Main Facts

China

China's COVID-19 response was coordinated through a hierarchical structure linking the central, provincial, municipal, and community levels.

Mobility restrictions included the lockdown of Wuhan and Hubei, travel restrictions in 14 additional cities in Hubei, and restrictions in 98 cities outside Hubei. Contact tracing was closely connected to testing and centralized quarantine, with local authorities involved in monitoring and follow-up. Healthcare capacity was expanded through the construction of new facilities, the deployment of additional personnel, and increased administrative resources. China recorded a Modified Stringency Index (MSI) of **74.2** and an Initial Response Index (IRI) of **4.2**. Following the initial outbreak, reported infections

declined rapidly, while later outbreaks remained largely localized.

Japan

In Japan, prefectural governments and public health centers played a central role in implementing measures, while the national government provided guidance and declared states of emergency. Rather than legally enforced lockdowns, the response relied on requests to stay at home and voluntary compliance. Contact tracing followed a cluster-based approach, supported by public health centers and local authorities. Healthcare capacity was expanded mainly by reorganizing existing hospitals and concentrating specialist resources, including designated beds and intensive-care capacity.

Japan recorded an MSI of **45.4** and an IRI of **6.7**. During 2020, the country experienced repeated waves of community transmission.

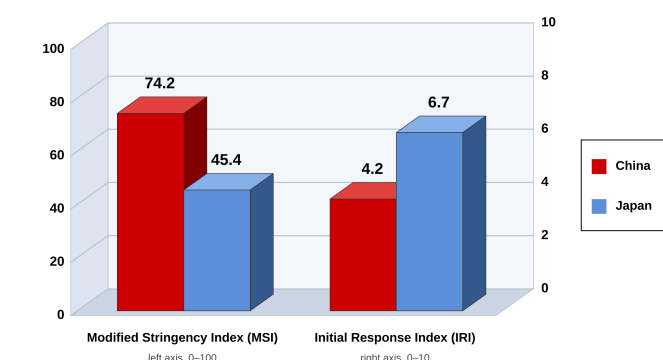


Figure 1: MSI (0-100, higher values indicate a higher overall level of government restrictions) in the first phase of the pandemic. IRI (0-10, higher values indicate that response measures were introduced earlier in the outbreak), Source: Chen et al. (2021).

Results

The comparison reveals four key dimensions of difference between the two response models:

Coordination: China integrated mobility restrictions, contact tracing, quarantine and health-system expansion into a coordinated response. In Japan, measures remained more specialized and less integrated.

Institutional organization: China relied on a hierarchical chain of command, whereas Japan

combined national guidance with implementation at the prefectural level.

Health-system adaptation: China responded by creating additional healthcare capacity, while Japan focused more on adapting and using existing capacity efficiently.

Timing and intensity: Japan introduced measures earlier relative to its outbreak (IRI 6.7 vs. 4.2), whereas China implemented substantially more restrictive measures (MSI 74.2 vs. 45.4). Thus, response speed and policy stringency represent distinct dimensions.

Implication: The findings suggest that institutional structures shape not only which measures governments adopt, but also how these measures are coordinated and implemented. This suggests that different institutional arrangements can lead to different ways of managing the same crisis, without implying that one approach is generally more effective than the other.

Outlook: Future research could apply the framework to more countries and other types of crises, while also examining the role of implementation and public compliance.

References

All references can be found in the full version of the MA thesis available at <https://theses.univie.ac.at>

About the Author

Keona Buvari holds a BA in Sociology from the University of Mannheim, Germany, with a focus on Statistics and a minor in Psychology. She also studied in Seoul, South Korea. Her academic interests include political institutions, social policy, and economic structures, particularly how they shape societal responses to crises.

Contact information:

keona@buvari.de

LinkedIn: [Keona Buvari](#)

Examination Date:
12 October 2026

