

Tourism Crises Management and the Role of Governments: Post-COVID-19 Tourism and Government Interventions, Case Study of China

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Abstract

Tourism is one of the major industries but also is a vulnerable venture. Currently tourism is severally impacted by COVID-19 pandemic worldwide. Pandemics are known to effect civilizations since the ancient times. Coronavirus pandemic is not the first one but so far, it is by far the greatest in its impact on economies, politics and other aspects of human life. Tourism is especially hurt since travel acts as a major vehicle for spreading the virus and thus, governments around the globe restrict tourism to prevent contamination. This study, conducted as a qualitative and descriptive research, investigates government's role in crisis management in tourism. An overview of pandemics in historical perspective and government interventions in different crisis situations are included. COVID-19, as a global pandemic has been chosen as a cataclysm for the case study. We focus on China since the Chinese government has almost full control over every aspect of its citizens' lives, including travel. Measures and regulations implemented by Chinese government to control COVID-19 spread including full shut down of domestic, outbound and inbound tourism are studied through government issued posts and announcements, industry reports and Chinese media coverage. Current expansion of domestic tourism in China, future feasible scenarios for Chinese outbound and inbound travel and possible applications of Chinese experience for other countries are also discussed.

Keywords: tourism crisis, pandemic, COVID-19, domestic tourism, government intervention, China

1. Introduction

The World Tourism Barometer report by the World Tourism Organization (UNWTO), in the January 2020 issue, indicated that in 2019, international tourist arrivals worldwide increased another four percent compared with 2018, reaching the 1.5 billion mark (UNWTO 2020). Tourism has become a major industry worldwide, bringing economic benefits to destinations through tourist spending. It creates jobs for local people, encourages infrastructure and transportation development, and significantly contributes to local communities in many other ways.

At the same time, tourism is a very vulnerable venture. As Ritchie (2004) said, "tourism is often impacted negatively by external political, economic, social and technological factors often beyond the industry's immediate control" (p. 673). On the other hand, looking back at such events as 9/11, SARS, economic recessions and similar shocks, while tourist numbers in relevant geographical locations dropped significantly at the time of the crisis, the

industry always recovered promptly. Most destinations were able to increase their inbound volume of visitors over previous numbers within two or three years following the incident, or even sooner.

The purpose of this paper is to investigate government's role in crisis management in tourism. COVID-19 has been chosen as a global pandemic that affects tourism greatly and is happening at the moment. We use China as a case study, as the Chinese government has almost full control over every aspect of its citizens' lives, including travel. Moreover, Chinese policymakers often use tourism as a political mechanism to put pressure on other countries or regions, such as South Korea and Taiwan. China is currently a successful example of COVID-19 containment, with only 86,761 confirmed cases and 4,710 deaths in the country with over 1.4 billion people, as per August 16, 2020 (WHO 2020a).

2. Methodology

The following study is conducted as qualitative and descriptive research. A brief overview of past pandemics, pandemics and tourism, tourism crises and governmental involvement, the Chinese tourism industry is carried out using a literature review. The chronologic narrative of COVID-19 in China, from December 2019 to May 2020 is based on the official storyline as outlined by the Chinese government in the White Paper "Fighting COVID-19: China in Action" (China Daily 2020). Government posts and announcements and the World Health Organization (WHO) Coronavirus disease (COVID-2019) situation reports are also used. Several industry and consumer surveys and reports by Fabernovel & Trip.com, Trip.com Group¹, McKinsey & Company, Dragon Train International, and Chinese media sources are used to describe the recovery process and build the argument.

3. Crisis Management in Tourism and the Government Role

Support by national government for the tourism recovery process varies from country to country, depending on the degree to which the tourism industry is seen as an essential sector by policymakers and the nature of the crisis. In most developed countries, the national government's involvement in tourism comes in the form of building and supporting infrastructure, regulating entry, and stay requirements. These often include visas, protecting natural resources such as national parks, and other, broader government-scale matters, leaving day-to-day operations and ongoing promotions to regional tourism bureaus, city tourism offices, local enterprises and other stakeholders (Jenkins 2006). Developing nations often see tourism as a tool to increase revenue flow from international visitors and attract investors and, thus, they invest and promote heavily, at least in the initial stages (Aziz 1995, Akama, 2002). When crises affect tourism, national governments often implement more robust interventions to provide assistance and save the industry.

COVID-19 is not the first pandemic that has affected tourism and the broader economy, but so far, it is by far the greatest, covering almost all countries and continents and interrupting many areas of human activity. As the World Health Organization's data show, on August 15, 2020, there have been 21,026,758 cases worldwide, leading to 755,786 deaths (WHO 2020b). Data quality varies significantly across countries, so these figures are very much open to question. Many countries have enforced mandatory self-isolation, closed their international borders, and shut down all non-essential businesses. Aircrafts are grounded, many airlines have collapsed permanently, hotels are dark, and attractions empty.

A new technique – social distancing – has come into use. This approach does not cure or eliminate the virus, but it 'flattens the curve' and postpones a second wave. That is, it reduces the number of early infections. Doing so reduces the load on hospitals, hopefully to levels at which they can offer better care. It also pushes potential infections into the future, when they can hopefully be prevented by vaccines – the only real infection prevention strategy. Inevitably, national governments are deeply involved in preventing the virus, saving lives, and preserving their economies. The very nature of the COVID-19 crisis makes tourism and travel a vehicle for spreading the virus and, thus, justifies a lockdown. However, many economies depend on their tourism industries as essential contributors to employment and economic stability. This situation creates a dilemma for national governments: continue to restrict international and even domestic travel or open borders, with precautions taken, to restart tourism and stimulate the economy. It also tests the ability of national governments to stop travel, primarily within national borders.

¹ Trip.com Group's "Trip.com Group Revival Report" and "Trip.com Group Revival Report Domestically" were provided directly to the authors with permission to use.

4. *Historical Overview of Pandemics*

A pandemic or plague is an infectious disease that has grown to such an extent that it affects large, not-necessarily contiguous areas, which today can span multiple continents. Plagues were endemic to many early societies. To some extent, they are an inevitable consequence of civilization, as more people live closer to each other. Millennia ago, people had no understanding of disease. As population density increased, proximity intensified, and the infection spread ever more rapidly.

The Bible mentions Five Plagues, but only boils would appear to be a plague as we now understand them (Exodus 9:8–12). There is evidence of smallpox and tuberculosis from the ancient Nile Kingdoms, but levels were probably too small for major outbreaks.

Between 165 and 180 AD, the Antonine Plague struck the Roman Empire, then in later Roman times, there was a plague that lasted 200 years, initially from 541 to 542 AD, but then recurring until about 750 AD. It may have killed between 25 to 100 million people over its full term. It constituted then the first semi-global phenomenon that fully merits the name pandemic. There are occasional mentions of plagues in isolated literature during the 'Dark Ages,' but there are no data to analyse them. Under such circumstances, much travel and trade would have broken down.

The most notorious plague of all time was the "Black Death" of 1346 to 1353. The cause and possible remedies were unknown at the time, but we now understand that the pathogen 'yersinia pestis' was responsible. Economic expansion had been rapid over the preceding 200 years, as long-distance trade routes from Mediterranean ports had grown, which contributed to the rapid spread of the Plague. The Black Death killed about 40% to 60% of all people in Europe, the Middle East, and North Africa when it first struck there in the mid-fourteenth century. This event led to dramatic changes in economic circumstances and is believed to have significantly improved the working populace's well-being.

Another plague spread around the world in the 1660s, probably beginning in China. Like previous and subsequent plagues, it arose wherever there was crowding and poor sanitation (Wade 2010, Hays 2005). The Plague is particularly well recorded in London, where it killed about 100,000 people, almost a quarter of the population. The most well-known pandemic of the twentieth century, before COVID-19, was the 1918-1919 flu. It is believed that at least fifty million people lost their lives. The flu infected perhaps ten percent of the entire world population and had a ten percent death rate – significantly more than the current Coronavirus. It began in Poland in March. This earliest wave was mild, and few cases became severe. It was only in hindsight that it was realised as the start of what became a worldwide phenomenon. Coming at the end of the Great War, troops in the trenches were particularly susceptible. Both Allied and German troop movements carried the disease further afield – Russia, India and the Far East. By August, it was apparent in many countries worldwide, initially, as one would expect, spreading from ports.

Cases increased rapidly, but there was little doctors could do. Antibiotics had not yet been developed, and since the etiology of the disease was not known, all that could be done was basic care, which was carried out by the more numerous nurses. There were three waves of the flu epidemic that started in 1918, continuing into the 1920s. Its lack of medical intervention can characterise this first 'modern' flu epidemic. Basic hygiene was understood, and the concept of face masks was developed, but this was before the days of antibiotics, which would have saved millions of lives if they had been available.

The next significant influenza pandemic was the strain H2N2, which originated in East Asia in February 1957 (Rogers 2010, Centers for Disease Control and Prevention, 2020a). It was less severe than the other main flu outbreaks, but it still killed between one and two million people worldwide. Early on, it spread rapidly throughout China and nearby countries. It spread around the world and killed many people, but a vaccine was in this case quickly developed.

The third twentieth-century influenza epidemic started in 1968, beginning in Hong Kong in July, lasting into 1970, and killing between one and four million people (Centers for Disease Control and Prevention, 2020b). The pandemic spread rapidly, with about 500,000 cases reported within two weeks and spreading throughout Southeast Asia. Caused by the H3N2 strain of flu, the 1968 pandemic was less severe than its predecessors, although it was

highly contagious. It had two waves, and the second one caused a higher number of deaths. Its impact varied widely. In Japan, it caused few deaths, whereas it spread widely in the US and caused a relatively higher number. Eventually, a vaccine was developed, which speeded the end of the outbreak. The 1968 virus is thought to have evolved from the 1957 H2N2. It is believed that it is still circulating today amongst other strains, and may have given rise to the subsequent Swine Flu.

The next major epidemic was SARS, which first appeared in China in November 2002. It spread swiftly, first to Hong Kong, and from there rapidly around the world by air travellers – an augur of future transmission mechanisms. By March 2003, the World Health Organization officially recognized it as a new disease, and by June 2003, 8,442 cases were identified, with a fatality rate of 11%, most in Hong Kong and China. In this case, strict measures were introduced, and by the end of June, the outbreak was under control again.

Certain branches of economic activity, notably tourism, felt its impact almost at once and directly. However, such an event can have potentially much more significant and widespread economic effects by merely changing expectations. The unknown nature of the disease and the duration of its outbreak introduced a strong element of uncertainty into the calculations of investors and policymakers alike. In particular, there was a concern that the epidemic would slow economic growth in China and impede the flow of cheap imports into OECD markets. Using quarantine, isolation, and travel prohibitions, it was brought under control within just a few months – a notable success for basic public health measures (McLean 2005, Duffin & Sweetman 2009, Heymann 2017, Henley 2003, Knudsen et al., 2003).

The 2009 outbreak of swine flu was the second H1N1 epidemic, the first having been the 1918 Spanish Flu. In this case, the medium was swine, rather than birds. More than a quarter of pigs carry antibodies to influenza viruses, showing that they have been exposed to swine flu. In pigs, the symptoms are merely mild fever and nasal discharge, which lasts just a few days. The virus spreads rapidly through swine, birds and humans, who generally face coughing, runny nose and congestion, though in some cases, it progresses to diarrhea, chills and vomiting. Unusually it does not disproportionately affect those over 60. Only a few people die of swine flu, generally those who continue on to pneumonia. Worldwide, there were 491,382 cases and just 18,449 deaths (WHO, 2010). Some studies suggest that there were many more cases – possibly over a billion, though these would have been mostly very mild ones.

MERS, first identified in Egypt in 2012, was another disease caused by a coronavirus (MERS-CoV). In 2015, the largest outbreak outside the Middle East took place in South Korea, brought by a Korean tourist returning from his travel in Bahrain, KSA, United Arab Emirates and Qatar. As of July 21, 2015, the total number of cases was 186, with 36 deaths (Al-Tawfiq, Omrani & Memish 2016). Although the numbers were not high and WHO did not issue any pandemic declarations, neighbouring countries in Asia posted their own travel advisory for South Korea which caused a decrease of 2.1 million visitors to the country in 2015 associated with 2.6 billion USD in lost tourism revenue (Joo et al., 2019).

5. *Pandemics and Tourism*

All the pandemics mentioned moved around the world through the medium of human travel. In the past, each epidemic set the economy back as it occurred. Over the last two centuries, though, the decline in communicable disease contributed significantly to economic growth. Confidence in this security, though, has experienced a severe setback as such diseases as the various influenza epidemics have ravaged world populations.

Tourism, as we observe it in the twenty-first century, was not developed at the beginning of the twentieth century, the time of the 1918-1919 Spanish Flu Epidemic. At that time, the tourism sector was represented by domestic and inter-regional tourism, and the middle class constituted the majority of its clientele. Long-haul intercontinental travel was done only by the privileged elites of a society who had disposable time and income. The Asian Flu and H3N3 Influenza Outbreak also occurred when the mass tourism industry was still developing. Also, media channels were not as sophisticated as they are today, not to mention the absence of social media, and thus, the impact of the outbreaks on consumers' perceptions and risk assessment associated with travel and pandemics was not that far-reaching as nowadays.

In contrast, the twenty-first-century pandemics - SARS, Swine Flu and MERS, were widely covered through traditional channels and social media and impacted tourism significantly. As described above, the MERS outbreak

in South Korea in 2015 was an example of how relatively low numbers of infected and deceased patients could create significant damage to the tourism industry through travellers' perceptions.

Currently, COVID-19, Novel Coronavirus, is changing the world. Everyday interactions, work environment, business, economic activities and so on, are no longer the same and will probably never be the way it used to be before the pandemic. Tourism is impacted more than any other industry, and post-COVID-19 tourism will look different. The following case study concentrates on China, the country where the virus was first discovered and reported. China was the first country to implement lockdown and stop any tourism activities. China is also the first country to emerge from the lockdown and restart tourism.

6. The Tourism Industry in China

China is a unique country in many ways. After the collapse of the Soviet Union, the Eastern European communism regimes, and communist ruling parties in some Asian and Latin American countries, the Communist Party of China is still the ruling political party of the People's Republic of China and is involved in all aspect of its citizens' everyday life. In contrast to its not that far away neighbour, the Democratic People's Republic of Korea, another country ruled by one political party, the Communist Party of China was able to adapt and evolve and preserve its leading role while providing favourable conditions for economic growth and successfully managing various crises along the way.

Before the 1978's Economic Reform, led by Deng Xiaoping, tourism in China was not recognized as an economic activity by the state, and tourism-related activities were minimal. The China Travel Service (CTS) and the China International Travel Services (CITS) were two of the first travel agencies established by the government in 1949 and 1954. They served primarily for political purposes. All industries in the country were state-owned, planned and managed at the central level.

The focus of the 1978's reform was on decentralization of economic control, privatization, and permission for entrepreneurship. International inbound tourism became an essential way of stimulating foreign exchange, investment and expertise, and revenue generation (Airey & Chong 2010). Inbound tourism, and later domestic tourism, were recognized as ways of creating employment and promoting regional development. The China National Tourism Administration (CNTA) was established in 1982 and tasked with commercial tourism development.

From the beginning of the reforms, until 1992, when Deng Xiaoping's government introduced a new stage of economic reforms, the "socialist market economy", the state planned and executed all significant roles in tourism development. It acted, first, as the operator, who provided the infrastructure for tourism; secondly, the owner and the operator of tourism businesses; the regulator, who formulated, implemented and enforced regulations for tourism; the investment stimulator, which provided financial incentives to stimulate investments in tourism; the promoter, who funded international promotions for travel to China; the coordinator, who coordinated the different government department concerning their activities in tourism; finally, the educator who provided tourism education and training programs (Zhang, Chong & Ap, 1999).

In the 1980s, the government of China established additional tour operators and travel agencies such as the China Youth Travel Service (CYTS), the China Comfort Tourism (CCT) and the Chinese Women's Travel Service (CWTS). Most of these are still wholly or partially owned by the state. Since 1992, private firms in the tourism industry privately or corporately owned accommodations, and even corporate investments into airlines and airports, started to emerge. The development of digital technology further contributed to the rapid growth of non-government tour operators and agents' share of the market.

All major online travel agencies (OTAs) are privately owned, and more than half of all bookings and travel arrangements in China for inbound, outbound and domestic trips are made nowadays through OTAs. The Chinese digital environment is very different from that in the rest of the world. Facebook, Twitter, other social media channels are blocked in Mainland China; there is a different set of China-developed online platforms such as Weibo, Wechat, Douyin and more. The same applies to online booking engines. Western companies such as

Expedia are not very popular for bookings. Chinese travel giants such as Ctrip (recently rebranded into Trip.com for global markets), Tuniu, Fliggy, Tongcheng-eLong, etcetera, share most of the online travel market².

In 2008, the China Tourism Academy was founded under CNTA's wing to focus on the tourism industry's studies such as policy, strategies, planning, standardization, regional development, etc. The Academy also conducts surveys and research projects, organizes tourism conferences, and issues an annual report on China's Tourism. A Tourism Law was implemented in 2013. In 2018, CNTA was dissolved and replaced by the Ministry of Culture and Tourism.

First the CNTA, and currently the Ministry of Culture and Tourism provides certification and approval to all agencies, tour operators and tour guides dealing with inbound, outbound and domestic tourism. Chinese citizens can only travel abroad for leisure purposes to destinations with Approval Destination Status (ADS). The government designed the ADS concept through the CNTA in 1995. Currently, there are over 130 countries with ADS agreements³. Trips to destinations without ADS are also possible, but require special approval, and are usually permitted only for government delegations, business travellers, conference attendees, visiting family members and other specific cases. ADS agreements allow tour operators and travel agencies to market destinations, organize and sell group packages and obtain visas for their clients. The Approval Destination Status negotiation process takes into account China's national interests and foreign policy as well as economic benefits and, thus, serves the government's goals beyond pure tourism (Arita et al., 2011).

As pre-COVID-19 statistics show, China is one of the world's major markets for outbound travel and the largest spender on international tourism. The number of outbound trips by Chinese travellers reached 155 million in 2019, spending 127 billion US dollars in just the first half of 2019. These numbers are especially remarkable since only twelve percent of the entire Chinese population has passports and can travel abroad. As the number of passport holders grows every year as well as the desire for travel, the Chinese market is becoming one of the most critical sources of outbound travel for many countries. Asia is still the most favourite destination due to its proximity and easy entry requirements (79% trips in 2019), but Chinese tourists also travel to Europe (8%), Americas (6.8%), Oceania (3.5%), Africa and Antarctica (2.7%) (Fabernovel & Trip.com Group 2020). As for the inbound tourism sector, in 2018, China hosted 141 million foreign tourists, who generated over 127 billion dollars of revenue (Mu 2019).

However, despite partial decentralisation and the domination of private enterprise in the industry, tourism, as any other essential sector of China's economy, is controlled by the government carrying out political-ideological and diplomatic roles (Airey & Chong 2010). The crisis between South Korea and China in 2016-2017, concerning THAAD (Terminal High Altitude Area Defense System), is a vivid example of using tourism for political purposes. China opposed the deployment of the THAAD anti-ballistic missile defence system, and along with some economy-related measures, such as cancelling business agreements and boycotting Korean goods, imposed a travel ban. China has been the primary source of foreign tourists for South Korea since 2013, and the travel ban has significantly damaged the South Korean tourism industry and the economy in general (Zhang et al., 2020). Execution of a full halt on tourism activities due to COVID-19 in China, and post-COVID industry recovery, as planned and implemented by the policymakers, is another instance of centralized governance.

7. COVID-19 in China and Its Impact on Tourism

COVID-19 significantly damaged both the travel industry in China and tourism stakeholders relying on Chinese business outside the country. Based on already accrued loss and further damage reported by China Tourism Academy, Fabernovel estimates that the total revenue loss for the tourism industry in China for 2020 will reach \$168 billion US dollars (Fabernovel & Trip.com Group 2020).

Although the first instance of pneumonia of unknown cause was discovered in Wuhan, China, on December 8, 2019 (Wu & McGoogan 2020), the official identification took place on December 27, 2019. The report was issued

² Dragon Trail Interactive provides comprehensive information on Chinese social media platforms, OTAs and relationships between them on their website <https://dragontrail.com/> as well as in the following book: Graff, R., Parulis-Cook, S. (2019) *China: The Future of Travel: Everything You Always Wanted to Know About China's Outbound Tourism Industry But Had No One to Ask*. Second Edition, Dragon Trail Interactive (UK) Limited.

³ List of ADS countries: http://lvyou168.cn/ads_list.aspx

by the Hubei Provincial Hospital of Integrated Chinese and Western Medicine and sent to the Wuhan Jiangnan Center for Disease Prevention and Control. Local specialists launched epidemiological investigations and laboratory testing in Wuhan. On December 30, the National Health Commission (NHC) got involved, and the outbreak was reported to Beijing. On December 31, twenty-seven cases were officially confirmed in Wuhan, and the outbreak was reported to the World Health Organization (WHO) China Country Office.

Events developed very quickly in January 2020. On January 1, the NHC formed a group of experts to lead the disease response activities. On January 2, Guidelines on Early Detection, Early Diagnosis and Early Quarantine for Prevention and Control of Viral Pneumonia of Unknown Cause were formulated. This set of guidelines and other protocols were revised, updated and reposted several times as the authorities and medical specialists learned more about the virus. China CDC received the first samples from the four cases in Hubei and started the pathogen identification process. The first version of the Treatment Manual for Viral Pneumonia of Unknown Case was produced.

On January 7, Xi Jinping, General Secretary of the Communist Party of China and the President of the People's Republic of China, led a meeting of the Politburo Standing Committee and issued instructions on the prevention and control of a possible epidemic. Thus, it became a matter under the State and the Party's direct supervision. On the same day, China CDC was able to isolate the first novel coronavirus strain, which was identified as the disease's cause. On January 9, information on the viral pneumonia pathogen was released and shared with the WHO. The first version of new test kits was issued on January 10, and all relevant cases admitted to local hospitals were tested immediately. On January 12, the WCHC changed "viral pneumonia of unknown cause" to "pneumonia caused by the novel coronavirus". On the same day, the WHO received the genome sequence of the novel coronavirus, 2019-nCoV, which was shared globally.

From January 13, epidemic prevention and control measurements were enforced in Hubei province and especially in Wuhan. Emergency preparations and response steps were specified for the rest of China in case of a country-wide pandemic. On January 15, the NHC released the first version of the Diagnosis and Treatment Protocol and the Protocol on Prevention and Control of Novel Coronavirus Pneumonia. On January 16, Wuhan's medical teams started to screen all patients treated in fever clinics or under medical observation in the 69 hospitals. On January 20, Li Keqiang, the Premier of the State Council of the People's Republic of China, has decided to classify the novel Coronavirus as a Class B infectious disease in compliance with the Law on Prevention and Treatment of Infection Diseases, but to apply the preventive and control measures as for a Class A infectious disease. The State Council started to plan for nationwide prevention and control of the disease operation.

On January 22, President Xi Jinping ordered the immediate imposition of tight restrictions on people's movement and exit channels in Hubei and Wuhan. On January 23, around 2 a.m. Wuhan time, all intra-city public transport, outbound routes, and all airports and railway stations were closed. All traffic into Wuhan from other parts of China was suspended by road, waterway or air. Wuhan was sealed. The provinces adjoining Hubei built traffic control "isolation zones" around the province. Other parts of China adopted a targeted, tiered, and region-specific approach applying a dynamic control over urban and rural road transport services and implementing quarantine measures for domestic roads.

The outbreak of Covid-19 in Wuhan put overwhelming stress on its medical resources. There was a severe shortage of hospital beds in the early stage, as the number of infections surged. China directed additional resources to Wuhan and expanded the capacity of designated hospitals where patients in severe and critical conditions were gathered for treatment and intensive care. Two hospitals with 1,000-plus beds each, Huōshénshān and Léishénshān, were built as specialist hospitals for treating infectious diseases. The number of beds for severe cases increased from around 1,000 to more than 9,100. Wuhan's government mobilized resources to repurpose stadiums and exhibition centers into 16 temporary treatment centres. With 14,000 beds, these centers were able to admit all confirmed mild cases for treatment.

Strict measures were taken to prevent public gatherings and cross-infection. The Lunar New Year holiday was extended to keep people at their homes. Public congregations were cancelled or postponed, and the spring semester was postponed in schools. Cinemas, theatres, internet cafés and gyms were all closed. Health and safety procedures had to be followed in essential public facilities, including bus stations, airports, ports, farmers' markets, shopping malls, supermarkets, restaurants and hotels, and enclosed transport vehicles such as buses, trains and planes. People

were required to wear masks and undergo temperature monitoring when accessing all venues or vehicles. All domestic and outbound tourism activities were suspended, and domestic attractions and scenic spots were closed. Government services were provided online, and through prior reservation, non-physical-contact delivery or services were extended, people were encouraged to stay at home and work from home, and businesses were encouraged to telecommute. Clear signs urging people to maintain at least one metre of distance, and avoid close contact were posted in all public places, and physical distance instructions were repeated over traditional media and social media channels.

City residents and villagers were mobilized to help manage communities. Strict access control and grid-based management were exercised in communities, and human and material resources were channelled down to the community level to reinforce the implementation of targeted measures. Task forces comprised of full-time and part-time community workers were set up, while officials at the sub-district, township and community or village levels, health workers of community medical facilities, and family doctors all performed their duties as a team. In Wuhan, strict 24-hour access control was enforced in all residential communities. No residents were allowed to leave, and non-residents could not access the community area other than for essential medical needs or epidemic control operations. Community workers were responsible for the purchase and delivery of daily necessities according to residents' needs.

From February 2, China began to adopt measures to divide people into four categories: 1. confirmed cases; 2. suspected cases; 3. febrile patients who might be carriers, 4. close contacts. The goal was to test everybody, to isolate infected people, and to hospitalize and treat them. To identify the four categories of vulnerable people, community grid-based screening was carried out across the country. Two Chinese technological giants, Alibaba and Tencent, in collaboration with the government, developed a "health QR code" system for mobile phones on the WeChat and AliPay platforms, enabling all residents to report their health condition daily and to receive their coloured code, required for everyday activities.

Significant work was done to reinforce the monitoring and online reporting of cases identified at fever clinics: all such cases had to be reported online to higher authorities within 2 hours; their test results would be sent back to the reporting clinics within 12 hours, and on-site epidemiological investigation would be completed within 24 hours. Epidemiological tracing and investigation were enhanced to precisely detect and cut off virus transmission routes. While keeping all its outbound routes closed, Wuhan carried out two rounds of community-based mass screening of its 4.21 million households, leaving no person or household unchecked and ruling out all potential infection sources.

To better prevent and control the epidemic, each region was classified by risk level based on a comprehensive evaluation of factors such as population and number of infections in a given time. There were three levels of risk: low, medium, and high. Regions could take measures according to their risk level, which was dynamic and adjusted based on the evolving situation. Low-risk regions were requested to remain alert against any potential inbound transmission, while fully restoring normal order in work and daily life. Medium-risk regions had to prevent inbound and local transmission while restoring normal work and daily life as soon as possible. Regions classified as high-risk were obliged to prevent any spread in its jurisdiction or beyond, enforce strict control measures, and focus on containment. Once the situation was stabilized, provincial-level authorities could step up efforts to restore order in work and daily life in areas under their jurisdiction, while adapting to the new normal of COVID-19 control by establishing a comprehensive long-term epidemic response system to ensure early detection, quick response, targeted prevention and control, and effective treatment.

On February 14, all provinces and equivalent administrative units other than Hubei saw a continuous drop in newly confirmed cases for the tenth consecutive day. On February 18, the daily number of newly cured and discharged coronavirus patients exceeded that of newly confirmed cases, and the number of confirmed cases began to drop. On February 19, for the first time in Wuhan, newly cured and discharged cases outnumbered newly confirmed ones.

From February 25, China started to tighten up international border quarantine, conducting a strict check of health and body temperature, and carrying out medical inspections, epidemiological investigations, medical screening, and sample monitoring of all inbound and outbound travellers, in order to minimize the cross-border spread of the epidemic.

On February 27, the daily figure for new cases in Hubei, other than Wuhan, and other places on mainland China dropped to single digits for the first time. On March 6, the daily increase in domestic new cases for the entire mainland China dropped below 100 and then fell further to single digits on March 11. The epidemic peak in China had passed. However, the epidemic was just starting for the rest of the world: on March 11, the WHO announced COVID-19 to be a pandemic.

By the end of April, all restrictions on outbound traffic from Wuhan City (April 8) and Hubei Province were lifted, and all COVID-19 patients in Wuhan hospitals were discharged (April 26).

As the peak of COVID-19 passed, normalizing the economy became the priority of government. The Chinese economy was drastically impacted by the outbreak, with official statistics showing the first quarter of year-on-year GDP at minus 6.8% (McKinsey & Company 2020a). In March and April, President Xi had numerous meetings with his officials, where he stressed the need to speedily resume work and normal life, while continuing prevention and control to minimize losses for the economy and social development. On April 7, the Central Leading Group for Novel Coronavirus Prevention and Control issued Guidelines on the “Resumption of Work while Preventing and Controlling COVID-19”, and the State Council released Guidelines on “COVID-19 Prevention and Control Measures for Localities at Different Risk Levels to Resume Work”. Region-specific and tiered measures for COVID-19 control were adopted to facilitate the normalization of everyday life.

On April 29, President Xi Jinping officially concluded that China had “won a vital battle in defending Wuhan and Hubei against the novel coronavirus and achieved a major strategic success in the nationwide control effort” (China Daily 2020). The public health emergency response was lowered to level 2 in the Beijing-Tianjin-Hebei region, domestic travel was allowed, and one extra day was added to May holidays, May 1-5, 2020, turning it into the most prolonged Labor Day Holiday period in the last 12 years.

8. Tourism Recovery

Throughout the year in China, seven national holidays last for multiple days, which encourages travel significantly. In 2020, the Lunar New Year or Spring Festival, usually the busiest time of the year for domestic and international travel, was extended for three extra days (January 24-February 2). However, no travel was permitted to avoid the spread of the virus. The next holiday, Tomb Sweeping Day, April 4-6, 2020, was also impacted by the lockdown. Only 43.25 million people travelled (Trip.com Group Revival Report Domestically). Qingming usually involves domestic travel, as this holiday is dedicated to visiting the ancestors' tombs to clean the gravesites and pray.

The Labor Day Holiday, May 1-5, marked the actual restart of domestic travel, although cross-province group tours were still not allowed. One hundred fifteen million travellers generated 47 billion yuan in five days. While numbers were lower than in 2019 (a 46% decrease in the number of travellers and a 63% decrease in revenue year-on-year) the Labour Day travel significantly contributed to the Chinese economy and provided relief for the domestic tourism industry. The top source markets were first-tier cities: Beijing, Shanghai, Guangzhou, Shenzhen, as well as the ‘new first-tier’ cities such as Chengdu, Chongqing, Hangzhou and others, that had strong travel demand and purchasing power. Ctrip, the largest Chinese tour operator and Online Travel Agency that has provided the data above, predicts that these cities will be the first sources of outbound travel once the borders are open (Trip.com Group Revival Report). The top ten destinations on Labor Day Holiday were Shanghai, Beijing, Chengdu, Guangzhou, Shenzhen, Hangzhou, Chongqing, Xi’an, Nanjing and Changsha. All these cities can be reached by car or trains system, avoiding flying. Only 70% of attractions were open for the Labour Day, and attractions were allowed to accommodate up to 30% of their capacity. Shanghai Disneyland reopened on May 11, 2020, becoming the first Disney Theme Park to reopen in the world since the outbreak of COVID-19. However, it capped its entry-level at approximately 30% and implemented multiple epidemic containment measures such as temperature and health QR code checks (Huaxia 2020a).

The Dragon Boat Festival, June 25-27, a three-day public holiday, was another opportunity to travel domestically. Unfortunately, a new outbreak of the virus in Beijing on June 11, 2020, connected to the Beijing Xinfadi Agricultural Produce Wholesale Market, placed the capital under a new strict quarantine, with travel restrictions that impacted domestic travel numbers during the Festival. As government statistics show, 48.8 million domestic trips in three days produced 12.28 billion yuan (Wang 2020). Since over 20 million Beijing residents could not travel, this was a significant decrease in tourism flow's expected volume and revenue.

On July 14, the Ministry of Culture and Tourism gave its permission to resume group tours across provincial borders and increased visitors' capacity at attractions to 50% (versus 30% previously) (Huaxia 2020b). This authorization came just in time for summer vacation for school students and encouraged summer family travel.

The Mid-Autumn Festival on September 27, 2020, and The Golden Week October 1-7, 2020, will be another opportunity to travel. Usually, these are the most popular times for outbound travel for the Chinese population. Several surveys and consumer sentiment studies by Dragon Trail International, Trip.com, and McKinney & Company, indicate that people in China are looking to travel in September-October. However, the question is, what options will they have for international travel? It is quite feasible that by this autumn, the Asia Pacific region will establish an Asian 'bubble' with unrestricted, no-quarantine required travel between countries. Thus, again, the Asian region will be the first to benefit from a tourism recovery. As European nations are opening their borders as well, Europe could be another option. However, some travellers might be hesitant to travel long-haul that soon. The fear of becoming victims of anti-Chinese or anti-Asian attitudes is a significant threat to international tourism. Multiple harassment cases were recorded in Australia, some European countries and in the United States, to the point that the Ministry of Culture and Tourism issued warnings for travellers to Australia (Ministry of Culture and Tourism of the People's Republic of China 2020). Increased political tension between China and the US and China and Canada will contribute to a potential decrease of Chinese travellers to North America once the borders are open. A travel advisory for Canada was issued on July 7, 2020 (China Consular Affairs 2020).

While attractive prices and promotions certainly increase bookings, health and safety remind the primary concerns. Implementation and enforcement of strict prevention measures by the government to contain the virus encourage travel recovery.

Travel restrictions caused a sharp decrease in airline seat demand. Before the COVID-19 outbreak, civil aviation in China operated an average of 17,300 flights, with almost two million passengers per day. In January and February 2020, the aviation industry suffered a significant drop to as low as 7.5% of its level before the pandemic (Civil Aviation Administration of China 2020a). In March, the Civil Aviation Administration of China (CAAC) implemented a new rule, restricting every Chinese airline to operate only one flight per week on each country's route. Foreign airlines were allowed to operate one route to China, with no more than one weekly flight (Civil Aviation Administration of China 2020b). In June, the CAAC introduced a system of incentives and circuit-breaker measures to allow more international flights. As an incentive, if no passenger on the same flight and same route operated by an airline tested positive on their COVID-19 test, for three consecutive weeks, the airline could add one more weekly flight. However, as a circuit breaker measure, if five to nine passengers flying the same flight and same route tested positive, the airline's operations on that specific route would be suspended for one week. If the number of positively tested passengers were ten or more, all operations would be suspended for up to four weeks (Civil Aviation Administration of China 2020c).

Intensive cleaning and disinfection, wearing masks, using personal protective equipment and disinfection wipes and rinse, temperature screening for passengers and crew, seat arrangements, changes in food and beverage service and other safety procedures are enforced at all airports (Civil Aviation Administration of China 2020d). All flights are classified into high, medium, and low risk, based on the COVID-19 situation at the points of origin, load factors, etc., and safety procedures are adjusted accordingly. Airports are also categorized into high-risk and low-risk based on their flight operations, the number of flights and the countries of origins for all incoming flights, and all the above-mentioned safety measures and others are implemented.

The cruise industry is another area where the future looks very uncertain. Extensive media coverage of Diamond Princess' COVID-19 journey and some other cruises with infected passengers on board created strong negative perceptions of cruise trips. Although in the US, for example, 2021 bookings are higher than expected, partially because of attractive discounts and flexible cancellations policies, Chinese consumers are more sensitive for possible outbreaks and racial harassment. At the beginning of the pandemic, Royal Caribbean Cruises and several other companies banned Chinese passport holders from boarding the ships, creating negative attitudes towards these companies in China.

Ground transportation, both trains and buses, hotels and attractions, have to follow government regulations and limit their capacity. Some venues are restricted to as little as 30% of their normal operational levels to ensure proper sanitation and physical distancing. Digitalizing staff-guests interactions is becoming the new normal. Touchless payment systems, paperless digital check-in, and check out using advanced technological methods such

as facial recognition, robots delivering room service and more are also required. China is already very advanced in its digital technology applied for everyday activities, and it seems that COVID-19 pushes this trend even further. The future situation for inbound travellers is unclear. While no inbound leisure tourists are currently travelling to China, it is hard to predict consumers' perceptions of China, its safety, and their purchasing behaviour once the borders open again. On the other side, Chinese domestic travel has proved to have enough purchasing power to substitute international tourists' absence for the short term. Several surveys conducted by McKinsey & Company between April and June 2020, showed that the demographics, travel preferences and travel patterns of Chinese domestic tourists had changed. Young people without children represented more than sixty percent of regional travellers on the Labor Day Holiday (McKinsey & Company 2020b). Previously popular shopping dropped to the bottom of the preferred activities' list. Self-driven, self-guided tours, outdoors, avoiding crowded tourism destinations have become a new trend. The car rental business during the May holidays exceeded its level in the previous years. For instance, Ctrip online booking platform reported a 10% increase versus 2019 in car rentals (Trip.com Group Revival Report).

While economy accommodations were popular with some domestic market segments on the Labor Day Holidays, travellers who would typically take overseas trips turned to become high-end domestic tourists. Based on Ctrip statistics, 55% of travellers on the 2020 Labor Day Holiday took advantage of attractive sales and booked four and five-star hotels. Over five days, May 1-5, bookings for five-star properties exceeded the 2019 numbers for the same holidays, 18% year-to-year (Trip.com Group Revival Report). McKinsey & Company's survey in May revealed that families and retirees started to show an interest in getting back into the market, following similar trends: trips to scenic outdoor spots, "foodie" tours, family attractions, avoiding crowded areas, travelling with family and close friends for self-guided and self-driven trips (McKinsey & Company 2020c). Thus, the domestic market is expanding beyond its traditional pre-COVID-19 boundaries, contributing to previously non-mainstream areas and tourism economy activities.

9. Conclusion

There is no doubt that we are living through extraordinary times that require extraordinary measures, to paraphrase Benét Wilson's famous quote. The COVID-19 pandemic has spread worldwide, and until there is an effective vaccine, there is no way to stop it. Starting as a disease outbreak in Wuhan, China, COVID-19 has affected all aspects of human life and has caused economic, social and political crises in many countries. Tourism is one of the most affected industries, and it will probably never be the same as in pre-COVID-19 times. A "New normal" word combination is used widely in regards to new regulations such as limited allowed capacity, physical distancing, masks and more.

China was the first country to implement a lockdown and stop all tourism activities, and the first one to emerge from the crisis, currently, with domestic tourism and, hopefully soon, with international travel. This is particularly impressive, taking into consideration the size of the population of China. With over 1.4 billion people, China has less than 100,000 confirmed cases and less than 5,000 deaths (as per August 15, 2020). The second-largest country, India, with 1.3 billion citizens, has recorded over 2.5 million confirmed cases and 49,980 deaths. The United States has reached the highest number of infected patients, over 5.2 million and 167,201 deaths, with a population of 331 million (WHO 2020a).

Based on the data and the chronology of events described in the previous sections, it is realistic to say that central government involvement in the implementation and enforcement of rules and regulations through each stage has been key to China's success in bringing COVID-19 outbreak under control. China is often criticized for its totalitarianism. However, in the current situation, it is fully justified, and it has saved lives.

The State continues to monitor the situation and is ready to halt people's movement and activities in case of a second wave, which is well demonstrated by the quick response to the June's outbreak in Beijing. Despite the significant economic losses associated with the restrictions for the capital's residents at the time of the Dragon Boat Festival, travel to and from Beijing was limited to prevent further spread of the virus from the Xinfadi Agricultural Produce Wholesale Market outbreak.

On the other hand, Chinese citizens demonstrate compliance with the government rules and restrictions, which could probably attribute to the long history of surviving through pandemics and a combination of Confucianism philosophy enforced by a socialist regime. For example, the Health RQ system is mandatory in China, and citizens

cannot even visit a local supermarket without showing their code at the entrance. Other countries, such as Canada, are developing COVID apps, but it is up to individual people whether they use them. In China, the general understanding is that strict control is necessary to prevent further spread of the virus (Hua & Shaw 2020).

Although many of the measures and regulations are specific to China and would most probably not work or would not be that successful in Western World, we believe that some steps and practices could be adapted and used to revive tourism specifically and normalize everyday life in general.

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