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**Question: How is Asia as a region responding to the COVID-19 pandemic? Contrast this with the response in Africa.**

The novel Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic. While the majority of cases result in mild symptoms, some progress to viral pneumonia and multi-organ failure. As of 16 April 2020, more than 2.11 million cases have been reported across 210 countries and territories, resulting in more than 140,000 deaths. More than 537,000 people have recovered.

**Asia’s Response to the COVID-19 Pandemic**

COVID-19 is a truly global problem, touching every corner of the world. From the direct health impact to economic, social, and political consequences, the pandemic has the potential to reshape countries across the globe — even those yet to report any confirmed cases. But while the problems are similar, the impacts on and responses from each country are unique.

For **East Asian** countries like China for instance, it is now well-known that local and central authorities were not only slow to react to early reports of a mysterious new pneumonia-like illness in Wuhan, but even took steps to cover up the news. People issuing warnings on social media were rounded up and reprimanded by police. This let the pandemic spin out of control in the crucial early stages and arguably misled the rest of the world (including the WHO) into downplaying the severity of the problem.

However, after initial missteps, the Chinese government moved swiftly to prevent the spread of the disease, instituting an unprecedented quarantine in Wuhan, where the disease was discovered. Through a combination of high-tech scanning and tracking of its population, coupled with strict controls on people’s ability to leave their homes, much less travel, China made progress. Amazingly, the epidemic is now under control.

**Hong Kong**, another example of an East Asian country, declared the new coronavirus an “emergency” in late January, and its efforts since have managed to ward off a spike in cases. The public clearly still remembers the lessons from SARS and reverted to mask-wearing and social distancing protocols more easily than many other populations. Schools were closed and public gatherings banned, but businesses, including restaurants, have been allowed to stay open, albeit with strict protocols in place on distancing between people Although, in the eyes of many natives, that success came in spite of, not because of, the local government. As the rest of the world began to turn away travellers from China, the Hong Kong administration dragged its feet on instituting border controls with mainland China, to the consternation of medical professionals.

More so, **Japan** managed to avoid the worst of the first wave of infections, to such an extent that up until mid-March officials were still talking about holding the Tokyo Olympics as scheduled. As of April 1, Japan had only reported 2,500 cases and 60 deaths, many of those stemming from a single cruise ship. And that low number came despite businesses and borders remaining open at the time.

**Southeast Asian** nations have had varied responses to the COVID-19 pandemic. The region remains a highly diverse region, from levels of economic development to demographics to systems of government. In the face of COVID-19, these differences have driven markedly different national responses, with Singapore and Vietnam emerging as global models for early action and aggressive containment, the Philippines standing out for its belated and chaotic response, and the poorest countries in the region mounting virtually no response at all to the looming pandemic. As is so often the case in Southeast Asia, the impact of the COVID-19 crisis is being defined by the diversity of the region, with stark variation in the speed, tactics, and efficacy in each nation’s response. Singapore shows great competence in handling the outbreak, while the majority of Southeast Asian nations struggle with the lack of technical capacity, unprepared healthcare systems, and low public awareness.

The first case of COVID-19 in Southeast Asia was found in Singapore on the 23rd of January. This came to no surprise for Singapore as they had been preparing for the virus outbreak since late December. The result has been a low COVID-19 mortality rate. In contrast, Indonesia repeatedly denied having any COVID-19 cases until March 2, and since then, the numbers grew overwhelmingly rapidly. Indonesia has the highest number of COVID-19 deaths in Southeast Asia, followed by the Philippines and Malaysia. Malaysia’s skyrocketing number of COVID-19 patients is mainly due to the delayed ban of religious gatherings. Malaysia then implemented a nation-wide lockdown and similarly, the Philippines issued a lockdown policy in the Luzon area, including Manila. Meanwhile, Laos and Myanmar continue to deny any confirmed cases of COVID-19.

In the fight to contain the virus, **Singapore** established a website and an online application called Dubbed TraceTogether to enhance the transparency of the outbreak situation and to guarantee those under home-based quarantine comply with the quarantine policy. These online platforms list the places and times of potential Coronavirus carriers and use Bluetooth to detect those who have been within two meters of a confirmed Coronavirus patient for at least 30 minutes. Moreover, the government is providing S$100 for self-employed individuals, prohibits the reduction of annual leave for people who self-quarantine, and ensures full pay or even additional financial support for those working from home.

Meanwhile in **Indonesia** and **Malaysia**, citizens ignore public announcements for social distancing procedures. There are cases of Indonesians using the opportunity to working from home and study from home to visit tourist places.

As for **Laos** and **Myanmar**, both countries deny having confirmed cases of COVID-19. It has been suggested that these countries either lack the technical capacity to detect the virus or are hiding reported cases to avoid chaos. Regardless, both governments have prohibited several mass gatherings and all official events. Both governments also monitor travel movements into their countries, especially those from China and neighbouring Southeast Asian countries. Likewise, **Vietnam** and **Cambodia** have suspended all international flights.

The governments of **South Asian** countries like Afghanistan, Bangladesh, Bhutan and India treated the pandemic with seriousness early on, taking measures including a total ban on overseas arrivals by air and ordering nationwide lockdowns, sealing borders and by taking economic and public health steps to mitigate damage.

As for **Central Asian** countries, their governments rank low on global indices of state capacity and freedom, both of which are important factors that determine the effectiveness of measures to manage the pandemic. Central Asia sits as a lonely region adjacent to the People’s Republic of China—the epicentre of the outbreak—with no known confirmed cases. As of early March, no officially registered instances of the virus have occurred there. This is a curious development, given the proximity of the region to the epicentre and countries’ intense relations with China through busy trading, tourist, and transit routes. Positively, this may indeed signal the region’s ability to stay free of the virus. The vast and sparsely populated nature of the area may serve as a damper to the disease highly dependent on communicable spread. A more likely and unsettling scenario, however, is the diminished capacity of local authorities to detect the virus effectively, or, as is often the case with non-transparent regimes, unwillingness to release the genuine data on the matter. The response of Central Asian countries has essentially involved the cancellation of festivities as well as the closing of borders, quarantining of arrivals, lockdowns, curfews, and nonessential business closures. It also includes accepting and soliciting aid in various forms, from the United States and WHO.

**Africa’s** **Response to the COVID-19 Pandemic**

Despite COVID-19’s slow start in Africa and the hope that the continent might remain relatively unscathed, as of April 6, there were 9,867 confirmed cases in 51 out of the 54 countries across the continent. Similar to approaches to the pandemic globally, African government responses have varied, with common themes including border closures, banning public gatherings, and in some cases local and even nationwide lockdowns. But some responses have been more robust than others. As COVID-19 has arrived in Sub-Saharan Africa, governments have stepped up measures to prevent the spread of this pandemic. Over the past weeks, travellers have been screened with thermal cameras and health agents have been deployed to increase surveillance, and countries have acted swiftly to cut down flights, close schools and borders, and limit public gatherings. For many African countries that learned difficult lessons from the West Africa Ebola outbreak in 2014, including the Democratic Republic of Congo which now sees an end in sight in the fight against Ebola, these are familiar scenes.

Swift detection, early testing and rapid response require cross-border collaboration and strong solidarity among neighbouring countries and with the international community to combat the spread of infectious diseases. The response to the 2014 Ebola crisis taught African countries what it takes to invest in more resilient health systems and more effective surveillance mechanisms to cope with epidemics. A strong response to COVID-19 will require building on these lessons together.

In the aftermath of the West Africa Ebola crisis, the World Bank leveraged more than $600 million to launch the Regional Disease Surveillance Systems Enhancement (REDISSE) Project to strengthen health systems and support effective disease surveillance 16 West and Central African countries. The Institut Pasteur in Dakar was one of the first laboratories on the continent to be accredited by the World Health Organization for testing of COVID-19. Under the REDISSE program, the Institut Pasteur was able to strengthen its surveillance system by procuring more laboratory equipment for testing including bio security equipment to increase its capacity to run more tests and guarantee safety and quality protocols for running these tests.

The World Bank is helping countries take the necessary steps in response to this global threat. A $14 billion package of fast-track financing was approved to assist companies and countries in their efforts to prevent, detect and respond to the rapid spread of COVID-19. The package will strengthen national systems for public health preparedness, including for disease containment, diagnosis, and treatment, and support the private sector.

Nearly $370 million has been approved or already released by the World Bank in 10 African countries to fight COVID-19, with more to come in the next weeks and months. This complements ongoing support to strengthen countries’ health systems and regional programs to combat epidemics in Central and West African countries like REDISSE and the new Africa Centres for Disease Control and Prevention regional project aimed at strengthening disease surveillance, prevention, and emergency-response systems across the African continent.

**Conclusion**

In contract to Asia’s response to the COVID-19 pandemic, most Asian countries seem self-sufficient in terms of the need for quality healthcare facilities and external aid, whereas, African countries are relying more heavily on the donations provided by external bodies and contributors.

On the other hand, African countries seem a lot more prepared to receive the coronavirus pandemic (through watching the spread of the disease in Asian countries and the tactful handling of the outbreak of Ebola) compared to Asian countries and this clearly shows in the total number of recorded cases as well as the death toll in both continents respectively.

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