**Question**

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

**Introduction**

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.

The virus, formally known as Covid-19, has [infected more than 90,000 people globally](https://www.cnn.com/2020/01/29/asia/coronavirus-cases-worldwide-intl-hnk/index.html) and killed more than 3,000. Though the majority of cases and deaths remain in mainland China, these past two weeks have seen self-sustaining clusters form in Europe, the Middle East, and the United States and new cases reported in Africa and Latin America.

Countries are now scrambling to contain the virus, imposing travel restrictions and mandatory quarantines an echo of the shutdowns and emergency measures that swept across Asia two months ago.

Several countries on the continent already took drastic measures to slow down the spread of the virus. Authorities shut down borders, canceled flights and imposed strict entry and quarantine regulations. Health staff wear protective equipment to help stop the spread of the coronavirus

**Asia**

We are hearing accounts of travellers in some ASEAN countries being denied entry if they possess any China visa history in their passport. While this may not be official policy, it appears to be implemented at certain border crossings in more remote areas. Intra-Asia travel may best be arranged through main exit-entry points where facilities are more advanced.

**Asian countries and responses to the COVID-19**

**China**

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.

**Japan**

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.

**North Korea**

Pyongyang reacted very quickly, closing its border with China in January, before the new coronavirus had even been named. Those controls were later expanded to deny the entry of all foreigners. The swift response has been coupled by official rhetoric terming COVID-19 a threat to “national survival.” Clearly, North Korea is taking the disease seriously.

**Africa**

African countries are taking preventive measure even though the outbreak hasn’t reached the same scale as other regions. The toll in Africa stood at 1,000 cases and over 100 deaths. The regulations are aimed foremost at travellers from countries such as Italy, Germany, China and the United States, among those most severely hit by COVID-19.

**African countries and responses to the COVID-19**

**Tanzania, Somalia, Rwanda**

Tanzania and Somalia confirmed their first cases of the coronavirus, while Rwanda registered seven new infections raising the number of African countries affected to 30 out of 54.

**Cameroon**

Cameroon announced on Tuesday a 10th case, only a few hours after stating that two patients who initially contracted the virus were ''cured''.

**South Africa**

In South Africa, President Cyril Ramaphosa declared a national state of disaster. He also warned against a possible negative impact of the epidemic on the country's struggling economy. The country recorded 61 cases so far. To keep the numbers from rising, foreigners who have been to high-risk countries in the last 20 days will be denied visas, while South Africans returning home will be tested and quarantined. The government said on Monday that it will revoke 10,000 visas issued to people from China and Iran. It will also introduce visas for hard-hit countries like Italy and the US.

**Kenya**

Kenya blocked entry into the country from all except citizens and residents. The ban, to be put into effect within 48 hours, will last for at least 30 days. The Kenyan government also shut down schools and universities. Authorities are encouraging citizens not to handle actual banknotes and coins a possible source of contamination and make all their transactions cashless. Kenya has recorded three cases, but there are fears of a rapid spread if strict measures are not taken right away. Neighbouring Tanzania, which has one confirmed case, cancelled flights to India.

**Differences between Asian and African countries in handling the Coronavirus**

**African countries**: Several African countries announced new cases of coronavirus. African governments reacted with measures to keep the infection from spreading. But some African countries are ill-equipped for a pandemic. Inadequate testing and lack of personal protective equipment (PPE) for medical staff.

**Asian countries**: As the disease spread, the government began to respond more severely. Businesses deemed nonessential have closed. During the exercise, the team of experts at the Centers for Disease Control and Prevention developed an algorithm to find the pathogen and its origin, as well as testing techniques - which have helped them tackle coronavirus since it emerged.

**African countries**: The African Centre for Disease Control – the pan-African authority on public health created to respond to Ebola – has been supporting countries with the repurposing of screenings, surveillance systems and isolation wards for COVID-19. Forty-three countries can currently test for the virus.

**Asian countries:** Dubai-based Emirates Airline announced it would suspend passenger flights from 25 March for a two-week period, which could be renewed. It came after the [United Arab Emirates stopped all inbound and outbound](https://www.cnbc.com/2020/03/22/emirates-airline-to-suspend-all-passenger-operations-by-march-25.html) and transit passenger flights - although cargo operations will continue.

**Africa’s major problem compared to Asia**

There are two major health system factors that will make the COVID-19 response in Africa more challenging. First, the continent is experiencing the double burden of diseases: in addition to dealing with these endemic infectious diseases, health systems in Africa are facing non-communicable diseases, including injury, and cancer. As a result, the health systems are stretched thin to begin with, and there is very little room to absorb the COVID-19 pandemic.

Second, the capacity to provide critical care is the lowest in the world. Severe forms of COVID-19 lead to respiratory failure requiring ventilation support. The ability to treat severe forms of COVID-19 will depend on the availability of ventilators, electricity, and oxygen. A recent analysis of countries with the highest numbers of intensive care beds per capita does not include any country from Africa.

**Solution for African countries**

* Health systems in Africa are strained to begin with and have very limited capacity to absorb the pandemic, the overall strategic approach should focus on containment and aggressive preventive measures.
* Furthermore, given the youth of the continent, youth leadership and engagement will be critical for prevention and containment activities. And lastly, given the priority given to religious services, religious leaders will need to participate actively in the COVID-19 response. At the health system level, operating rooms and teams could be reorganized and repurposed to build critical care capacity in district hospitals.
* The African context is unique. There are population structure differences, high prevalence of endemic diseases and the double burden of disease, with health systems that are stretched thin with minimal critical care capacity.
* A robust COVID-19 response for the continent will need to take these factors into account and include community engagement, health leadership, and involvement of youth and religious leaders to drive containment. At the health system level, temporary repurposing and reorganizing of the surgical system will be key to increasing critical care capacity during the response, focusing on what we have as we move forward.

**Reference**

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