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

Covid-19 is a novel virus; one of a number of coronaviruses that has never been found in man that causes illness ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Open WHO, 2019). The Covid-19 Virus is said to have been identified in Asia, particularly in Wuhan, China. The common symptoms of the Covid-19 include: fever, cough, shortness of breath and difficulty in breathing. World Health Organization (WHO) Sri Lanka (2019) argue that in severe cases it causes pneumonia, SARS and even death. The symptoms appear within 2-14 days.

The virus has become a serious challenge that is ravaging almost every country in the world. Being it a pandemic, it has a global outlook that affects the polity, economy and social life of every State in the world in ways that need serious or emergency response.

The level and pattern of response to the spread of the virus in Asia is quite at par and divergent with the response obtainable in Africa. In China for instance, Diplomat Risk Intelligence (2020) has it that there is the good, bad and ugly side to how response is given to the spread of the virus. China swiftly built an unprecedented quarantine center in Wuhan to ensure that the virus is put under control, but this was after much delay, skepticism and cover-ups; those factor are assumingly the reason for the high unreported/undocumented death cases (about 40,000 deaths) (Diplomat Risk Intelligence). Introduction of sophisticated scanning and tracking devices and the restriction of movement are other ways China is responding. It is paying off for China, as

the situation is now under control. Furthermore, South Korea was very swift to action; adopting extensive testing, location tracking and contact tracing as measures to combat the spread of the virus. She recorded huge success that other States are contacting her for advice. She however recorded a number of cases as she could not have control of the social distancing rule (the violators of the rule made the number of infected people to surge from 30-8000 cases). The pattern and level of response in different States in Asia are similar with slight differences that are influenced by political, economic and social underpinnings.

Palliatives are given in an organized pattern in Asian countries. This goes a long way to making victims feel better.

Africa did not respond in a timely manner. When the first case was recorded in Egypt on 14th February; that was the time that international travels should have been restricted. Nigeria for instance only stopped international travels on the 26th of April, 2020. Furthermore, the funds allocated to combat the virus in Nigeria seem to have been misappropriated as evident in Tijani (2020) that “Covid-19 stay-at-home policy has toughened and impoverished Nigerians into resignation. Covid-19 has brought out their hidden disenchantment. It is a more malevolent and deadlier virus than its generic variant Covid-19”. Claiming that “allowing the leprous hands of Senators into any palliative fund is like allowing Dracula to be the manager of a blood bank”. However, the various states in Nigeria especially the most prone to the virus have adopted the lockdown, social distancing and personal hygiene strategies as preventive measures to combating the virus. Various individuals, groups and corporate organizations have financially and timely contributed in the noble course to combating Covid-19. In Africa, especially in a place like Nigeria, religious beliefs seem to pose as setback to the effort of government in this journey. Palliatives hardly get to the recipients. Even when palliatives are given, it is haphazardly done.

In Botswana, compulsory lockdown only began on the 2nd of April, 2020. Judging from this, it was a late response considering the time the first case was recorded in China (i.e. 17th November, 2019). However, the Botswanan cabinet has agreed to donate 10% of salaries towards Covid-19 relief fund (Africa News, 2020). A generous move towards a positive outcome indeed.

In Africa, traditional medicine is resorted to as a preventive measure. Plants such as lemon, pineapple and garlic are prepared in different forms to prevent the spread of the virus. The African way of response has basically added to hunger and starvation to many, as laid down policies to manage hunger during the lockdown are not followed appropriately.

On a general note, revealing evidences prove that Africa and Asia were at a point reluctant in fighting Covid-19, they only showed great response at a point that could be termed “lately”. Asia is at the fore of the fight and could gain positive outcomes due to the application of traditional and modern/orthodox medicine/technology which she can produce within Asia with less financial implication. Africa is also putting proactive measures to combating the virus, but the financial implication for her is greater than Asia due to her existing poor health system, malnutrition and spread of diseases. Due to Africa’s poor response, what started in one country has spread to over 41 African States (Kaseje, 2020).

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