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

**Answer**

COVID-19 is 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.

This report, briefly outlines “the good, the bad, and the ugly” of the COVID-19 fallout in the Asia-Pacific region. I will be examining 3 countries ranging from East Asia, Southeast Asia, South Asia and Central Asia.

In East Asia, China. In respect to positive response, 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. Data can be faked; the collapse of a health care system due to an overwhelming number of patients is much harder to cover up.

Negatively, 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 — most famously a doctor who later died from what we now know as COVID-19 — 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.

 There are intense questions over what the “real” numbers are, for both case counts and death toll. For example, Chinese figures put the death count in Wuhan, where the disease originated, at 2,500; that seems almost unfathomable given that well over a month elapsed between the first detected case (sometime in early December) and Wuhan’s quarantine on January 23, the first serious action to stem the tide. That’s given rise to a variety of rough estimates based on external data — such as back-of-the-envelope calculations based on funeral home output of cremated remains, which would put deaths in Wuhan at closer to 40,000.

In 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.

Negatively, there’s a reason Pyongyang is so concerned about the spread of the disease: its health care system is dilapidated and underfunded, lacking crucial medical supplies and medicine even under normal circumstances. It wouldn’t take much to overwhelm the North’s hospitals.

No one outside of North Korean leaders – and perhaps not even them – has any idea what the COVID-19 situation looks like in the country. The government claims there have not been any cases, but there have been a number of media reports citing North Korean sources, of deaths from unnamed respiratory illnesses. As long as Pyongyang insists there’s no problem, international donors will look to send aid to one of the many other countries asking for help.

In Malaysia, after an initially slow reaction, Malaysia has taken some aggressive steps, including border closures and as well as a partial lockdown that has been enforced by the military. It has also been quick to manage economic impacts, with three economic stimulus packages already announced since the end of February.

Regarding negative steps, Malaysia’s initially slow response, which came amid a sudden change in government, is partly responsible for why it has been leading the region in terms of reported cases. There has been a lack of clarity on some policies, with a case in point being the treatment of Malaysian Workers in Singapore and their ability to return home to the country.

Tone-deaf, sexist social messaging by the Women’s Development Department, which the government has since apologized for, raised anxieties about the lack of concern about the social consequences of COVID-19, including increasing domestic violence. Some government policies such as movement restrictions have also put the spotlight on the disproportionate impact on vulnerable groups such as indigenous people and refugees.

The areas of cooperation in the Asian pacific region include technology adoption. Drawing on the experience of countries that are effectively using technology for contact tracing, the first step — and a requirement — is to encourage, or, better yet, mandate, the installation of tracking apps on phones. In East Asian countries, this has been more mandatory than voluntary. In Singapore, a country known for its efficiency and no-nonsense government, citizens are encouraged by the government to install Trace Together, which exchanges Bluetooth signals between mobile phones in close proximity. This is a modern counterpart to the traditional and time-consuming contact-tracing method, which relies on fallible human memory. A government poll reported in Nikkei Asian Review found that more than 70% of respondents supported this move.

Also, digital infrastructure. South Korea’s aggressive response to Covid-19 appears to have been enabled by its recent experience in handling epidemics. In 2015, the MERS outbreak  there infected 186 and killed 36. Some consider the country’s aggressive data-sharing on Covid-19 to be a correction for the government’s reportedly opaque approach that marred its MERS response. A survey of 1,000 South Koreans found that most supported the government’s transparency in sharing travel details of Covid-19 patients and that most “preferred the public good to individual rights.”

Regards to Business-government collaboration, in China, impediments to information sharing among authorities, particularly on the local level, appear to have severely limited its effective response to Covid-19 especially in the earlier stage of the outbreak. The actors that hold the key to a data-driven pandemic response, the central government has long recognized, are giant tech firms such as Alibaba and Tencent. By harvesting colossal amounts of user data in real-time, these firms may know more about population movement than the government itself.

In Africa, major support seems to be coming from the World Health Organisation. Since the start of the outbreak the World Health Organization (WHO) has been supporting African governments with early detection by providing thousands of COVID-19 testing kits to countries, training dozens of health workers and strengthening surveillance in communities. 44 countries in the WHO African region can now test for COVID-19. At the start of the outbreak only two could do so.

Unlike Asia, Africa suffers the problems of poor health systems, sanitation and lack of adequate infrastructure. These issues have made difficult the ability of the continent to properly manage the out break of the pandemic and trace all cases of the virus. Although the region has put in effort towards managing the Pandemic the problems of sanitation such as lack as water has made it hard for some African to wash their hands since availability of sanitizers is not an option in some regions of the continent. Adherence to the social distance policy has also been difficult for a lot of Africans, as worship centres in some communities are still functioning even with the lockdown given by governments. It is due to all these factors that the management of the pandemic seems to be more problematic for Africa than Asia.

# **Diplomat Risk Intelligence. (2020).** COVID-19 in Asia: A Country-By-Country Guide. The Diplomat.