assignment

**IRD 402: Foreign Policies of the Great Powers.**

***Topic:*  The Great Powers and the War against COVID-19.**

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**INTRODUCTION**

**The Rise and Spread of the Coronavirus Disease (COVID-19)**

On December 31, 2019, the World Health Organization’s (WHO) China office heard the first reports of a previously-unknown virus behind a number of pneumonia cases in Wuhan, a city in Eastern China with a population of over 11 million. What started as an epidemic mainly limited to China rapidly snowballed into a truly global pandemic. At the present, there have been over two million (2,165,500) confirmed cases and about two hundred thousand (145,705) deaths, according the John Hopkins University Covid-19 dashboard, which collates information from national and international health authorities. The disease has been detected in more than 200 countries and territories, with Italy, the United States of America (USA) and Spain experiencing the most widespread outbreaks outside of China. In the UK, there have been just over a hundred (103,093) confirmed cases and over ten thousand (13,729) deaths as of April 15, 2020.

The Chinese government responded to the initial outbreak by placing Wuhan and nearby cities within the Hubei province under a de-facto quarantine encompassing roughly 50 million people. As a surge in new cases gradually declined in the region and the whole country, the quarantine is now slowly being lifted, as authorities watch to see whether cases will rise again. The United States of America (USA) is now the new epicenter of the Covid-19 outbreak, becoming the first country to surpass China's total confirmed cases. As of April 17, 2020, the country has 671,425 confirmed infections and 33,286 deaths. In Italy, where the death toll surpassed that of China on March 19, 2020, the government took the unprecedented step of extending a lockdown to the entire country, shutting cinemas, theatres, gyms, discos and pubs and banning funerals and weddings. In the United Kingdom, the government has shut schools, pubs, restaurants, bars cafés and all non-essential shops for at least six weeks. On March 23, 2020, Prime Minister Boris Johnson put the UK under lockdown saying that police will now have the power to fine people who gather in groups of more than two or who are outside for non-essential reasons. People with the main coronavirus symptoms – a fever or dry cough – are required to stay at home for seven days while households in which at least one person is displaying symptoms should quarantine themselves for 14 days. Four days later the prime minister and health secretary Matt Hancock both tested positive for the virus – Johnson spent three nights in intensive care and is now recovering at the prime minister's country residence.

On March 11, 2020 the WHO officially declared the Covid-19 outbreak a pandemic. "WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction," said its director-general Tedros Adhanom Ghebreyesus. Although the WHO designated Covid-19 a "public health emergency of international concern" (PHEIC) on January 30, it had been reluctant to call it a pandemic. "Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death," Adhanom said.

**CONCEPTUAL CLARIFICATION**

**CORONAVIRUS (Covid-19)**

The 2019–20 coronavirus pandemic is an ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is primarily spread between people during close contact, often via small droplets produced by coughing, sneezing, or talking (Centre for Disease Control and Prevention, 2019). While these droplets are produced when breathing out, they usually fall to the ground or onto surfaces rather than being infectious over long distances (World Health Organization, 2020). People may also become infected by touching a contaminated surface and then touching their eyes, nose, or mouth. The virus can survive on surfaces for up to 72 hours (National Institute of Health, 2020). It is most contagious during the first three days after the onset of symptoms, although spread may be possible before symptoms appear and in later stages of the disease. Common symptoms include fever, cough and shortness of breath. Complications may include pneumonia and acute respiratory distress syndrome. The time from exposure to onset of symptoms is typically around five days, but may range from two to fourteen days. There is no known preventive vaccine, specific antiviral treatment or definitive cure however, primary treatment is symptomatic and supportive therapy (Center for Disease Control and Prevention, 2019).

Recommended preventive measures include hand washing, covering one's mouth when coughing, maintaining distance from other people, and monitoring and self-isolation for people who suspect they are infected. Authorities worldwide have responded by implementing travel restrictions, quarantines, curfews and stay-at-home orders, workplace hazard controls, and facility closures. The pandemic has led to severe global socioeconomic disruption, the postponement or cancellation of sporting, religious, political and cultural events, and widespread shortages of supplies exacerbated by panic buying (New York Times, 2020). The pandemic has caused the largest global recession in history, with more than a third of the global population being in lockdown (Business Insider Australia, 2020). Schools, universities and colleges have closed either on a nationwide or local basis in 197 countries, affecting approximately 99.9 per cent of the world's student population. Misinformation about the virus has spread online, and there have been incidents of xenophobia and discrimination against Chinese people and against those perceived as being Chinese or as being from areas with high infection rates. Due to reduced travel and closures of heavy industry, there has been a decrease in air pollution and carbon emissions (Carbon Brief, 2020).

**GREAT POWERS**

A great power is a sovereign state that is recognized as having the ability and expertise to exert its influence on a global scale. Great powers characteristically possess military and economic strength, as well as diplomatic and soft power influence, which may cause middle or small powers to consider the great powers' opinions before taking actions of their own. International relations theorists have posited that great power status can be characterized into power capabilities, spatial aspects, and status dimensions (Neumann, 2008). There are no set or defined characteristics of a great power. These characteristics have often been treated as empirical, self-evident to the assessor (Waltz Kenneth, 1979). As a result, there have been attempts to derive some common criteria and to treat these as essential elements of great power status. Danilovic (2002) highlights three central characteristics, which she terms as "power, spatial, and status dimensions," that distinguish major powers from other states.

Furthermore, great powers, by definition, differ from other countries by being more powerful. But great powers differ from each other as well. The most powerful may be stronger than others militarily and economically, though not strong enough to prevent other great powers from rising. Some may be strong militarily, while at the same time not being as strong economically—and vice versa. There are also gradations of great power. Regional great powers may be the most powerful countries in their respective region, but unable to dominate it due to external global great powers acting in conjunction with their smaller neighbors to prevent this. Though somewhat tautological, a requirement for being a global great power—the focus of concern here—is having both the will and the ability to advance and defend one’s interests on a worldwide basis, including in different regions to the one in which they are located. Regional great powers may have some ability to play a role beyond their immediate vicinity, but their attention is usually devoted to affairs within their particular region.

While global great powers can operate in more than one region, they cannot necessarily operate in all of them to the same extent that they can in others. There is also the possibility that regional powers can become strong enough to be global powers, and that global powers can lose strength and become regional powers—or even break up into two or more smaller states, as did the Soviet Union. Involvement in long, drawn-out military conflicts can weaken a great power, as can declining internal cohesion. Indeed, the former can promote the latter. As a result, the relative strength of great powers vis-à-vis one another, and sometimes even their very status as global great powers, is constantly fluctuating and uncertain. Examples of great powers include the United States of America (USA), United Kingdom (UK), France, China, Russia, Germany, Israel etc.

**GREAT POWERS AND THE WAR AGAINST CORONAVIRUS (COVID-19)**

Countries around the world are mobilizing to try to halt the coronavirus outbreak that has infected about two million people and killed more than two hundred thousand others. Around 200 countries and territories have had at least one case. National reactions have included containment measures such as quarantines and curfews (known as stay-at-home orders, shelter-in-place orders, or lockdowns). As of 12 April 2020, nearly 300 million people, or about 90 per cent of the population, are under some form of lockdown in the United States, more than 50 million people are in lockdown in the Philippines, about 59 million people are in lockdown in South Africa, and 1.3 billion people are in lockdown in India. On 26 March, 1.7 billion people worldwide were under some form of lockdown, which increased to 3.9 billion people one week later – more than half of the world's population (Business Insider, 2020).

**THE UNITED STATES OF AMERICA (USA)**

In the United States of America, President Donald Trump has characterized the coronavirus crisis as “a time of shared national sacrifice,” however, the hard truth remains that the nation has never before had to collectively sacrifice quite like this. Geography has bestowed upon the United States the blessing of being surrounded, by friends and fish: Canada, Mexico, and two oceans (Uri Friedman, 2016). Even when the homeland came under attack first at Pearl Harbor in 1941, or the 9/11 attacks in 2001, the country responded by fighting the enemy outside of American territory. When it comes to national-security threats, the homeland has long been a refuge, a fortress. Hence, the impulse in the United States when the coronavirus began spreading, to prioritize keeping the threat outside via travel restrictions over preparing for when it got within, by bolstering the health-care system to withstand a surge of cases. Consequently, for the first time in generations, the home front has become the battleground, in this case for the fight against an invisible, deadlier foe undaunted by borders and oceans and America’s traditional defenses. Suddenly America, now home to one of the world’s worst outbreaks of the virus, has discovered that it is not really wired for the all-of-society struggle that is needed to fight the coronavirus.

With many obvious strengths in this fight, the United States is a wealthy nation, a hub for technological and scientific innovation, a democratic society with free-flowing information, and a leader in handling global-health crises. However, the outbreak has also exposed weaknesses that put the country at a disadvantage from the start, particularly relative to other rich democracies that are confronting the same disease but have managed, so far, to flatten their curve (Financial Times, 2020). In the United States, the virus has struck a highly polarized, fragmented, and individualistic society, one not haunted and transformed by a previous epidemic the way other societies have been. These factors, along with the Trump administration’s failures to take the threat of the virus seriously when it first emerged, placed the United States squarely on the back foot in its battle against COVID-19 (Madrigal and Meyer, 2020). The U.S. government prides itself on being prepared for 21st-century threats such as cyber warfare and “great-power competition,” but it was not nearly as prepared for the modern danger of a pandemic disease. A new University of Oxford study of government responses to COVID-19 indicates that while the rate at which states have adopted stringent measures such as school closings, travel restrictions, bans on public gatherings etc. all of which have played “a critical role in stemming the infection,” the stringency of the U.S. response for weeks lagged behind its growth in new cases (Blavatnik School of Government, University of Oxford, 2020).

In addition, the United States and South Korea, for instance, each confirmed their first coronavirus case within a day of the other in late January. But South Korea raced far ahead of the U.S. in testing its population for COVID-19 and was able to contain the spread. This week, as infections in the United States soared, South Korea reported its lowest number of new coronavirus cases since a peak on February 29, emerging as the world leader in coronavirus diagnostics. On the other hand, the Trump administration acted far less expeditiously. When China began confining many millions of people to their homes in January, the U.S. government should have gotten the message of the virus’ gravity. The United States lost six weeks to prepare, to build ventilators, get protective equipment, organize the ICUs, get tests ready, prepare the public for what was going to happen so the economy did not tank as badly. None of this was done adequately by the U.S. administration. Furthermore, the U.S. response, was hampered in part by low levels of trust in government and high levels of partisanship, reflected in how even the concept of social distancing has become politicized. “While anxiety about the disease is rose on both sides of the partisan divide, Democrats consistently expressed much more concern about it than the Republicans did. Also, the political fragmentation in terms of distribution of power among government agencies, between federal government, states and localities has been a major factor in why the rollout of COVID-19 testing and the overall response has been so sluggish and haphazard in the United States. It also helps explain why the United States, with its individualistic creed and decentralized power structure has not yet imposed a nationwide lockdown despite suffering more coronavirus deaths than a country like say France had when it first announced its lockdown.

Nevertheless, the United States of America is scrambling to make all sorts of emergency policy changes, from ensuring paid sick leave to buttressing the public-health system. Sadly, however, it is evident that the measures are still too little and, perhaps, too late. Of note is that in the near foreseeable future, after the decline of the pandemic not only in the United States of America, but globally, this period of emergency will reshape the nation’s polity and public-health system (Klinenberg, 2020).

**THE UNITED KINGDOM (UK)**

On the 29th of January, Britain recorded its first few cases of COVID-19 as two patients test positive for the coronavirus after two Chinese nationals from the same family staying at a hotel in York fell ill. Subsequently, Britain faced criticism that it acted too slowly in endeavoring to balance a public health crisis arising from COVID-19 with societal demands. This resulted from concerns over adverse effects of social distancing and a sense of isolation, loneliness, and access to health services particularly for the elderly which subsequently led to a stance that social distancing should be delayed as long as possible. It sat with the United Kingdom government’s initial approach of attempting to slow and suppress the spread of Coronavirus and that a way out of the epidemic was to get to 60% or more of the population recovered from infection and deliver what they referred to as “herd immunity.” However, subsequent analysis from a team modelling the spread and impact of COVID-19 and suggestions that the United Kingdom was some two or three weeks behind Italy in the Coronavirus cycle, indicated that this would not stop the country’ National Health Service (NHS) from being overwhelmed and that more stringent methods were needed. It is likely such methods most notably, large scale social distancing, will need to be in place for many months, perhaps until a vaccine becomes available. This had seen the government adopt a more stringent approach though one not enforced by law, although mass gatherings were banned and sporting fixtures postponed.

Panic buying in supermarkets – though not dissimilar to that seen in other countries – remained commonplace, though now with restrictions introduced with specific opening slots for health workers and the elderly. Sadly, however, at other times, the uncivil behavior in supermarkets and the recklessness of those still socializing, were also overshadowing the many random acts of kindness and neighborly support taking place across the United Kingdom. Consequently, more severe restrictions duly came into effect late on the evening of March 23rd, 2020 with the government saying people must stay at home, apart from shopping for food and vital supplies, medical needs, limited exercise or going to work as a key worker. Gatherings of more than two people in public were banned with the police empowered to enforce these rulings. Also, non-essential food outlets also had to close. Nonetheless, more severe restrictions of when people can and cannot leave their homes, were announced by the British Prime Minister, but still without moving to a full lockdown. Of note is that the medical backdrop to the coronavirus crisis in the UK was one of a shortage of hand sanitizers and ventilators with companies, including alcohol distillers, switching to produce hand sanitizers, while other manufacturers modified production lines to make ventilators. Despite all these measures, coronavirus cases, and deaths, in the UK began to rise as NHS staff worked tirelessly to stem the spread of the virus and treat people who had contracted it. There were shortages of personal protective equipment (PPE) and masks for health professionals, as well as a lack of testing for health NHS staff, though the government emphasized it was working to address that.

Although Britain was initially slow to test people, by March 23, 2020 there had been 70,000 people tested in the UK for the disease. In addition, non-essential surgery has been postponed for three months from April 15 to free up 30,000 of Britain’s 100,000 hospital beds. And this week, the NHS is contacting 1.5 million of the most at risk in society, those with certain cancers, low-immunity and transplant patients, and asking them to stay at home for 12 weeks. Government advice remains that anyone with a fever or a persistent cough should self-isolate for seven days and those living with these persons should self-isolate for 14 days. As cases rose, retired health professionals were contacted and asked to return to the NHS and medical students saw their exams cancelled and them being provisionally licensed to practice. The UK government had earlier unveiled billions of pounds worth of financial support, tax and rate relief measures, and loans to support businesses notably in the hospitality sector which had closed completely, to help the economy.

Presently, The United Kingdom government is scrambling to ramp up intensive care capacity as the number of coronavirus cases grow. Also, the main hotspot for COVID-19 remains London, where hospitals are clearing wards and re-purposing existing facilities in readiness for a large influx of patients. Speaking at a daily press briefing, the National Health Service’s Medical Director in England, Stephen Powis, outlined the preparations taking place. "So we are not at capacity yet within London but beds are being opened all the time to produce that extra surge capacity.” he said. The government is also building new field hospitals. London’s Excel Conference Centre is being re-purposed to house up to 4,000 coronavirus patients. It will join two other exhibition venues in Manchester and Birmingham in providing overflow capacity for main hospitals during the peak of Britain’s outbreak. Prime Minister Boris Johnson continues to oversee the UK’s response to the coronavirus outbreak, albeit from home, after he was placed into self-isolation after recovering from the coronavirus disease. He posted a video on his Twitter account to thank those on the frontline, particularly retired health workers who have pledged to help strained hospitals. “Thank you to everybody who is now coming back into the NHS in such huge numbers. Just this evening I can tell you we have 20,000 NHS staff coming back to the colors, doctors and nurses, it’s the most amazing thing. That’s in addition to the 750,000 members of the public that have volunteered to get us through this crisis,” he said. Furthermore, another major focus remains the severe lack of ventilators needed for the country’s hospitals. However, major companies like Ford and Airbus now working alongside universities and smaller firms in designing prototypes ready to be fast-tracked for government approval and deployed across intensive care units.

**FRANCE**

In an address to the nation on March 16th, 2020, French President Emmanuel Macron employed military metaphors to describe the battle against coronavirus. He declared: “We are at war…the enemy is there - invisible, elusive - and it is advancing.” The following day, the 17th of March, 2020, a nationwide two-week lockdown ensued where all establishments throughout France remained closed except for grocery stores, gas stations, and pharmacies. The police enforced the lockdown, with patrols as well as the use of surveillance drones. The lockdown order was further extended until at least April 15th, 2020. Continuing with Macron’s war metaphor, France has experienced losses in the trenches with French hospitals inundated significantly with COVID-19 patients. As of early April, a new daily high toll of 1,355 deaths was reported. This included 884 cumulative deaths in nursing homes that have now been added to the total. This appears to also include a back log of nursing home fatalities that had not been counted before. On the 1st of April, 2020, 833 deaths were recorded, all happening within 24 hours, France’s worst daily death toll at the time. At the date of this writing, the country’s aggregated tally of confirmed cases is 155,383, and total deaths stand at 20,265. In addition, more than 23,000 COVID-19 patients are hospitalized, and at least 7,000 in intensive care.

Nevertheless, France appears to be in reasonable shape with respect to being able to handle the peak surge, though it will be a major challenge. Furthermore before the coronavirus public health crisis, France had 5,000 intensive care units with ventilators, and has since had to increase that number to 8,000. Authorities say the healthcare system can further boost capacity in the coming weeks if need be. On the whole, the French healthcare system excels in many key indicators, such as life expectancy, universal access, cancer care, and acute care management of a wide range of diseases. However, in light of the evident success of French healthcare overall, one wonders how it got to this point where France is reeling from the pandemic. Specifically, pundits have asked whether France waited too long before implementing a systematic, nationwide lockdown in mid-March.

**RUSSIA**

As of the 10th of April, 2020, the coronavirus pandemic had taken hold in Russia although delayed in the outbreak compared to outbreaks in other countries especially within Europe. Faced with a somewhat haphazard federal response, regional governments have pursued varying strategies for combating the virus, although compared to elsewhere in Europe and Asia, the impact of Covid-19 in Russia was delayed. While major European countries reported dozens of cases in February, apart from a Chinese national treated in Siberia, no other cases were reported on Russian soil that month, although several Russian nationals contracted the virus abroad. However, the first Russian national was diagnosed on February 17 by Japanese doctors aboard the Diamond Princess, the British cruise liner that experienced many of the world’s early cases. All of these early cases recovered fully, leading to early optimism that Russia would be spared the worst of the crisis. In fact, on March 1, President Vladimir Putin declared that the situation in Russia was “entirely under control.” However, illusions of Russia’s invulnerability dissipated over the month of March as the situation turned very serious few weeks into the month, with the number of confirmed cases exploding from just 495 on March 24 to 10,131 as of April 9 with Moscow, Russia’s most-populous city and economic center, accounting for the vast majority of cases.

In addition, the number of new daily cases is growing exponentially, suggesting the worst of crisis is still to come. After the first death, a 79-year-old pensioner, the death count has risen to 76 as of April 9. Of note is that the virus could prove especially lethal in Russia, given the country’s demographics, which skew heavily toward the elderly. Furthermore, there is a concern that the Russian government is underreporting fatalities, with several elderly victims of the virus having their cause of death officially attributed to other ailments.

Going forward, the situation will challenge Russia’s society and government. As Putin offers aid to bolster its international image, domestic health services struggle with growing infection rates. The virus has already delayed the constitutional referendum scheduled for April 22 that would have allowed Putin to extend his rule. If the situation continues to deteriorate, Putin and the ruling United Russia Party could suffer a loss in public support. Opinion polling suggests that a majority of Russians do not have confidence in the ability of the health care system to cope with the crisis. At the federal level, the response has been varied, but it has been generally late and inconsistent. Prime Minister Mikhail Mishustin approved the creation of a coronavirus taskforce on January 29. Following nation-specific restrictions, the entry of all foreign nationals was barred on March 18, and a “high alert status” was introduced nationwide the following day. On March 31, the State Duma adopted legislation allowing Mishustin to declare a state of emergency during which citizens would face stiff penalties for violating quarantine or knowingly spreading false information. After being largely absent during the early stages of the crisis, Putin has now given two national addresses. On March 27, he declared a week-long nationwide work “holiday” which was subsequently extended, and introduced measures, such as tax deferments for small and medium-sized businesses and an increase in maternity capital for eligible families. In a second speech on April 2, Putin extended the national holiday until April 30, representing the most significant federal action taken to date. The speech struck a sterner tone, urging Russians to heed the advice of doctors and the government to follow social distancing guidelines while encouraging regional governments to do more to manage the outbreak locally.

Moreover, the federal government has also recently taken steps to ameliorate the economic consequences of the pandemic as it was predicted that the virus was poised to destabilize Russia’s economy by causing a dramatic drop in global hydrocarbon demand at a time when oil prices have already been plummeting because of the price war between Russia and Saudi Arabia. Also, the virus is already disrupting Russian markets, contributing to stock market and ruble volatility. Nevertheless, Russia has noteworthy economic safeguards, including significant reserves of hard currency and a strong budget surplus, although the effectiveness of these in mitigating an economic downturn remains to be seen. In addition, Russia has taken steps to boost pay for medical workers, eliminate import duty on “socially important goods,” and help businesses restructure loans. The International Monetary Fund estimates these measures could cost up to 0.3 percent of the nation’s GDP. However, the measures taken thus far have not come without criticism. After Putin’s second speech, opposition politician Aleksey Navalny wrote, “I will explain Putin’s logic. It comes from the fact that almost the entire economy is the state. State employees, employees of state-owned companies and large ‘controlled’ companies will be paid their salaries. The rest, all sorts of designers, lawyers, taxi drivers, waiters, and so on can be sacrificed.” Civil society groups and activists are also worried about the potential introduction of a state of emergency as well as the use of technology to monitor compliance.

Russia has also provided aid to several foreign countries during the period of this pandemic. The Kremlin has delivered medical assistance to some hard-hit countries in a public relations gesture designed to highlight Russia as a reliable partner and public goods provider. So far, Russian assistance has focused on three countries: Italy, Serbia, and the United States of America (USA). Russian military medical equipment first arrived in Italy on March 22 following a conversation between Putin and Italian Prime Minister Giuseppe Conte. In addition to medical supplies, over 100 Russian military personnel trained in biological, chemical, and nuclear decontamination are now present in the country for a campaign named “From Russia With Love.” The assistance comes as the Italian government has expressed frustration with the European Union and other European countries for their delayed, uncoordinated response to a crisis that has left thousands of Italians dead. As Italy’s commissioner for the coronavirus emergency pointed out, “France has given us 2 million masks, Germany has sent us a few dozen ventilators … planes from Russia . . . brought 180 doctors, nurses, ventilators, and masks.”

Russia has also sent military medics and medical equipment to Serbia. This assistance included 11 flights and 87 military medics. Russian state media has reported that personnel have now disinfected arenas, provided consultations, trained Serbian personnel, and “analyzed the epidemiological situation.” However, more striking was Russia’s delivery of medical assistance to the United States. A Russian Air Force cargo plane landed in New York on April 1 carrying protective gear and ventilators. The nature of this delivery was described differently by the two countries: Kremlin spokesman Dmitry Peskov declared that "Trump accepted this humanitarian aid with gratitude," but the State Department emphasized that the supplies were purchased. Either way, Russian assistance stands out amid the mutual recrimination that has characterized U.S.-Russia relations for the last several years. It also allows Moscow to call attention to Washington’s inadequate response to the pandemic and to reverse the longstanding portrayal of Russia as dependent on the West. Nevertheless, the opposition in Russia has decried the government as using these aid for propaganda purposes. Also, some observers have questioned whether the presence of Russian military personnel in a NATO country could be used for intelligence purposes. Similar assessments on the quality of equipment provided to the United States have not yet been reported in the press; however, critics have been quick to charge that the aid is designed to sway U.S. opinion, including around sanctions, and is more about public relations than public health (Warsaw Institute, 2020).

The eventual severity of the outbreak in Russia and the impact of the steps taken by Moscow and regional governments is yet to be fully known, but despite the virus appearing comparatively late, it is now clear that the disease is spreading rapidly across Russia.

**CHINA**

It is true that the coronavirus pandemic originated in China, an emerging great power but a recognized power within the Asian continent. The first confirmed case of COVID-19 has been traced back to 1 December 2019 in Wuhan. One Doctor Zhang Jixian observed in patients a cluster of pneumonia cases of unknown cause on 26 December, 2019 upon which her hospital informed Wuhan Jianghan Center for Disease Control (CDC) the next day on 27 December, 2019. Initial genetic testing of patient samples on 27 December 2019 indicated the presence of a SARS-like coronavirus which subsequently prompted the release of a public notice by Wuhan Municipal Health Commission on 31 December, 2019. The World Health Organization (WHO) was informed on the same day. As these notifications occurred, doctors in Wuhan were warned by police for "spreading rumours" about the outbreak. As investigations into the severity of the virus commenced, the Chinese National Health Commission initially claimed there was no "clear evidence" of human-to-human transmission. However, on 20 January, 2020 the Chinese National Health Commission announced that human-to-human transmission of the coronavirus had already occurred.

Furthermore, during the Chinese New Year travel period in late January, Chinese authorities instigated a lockdown of the City of Wuhan although travelers from Wuhan had already transported the virus to some Asian countries. As a further step at combating the virus, the Chinese government launched a radical campaign described on 10 February by the Chinese Communist Party general secretary Xi Jinping as a "people's war" to contain the spread of the virus. In what has been described as "the largest quarantine in human history", a cordon sanitaire was announced on 23 January stopping travel in and out of Wuhan, which was extended to a total of fifteen cities in Hubei, affecting a total of about 57 million people. Also, private vehicle use was banned in the city, the Chinese New Year (25 January) celebrations were cancelled in many places. The authorities also announced the construction of a temporary hospital, Huoshenshan Hospital, which was completed in ten days, a landmark achievement for the country in combating the virus. Another hospital, Leishenshan Hospital, was built afterwards to handle additional patients. In addition to newly constructed hospitals, China also converted 14 other facilities in Wuhan, such as convention centers and stadiums, into temporary hospitals. On 26 January, the government instituted further measures to contain the COVID-19 outbreak, including issuing health declarations for travelers and extending the Spring Festival holiday. Universities and schools around the country were also closed. The regions of Hong Kong and Macau instituted several measures, particularly in regard to schools and universities. Remote working measures were instituted in several Chinese regions. Travel restrictions were enacted in and outside of Hubei. Public transport was modified, and museums throughout China were temporarily closed. Control of public movement was applied in many cities, and it has been estimated that 760 million people (more than half the population) faced some form of outdoor restriction. In January and February 2020, during the height of the epidemic in Wuhan, about 5 million people lost their jobs. Many of China's nearly 300 million rural migrant workers became stranded at home in inland provinces or trapped in Hubei province.

After the outbreak entered its global phase in March, Chinese authorities took strict measures to prevent the virus re-entering China from other countries. For example, Beijing imposed a 14-day mandatory quarantine for all international travelers entering the city. At the same time, a strong anti-foreigner sentiment quickly took hold, and foreigners experienced harassment by the general public and forced evictions from apartments and hotels. On 23 March, mainland China had only one case transmitted domestically in the five days prior, in this instance via a traveler returning to Guangzhou from Istanbul. On 24 March 2020, Chinese Premier Li Keqiang reported that the spread of domestically transmitted cases has been basically blocked and the outbreak has been controlled in China. The same day travel restrictions were eased in Hubei, apart from Wuhan, two months after the lockdown was imposed. The Chinese Ministry of Foreign Affairs announced on 26 March 2020 that entry for visa or residence permit holders would be suspended from 28 March onwards, with no specific details on when this policy would end. Those wishing to enter China must apply for visas in Chinese embassies or consulates. The Chinese government encouraged businesses and factories to re-open on 30 March, and provided monetary stimulus packages for firms.

Nevertheless, as new cases declined and the virus largely contained, the State Council declared a day of mourning to begin with a national three-minute moment of silence on 4 April, coinciding with Qingming Festival, although the central government asked families to pay their respects online in observance of physical distancing to avoid a renewed COVID-19 outbreak (South China Morning Post, 2020).

**GERMANY**

It is pertinent to note that as the coronavirus began to spread to other parts of the world especially into Europe, taking a look at the number of novel coronavirus cases, it is evident that Germany ranked among the top in terms of most cases. However, taking a closer look reveals that presently, the number of fatal cases in the country is merely a fraction of the total cases. Their mortality rate has been consistently lower than that of those nations sharing a similarly high number of confirmed cases like China, Italy and Spain. Several factors have contributed to the country’s successful management of the pandemic. These include early tests, transparent communication, a well-prepared health IT infrastructure and digital health etc. All these measures differentiated Germany’s approach from that of other countries. However, despite the early success, others still call for caution. Some still forecast a future surge in cases and that victory is far from over. Nevertheless, Germany makes for an interesting case study for the combating and management of COVID-19.

At the beginning of the SARS outbreak, China covered up the existence of the virus from both its citizens and the world despite the need to be transparent with such public health issues is. Germany however, was transparent from the beginning of the outbreak as well and did not delay to take strict measures. They became one of the first countries to develop a reliable COVID-19 test as early as January subsequently rolling out production soon after to reach the population quicker. Furthermore, the country’s chancellor, Angela Merkel, sent out strong, yet clear messages to the population to respect restrictions imposed so as to curb the spread. “This is serious,” she said in her speech. “Since German unification — no, since the Second World War — no challenge to our nation has ever demanded such a degree of common and united action.”

Another contributing factor is the earlier testing and tracing performed in the Central European country. “One advantage Germany has is that we started doing professional contact tracing when the first cases were reported,” said Marylyn Addo, head of the Infectiology Department at Hamburg’s University Medical Centre. “It bought us some time to prepare our clinics for the coming storm.” To further help towards tracking those exposed, German authorities employed measures with some countries like South Korea, Israel and Singapore which was phone tracking. Also, the German Health Ministry drafted changes to the Infection Protection Act law to enable among other measures, the tracking of those exposed to COVID-19 although such methods understandably raised privacy issues and therefore needed clearer protocols before they were placed into action. In addition, Healthcare institutions even tested people who presented with milder symptoms. They could effectively be monitored and quarantined to prevent cross-infection. In fact, the country now plans to test at least 200,000 people a day; measures which can alleviate the burden on the healthcare system.

Moreover, the importance of digital health became paramount as it put telemedicine on the fast track as a means to monitor patients without having them risk going out. Robots became the de facto assistant in healthcare institutions being impervious to infections; allowing remote consultations and even to keep the elderly connected to loved ones. Those abiding to the #stayathome mantra are staying healthy indoors with digital health apps. Germany was swift to adopt similar solutions. The Health Innovation Hub, established by Germany’s Ministry of Health, published a list of trusted telemedicine services. Most of these are available for free, towards which citizens can turn during the pandemic. A local startup, DOCYET, launched an online chatbot to screen for those potentially infected with COVID-19. After analyzing the user’s input, the chatbot provides a risk assessment and even the option for a telemedicine consultation.

Nevertheless, despite Germany’s apparent success, others yet are calling or caution. Experts have advised the German Health Ministry that the local number of fatal cases is likely to increase in forthcoming weeks. Also, they have predicted that the widespread testing could result in strained testing capacities and also the fact that high-risk zones are getting harder to identify. However. Germany’s management of the crisis with the help of digital health and clear communication can serve as an example for others to learn from. Once the pandemic subsides, other countries are likely to adopt similar policies as Germany did in order to improve their healthcare system.

**JAPAN**

Despite its proximity to China, Japan has not seen the massive outbreak of the coronavirus that has shut down much of Europe and North America. Japan so far has 10 outbreak clusters, with close to 11,512 confirmed cases and 281 deaths to the coronavirus as of April, 22, 2020. Only a few dozen new infections are reported every day. However, these figures are expected to explode as Japan is very densely populated with the world’s highest density of senior citizens. But in responding to the coronavirus pandemic, the Japanese government closed all schools two weeks before the spring holidays at the end of March and canceled all public events. But shops and restaurants could remain open, and few Japanese employees decided to work from home. Of note is that the low numbers of confirmed COVID-19 cases in Japan initially aroused suspicion that the government was covering up the truth and that the number of unreported cases was very high. Political scientist Koichi Nakano said Prime Minister Shinzo Abe likely wanted to present Japan as a safe country in order not to lose the Summer Olympics though the International Olympic Committee ended up postponing the event anyway.

However, experts at the Health Ministry have repeatedly rejected such criticism, saying they were looking for spikes in COVID-19 cases in order to contain the virus, rather than conducting widespread tests. When the epidemic broke out in a primary school on the northern island of Hokkaido, for example, authorities closed all schools in the prefecture and declared a state of emergency. After three weeks the spread of the virus had been stopped there. Furthermore, Sebastian Maslow, a German political scientist at the University of Tokyo stated that "… the low number of tests was intended to ensure that health care resources remained available for serious cases of infection." Sebastian Maslow, a German political scientist at the University of Tokyo, told DW. In addition, Japanese greeting etiquette: a bow instead of a handshake or a kiss on the cheek, also played a part in slowing the outbreak, as has basic hygiene education taught from an early age. Consequently, it was easy for society to switch to anti-infection mode in February when the virus first began to spread. Shops and businesses set up hand sanitizers at the entrance, and it became a civic duty to wear a face mask. Moreover, the widespread use of face masks appears to have slowed down the spread the virus, as indicated by the sharp drop in the number of flu patients in the seven weeks since the outbreak of the coronavirus. A recent study by five Western physicians, including Fabian Svara from the Caesar research group in Bonn and Matthias Samwald from the Medical University in Vienna, found that masks "decrease the transmission of droplets or aerosols containing viral particles by mask wearers." Also, apart from social distancing and hand-washing, the experts concluded that face masks could play an important role in slowing down the spread of the virus, pointing out the low infection rates in Japan.

In view of this success, Abe last week refrained from declaring a national state of emergency. Since then, the Japanese have slowly been returning to their everyday lives. Tutoring schools are back in operation, with the children sitting apart from each other in well-ventilated rooms. Amusement parks have reopened, but people running a fever are asked to stay away. However, fearing a second wave of infections, the government has said that, for the time being, only schools in areas without COVID-19 patients will be allowed to open at the beginning of the new school semester in April. A ban remains prohibiting large public events. Foreign visitors, however, remain a threat according to health authorities, with South Koreans and EU citizens barred from entering the country. Foreigners who live in Japan are allowed to return but must remain in quarantine for 14 days upon arrival. According to unofficial information, the measures will remain in place until at least the end of April.

**SOUTH KOREA**

The coronavirus pandemic was confirmed to have spread to South Korea on the 20th of January 2020 from China. Subsequently, the nation's health agency reported a significant increase in confirmed cases on 20 February, largely attributed to a gathering in Daegu of the Shincheonji Church of Jesus. Shincheonji devotees visiting Daegu from Wuhan were suspected to be the originators of the widespread outbreak. As of 22 February, among 9,336 followers of the church, 1,261 or about 13 per cent reported symptoms. Furthermore, South Korea declared the highest level of alert on 23 February 2020. On 28 February, more than 2,000 confirmed cases were reported, rising to 3,150 on 29 February. All South Korean military bases were quarantined after tests showed three soldiers had the virus. Airline schedules were also changed.

However, South Korea introduced what was considered the largest and best-organized programme in the world to screen the population for the virus which included isolating any infected persons, and tracing and quarantining those who contacted them. Screening methods included mandatory self-reporting of symptoms by new international arrivals through mobile application, drive-through testing for the virus with the results available the next day, and increasing testing capability to allow up to 20,000 people to be tested every day. South Korea's programme is considered a success in controlling the outbreak without quarantining entire cities. Nevertheless, South Korean society was initially polarized on President Moon Jae-in's response to the crisis. Many Koreans signed petitions either calling for Moon's impeachment over what they claimed to be government mishandling of the outbreak, or praising his response. On 23 March, it was reported that South Korea had the lowest one-day case total in four weeks. On 29 March it was reported that beginning 1 April all new overseas arrivals will be quarantined for two weeks. Per media reports on 1 April, South Korea has received requests for virus testing assistance from 121 different countries.

**ISRAEL AND SAUDI ARABIA**

The coronavirus pandemic highlights the extent to which West Bank settlers, Israelis living within Israel, Palestinians, and their respective economies are intertwined. At a time of increasing political tension between them, the virus is forcing Israel, the Palestinian Authority (PA), and Hamas to cooperate with one another to prevent a full-scale outbreak. Such an outbreak could easily spill over from one area into the next, with severe consequences for Israelis and Palestinians alike. However, Israel has taken one of the strongest stances against the coronavirus. In addition to adopting containment measures that match those of other states, Israel has in a similar way to Iran and China, authorized its domestic security service to track the mobile phones of confirmed and potential coronavirus victims. Furthermore, while many Israelis may feel that Prime Minister Benyamin Netanyahu is doing a good job of handling the crisis, they are simultaneously concerned that his actions could violate their civil liberties and hurt Israeli democracy. Also, there is growing public pressure on the country’s two main political factions – Netanyahu’s Likud and the opposition, Benny Gantz’s Kahol Lavan – to form a government of national unity, which would avoid the disruption of a fourth election in less than a year and thereby help steer Israel through the coronavirus crisis (Hugh Lovatt, 2020).

In Saudi Arabia, to respond to the crisis, King Salman Bin Abdulaziz Al Saud and Crown Prince Mohammed bin Salman have acted quickly, using a mix of long-standing and newly devised Saudi statecraft. The dual qualities of firmness and determination have been the motto of the crown prince’s reign. In this spirit, the government acted decisively as the coronavirus spread to implement comprehensive and unprecedented precautionary measures that were largely applauded. The kingdom started by quarantining an entire city and later imposed local lockdowns and a nationwide curfew that includes the two holy cities of Mecca and Medina. Alleged rumor spreaders, religion mongers, curfew violators, and opportunist suppliers have been prosecuted. Although the Crown Prince has cut back on public appearances, officials and supporters are actively praising him for the firm response. The kingdom’s management of the crisis has not been flawless, but it has shown that the country can be a responsible member of the international community when it wants to and has rebuilt bridges with citizens who felt left out by recent waves of socioeconomic and political change.

**CONCLUSION**

The lack of a coordinated global response to the COVID-19 pandemic is partly because many of the most capable states or great powers have been hit hardest and so focused internally. The behavior of these powers demonstrates their preference of self-interest over cooperation through international institutions. They view the pandemic not as a collective action challenge requiring the relaxation of strategic rivalry and tensions, but rather as a geopolitical battleground over power and position (East Asia Forum, 2020). These actions are producing haphazard bilateral aid responses, undermining confidence in the accuracy of state-based information sharing mechanisms and obstructing coordination and standardization of medical supply chains and financial responses. These have been ineffective so far and will continue to be as the virus spreads in the Global South (The Economist, 2020). This lackluster pandemic response is a product of structural changes occurring as global politics becomes increasingly fractured and leaderless.

In confronting the pandemic and its aftermath, secondary powers supportive of the current order like Australia, Canada, the European states, Japan and South Korea, must increasingly work together in a far more substantive and organized way. There are three key goals of secondary power cooperation. They are to avoid zero-sum competition between states over medical supplies, counter the rise of disinformation about the pandemic and those who seek to benefit from it, and prepare aid and assistance packages to rehabilitate the global political economy post-COVID-19. However, this will require additional resources, initiatives and leadership roles that these states are not accustomed to and at present appear unwilling to burden given their domestic crises including the European Union. This must change. Calls for the re-emergence of US leadership are futile, Russia remains a threat looking to exploit and further divide the West, and China appears more interested in attempting to restructure the post-pandemic world in line with its own hegemonic aims than actually combatting it effectively. Thus, it is questionable whether and to what degree secondary powers can ensure the long-term survival of the global order in the absence of a hegemon, and insulate it from the excesses of great power competition. Yet this seems to be the only plausible alternative in this pandemic to the status-quo (National Review, 2020).

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