

REFLECTIONS ON ASIAN GOVERNANCE MODEL IN DEALING WITH COVID-19 AT ITS ONSET
AND RELEVANCE TO AFRICA

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3 December 2023

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Executive Summary

This Discussion Paper seeks to add to broader literature and previous works leveraging Asian experiences as potential references for Africa's economic development. It focuses on a particular chapter (albeit punctuated) of Africa's development during the first year of the pandemic (March 2020- March 2021), to draw comparisons for Africa on how best practices in East and Southeast Asia in confronting COVID-19 as a major health "disaster" and economic disruption. In so doing, it explores regional lessons for building resilience against future crises. It considers the socio-economic impacts of COVID-19 in Asia, highlighting some of the economic disruptions in the region as well as the effects of concurrent disasters. It then highlights three key lessons that can be learned by Africa from varied experiences and governance models in Asia – the implementation of effective lockdowns, treating the health crisis as a humanitarian emergency, and the need for regional cooperation to ensure the stability of supply chains. The Discussion Paper then translates key lessons into policy and governance principles that can be adopted moving forward in maintaining a balance between health and economic security; between regional solidarity and country-level subsidiarity; and across multifaceted impacts of the pandemic. It concludes with the need to find right balance between East Asian and Western Models, and a postscript on further implications of the pandemic on regional debt and long-term development.

Note: This article is an updated version of an earlier co-authored piece which formed part of the opening remarks by Ambassador Barry Desker during the International Colloquium organised in honour of President Olusegun Obasanjo, former President in Nigeria, on 5 March 2021. This piece was prepared by Mr. Jose Ma. Luis Montesclaros, Research Fellow with NTS Centre, S. Rajaratnam School of International Studies (RSIS), Nanyang Technological University, Singapore (NTU), alongside Mr Christopher Zhen, formerly Associate Research Fellow with the NTS Centre, RSIS, NTU. The authors would like to express heartfelt appreciation to Amb Barry Desker for his guidance in encouraging us to venture into the potential for cross-regional learning from the pandemic between Asia and Africa, as well as the NTS Centre, RSIS for allowing the time to pursue this piece.

“Central to the turnaround of many countries, enabling them to implement pro-growth policies, was creating a sense of urgency, a realisation that business as usual would lead to disaster... several Asian countries... were able to use their crises to create a narrative allowed leaders to implement difficult policies and to explain why changes were needed.”

- Greg Mills, Olusegun Obasanjo, Jeffrey Herbst, and Dickie Davis¹

Introduction

Citizens of almost all countries today have already adapted to the new normal of mask-wearing and frequent lockdowns, owing to their recognition of the potentially debilitating impacts of a pandemic. The COVID-19 pandemic created huge challenges for countries and communities around the world. Apart from being a global health crisis, the virus had severely impacted the economies of countries and constrained supply chains. Since its outbreak in December 2019, the world we live in has undergone unprecedented changes. While vaccination programmes have rolled out, it will still be some time before the world returns to pre-COVID conditions.

The recognition of the need for citizens and states to act in concert against the pandemic was a hard lesson learned first-hand, amid a great multiplicity of trial-and-error approaches and philosophies in confronting the COVID-19 pandemic. One of the failed approaches includes the so-called “herd-immunity” approach formed part of the United Kingdom’s earlier approach,² which allowed for opening up the population to more infections even if this entailed the risk of more deaths.³ Key premises of this approach included “accepting that herd immunity by infection was the inevitable outcome, given that the United Kingdom had no firm prospect of a vaccine, limited testing capacity and there was a widespread view that the public would not accept a lockdown for a significant period.”⁴ A semblance of this

was also adopted owing to protests in the United States’ against continuing lockdown, in states such as Michigan, Ohio, Kentucky, Minnesota, North Carolina and Utah, among others.⁵

In contrast, to these and other North American and European states, several East Asian states took to launching hard lockdowns or “circuit breakers” to decisively strike against the pandemic, as Singapore and China did in March to May 2020. This led to much lower case fatality rates or the share of COVID-19 infections resulting in deaths. While the situation has rather stabilised in 2022-2023, with world real GDP back to its pre-pandemic level within 2021,⁶ and with borders reopening in this period, and while such previous experiences are painstaking to remember, it is worth taking stock of these varied experiences to draw lessons which will be valuable should the next global disruption occur.

Much of the Brenthurst Foundation’s works have focused on “Making Africa Work”, or on strengthening Africa’s economic performance, and within these, East and Southeast Asian countries have been taken as a point of reference. In a jointly authored book by Greg Mills together with former Nigerian President Olusegun Obasanjo, Jeffrey Herbst and Dickie Davis, the authors have drawn parallels in institutional foundations of African and East Asian states during their formative years, including “ethnic disunity, frail institutions and limited governance outside the capital, weak democracy, subsistence agriculture,

fragmentary external trade linkages and acute social stratification”⁷ as well as a shared “history of colonial (and commodity) exploitation” and where “continent settlers were imposed on the local groups, arousing intense hostility.”⁸ Previous works have examined COVID-19’s impact on African countries,⁹ and the relevance of Singapore’s model to Africa,¹⁰ and more broadly, works have discussed the relevance of East Asian economic models to Africa.^{11 12}

This Discussion Paper seeks to add to these, by focusing on a particular chapter (albeit punctuated) within the bigger story of Africa’s economic development, on the first year of the pandemic (March 2020- March 2021). It seeks to draw comparisons for Africa on how best practices in East and Southeast Asia in confronting COVID-19 as a major health “disaster” and economic disruption, and explore how lessons learnt can help build resilience against future crises. It begins by examining the socio-economic impacts of COVID-19 in Asia, highlighting some of the economic disruptions in the region as well as the effects of concurrent disasters. It then examines some key lessons that can be learned by Africa from varied experiences and governance models in Asia – the implementation of effective lockdowns, treating the health crisis as a humanitarian emergency, and the need for regional cooperation to ensure the stability of supply chains. Finally, the Discussion Paper translates key lessons into policy and governance principles that can be adopted moving forward.

I. Context: A Hybrid Health-Economic Crisis amid Concurrent Disasters

A Health Crisis...

COVID-19 had devastating socio-economic impacts, because of its nature of being a health and economic crisis at the same time. By March 2021 (15th of March), it had claimed close to 2.7 million lives, and infected more than 120 million individuals, of which, 20 million were still cases awaiting their outcomes.¹³

As a health crisis, COVID-19 is feared because of its potential to cause harm and death. On one hand, the earlier COVID-19 variant in 2020 had a lower case fatality rate (or the number of closed cases resulting in death) in comparison to the Severe Acute Respiratory Syndrome (SARS) which kills 9.6% of total infected individuals,¹⁴ and the Middle East Respiratory Syndrome (MERS) virus which kills 33.4% of total infected individuals.¹⁵ In contrast, the COVID-19 pandemic only proved fatal to 2.67% of infected individuals on average, globally, based on more than 100 million closed cases as of 17th March 2021.¹⁶

What is of interest, however, is that the fatality due to the pandemic varied broadly, with 41 countries having above-average fatality rates per COVID-19 infection. For instance, death was three times as likely if a person happened to reside in Mexico when s/he contracts the pandemic, where the case fatality rate is 9%; an extreme case is Yemen, where a person is eight times as likely die from infection, with its 24% case fatality rate.¹⁷

The indicator of the case fatality rate is also relevant to countries of the African continent, since 16 out of its 54 countries

have above-average case fatality rates. For instance, if a person happens to be in Egypt or Sudan when he contracts the pandemic, he is twice as likely to die, in comparison to the global average.¹⁸

- **Global Average:** 2.67%
- **Southern Africa:** South Africa (3.36%) and Lesotho (2.93%);
- **North Africa:** Sudan (6.7%), Egypt (5.9%) and Tunisia (3.5%);
- **West Africa:** Liberia (4.2%), Mali (4.1%), Niger (3.7%) and Gambia (3.04%);
- **East Africa:** Tanzania (4.1%), Zimbabwe (4.1%), Somalia (4.1%) and Malawi (3.3%); and Central Africa, namely, Chad (3.6%).

While the COVID-19 pandemic has been evolving, we argue that another important factor that determines the risk of death, is the healthcare capacity of a country. Like most fatal diseases, there is a higher risk of death when the infected individual cannot receive timely treatment.

No country has an unlimited hospital bed capacity, nor an unlimited financial capacity to provide financial support in covering the healthcare expenses for poorer individuals. What is important is for countries to avoid exceeding that maximum “health system” capacity in both healthcare infrastructure and financial capacity. For instance, in the case of Egypt, a sign that capacity was exceeded was when it saw its fastest increase in COVID-19 deaths, from 659 deaths on 19 May 2020 to 4,302 deaths on 19 July 2020; this occurred when the number of active cases spiralled up from less than 10,000 cases on 19 May 2020, to 55,000 cases on 19 July 2020. Thus, the rate in increase in active cases was so fast that Egypt’s healthcare system capacity could not catch up.

The key factor that determined the health impact of the pandemic, was therefore the efficient allocation of a country’s resources in battling with the pandemic, and in preventing the number of infections from rising to the point that the health system’s capacity is exceeded. While there are talks today of vaccination at the national level, it may take time for this to reach financially handicapped countries. For instance, the Duke Global Health Innovation Center’s assessment of global purchasing agreements, noted that it could take until four more years from the pandemic’s onset before the supply of vaccines could expand sufficiently to reach poorer countries.¹⁹

Evolving into An Economic Crisis...

Despite an earlier report which described African economies as “Lions on the Move” back in 2010,²⁰ laggard economic growth persisted in the region in the previous decade. This brings us to our next point, on how the health crisis has translated to an economic crisis. The intractability of the COVID-19 pandemic, and its high likelihood of transmission, provides the starting point for understanding its economic impacts.²¹

A person can contract the COVID-19 and not show symptoms, while still being able to infect others, a phenomenon referred to as ‘asymptomatic transmission’.²² This means that standard temperature tests for fevers can be unreliable measurements for the presence of the virus. Thus, anyone who has ever interacted with another person in 2020 should act as if he had it, by wearing masks to prevent him from infecting others. At the same time, he must also act as if he did not have it, by practicing social distancing to avoid contracting it. The complexity of this problem is similar to the popular quantum mechanics thought experiment of ‘Schrodinger’s cat’, wherein

a cat in a closed box is potentially both alive and dead at the same time, until one opens the box. Applied to the COVID-19 pandemic, any individual has the potential to infect, or be infected by the virus, until tested, and the *uncertainty of both outcomes makes action difficult, as it constrains one from taking actions.*

The virus' traits of high contagiousness and asymptomatic transmission, thus serve as the starting point for understanding the economic impact brought about by COVID-19. These traits necessitate quarantine measures across all individuals, whether they be social distancing policies, stay-home requirements, or country-wide lockdowns, in order to avoid incurring further infections (until a vaccine can be distributed nationally across the country).

In this regard, the use of quarantine measures internationally, has led to the first key economic disruption brought about by COVID-19, through the locking down of external sectors (i.e., travel and tourism industries). This is significant, since prior to the pandemic, in 2019, travel and tourism contributed 12.1% of ASEAN GDP, 6.6% of South Asia's GDP, and 9.8% of Northeast Asia's GDP. Across the Asia Pacific, it contributed 56% of new jobs, creating 21.5 million jobs from 2015 to 2019, mostly in India, China and the Philippines. Globally, it contributes 4% of capital investment (US\$948 billion in travel and tourism) according to the World Travel and Tourism Council.²³

Next, the necessity of quarantine measures meant countries needed to impose domestic lockdowns, which virtually halted most industries with the exception of "essential" commodities involved in the production and transport of basic commodities like food and medicine. This means that many service and

manufacturing industries cannot function normally, especially for companies which had not yet been integrated into the digital economy. Services contributed about 64% of global GDP in 2018, in terms of value-addition,²⁴ while manufacturing industries, contributed 26% of global GDP.²⁵

In Asia's case, COVID-19 was particularly disruptive since the services sector (which include travel and tourism) was expected to be a key driver in Asia's growth. In December 2019, Asia was in fact projected by the World Economic Forum to contribute 60% of global GDP growth in 2020, the bulk of which was expected to come from China, India and Southeast Asia, given the demographic dividend of a growing working-age population and a paying population at that.²⁶ In contrast, a significant landscape change occurred during COVID-19, starting March 2020 when the world engaged in what the IMF referred to as the "Great Lockdown", a play of words on the "Great Depression" that occurred close to a century previously in the 1930s.

Individuals began to question their own prospects, to adjust their life plans and schedules for upward mobility. Interestingly, pregnancies and births increased as well, as individuals stayed at home and began to re-evaluate their priorities; in a way, COVID-19 has been a disruption in many senses, more than just economic. Nonetheless, today, it continues to impact on the lives of individuals, and the biggest priority is in saving lives and minimising deaths due to the pandemic.

With Further Inter-Sectoral Impacts Amid Concurrent Disasters.

COVID-19 does not exist in a vacuum. Several Southeast Asian countries have had to deal with concurrent natural and biological hazards while fighting the pandemic. These crises have contributed to even worse impacts of the COVID-19 pandemic, through their impacts on other sectors.

One among these, were disasters that translated into humanitarian emergencies. For example, the Philippines was affected by at least three major typhoons in 2020, Vongfong in May, Goni in October, and Vamco in November.²⁷ COVID-19 responses hampered humanitarian efforts, with negative implications on the most vulnerable communities. Local officials in the Philippines faced challenges in keeping their citizens safe from both the typhoon and the virus, with evacuations slowed down as affected populations could not be transported in large numbers, while evacuation centres could only be filled to half their usual capacity to prevent the spread of the coronavirus disease.²⁸ Similar challenges can be anticipated in the case of Cambodia and Vietnam, which were hit by successive tropical storms in October, which caused deadly floods.²⁹

This can be observed in the African region as well. In May 2020, for instance, countries in Africa were affected by a ‘triple disaster’ – heavy flooding, the region’s worst locust infestation for decades, and the COVID-19 pandemic.³⁰ While flooding is a recurrent threat in Africa, the ‘triple disaster’ combination stretched community coping mechanisms and disaster management capacities in Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania and Uganda.³¹ Already limited financial resources meant to respond to climate

hazards and disasters were diverted to combat the pandemic.³² The confluence of COVID-19, climate hazards, and locust outbreaks in the African region worsens vulnerability for communities.

Further concurrent crises have occurred in the food and agricultural sector, which have made food less affordable for poorer populations in Asia as well as Africa. A pestilence of Fall Armyworms impacted the production of corn in multiple countries, including China as a major importer of corn. This is important, since corn remains a critical component to the livestock feeds needed for meeting the growing demand for meat in China. By July 2020, China made its largest recorded daily purchase of corn, of 1.762 million tonnes, from the United States.³³ By the end of 2020, in fact, China drafted a new law on the way grains were managed across provinces.³⁴ The same challenge is faced in Africa, where Fall Army Worms were recently confirmed in most East African countries since June 2020, although it already had significant presence in North and West Africa prior to the pandemic.³⁵ Concurrently, Asia and Africa faced the worst locust swarms in decades, forcing Pakistan (South Asia) and Somalia (East Africa) to declare national emergencies. Thailand (Southeast Asia) also faced its worst drought in 40 years, impacting crop production,³⁶ while in Kenya (East Africa), the joint effects of COVID-19 and droughts have led to a 90% increase in number of people facing hunger from August 2020 to February 2021.³⁷

The combined effects of supply-chain challenges in food, therefore exacerbated the already stressed global food supply chain problems, from shipment delays associated with COVID-19 related national lockdowns.³⁸ In combination, these concurrent disruptions have led to instability in global food prices, based on

the UN FAO's global food price index, reaching a 9-month high as early as February 2020.³⁹ This particularly endangers the economic security of poorer communities, for whom higher food prices may be beyond their reach, at a time when job-creating sectors are disrupted by the pandemic.

II. Analysis: Key Lessons to be Learned

Lesson 1: Consolidated Efforts Towards Launching Effective Lockdowns

What can be highlighted, in Asia's experience, is the ability of some countries - in particular, Singapore and China - to impose effective lockdowns that put an end to the growth trends in active coronavirus cases within a period of two months. While some countries may oppose the effectiveness of lockdowns, we argue, that previous lockdowns in the region have failed because they were not done right.⁴⁰

Not all East/Southeast Asian countries are role models, as Studwell's "How Asia Works" shows in his comparison of selected East and Southeast Asian countries (Japan, South Korea, China and Singapore) relative to others.⁴¹ Similarly, in a follow-up to "Making Africa Work" (2016) in the form of "The Asian Aspiration" on "Why and How Africa should Emulate Asia" by Greg Mills, former President Olusegun Obasanjo, Hailemariam Desalegn and Emily van der Merwe, the authors noted that while "there is much to be admired, even emulated... there is also much to be avoided... all of this means, simply, that there is a lot to learn."⁴² In fact, the book uses East and Southeast Asian experiences as points of both positive learning to emulate, and learning on problems to avoid.

Likewise, in response to the COVID-19, East/Southeast Asian countries had both positive and negative models, which we highlight here. The Philippines provides a negative example, of lockdowns that were not done right and lifted too early, mirroring developments in many North American/European states. The Philippines was among the earliest to lockdown, applying an island-wide strict movement control across Luzon island on 16 March 2020. At that time, it had less than 150 confirmed active cases, countrywide.⁴³ Active cases ballooned to 7,109 cases on 1 May.⁴⁴ By 2 June, a day after the government began lifting some sanctions, there were still 13,968 active cases.⁴⁵ practically double that in May. By end-June, this figure nearly doubled again to 26,015 active cases.⁴⁶ The extent of government support has also been limited: compared to a Php1.3 million (S\$36,600) bill for 15-day confinement of a "level 3 (severe pneumonia)" patient, the Philippine government had since mid-April capped its support to patients with identical conditions to Php333,000 (S\$9,640).⁴⁷

In contrast to the Philippines, one can observe that Singapore and China launched effective lockdowns, which allowed them to control the numbers of active COVID-19 cases. In this regard, the first insight, is the need to impose a "war-time" level of re-alignment and deployment of manpower, to actively monitor the movements of people at the time of COVID-19.⁴⁸ These countries implemented strict movement control policies. Singapore is an island-state connected physically to Malaysia via a causeway, so this route was practically shut. Wuhan City is surrounded by other towns in Hubei Province, China, making it more challenging to close off. Yet, strict movement controls within, into and out of cities were implemented from late January/early February until early April

2020. In Wuhan and Singapore, support of contact-tracing technologies was, and is, a key strategy.

The next insight is the prudential use of economic resources by the governments of Singapore and China.⁴⁹ Without economic support, the poorer individuals obeying lockdown orders by their own governments, can face risks of job losses and economic insecurity, which also translates to a loss in food security, and decreased capacity to pay for health treatments. Without this, lockdown policies are less effective, even if they are made mandatory. The objective is to provide those with insufficient income, with the means to stay indoors, while keeping the welfare of their families intact. Singapore leveraged approximately SGD100 billion (or 20% of its annual GDP) of its large fiscal reserves - at least SGD800 billion - providing individuals with guarantees of economic security by ensuring sufficient wages even as citizens stayed indoors, during its lockdown from early April until end-May 2020 when its “circuit-breaker” (lockdown) was lifted. Similarly, China provided relief goods; while some citizens aired their complaints, the state eventually provided a strong response to address these concerns. The key lesson is therefore, *rather than scrimping, or focusing on macroeconomic losses, Singapore and China endeavoured to solve the health problem that was causing the economic problem first.*

Lesson 2: Treating the Health Crisis as a Humanitarian Emergency

Once it became clear that COVID-19 was going to become a significant problem for the region, the region took significant initiatives to mitigate the distributional impacts of COVID-19.

The second key lesson is that *in addressing the COVID-19 pandemic, countries should not neglect the other issues that have equal potential to cause deaths or to harm the welfare of their constituents.* The Association of Southeast Asian Nations (Southeast Asia’s counterpart to the African Union) has over the past decades become a leading regional actor for dealing with natural hazards. This has led to a set of regional frameworks, bodies and facilities established. The COVID-19 pandemic has shown that equal attention needs to be given to the humanitarian disasters, as well as further disruptions to sectors like food production. Disaster governance remains a key element to building a resilient ASEAN community.⁵⁰ Given that the region is highly prone to natural hazards and faces an on-going pandemic, there is merit in looking at how existing regional disaster management frameworks which prioritise natural hazards can be adapted to deal with pandemics and concurrent disasters.⁵¹

ASEAN’s COVID-19 response is an amalgamation of both pre-existing Health Sector mechanisms as well as newly created ad-hoc mechanisms.⁵² The four main mechanisms involved in ASEAN’s response to COVID-19 are 1) the ASEAN Emergency Operations Centre Network (ASEAN EOC Network) which shares daily situational updates, 2) the ASEAN BioDiaspora Virtual Centre which uses big data analytics to produce reports on Risk Assessment for International Dissemination of COVID-19 across the ASEAN Region, 3) the Regional Public Health Laboratories Network (RPHL), which accesses exchanges on laboratory readiness, technical and material support, as well as in laboratory surveillance and 4) the ASEAN Risk Assessment and Risk Communication Centre which disseminates preventive and control measures.⁵³ In order to deal with the unique country-specific situations when

COVID-19 erupted, ASEAN also created several ad-hoc agencies including the ASEAN-China Ad-Hoc Health Ministers Joint Task Force and held ad-hoc meetings including the ASEAN Special Summit on COVID-19 to inform and coordinate their COVID-19 response.⁵⁴

During the Special ASEAN Summit on Coronavirus Disease 2019 on 14th April 2020, there was also a renewed push for increasing the mandate of the AHA Centre to cover public health emergencies. In the summit declaration, the ASEAN member states resolved to “[b]olster national and regional epidemic preparedness and response, including through...strengthening the capacity of existing ASEAN’s emergencies response network namely the ... ASEAN Centre for Humanitarian Assistance on disaster management (AHA Centre) for future public health emergencies”.⁵⁵

Lesson 3: Regional Cooperation in Ensuring the Stability of Supply Chains

Since COVID-19 represented a joint health and economic crisis, equal attention was given to the distributional impacts of the pandemic, focusing on poorer populations. One among the key challenges was in *ensuring the stability of access to basic goods*. This was important, since COVID-19 disrupted the transport of key commodities, including food and medical supplies.

In its Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (COVID-19), ASEAN sought to ensure the reliability of supply chains for essential commodities, in particular, food and medicine, and to ensure that channels for trade and investment remained open.⁵⁶ There were also pledges towards joint supply chain arrangements signed by

ASEAN Ministers on Agriculture and Fishery (AMAF).⁵⁷ These were designed to secure regional food supply chains, and to facilitate transportation of food and agricultural products.

To help alleviate supply chain problems, the AHA Centre opened its DELSA warehouses for the utilisation of its relief stockpiles by ASEAN member states.⁵⁸ Items such as mobile storage units, hygiene kits and prefabricated offices were made available to the member states during the pandemic through the request of their National Disaster Management Organisations as an interim measure to fill any operational gaps in national responses. ASEAN leaders also created a ‘COVID-19 ASEAN Response Fund’. First proposed during the Special Summit on COVID-19 on 14 April 2020, the establishment of this fund was announced during the 36th ASEAN Summit on 26 June 2020 as part of the “whole-of-ASEAN Community” approach towards COVID-19.⁵⁹ The purpose of this fund is to help ASEAN Member States procure medical supplies and equipment needed to combat the pandemic.

III. Governance Approaches to Explore Moving Forward

The discussion above, on key lessons learned, can be translated into key policy and governance principles that can be adopted moving forward.

Approach 1: Balancing between Health and Economic Resilience: Rationalising the Perspectives on Lockdowns

At the start of the pandemic, the World Health Organisation discouraged countries from completely closing their borders, to minimize unnecessary economic losses from the disease.⁶⁰

Singapore and China, however, show that countries that lock down sooner and that do so effectively, are able to address the pandemic before it can grow into an unwieldy monster that is difficult to manage.

Many subnational areas or cities in the Southeast Asian region were in dire need of a proper lockdown, where people can stay indoors for two months or so. The sooner they could do this, the sooner could their economies re-start, just like the situation in which Singapore, Vietnam and China in 2022. We would argue that this applies to any country which is still seeing exponential growth in the number of active cases today.

This calls for a rationalisation of the perspectives on effective COVID-19 lockdowns. While some may fear the negative economic implications of a lockdown, the losses to the economy and costs to government from imposing two-month lockdowns, are easily surpassed if COVID-19 was allowed to last for one year, as what we are observing today in some Asian countries. By prioritising the health of their economies over the health of their peoples, governments were effectively “putting cart before horse”, because the longer their economies were impacted by the COVID-19 pandemic as a result of their failure to impose *effective lockdowns*, the larger was the overall impact they stood to bear.

The economic harm of a COVID-19 lockdown was far outsized by the damage caused by the pandemic should a less aggressive approach have been taken. In 2015-2019 prior to the pandemic, services and manufacturing contributed majority of global GDP on average,^{61,62} while in Asia, tourism was a key sector that contributed majority (56%) of Asia’s new jobs in the pre-COVID period of 2015-2019.⁶³ Had they

taken a swift and decisive 2-month lockdown, the economic damage would have been at least a sixth of the damage caused by a full 12-month year (and counting) of battling with the pandemic. The economic toll continued to grow in 2022.

Lockdowns should be executed swiftly as well. The window for action is very narrow, from the time the first infection is contracted, to the time when nationwide infections become uncontrollable. COVID-19 spreads exponentially, by the factor of the number of interactions occurring within countries; this is the reason for the upsurge in infections. *Countries are therefore more likely to underestimate the potential for infections to grow, and to implement lockdowns later, than sooner, to their own peril.*

Approach 2: Balancing Solidarity with Subsidiarity

The pandemic will also increase the divergence between advanced economies and low-income economies. While wealthy states have deployed the equivalent of 20 per cent of GDP in fiscal support, low-income economies have been hard pressed to provide even 2 per cent of GDP. Post-pandemic global strategies will require a focus on debt reduction, coping with volatile capital flows and the provision of grants and concessional financing in areas such as digital infrastructure and climate resilience. But it will be increasingly difficult to win support from the domestic publics of advanced economies for such strategies aimed at addressing the needs of low-income economies, as the emphasis will be on domestic economic recovery.

According to the UN Food and Agriculture Organisation's director-general, countries will need to take greater responsibility, with

a ‘country-driven’ approach, in limiting COVID-19 damage to food security.⁶⁴ Whilst this statement was directed towards the food sector, we argue that it applies broadly to efforts in addressing the COVID-19 pandemic.

On one hand, *solidarity in developing a strong regional response is critical to mitigating the impacts of the COVID-19 pandemic*. This is given the globalised nature of the regional economy, that includes interlinked supply chains, with no country ever being fully self-sufficient. At the same time, however, this should not lull national governments into compliance or dependence on regional support, since each country is facing its own battle with the COVID-19 pandemic, such that there are limits to what countries can contribute to regional initiatives.

It is in this regard that we also stress the paramount importance of subsidiarity, *with national governments taking accountability in implementing the necessary measures to curb the both the spread of the COVID-19 pandemic, and for ensuring sufficient resources to support the treatment of individuals who contract the virus, especially those who are poorest*. Subsidiarity extends to the level of local governments as well, since COVID-19 is primarily an urban management problem that has been blown up to the national scale, since “where Covid-19 has struck, it has struck hard because of the density of people living in cities”.⁶⁵

Approach 3: Balancing Across Multi-Faceted Challenges

Thirdly, we call for *effective governance and prudent management of local government resources, while also considering the importance of concurrent disruptions, such as the impacts on supply-*

chains as well as the manner of addressing humanitarian emergencies.

This global health crisis calls attention to the need for clearer division of labour and well-defined responsibilities during pandemic responses. This is evident when we look at the experiences of some Southeast Asian states such as Singapore, Vietnam and Thailand which have had relatively more success in containing the virus as compared to many other countries. The governments from these countries were quick to implement strict containment measures, safe distancing and enforced the mandatory use of masks. They also carried out rigorous contact tracing and quarantine measures to prevent the spread of the virus within their borders. While there is no perfect system of governance, it cannot be denied that a swift and decisive response is needed in the event of any disease outbreak.

The building up of resilient health systems is essential not just for coping with the current coronavirus pandemic; it also acts as a bulwark against other types of diseases that people face daily. There is a need to invest in strong primary health care, with increased emphasis on health promotion and disease prevention. While curative care should not be neglected, preventive-centred initiatives and systems can help to increase the efficiency of health spending by targeting the root causes of disease outbreaks. The risk of a spread of the virus caused by the exclusion from social safety nets of the socially marginalised such as migrant workers, refugees and those living in relative poverty needs to be addressed.

It is important to note that spending on improving healthcare infrastructure alone will not be sufficient. Resources also need to be allocated to public initiatives, which can help to raise public awareness of

infectious disease outbreaks. This can include educating the public on good hygiene practices, the need for social distancing during an outbreak, as well as how to avoid succumbing to pandemic misinformation. Particularly with the rollout of the vaccine, the need to curb misinformation becomes even more pressing. Governments should provide citizens with accurate updates from trusted sources in a timely and transparent manner. This will go a long way in convincing the public of both the efficacy and safety of the vaccine.

As vaccination will be an uneven process, with wealthier countries paying for the available supply, the role of the WHO in providing vaccines to the poorest states is critical. This requires increased funding of the COVAX initiative,⁶⁶ to supply vaccines to low income and indebted economies, whose major beneficiaries would include states in sub-Saharan Africa. Although the advanced economies have taken the lion's share of the available vaccines, global security from the threat of new variants of the COVID virus will only occur when most of the global population has been vaccinated.

IV. Ways Forward

Finding The Right Balance: East Asian and Western Models, and the African Challenge

Interestingly, the list of countries that have had above-average case fatality rates, which point to the likelihood of death from COVID-19 infection, includes eight from the OECD: Mexico (9.0%), Hungary (3.3%), Greece (3.2%), Italy (3.2%), Australia (3.1%), the United Kingdom (2.95%), Germany (2.87%) and Belgium (2.77%). These contrast starkly from the case fatality rates that are much lower in Vietnam

(1.37%), Singapore (0.05%), South Korea (1.74%) and Japan (1.92%).⁶⁷

The difference lay in an emphasis on the public interest and shared responsibility in East and Southeast Asia versus a focus on individual rights and privileges in the West. The lower probability of death from COVID-19 across many of Asia's countries, highlights this discrepancy. Firm policies and strict implementation, including lockdowns when new clusters emerged, reduced the spread of the virus significantly, even though Australia and New Zealand shared the commitment of the West to civil and political rights of the individual.

This is partly because East and Southeast Asia learnt a crucial lesson from the 2003 SARS epidemic. They learnt that tough, disciplined responses were necessary, including lockdowns and with no exceptions provided, even to the politically influential. But this required respect for the authority of their governments. They have learnt that it was crucial to not let infections grow to an unwieldy monster that governments cannot control. It can also be emphasised how Asian countries have prevented COVID-19 from impacting a larger share of its population. COVID-19 has infected 9.1% of the US population and 6.7% of the United Kingdom's; in contrast, it only infected less than 0.01% of the China's population even if it was first spotted in China; it impacted less than 0.1% of the local population in Singapore,⁶⁸ and less than 1% of Japan's, South Korea's and the Philippines' populations.⁶⁹

The evidence above highlights the effects of divergent perspectives in East Asia and Europe/North America in handling the pandemic and suggests that adopting East Asian approaches to governance is the way to go. However, we argue that it would be

more useful to recognise that in the twenty first century, global institutions need to derive their norms, values and practices from global society, not just individual perspectives. Western preferences for individual rights will need to be balanced by an awareness of social responsibilities and community interests, a hallmark of East Asian societies. Regions such as Africa need not adopt Western or Asian models blindly but should be open to learning experiences from all regions and choose their own preferred path to development.

Continuing Economic Challenges: A Postscript

COVID-19 presents a continuing challenge today for most African states, not primarily from the ongoing health and economic impacts of the pandemic, but rather from its long-term impacts on the debt sustainability and budgets of governments.

A report in early 2021 noted that in Africa, the impacts of COVID-19 on the economy were not as dire as with the rest of the world by end-2020, with a 3.2% expected GDP contraction in Sub-Saharan Africa, as it was with the world as a whole (3.9% contraction) and even with respect to advanced economies (8% contraction). Although figures varied significantly across African countries, with much higher figures in Nigeria (5.4% contraction) and South Africa (8% contraction). In actuality, Sub-Saharan's contraction was smaller at 1.7%, and world GDP also contracted by 3.2%, based on an updated report.⁷⁰

Why the pandemic-induced GDP contraction was smaller for African countries, may partly be a result of the slower pace of economic diversification in Africa in general into modern higher-wage sectors with higher-contact points such as modern services and manufacturing.

Therefore, the key effects on Africa were *less a result* of the shutdown of such high-value sectors, and more a result of the decline in commodity prices experienced in 2020/2021. The region was more reliant for its revenues on natural resources-driven industries, amidst its rich endowments of such mineral resources such as oil, gold and other metals, and land for agriculture.⁷¹

It is in this regard that the further knock-on effects of the pandemic can be seen, owing to the pandemic's impacts on the budgets of governments in the region for long-term infrastructure development. The IMF has noted a broad trend of a significant increase in government fiscal deficits, amidst 1) increases in government expenditures to support the temporal requirements of individuals during the lockdowns, and 2) decreases or slower increases in government revenues alongside the contraction of the economies.

For instance, South Africa's budget deficit doubled from South African Rands (SAR) 264 billion in end-2019 to SAR 535 billion in end-2020.⁷² This owed to an increase in the government expenditures owing to COVID-19, from SAR 1.765 trillion in 2019 to 1.925 trillion in 2020, in the form of programmes including the Unemployment Insurance Fund (UIF), a new temporary COVID-19 grant for unemployed workers, food parcel distribution, assistance to small and medium enterprises (SMEs) under stress.⁷³ These coincided amidst a decline in general government revenues from SAR 1.5 trillion in 2019 to 1.389 trillion in 2020, owing to tax subsidies, tax reimbursements, tax credits, deferral of some tax liabilities of SMEs, full rebates on customs duties and import value-added taxes (VAT) exemption for a list of essential goods, and schemes to provide debt relief to borrowers.⁷⁴ While the tax and aid measures were critical to

preventing further spread of the pandemic, these nonetheless contributed to a doubling in government budget deficits as a share of national GDP, from 5-6% of its GDP in 2019, to close to 10% in 2020.

Such increases in fiscal deficit spending, has led to greater reliance on government debt, including external debt, to meet obligations. Continuing the example of South Africa, total government debt increased by from SAR 3.2 trillion in 2019 to SAR 3.8 trillion in 2020, with the increase in debt resulting in part from the higher fiscal deficit of SAR 535 billion in 2020. In turn, South Africa's external borrowings increased, leading to a growth in external debt relative to GDP, from 20% in 2019, to more than 23% in 2020 according to the IMF's database.⁷⁵

The growing debt burdens and external debt-to-GDP ratios apply across Sub-Saharan Africa, from an average of 16% in 2011-2019, to 26.4% in 2020. The recovery of SSA economies from COVID-19 has been steady but slow, with declining external debt-to-GDP ratios to 24.6% in 2021, and 23.6% in 2022. But the burdens are much heavier, and the recovery much slower, for

lower-income states where the external debt-to-GDP ratios increased to as much as 30% on average. Worse yet, debt is harder to come by in the case of states which are in fragile and conflict-afflicted situations, which despite greater need for aid, are worse credit risks, and thus, receive lower shares of external financing.

The way forward for Africa, unsurprisingly, goes back to economic and governance fundamentals. The IMF's recent World Economic Outlook for SSA has identified divergent growth trajectories in coming years between resource-dependent economies and diversified economies in the region, favouring the latter.⁷⁶ This again highlights some of the earlier lessons learned in "Making Africa Work", in addressing bureaucratic delays, opportunities for corruption, and human capital development deficits, which have presented barriers to economic diversification and development.⁷⁷ Therefore, even if the GDP contraction was less severe for African states, the long-term diversification of its economy into less resource-driven sectors, and towards the development of its human capital, will remain pressing concerns.

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