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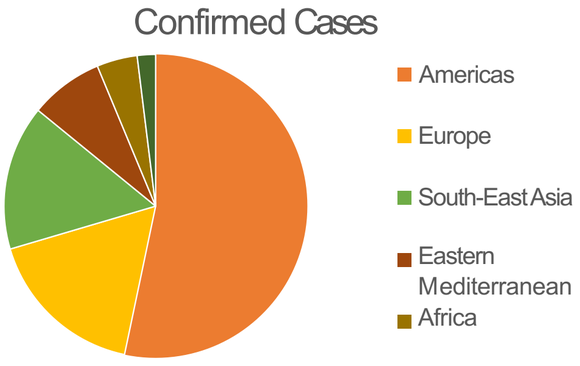
Approaching COVID-19 in East and Southeast Asia

Introduction

The first cases of COVID-19 were reported late December in Wuhan, China as “pneumonia-like cases”. Over the course of a few months the coronavirus disease has transformed into a pandemic, on scale with the 1918 H1N1 pandemic. The rapid spread caught many nations unprepared and lead to subsequent failures in controlling the disease. Repercussions have ranged from strains on healthcare systems to economic stagnation. Despite the global impact of the disease it’s been observed that many East and Southeast Asian countries have largely been sparred the detrimental effects experienced by the Americas and Europe. This research accumulated information on 11 countries across East (China, South Korea, Japan, Hong Kong, Taiwan) and Southeast Asia (Viet Nam, Singapore, Thailand, Cambodia, Philippines, Indonesia) regarding various aspects of the states’ responses including testing, contact tracing, treatment, quality of communication, etc. to analyze how these nations have succeeded in handling COVID-19.



Common Measures

Each nation implemented plans based on the needs of the country , however, many similar practices were utilized throughout the region.

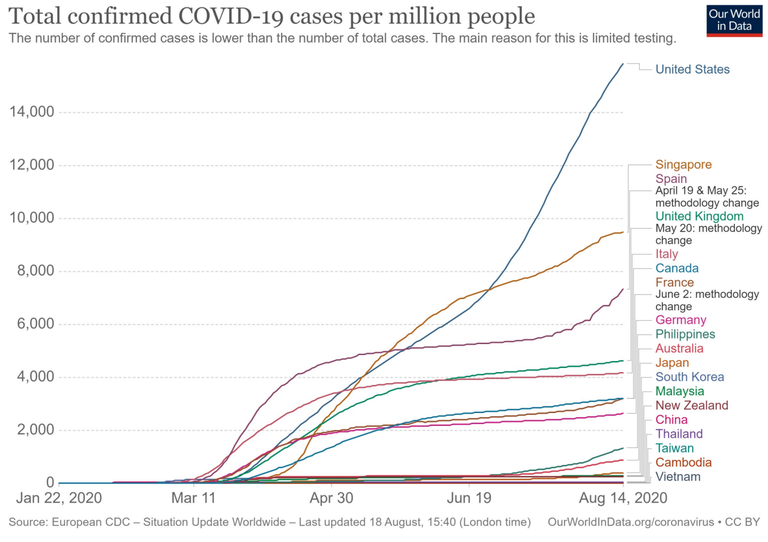
- Health screenings at points of entry (airports, ports, train stations, etc). Travelers were required to go through measures such as documenting recent travel history, documentation of recent negative test result, COVID-19 testing on the spot, etc.
- Governments used real time PCR (polymerase chain reaction) kits for testing. Many encouraging early development and production of kits, such as Viet Nam which had four approved kits by early February.
- Swift restrictions on international and domestic travel. Many countries banned visitors from Wuhan, China (later expanding travel ban lists as COVID-19 status changed) in mid to late January. Typically only citizens or permanent residents living abroad could enter the country if arriving from a place on the travel ban list.
- Use of advanced digital technology, such as apps, for contact tracing. The apps used GPS or Bluetooth technology to track the movement of infected individuals and alert people who may have had contact with said person.
- Strict quarantine protocols were implemented for high risk individuals (those with recent travel history), suspected cases or contacts of infected persons. Variations of home isolation, hospital quarantine, and government facility quarantine were used depending on the situation and national procedures.
- Enforcement of social distancing, mask wearing, and general hygiene measures through practices like public information campaigns and fines for violations.

Impact of SARS/MERS Experience

SARS (severe acute respiratory syndrome) spread throughout East and Southeast Asia between 2002 and 2004. The hardest hit nations included China, Hong Kong, Taiwan and Viet Nam. Fast forward to 2015 MERS (Middle East respiratory syndrome) broke out in South Korea. The nation ultimately hosted the most cases of MERS outside of the Middle East. During both crises states experienced similar issues and failures. Nations failed to act quickly, healthcare systems were ill-prepared, there was a lack of existing pandemic infrastructure, strained testing capacity, etc. The devastation of SARS and MERS left a lasting impact on both the governments and the people of the region which spurred massive change. Governments created more comprehensive outbreak emergency plans, improved and expanded the existing healthcare system, and other implemented various other changes to ensure that a situation like SARS or MERS did not happen again. The experience that Asian nations have with outbreaks and the subsequent changes made after SARS/MERS enabled nations to react more efficient and effectively with COVID-19. For example, drive through testing centers in South Korea were created to prevent nosocomial infection, an issue faced during the MERS outbreak as unconfirmed cases moved throughout the healthcare system.

Influence of Culture: East vs West

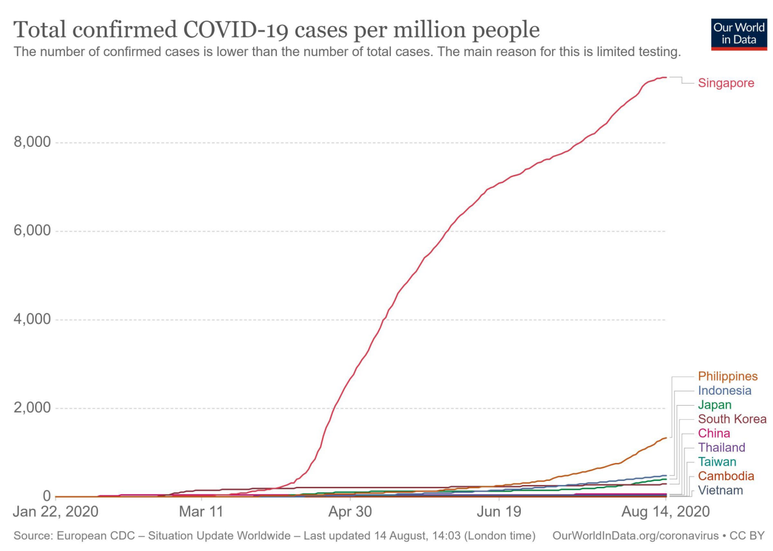
The cultural attitudes of societies was one of the key differences in how East and Southeast Asia handled COVID-19 versus the Americas and Europe. Eastern cultures value collectivism, a principle in which the good of the group outweighs individual desires. This collectivistic perspective created a sense of “collective responsibility”, the concept that every individual’s actions impacts society and as such each person bears responsibility for the state of it. Asian societies’ collectivism in combination with cultural predilection to conformity and deference to authority, stemming from Confucian teachings, encouraged greater public cooperation. Generally people in Asia adapted to social distancing, new hygiene practices, and other government measures quickly. In contrast Western cultures value individualism, which prioritizes the rights and goals of the individual. This principle belief meant it was more difficult for people in these cultures to adjust preventive measures as individuals were not used to putting societal needs before individual goals.



Hong Kong data was not available on Our World in Data, likely was included in the data for China
According to the National Hong Kong COVID-19 website they’ve been about 613.18 confirmed case per million

Singapore Conundrum

Though Singapore has a robust healthcare system and early proactive approach to COVID-19 it has the highest confirmed case rate million. The nation was one of the first to implement travel restrictions, social distancing measures, strict quarantine guidelines, etc. Initially the response was effective, however around late March cases began to spike. The increase in infection occurred due to the government’s lack in consideration of migrant workers. Though foreign workers constitute about 20% of the population, yet as of April make up about 85% of confirmed cases. Workers live in crowded dormitories, with 10 to 20 people a room, share common areas, lack healthcare, and suffer under financial strain due to the lag in the economy. These factors created prime conditions for transmission. After the massive outbreaks among migrant workers were noticed Singapore had to adapt their practices. To prevent further infection the state has restricted the movement of workers, spaced them out in available housing, provided free testing and treatment, as well as requiring employers to continue playing workers.



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Recommendations

- Grow Healthcare Capacity: Increasing both the availability and physical capacity of existing healthcare, to encourage the public to get testing and treatment without overtaxing the system or burdening the people.
- Addressing Marginalized Populations: Creating comprehensive plans that consider all communities, especially marginalized populations such as migrant workers, undocumented immigrants, etc.
- Effective Communication: Creating a clear and serious narrative for how the state is handling the pandemic to create trust and increase public cooperation. Also create multilingual resources to keep the public well-informed.
- Advanced Tracking: Integrating the use of technology, whether it’s CCTV surveillance or GPS, to encourage efficient contact tracing. Though these methods may face scrutiny regarding privacy rights.

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