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THE COVID-19 CRISIS: POLICY LESSONS FROM EAST ASIA

**COVID-19 Policy Research Task Force
Reischauer Center for East Asian Studies
Johns Hopkins University SAIS
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- **East Asia shows the importance of speed and decisiveness in containing a global pandemic.**
- **The faster and the more strategic the response, the less drastic the ultimate constraints on economic activity need to be.**
- **The supply-side of the medical equation (PPE, hospitals, and equipment) can profoundly shape healthcare outcomes.**
- **Active learning from past experience greatly improves future performance.**

INTRODUCTION

Asia, home to sixty percent of the world's population, was the first part of the global political economy to be hit by COVID-19, soon destined to become a global pandemic. From apparent origins in Wuhan, China, in November 2019, the coronavirus ravaged China for four months; according to the JHU Coronavirus Resource Center's data, it infected over 80,000 people and killed more than 3,300 in the country before the first wave of infection began to subside. Within three months of its initial outbreak, COVID-19 had also become a significant public health challenge to the People's Republic of China's neighbors, including Korea, Taiwan, Japan, Hong Kong, and Singapore, before moving on to inflict damage in the broader world.

Over the past several weeks, as the coronavirus pandemic has gone global, a research task force at the Reischauer Center for East Asian Studies has worked intensively to achieve two objectives: (1) understanding comparatively the East Asian public policies employed to cope with the pandemic, in an effort to identify

efficacy as well as best practice; and (2) assessing the emerging implications for global diplomacy and economic affairs of East Asia's distinctive approaches. In this ongoing effort, we have focused the following initial report on the first objective, identifying distinguishing East Asian policies of broader global relevance that may provide lessons for both America and the broader world.

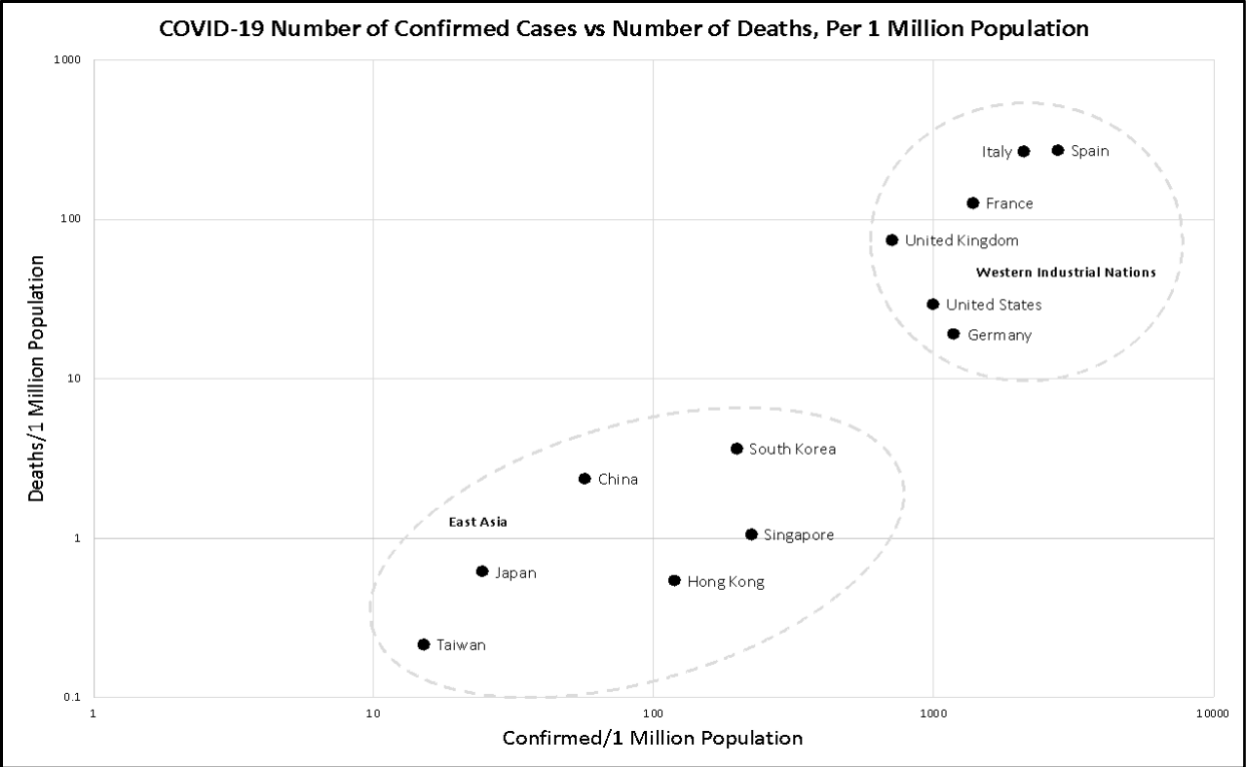
East Asia's Early Pandemic Response: Cross-Regional Perspectives

Both the origins of COVID-19 itself in Wuhan and China's initial response at the local level remain shrouded in ambiguity. The prevailing explanation is that the novel coronavirus emerged in a Wuhan wild animal market, probably through interspecies transfer from a bat, around early November 2019. For more than two months, the coronavirus festered and slowly bred in Wuhan, uninhibited by local authorities who suppressed word of the emerging pandemic and continued to allow social contact and movement, including large gatherings and the annual mass migration of Chinese people for the Lunar New Year. It was only after word of the coronavirus leaked more broadly into the outside world that the Chinese central government itself began to take decisive action.

Once COVID-19 in China had become a subject of international attention in late January 2020, the general profile of national response—by China, its neighbors, and the broader international community—is relatively well-known. Mainland China, together with South Korea, Singapore, Taiwan, and Hong Kong, responded decisively and quite strategically, drawing on memories and institutional structures forged in response to previous infectious disease crises (SARS in 2002, and MERS in 2015). Japan, confronting complex dilemmas relating to the impending Tokyo Olympics, responded more diffidently, yet remained insulated by underlying strengths in its medical supply and medical infrastructure. Other nations of East Asia, particularly large developing nations such as Indonesia and the Philippines with less developed medical infrastructure, are confronting more painful challenges.

This project will consider policy responses to COVID-19 in developing Asia, as well as deficiencies in the policy response of the more advanced economies, in future reports. However, due to the pressing importance for the broader world of best practice paradigms as the entire globe confronts the deepening global coronavirus challenge, this initial report will focus on the six societies of East Asia—

South Korea, Singapore, Taiwan, Hong Kong, Japan, and Mainland China—that confronted the COVID-19 outbreak first, and arguably the most successfully. Over the roughly ten weeks since this pandemic began emerging on a large scale around the world, these six East Asian cases have been among the most successful globally both in containing the spread of COVID-19 within their populations and also in minimizing mortality rates. The contrast to initial patterns in major Western industrial nations including the United States and most of Western Europe is pronounced, as suggested in the figure below.



Sources: COVID-19 Statistics Retrieved from the Johns Hopkins University Coronavirus Resource Center on April 5, 2020; Country Population Statistics Retrieved from the United Nations 2019 Revision of World Population Prospects

Highlights of the East Asian Policy Response

Any nation’s policy responses to challenges are naturally embedded in normative and institutional contexts. The appropriateness and malleability of those contexts are naturally themselves a subject for debate. To provide the most concise possible introduction to East Asian policy responses to COVID-19, however, this report puts those issues aside and focuses on identifying the

distinctive policy approaches at the micro-policy level that prevail in East Asian societies that themselves seem to have succeeded overall in blunting the coronavirus challenge. The objective is to identify a menu of best practices that may be of relevance globally, so they are arrayed in terms of response to specific functional challenges. Since no nation has a monopoly on best practice, this issue-specific approach has greater utility than country-specific comparison.

(1) Contingency Planning. Singapore, Hong Kong, and Taiwan all developed contingency planning practices, based on their SARS experience. Korea developed analogous processes and modified its Infectious Diseases Law to authorize decisive policy interventions and rationalize hospitalization policies, based on its 2015 MERS experience.

(2) Rapid Intervention. In all the successful East Asian cases, rapid response was a hallmark of public policy. In Taiwan, this involved efforts in late December through medical missions to ascertain the nature of the incipient epidemic in Wuhan, coupled with an early suspension of air flights.¹ In Korea, it meant rapid testing, and in Singapore, rapid contact tracing. Their prior respective experiences with pandemics (MERS and SARS) no doubt intensified their early sensitivity.

(3) Border Controls. The East Asian success cases all adopted early, strategically configured border controls in relation to visitors from China, perhaps reflecting their SARS experience. Taiwan was especially quick, screening passengers from Wuhan by late December, 2019.² Although East Asian countries were quick in blocking potential COVID-19 carriers, quarantining new arrivals, and rigorously testing visitors, they did not generally offend China through categorical bans. Although these societies dealt efficiently with China, they were less effective in coping with a second wave of outside infections from the West in March 2020.

(4) Testing. Korea, for example, had conducted nearly 500,000 tests by early April, at a per capita rate close to twice the US, despite the belated US acceleration in late March.³ Korea has over 600 testing centers, including 50 drive-through stations. Korea and the US reported their first COVID-19 patient on the same day. In early April, Korea recorded around 200 infected cases/million

population or roughly one-fifth of the US level. Seattle, New York, and other US cities adopted the drive-through practice, mirroring the Korean experience.⁴

(5) Contact Tracing. Singapore, for example, engages in digital monitoring, through a Bluetooth-activated “Trace Together” App that exchanges Bluetooth signals between phones in close proximity.⁵ Records of these encounters are stored locally on the user’s phone in encrypted form for 21 days—longer than the incubation period of the coronavirus. The user can thus provide contact information to health authorities when necessary to track the possible spread of the coronavirus. Over seventy percent of Singaporeans support the app’s concept. Singapore also employs over 140 contact tracers, who outline COVID-19 patient history, with follow-up by the police and security services.

(6) Quarantine. These have been common in East Asia and aggressively implemented. The most sophisticated have been digital quarantines, such as Korea’s digital self-quarantine, which requires downloading of a special app that alerts officials if the patient ventures out of isolation, with fines up to \$2,500.⁶ In China, Alibaba’s Health Code app, found on WeChat, separates the public into three groups (green, yellow, and red) to limit or restrict people from traveling depending on their health status.⁷ This approach thus serves digital contact tracing as well as quarantine functions.

(7) Identifying/Allocating Existing Supplies. Digitalization has again been an important tool here. To prevent panicky competition for face masks, the Taiwanese government introduced a national rationing system of two masks/week per citizen and then launched the “Face Mask Supply and Demand Information Platform” that showed where masks were most available. The platform was created through the collaboration between private engineers and the Taiwanese digital minister Audrey Tang and consists of over 100 apps showing information on nearby stores selling masks.⁸ Singapore and Japan both provided for periodic government supply of masks, although their allocation systems do not appear to have been as efficient as that of Taiwan.

(8) Medical Supply-side Policies. Fundamental to the healthcare approach of the East Asian nations considered here is the notion of surplus capacity, wherein a

nation has both adequate medical infrastructure and adequate supplies to cope with foreseeable emergencies. One core element of China's early response to the Wuhan epidemic was the rapid construction of two new hospitals in just over a week.¹⁰ China has become the world's preeminent base for medical supply production, producing around half of the world's N-95 masks and respirators, and other East Asian countries are also converting the COVID-19 challenge into an economic opportunity.¹¹ Japan and South Korea, for example, currently have the largest and second-largest number of hospital beds per thousand inhabitants in the world.⁹ Additionally, the major expansion of medical supplies production was another key element of the Japanese and Korean responses to the coronavirus crisis, as both countries deployed their strong electronics capabilities into expanded online medical diagnostics. Japan's government is pouring large funds into subsidies for expanded mask production and procurement of Avigan, Fuji Film's influenza treatment with potential palliative effects for COVID-19 as well.¹³

(9) Selective Transparency. Transparency has not by any means been a general pattern across East Asia, but some societies have made it a core element of their response to the coronavirus crisis in order to allay the concerns of citizens and aid them in collaborating creatively to reduce exposure to the coronavirus. In Singapore, for example, detailed, anonymized information on COVID-19 is shared publicly to prevent speculation, while misinformation is debunked and clarified on a government website. In Taiwan, the digital minister collaborated with software engineers to create a map of all locations in Taiwan visited by passengers of the coronavirus-stricken Diamond Princess cruise ship, while also posting alerts for residents to avoid these at-risk areas.¹²

(10) Public Cooperation and Shared Sacrifice. "Whole of society" approaches are common in virtually all of the successful cases. Taiwan, with its extensive buy-in from businesses, schools, and average citizens, is a clear case in point. The successful East Asian governments gain legitimacy by sharing at least symbolic sacrifices with the citizenry in times of crisis. In Singapore, for example, just after the coronavirus broke out, cabinet ministers took one-month salary cuts to show solidarity with those affected by COVID-19.

(11) Easing the Health/Economy Trade-off. Many successful governments in East Asia have used nationwide lockdowns less extensively than their Western counterparts, because they have not needed that blunt tool as much due to their rapid responses and the broader range of other policy tools in their arsenal. Indeed, Singapore, with one of the lowest rates in the world of both infection and morbidity, and despite proximity to three huge, infected developing nations (China, Indonesia, and India), has closed national borders but been slow to disrupt education and business activity. Taiwan has enacted very few delays or shutdowns, and Korea only did so for limited areas such as Daegu. East Asian countries have also worked to minimize health economy trade-offs, as noted above, by assuring adequate medical supplies and hospital capacity, so that supply-side shortages do not intensify health problems.

CONCLUSION

East Asia has, in general, met the coronavirus challenge more effectively than Europe, the United States, or almost any part of the developing world. Several East Asian nations—particularly China, South Korea, and Singapore—were early to emerge from the first wave of the coronavirus pandemic; are major manufacturers of medical equipment and supplies; have resources to support other sufferers; and have policy models worthy, in the eyes of many, of emulation. While the pandemic originated in China, the country now appears, as least tentatively, to have moved into a recovery stage. South Korea has done equally well, with a more liberal political economic system, and represents an attractive model for democratic countries elsewhere in the world.

Although the East Asian region faces real dangers of a second infection wave it may well gain enhanced global influence through the COVID-19 crisis as it proceeds. As many Western nations struggle to contain the spread of the coronavirus and face uncertain economic futures, East Asia's prospects for a greater international leadership role are ascendant. The extent of these structural changes in international relations will be a crucial emerging issue for world affairs, which the Reischauer Center for East Asian Studies will continue to follow attentively.

Endnotes

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