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Why some countries have fared far better in the battle against covid-19 than others—and what we can learn from them.

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HOW TO MANAGE A PANDEMIC

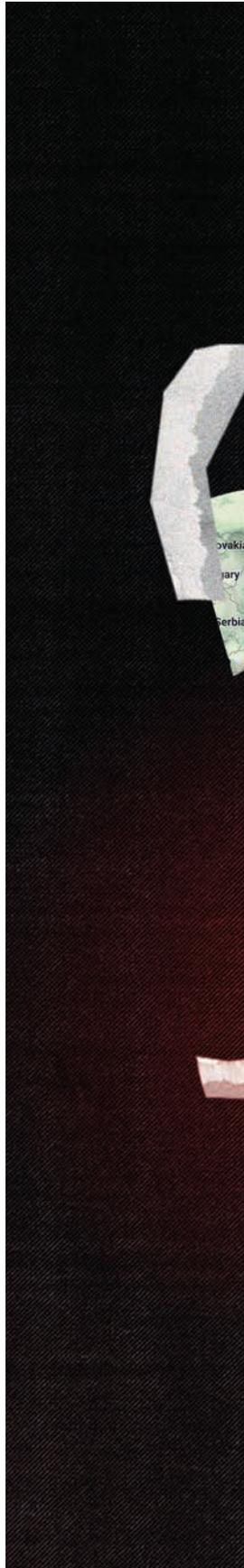
My first taste of coronavirus panic came early one morning in January. An email with the heading IMPORTANT INFORMATION PLEASE READ arrived from our son's elementary school, just minutes before we put him on the bus. The parents of one of his teachers, who had recently returned from China, had been infected—Singapore's cases 8 and 9, as it turned out—and the teacher in question was being quarantined.

Singapore was among the first countries to suffer an outbreak. In the months since, it has been at once reassuring and unnerving to watch its journey from an early hot spot to a kind of haven state, holding

out doggedly against an invader that has infiltrated so many others.

Early commentary in the West focused on the failings of China's autocratic system, which hid the severity of Wuhan's outbreak—at what we now know to be catastrophic cost. The more the epidemic has spread, the more it has become clear that Western liberal democracies have badly mishandled it too, ending up with severe outbreaks that could—perhaps—have been avoided.

Yet it makes little sense to view the coronavirus as some kind of perverse vitality test for liberal and authoritarian regimes. Instead we should learn from the countries that responded more effectively—namely, Asia's advanced technocratic democracies, the group once known as the “Asian Tigers.” In the West the virus exposed creaking public





services and political division. But Hong Kong, Japan, and South Korea have managed better, while Singapore and Taiwan have kept the disease almost entirely under control, at least for now.

Lessons learned

Partly this shows the benefits of experience. The Asian “technocracies,” as geopolitical thinker Parag Khanna dubs them, all suffered SARS outbreaks beginning in 2002, as well as more recent minor scares, such as H1N1 in 2009. These experiences, bruising at the time, helped government planners think through contingencies, developing outbreak management plans and stockpiling essential goods. Taiwan accumulated millions of surgical masks, coveralls, and N95 respirators for medical staff, and kept tens of millions more for the public.

There were new treatment centers too, including Singapore’s National Centre for Infectious Diseases (NCID), a 330-bed facility opened just last year, which stands a 10-minute drive from my office. A friend—Singapore’s case 113—ended up there for weeks in March, having caught the virus on a trip to Europe and begun to feel symptoms on his flight back home. He was first taken to the center for a test—“The scene was pretty post-apocalyptic, with everyone in plastic suits with big goggles and masks, in rooms filled with plastic partitions”—but was sent home to isolate and await results. He got a call back a few hours later. “They told me, ‘Your test is positive,’” he remembered, while still in isolation at the center

in late March. “The ambulance will arrive there in 20 minutes. Pack your stuff.”

It was also thanks in part to SARS that Asian countries understood the need for rapid action, as Leo Yee Sin, head of the NCID, noted back in early January. At that point, covid-19 was still being referred to as a “mystery pneumonia.” Around the region, passengers on flights from affected parts of China were given mandatory temperature checks. As the crisis deepened, those flights were canceled, and then borders were closed entirely. Not every country followed quite the same model of response: Hong Kong and Japan shut their schools early, while Singapore kept its open. But all acted quickly, in coordinated responses led by experts.

Technology mattered too. China deployed extensive and invasive surveillance to bring the virus’s spread under control, pushing tech giants to track and monitor hundreds of millions of citizens. New apps proliferated, notably the Alipay Health Code, which assigned users a rating of green, yellow, or red, based on their personal health records with the company. The app, which shared information with Chinese police and other authorities, in effect decided who was quarantined at home and who was not.

Asia’s democracies often took more basic routes, monitoring and managing the outbreak with tools no more advanced than phones, maps, and databases. Singapore in particular rolled out an admired contact tracing system, in which centralized teams of civil servants tracked down

and contacted those who might have been affected. Their calls could be shocking. One minute you were oblivious at work; the next minute the Ministry of Health was on the phone, politely informing you that a few days before you had been in a taxi with a driver who subsequently fell ill, or sitting next to an infected diner at a restaurant. Anyone getting such a call was sternly instructed to sprint home and self-isolate.

What made this possible was that anyone infected could be grilled for hours. “They sat me down and interrogated me about my travel: every day, minute by minute,” my friend told me. “Where did I go? Which taxi did I take? Who was I with? For how long?” The process of tracking and tracing was laborious but produced impressive results. Nearly half of the roughly 250 people infected in Singapore by mid-March first learned that they were at risk when someone from the government called and told them.

Just as efficient was South Korea’s testing regime, which in January forced local medical companies to work together to develop new kits and then rolled them out aggressively, allowing planners to keep track of the pandemic’s spread. South Korea had tested about 300,000 people by late March, roughly as many as the United States had managed by then, but in a country with a population one-sixth as large.

Clear communication

Transparency was another factor, though perhaps a less expected one in Asia’s more autocratic societies. True, media coverage early on was

more muted and respectful in countries like Japan and Singapore than in places like the UK, where aggressive reporting highlighted all manner of details that public authorities might have preferred to play down, such as contingency plans to open up a morgue in London’s Hyde Park.

Nonetheless, open communication from governments has been a consistent pattern in Asia’s more successful responses. Singapore put prominent front-page advertisements in the media, including early campaigns to try to stop citizens with no symptoms from buying up surgical masks and causing shortages for those who needed them. Taiwan and South Korea provided reliable and open data to citizens, along with regular social-media briefings.

As the pandemic worsened, I took a trip to the United States, sure to be the last for quite some time—departing through the forests of temperature checks and body heat scanners that by then lined the corridors of Changi Airport.

For the week I was away, I got calmly factual updates pinged to my phone roughly three times a day from the Singaporean government via WhatsApp, giving details about new infections and what the authorities were doing in response.

This focus on open information was another lesson taken from earlier crises. During the SARS crisis, as well as the 2015 outbreak of Middle East respiratory syndrome (MERS), administrations in countries like South Korea were criticized for hiding information

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and damaging public trust. This time they appear to have concluded that frequent updates from politicians and health experts were a more effective technique against viral misinformation.

This is not to pretend that everything has been perfect. Japan messed up its response to the arrival of the *Diamond Princess* cruise ship in Yokohama, and—like the US—has faced persistent questions since about its own lack of testing equipment.

Hong Kong's government was widely criticized too, in the aftermath of recent street protests that badly eroded public confidence. Hong Kong's citizens, however, have shown extraordinary willingness to self-isolate—which may in part be because they distrust the state's ability to solve the crisis,

not because they meekly follow government orders.

Indeed, the examples of Hong Kong and Taiwan, itself a rambunctious democracy, give the lie to the notion that Asian nations have succeeded in this crisis because their citizens are more likely to do as they are told than free-spirited Italians or North Americans.

This idea has uncomfortable echoes of an older, racist debate about so-called “Confucian” cultures, which thinkers like the US political scientist Samuel Huntington described as hierarchical, orderly, and tending to value harmony over competition. As with talk of “Chinese flu” or sudden outbreaks of Sinophobia on American street corners, this line of thinking tells us little about why some countries performed well and others did not.

Preparation is key

Only last October, the Economist Intelligence Unit produced a lengthy report ranking nations by global epidemic preparedness. The US came top, followed by Britain and the Netherlands; Japan and Singapore were 21st and 24th, respectively. However this league table was compiled, it seems to have proved entirely wrong.

Asia has provided many examples of policies that worked—from China's speedy hospital construction to South Korea's aggressive testing to Singapore's contact tracing and open public communication—while in the West, governments that seemed well situated to deliver a swift response have been found wanting.

The thread uniting the countries that did well was that, whether democratic or not, they were strong, technocratically capable states, largely unhampered by partisan divisions. Public health drove politics, rather than the other way around.

The truth of this is likely to be cruelly revealed as the virus spreads elsewhere around Asia, and in particular to places like India and sub-Saharan Africa, where state capacity is notoriously weak.

Many such countries have tried to lock down their populations, as the advanced economies did before them. But even if they can slow the virus's spread, they do not have the benefit of strong health systems, let alone the kind of testing and contact tracing regimes that kept much of Asia safe.

This Asian advantage in competence might not endure

into forthcoming phases of the covid-19 crisis, as focus shifts to managing a dramatic economic recession—an area where many Western administrations have recent experience in the wake of the 2008 crash. Governments like those of Britain and the US have already unveiled sizable stimulus packages. But it is undeniable that as they struggled to recover from that financial crisis, Western liberal economies neglected the kind of state capacity in areas like public health and pandemic preparedness that Asian states have quietly been building up. Coronavirus was a test, and the world's supposedly most advanced nations have all too visibly failed.

All this is damaging to the global reputation of the United States in particular. It was only in 2014 that Barack Obama's administration managed to lead a global response to an Ebola outbreak in western Africa. Now, six years later, Donald Trump has barely been able to organize a response in his own country.

China is already using this fact to suggest the superiority of its autocratic model of government.

That would be a bad lesson to draw. What matters instead is a new divide between two kinds of countries: those with states that can plan for the long term, act decisively, and invest for the future, and those that cannot. ■

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