

**The Corona Crisis and the International System: A Comparative Overview**

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**A comparative analysis enables us to examine different approaches to the challenges posed by the corona pandemic around the world. Most countries have adopted a similar coping strategy, based on three components: the first is a lockdown policy (to varying degrees), in an attempt to slow the spread of the virus and avoid overloading the health system; the second is the improvement of preparedness and readiness in health systems; and the third is a broad economic aid package in response to the sudden economic shutdown and the deep financial crisis. The gap between most East Asian countries, with the success of rapid containment steps, and Western countries, where the pandemic has not yet been contained, derives from previous levels of preparedness; the implementation of a set of methods and tools to distinguish between carriers, suspected cases of infection, and the healthy; cultural and governmental differences, the degree of civil obedience to instructions; and centralized crisis management capabilities. While globalization may be blamed for the rapid spread of the virus and the severity of the medical and economic emergency, that same global order can also facilitate cooperation vital for managing the crisis and for eventual recovery.**

By the end of March 2020, the coronavirus had spread to nearly every country in the world and caused tens of thousands of deaths. A comparative analysis of regions and countries enables us to explore the similarities and differences in the approaches adopted to the challenges of the pandemic, and derive understandings and lessons therefrom.

In China, where the virus first appeared, contagion appears to be on the decline, although future outbreaks cannot be ruled out. Following the very severe measures taken at the end of January by the central government in order to stop the spread of the virus at a relatively early stage, China is showing signs of gradual recovery and has even been able to offer help to other countries.

Most of China's neighbors – Japan, South Korea, Taiwan, Hong Kong, and Singapore – likewise responded with strong measures to the outbreak during the early stages, based on the lessons learned from the SARS epidemic in 2002. The adopted preventive measures

included temperature monitoring, rules of hygiene, and social distancing. Unlike China, apart from closing borders and mandatory quarantine, these countries did not impose broad lockdowns. Large gatherings were forbidden and schools were closed, but businesses have continued to operate almost normally; emphasis is placed on widespread testing for the purpose of geolocation and strict isolation of those infected. Two areas in Japan have even announced that they are preparing for a possible opening of schools in the spring. On the other hand, the governor of Tokyo ordered residents to avoid leaving their homes. While at this stage these countries seem to have contained the pandemic, in India, where the known morbidity rates are still low, a general three-week lockdown has been imposed.

Contrary to the generally positive trend in East Asia, in Europe morbidity and mortality are rising, with varying rates of infection and coping strategies. Most countries were late in responding to the outbreak and took gradual steps, culminating in almost complete lockdowns. In Italy and Spain, the health systems are unable to deal with the numbers of patients, and the pandemic appears to be out of control. In France, Britain, Switzerland, Belgium, Holland, and other countries the situation has become increasingly worse; so too in Germany – despite a low mortality rate to date, in comparison to the extent of morbidity. The larger European Union countries displayed little coordination with the EU's central organizations and between themselves. Britain (and in the early stages, Germany) initially chose a coping strategy that was based on the herd immunity approach, that is, a moderate curb on the spread in the general population, with the focus on the protection of at-risk groups through quarantine. However, it became clear that the health system could collapse, with hundreds or even thousands of deaths, in the time it would take to achieve herd immunity, which requires approximately 70 percent of the population to develop antibodies. Therefore, in mid-March Prime Minister Boris Johnson (who has since contracted the virus) announced the abandonment of this policy, and at the end of March the British Parliament shut down for at least a month. In Hungary, Prime Minister Viktor Orban assumed additional powers, which were presented as a tool for blocking the spread of the virus, while as of the end of March, Sweden was still avoiding the imposition of extensive restrictions on the population, and the Danish Minister of Health canceled a call for citizens to report people showing symptoms of the coronavirus due to the invasion of privacy.

The United States is characterized by a noticeable lack of coherence in the administration's corona strategy. At first, President Donald Trump hesitated to take steps that would stop the spread of the virus at the expense of slowing economic growth. This reluctance changed when the high rates of morbidity began to emerge in a number of areas, and by late March the administration adopted drastic measures to limit the spread of the virus, in spite of the heavy economic price. Not much later, however, the President declared that he would like to see people returning to work and a renewal of US economic activity by the end of April.

Meanwhile, Congress approved a “historic” financial package of two trillion dollars for economic recovery. However, continued medical and economic repercussions of the crisis could make it very hard for the President to present a list of achievements in his campaign for reelection in November.

In comparison to the West, Russia has instituted a relative blackout on corona news, and the number of verified cases reported is far lower than in other countries. This is in spite of the fact that the authorities claim they have carried out hundreds of thousands of tests. Apparently they have chosen a policy of concealment, and it is also possible that the testing is not reliable. In coping with the virus outbreak, Russia has so far adopted partial measures: the land border with China was closed at the end of January, but a slower approach in comparison to other countries has thus far been adopted in demanding quarantine for returning travelers and social distancing measures. Public transportation continues, schools closed late (in many regions they are still open), and only at the end of March were employees placed on vacation at the employers’ expense. It appears that during the critical days to contain the spread of the virus, President Vladimir Putin and the government were focused on planning a popular vote on constitutional reform to allow him to remain in office for two further terms, but in late March the initiative was canceled by Putin himself in a speech to the nation. At the same time, the Russian federal media is stressing the crisis in Europe and the United States while presenting Russia as an island of stability. This kind of propaganda will present the regime with difficulties should it need to rely on public cooperation to contain the outbreak.

In Africa, although most countries are still in the early stages of the outbreak, there appears to be a gradual rise in infections, with South Africa taking the lead. This, despite the early measures adopted by the South African government – a mere ten days after the first infection was diagnosed – by announcing special disaster regulations, allowing the police to use harsh methods to enforce restrictions on the population.

The comparative analysis of regions and countries – even if selective – points to a general coping strategy based on three main elements. The first is a lockdown policy (to varying degrees), in an attempt to slow down the rate of contagion and prevent an overload of the health system. This policy includes full or partial closure of borders, a variety of social distancing measures, and in particular, restrictions on educational frameworks, movement, and social gatherings; quarantine for people returning from overseas and suspected of contact with infected people; and various steps for monitoring and enforcement. The second component is the improvement of preparedness and readiness of health systems, including the injection of large budgets into the system, the addition of medical personnel, establishment of special departments and infrastructure to deal with the sick; extensive testing; broad epidemiology research; and massive processes of equipping, procurement,

and R&D. The third component is the formulation of large economic aid packages by governments with the assistance of the central banks, as a response to the sudden economic shutdown and the global financial crisis. As part of this effort, many countries are trying to restore financial stability by injecting liquidity and preparing to buy bonds and adopting financial instruments that helped the markets emerge from the 2008 crisis. All this is aimed at minimizing the heavy economic damage to the business sector, the working public, and weaker segments of society.

Notably, this trifold strategy is pursued under conditions of severe uncertainty. The nature of the contagion and the methods of monitoring and measurement create a gap of about two weeks between data collection and actual morbidity. This also applies to steps taken to curb the spread, with efficacy expected to become clear only about two weeks after implementation.

In addition, the comparative assessment raises two main conclusions: first, there are signs of a gap between the success of the fast containment measures taken by most countries in East Asia, and the Western countries where the epidemic has not yet been stopped. The gap in the ability to cope could derive from a number of causes, including: levels of preparedness and readiness in East Asia based on lessons learned from previous epidemics; the implementation of a set of methods and tools for distinguishing between carriers, suspected cases, and healthy people; cultural and regime differences – particularly the degree of public obedience to instructions from the authorities; and centralized crisis management capabilities of the authorities, without fear of the type of public pressure typical of Western democracies. In addition, although globalization has contributed to the speed of the coronavirus spread and the severity of the medical and economic emergency, the same world order – built on connectivity, data availability, and knowledge sharing between countries, organizations, and individuals – facilitates cooperation in processes of learning and managing the crisis and as well as the subsequent recovery.

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