

Joining Hands in Coronavirus Combat

Having caused the most extensive infections, the novel coronavirus is the fastest spreading virus that is most difficult to contain in the history of the People's Republic China. At present, the epidemic is spreading rapidly in other parts of the world.



Since February 25, the daily number of newly confirmed cases outside China has exceeded that within China. Among them, the spread of the epidemic is particularly rapid in Japan, South Korea, Italy, and Iran. It is imperative to strengthen the capacity building for international cooperation in the fight against the epidemic. To this end, we put forward the following suggestions:

First, China, Japan, and South Korea should strengthen cooperation in response to the COVID-19

epidemic, and together serve as the mainstay of health governance in Northeast Asia and even in Asia. In 2018, trilateral trade among China, Japan, and South Korea reached US\$720 billion, and investment approached US\$12 billion. The people enjoy ever closer ties, with over 30 million visits exchanged in 2018. The three countries have a combined population of 1.6 billion, accounting for 70% of East Asia's total; and their economies, with an aggregate GDP of nearly US\$21 trillion, take up nearly 90% of the East Asian economy. It is thus

incumbent upon the three countries to shoulder the important task of facilitating shared progress and prosperity of the region. Trade volume among the three countries increased from US\$130 billion in 1999 to more than US\$720 billion in 2018. The continued spread of the COVID-19 epidemic will undoubtedly reduce Japan's economic growth rate by 0.2% to 0.45% in 2020.

There are several established trilateral cooperation mechanisms in the field of regional public health and disaster prevention and control, and the three countries have accumulated experience by jointly fighting against the epidemics of avian influenza and Middle East Respiratory Syndrome (MERS). The three countries can make full use of the existing mechanisms, and share information on pathology, clinical diagnosis and treatment, as well as experience in large-scale treatment and joint prevention and control via international teleconferences. Japan is at the forefront of medical equipment and pharmaceutical R&D, while China has advanced technologies in facial recognition and remote temperature monitoring. Japan will hold the Olympic Games this summer, and China will host the third China International Import Expo in November as well as the Beijing 2022 Winter Olympic Games and the Winter Paralympic Games. These events will attract heavy flows of people, increasing the risk of large-scale spread of known or unknown diseases. Researchers in the three countries should carry out joint clinical trials for specific drugs and vaccines, so as to provide the technical support for epidemic prevention in these large public events. At the same time, the cooperation will strengthen the trilateral ties and write a new chapter in the trilateral friendship.

Second, developed countries should increase health assistance to developing countries, especially the least developed countries with weak public health capacity, and help them build infrastructure systems to improve their response

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capacity to various diseases. Poor economies have prevented most developing countries from making large investments in health-care infrastructure and education, making them unable to cope with epidemics. The doctor-population ratio in Liberia is 1 doctor per 70,000 people; in contrast, the ratio in the UK is 1 doctor per 360 people. Jim Yong Kim, then president of the World Bank Group, once wrote “Without investments in safe schools, roads, electricity and telecommunications, countries won’t be able to provide effective basic health services or contain the next outbreak.”

From flu shots to face masks, many are taking extra measures to protect themselves from infection. But there is also a simple and effective way to help prevent the spread of infectious diseases—hand washing. Washing your hands with soap and water is an effective and inexpensive method to help prevent transmission of diseases such as diarrhea and respiratory infections. UNICEF estimates that children can reduce their risk of getting diarrhea by more than 40% by hand washing with soap and water. As a standard hygiene measure to prevent infections including the new coronavirus, the WHO advises the general public to practice hand washing with soap and water, and published a guideline on proper hand-washing techniques. Hand washing is now recognized as a top hygiene priority and is monitored as part of Sustainable Development Goal 6.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has estimated the population with basic hand-washing facilities— defined as households that have hand-washing areas with soap and water. Some people might take these for granted, but there are still many who don’t have basic handwashing facilities at home, especially in



low-income and lower middle-income countries. In 42 countries (54% of the countries with data), less than half of the population have basic hand-washing facilities with soap and water in their homes. The countries with little access are concentrated in Sub-Saharan Africa. For example, Liberia, Lesotho, the Democratic Republic of Congo, and Rwanda have especially low level of access (less than 5%). In other countries like Haiti, Vanuatu, Bolivia, and Timor-Leste, less than 30% of people have basic hand-washing facilities where they live.

Third, international multilateral development banks are encouraged to increase their contributions to the international health system. WHO Director-General Dr. Tedros pointed out that “In the last few years, 80% of outbreaks requiring an international response have occurred in countries affected by fragility, conflict and insecurity.” “The outbreaks of Ebola and COVID-19 underscore once again the vital importance for all countries to invest in preparedness and not panic.” However, “the world spends billions of dollars preparing for a terrorist attack, but relatively little preparing for the attack of a virus, which could be far more deadly and far more damaging economically, politically and socially.”

In recent years, China, together with other countries, has launched several global and regional multilateral development banks such as the Asian

Infrastructure Investment Bank (AIIB) and the New Development Bank. After the COVID-19 outbreak, these institutions have offered timely assistance to China in various forms. Nonetheless, this emergency assistance should be carefully planned as long-term investment in global health governance. In recent years, the annual donation commitments in the health sector of the major international multilateral development banks (World Bank, Asian Development Bank, etc.) have accounted for 1/3 of the total commitments. The investment of the regional multilateral development banks in global and regional health is still insufficient, and financial support for health infrastructure should be increased according to the severity of epidemics. In addition, the New Development Bank can also learn from the World Bank, and build a “knowledge bank” that provides intellectual services, including

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health knowledge services and consultation.

Fourth, in order to further curb the cross-border spread of epidemics, in addition to taking proactive prevention and treatment measures, all countries should work together to reach a consensus and establish a joint mechanism for dealing with major public health emergencies. Epidemics have never respected borders. History has shown that the large-scale cross-border spread of an epidemic sometimes requires nothing more than a plane ticket. However, epidemic containment measures will not only limit the flows of people, goods, and capital, but also incur great economic losses. Foreign researchers have used statistics on air traffic between places of China (excluding Hubei given the mass quarantines already in place) and those in Africa to assess the risk of imported infections for each African country. Nigeria and Ethiopia are low-risk countries, but if factors such as population and political and social conditions are considered, become vulnerable. Morocco, Sudan, Angola, Tanzania, Ghana, and Kenya are at moderate risk of being the victims of imported infections. China has taken the initiative to send personnel to the most populous overseas transportation nodes for local Chinese expats to carry out epidemic prevention. The Addis Ababa Bole International Airport of Ethiopia is one of the main portals for Chinese to enter and leave Africa. Experts from the Chinese Center for Disease Control and Prevention are working closely with their counterparts from the WHO, the Africa Centres for Disease Control and Prevention, and the Ethiopian Public Health Institute, to monitor the health status of passengers at the Addis Ababa Bole International Airport.

China and Africa had been cooperating in epidemic prevention even before relevant official mechanisms were established. Chinese State Councilor and Foreign Minister Wang Yi attended

the Fifth Lancang-Mekong Cooperation (LMC) Foreign Ministers' Meeting in Vientiane, Laos on February 20, 2020. Wang pointed out that "A long-term view should be taken and efforts should be made to explore the establishment of a joint mechanism for dealing with major public health emergencies in order to improve the health and medical level of the people in the region." To establish a joint mechanism for dealing with major public health emergencies, China and its partners should consider the urgency of the situation and build a basic framework before working on the details, which may buy us more time in the battle against the epidemic.

Fifth, China's experience and lessons in fighting against the epidemic could help other countries. Only with the joint efforts of all countries can we prevail over the epidemic. By the end of 2018, the total number of Chinese population in the mainland reached 1,395.38 million. Of this total, urban permanent residents numbered 831.37 million, accounting for 59.58% of the total population (the urbanization rate of permanent residents). The urbanization rate of population with household registration was 43.37%. The number of population who live in places other than their household registration areas reached 286 million, of which 241 million were floating population.

Although countries vary in their national conditions and capabilities, and each epidemic outbreak has its own characteristics, mankind has been learning to prevent and control epidemics, thus there is no silver bullet to address all epidemics, and measures should be customized according to the specific situation. However, timely transmission route interruption, early detection, and effective treatment are essential in any prevention and control measures. China, as the main battlefield in the fight against the COVID-19 epidemic, has made the greatest efforts, taken the strictest measures, and gained the most firsthand experience. At present, China's prevention and control of the epidemic has achieved the most remarkable results. China stands ready to share its experience with the international community, and to enhance cooperation with other countries and international organizations, including the UN and the WHO. We believe that joint efforts at the international level is the key to winning the war against the COVID-19 outbreak at an early date.

Source: Shanghai Institutes for International Studies (<http://www.siiis.org.cn/>).