

Regional Perspectives: Post-COVID-19

COVID-19 - no alternative but to deepen international cooperation

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The methodology necessary in responding to the COVID-19 crisis demands a level of international cooperation more comprehensive than we have achieved before. A 'my-nation-first' strategy ought to be viewed as seriously redundant.

In terms of health cooperation, COVID-19 is a powerful reminder of the burden of infectious disease in the world - with the ecological interactions of people with animals in China - and live animal trade between China and its neighboring countries, the most obvious targets for collaborative action. Development and distribution of vaccines is another desirable area.

Within the East Asian region there have been examples of cooperation. It was a positive development that, amidst the crisis, foreign ministers of China and ASEAN met in Vientiane, Laos, in February 2020, to map out specifics of cooperation. Foreign ministers of China, Japan, and South Korea also jointly made similar pledges a month later. Sub-national actors like sister cities, investors and ethnic diasporas made up the backbone of empathy and support among the peoples of these nations.

In East Asia, it was in the wake of the SARS outbreak (2002) that 'health security' entered the routine agenda of diplomacy between the Association of Southeast Asian Nations (ASEAN) and China, Japan, South Korea (10+3). Substantial progress has been made in controlling morbidity and mortality of both humans and animals that result from infectious disease. Networks of consultation and cooperation have nestled well with such programs as the World Health Organization's (WHO) Global Influenza Surveillance and Response System (since 1952), and the Global Outbreak Alert and Response Network (since 2000).

COVID-19 ought to help open the door wider to expertise-driven cooperation - aimed at strengthening infectious health surveillance, analysis and reporting.

There are difficulties, however, in achieving deeper international cooperation - even though the practical necessity is obvious. For, instance, it has proven vital for the world's scientific and medicine-making communities to have fast and full access to autopsy-specific data regarding cause and effect inside the body, including physical samples. Also, some countries may be more prone to outbreaks of viruses that are proven or suspected of migrating from animals to humans. We need detailed information on this. It is also critical to have fairer play when it comes to access to medicinal and other treatments developed on the basis of identified samples.

Despite these obvious requirements, jurisdiction-based legal and competitive commercial considerations - as well as national pride in seeking breakthroughs in medical technology - continue to complicate the implementation of pledges of responsible cooperation.

The issue of viral sovereignty arose in 2007 in Indonesia, when the Indonesian Minister of Health refused to share samples with the WHO after the outbreak of a strain of Avian influenza. Trade-off between virus data sharing and access to medicine and vaccines (developed to contain that very virus) helped obtain a reversal of this policy in 2008. Concerns about viral sovereignty, however, have not been limited to developing countries. For example, the United States confirmed the patentability of genes through case law in the 1980s. Also, China passed legislation in 2019 to strengthen governmental oversight of international sample sharing. During the current crisis, the pattern of behaviour of the United States under the Trump administration, and the way key member governments of the European Union have been securing medical equipment, convey a dangerous 'winner takes all' crisis management philosophy.

Practical, medical imperatives for global cooperation, as convincing as they are, continue therefore to be confronted by the geo-strategic environment that exists across the Asia Pacific today. Real diplomatic advances in public health cooperation are still not on the horizon. Frictions and rivalry between the United States and China - the two actors capable of leading the rest - show few signs of abatement. The unfortunate fact that the United States is topping the rest of the world in cases of registered infections and deaths, understandably, casts a powerful hurt on the sense of pride on the part of the leaders and elites of that great nation. Such emotional factors need to be taken seriously in assessing the possibility of enhanced symmetric cooperation.

Amidst these reasons for anxiety, an optimistic observation is that the Asia Pacific does still have one network after another made up of science and health interests that do not always require political/diplomatic approval by the sovereign states. Preserving the professional integrity of these cross-national networks, in an ironic way, may well be a surer path to a less worrisome future. To what degree such cooperation could affect change in geostrategic considerations remains to be seen.

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