

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, was first detected in late 2019 in Wuhan, China, and has since posed a severe threat to global public health. It spread quickly between people and continents and has continued into 2023, with the emergence of new variants posing a significant challenge to containment efforts. The virus's origins and characteristics were initially unknown, causing concern and a feeling of unpreparedness among scientists, governments, and non-governmental organisations (NGOs) worldwide as they struggled to grasp the enormity of the situation and find ways to lessen its effects (Hu *et al.*, 2021; United Nations, 2020).

As it turned out, the pandemic's effects have been far-reaching, with governments in Asia being particularly impacted by a lack of information and resources required to address its numerous challenges. It resulted in the loss of approximately seven million lives globally and had a significant impact on the economic, social, and political spheres altering the fabric of daily life in countless ways. To combat the pandemic's destabilising effects, governments and institutions have had to quickly mobilise and adapt to a constantly shifting, often overwhelming, situation (OECD, 2020; Rodrigues and Plotkin, 2020). Through cooperative efforts between the public and private sectors, the state can be freed of some of the burdens of crisis relief (Park and Chung, 2021).

According to the World Health Organization, a pandemic occurs when a newly discovered disease spreads rapidly across the globe. The United States Centers for Disease Control and Prevention define a pandemic as a worldwide epidemic caused by the rapid spread of a newly emerging infectious virus. Interestingly, pandemics hit approximately every hundred years. The plague outbreak took place in 1720, a cholera epidemic in 1817, and the Spanish flu in 1918, followed by the coronavirus in 2019 (Kertscher, 2020).

The advent of the COVID-19 pandemic necessitated a rapid and comprehensive response from the scientific community and governments, as they sought to contain the rapidly evolving virus through the development and dissemination of effective vaccines. In parallel, governments endeavoured to craft evidence-based public health policies to manage the pandemic, responding to emergency situations with restrictions and lockdowns while mitigating the negative societal and economic impacts of such measures (OECD, 2021).

Although preventive measures such as vaccination and isolation of affected individuals were immediately prioritised, the pandemic highlighted the importance of strategic planning and coordination between governments and the private sector in responding to the crisis (Buse, 2004). However, new infections and restrictions continued to impose a substantial strain on the economies of several countries, despite ongoing efforts to curb the spread of the virus and alleviate its impact.

The pandemic cannot be effectively managed without continuous scientific research, an evidence-based approach to policymaking, and the coordination and cooperation of multiple stakeholders, including governments, businesses, and civil society. These measures are



critical to mitigating the pandemic's impact and restoring stability to societies profoundly affected by the crisis. There is much to learn from past pandemics and how those were managed.

State capacity and the pandemic

Pandemic management is a multifaceted challenge that necessitates a comprehensive and coordinated response from states. The capacity of states to respond to pandemics is determined by various factors, including the availability of resources, the level of development, scientific and technological advancements, and the quality of governance that allows for the effective implementation of policies with equitable outcomes. It is crucial that all countries, including the Asian ones, develop policies and strategies that can offer immediate guidance for mitigating the problem while also drafting long-term policies that ensure preparedness in the event of new pandemics or the continuing mutation of the COVID-19 virus. In many Asian countries, the pandemic has shed light on preexisting healthcare problems, including societal and economic inequalities. Their capacity to manage pandemics has been relatively weak (OECD/WHO, 2022).

Pandemic management requires a nuanced understanding of the interplay of various social, economic, and political factors that influence a state's capacity to respond to a crisis. Inadequate funding, under-resourced healthcare systems, and weak governance structures can all hinder its ability to respond adequately. On the other hand, states with advanced scientific and technological capabilities and robust institutional frameworks are better able to respond through swift mobilisation and sound policymaking.

An adequate and coordinated response to the current COVID-19 pandemic requires states to put research-based policymaking at the top of their agendas. Such policies ought to be adaptable to new conditions and emerging threats based on ongoing research and scientific discovery. States can respond to crises and lessen their impact on society by investing in the resources, structures, and policies that allow them to do so.

The COVID-19 pandemic has highlighted the challenge of developing state capacity, which will require sustained effort and investment over decades. Given the pandemic's sudden and unprecedented nature, Asian states have had to rely on existing knowledge and technology, as well as the experience of other countries, to develop strategies for managing the pandemic and mitigating its effects. The continuing impacts require persistent scrutiny and assessment of policies, methods, obstacles, and outcomes.

Managing the pandemic has entailed a wide range of actions, such as developing and procuring vaccines, mandating mask use, implementing lockdowns and travel restrictions, and ensuring community safety. It has been a major challenge for governments in the Asia-Pacific to secure and distribute vaccines, overcome resistance to mandatory mask use, and implement and enforce lockdowns. Each of these areas of activity is critical, and examining the strategies used by Asian countries such as India, Japan, Malaysia, New Zealand, and Pakistan provides a glimpse into the region's multifaceted challenges in managing the COVID-19 pandemic.

Serikbayeva *et al.* (2021, p. 927) highlighted the importance of state capacity for dealing with COVID-19 and added that "increased government effectiveness is significantly associated with lower death rates". Capano (2020, p. 326) emphasized the need for preparedness of states with "preexisting protocols to isolate hospitals and care facilities, develop testing and tracing capabilities and stockpile personal protective equipment" that contribute to state capacity. The cases discussed in this issue are at various stages of development and therefore, not equally equipped with the required resources for enabling capacity. This helps understand the variations in their capacity to address the challenges precipitated by the pandemic.

The challenge of devising workable policies and strategies to combat the pandemic, given the complexity and variability of state capacity across the region, has been enormous. Nevertheless, Asian countries have stepped up to the challenge, taking numerous measures to combat the pandemic's effects. These approaches have included developing novel testing and contact tracing technologies, implementing large-scale vaccination campaigns, and executing policies to protect citizens' mental health and well-being.

As the pandemic continues to unfold, it is critical to assess and learn from the experiences of Asian states in dealing with the crisis. Such analysis can assist in identifying best practices and areas for improvement and informing the development of policies and strategies to strengthen state capacity and better prepare for future pandemics.

Pandemic management in Asia-Pacific states

Managing a pandemic entails a variety of approaches. The first and foremost objective is to determine the clinical side of management to ensure prevention and containment. Other requirements include procurement and administration of vaccines, ensuring the practice of social distancing, quarantine, and use of face masks. Additional areas of concern cropped up as states plunged head-on into the uncharted territory of COVID management. The articles selected for this special issue reveal the wide range of tasks required to address the fallout of the pandemic and analyse their implications. Along with lessons to be learned from the experience of New Zealand as one of the most competent managers of COVID-19, other studies have focused on predictors for receiving vaccines, government intervention strategies for preventing and controlling the virus through systems thinking, resilient leadership and life skills, support to women entrepreneurs, the role of policy actors in implementing social distancing, and co-creation of COVID-19 responses.

The government of New Zealand was considered one of the best responders to the pandemic because of its prompt imposition of lockdown measures, effective communication with citizens, solid and prudent political leadership, and emphasis on testing, despite some concerns about the slow rate of vaccination. Robin Gauld offers a review of the experience of New Zealand in managing the pandemic. He draws attention to the impact of COVID-19 on business and society and highlights lessons to be learned, particularly the importance of strong political leadership informed by public health expertise and advice. Gauld noted the strain on the health system and advocated for financial help to ensure compliance with COVID-19 criteria to decrease negative repercussions on the public and business.

With life expectancies of 88 and 86 years for females and males, respectively, Japan's 'hyper-aged' society faced challenges from the pandemic. The country followed a three-pronged strategy: border defence, slowing down the spread of infection, and damage control. The government succeeded in identifying and protecting the vulnerable aged group through psychiatric hospitals, chronic care hospitals and long-term treatment hospitals. Tomonori Hasegawa, Koki Hirata, and Kunichika Matsumoto noted a concurrent problem of a decrease in birthrate that further exacerbated the problems of an aged society.

Consilz Tan and Chee Yoong Liew analysed the intention to receive COVID-19 vaccines in Malaysia by employing the health belief model from a behavioural economics and institutional quality approach. They discovered that 'perceived benefits' were the strongest predictor and 'perceived barriers' the weakest. They also explored 'perceived susceptibility', 'herding' and 'institutional quality' as potential predictors. Tan and Chee found that the herd mentality, effectiveness of government authority, and regulatory quality were essential contributors to public health policies and quality of intervention in Malaysia.

The team of Jack Kie Cheng, Fazeeda Mohamad, Puteri Fadzline M. Tamyez, Zetty Ain Kamaruzzaman, Maizura Mohd Zainudin, and Faridah Zulkipli examined the intervention strategies used to address the problem of COVID-19 by the Malaysian government.

The study analyses the linkages among the intervention options and their interaction to illustrate the growth or decrease of the transmission of infections. They argue that control and preventive strategies must be used simultaneously to maintain a state of equilibrium and prevent the spread of the virus and its variants.

The role of leadership in managing crises and pandemics is highlighted by Monika Bansal and Surbhi Kapur. Drawing upon insight from an ancient scripture, they identify the leadership requirements that contribute to organisations' effectiveness and improvement. Bansal and Kapur conduct a thematic analysis to determine the qualities of leadership in times of crises. The study emphasises that conventional leadership skills may not be adequate to address pandemics like COVID-19, and recommends resilience in leaders with life skills that entail emotional, intellectual and spiritual strengths and the practice of self-management for developing a style that is purposeful and impactful.

Nida Hussain, Baoming Li and Habib Elahi Sahibzada explore the issue of both financial and non-financial support extended by the government to women entrepreneurs in Pakistan. The study uses the resource-based entrepreneurship theory to reveal that Pakistan's government remained in constant communication with women entrepreneurial representatives to obtain relevant information. The women entrepreneurs received incentives to assist with the continuation of their enterprises. More importantly, Hussain, Li and Sahibzada noted that women entrepreneurs were invited to contribute to the policy process in Pakistan based on their knowledge and experience.

After the outbreak of COVID-19, social distancing was recognised as an important non-pharmaceutical tool for containing the virus. Muhammad Fayyaz Nazir, Ellen Wayenberg and Shahzada Fahad Qureshi examined this apparently simple, yet difficult to implement, practice by examining the role of the policy actors' in implementing this measure in Pakistan. Drawing upon the normalisation process theory, they analysed the roles of the intervention actors, including healthcare providers, district management agents and staff, to identify a higher level of collective action and reflexive monitoring. Nazir, Wayenberg and Qureshi noted that the level of coherence and cognitive participation were not adequate for ensuring the desired results.

Aisha Rizwan, Shabana Naveed and Yaamina Salman evaluate the strategies adopted by the government of Pakistan for managing COVID-19 by involving a multiple set of actors, including the public and private sectors, third-sector organisations, and civil society. The study recognises the impact of the pandemic on social, cultural, economic, and political life of the country and its citizens. They argue that collaborative efforts by multiple stakeholders allowed for a coherent response. The successful management of COVID-19 in Pakistan was facilitated by the creation of a specialised organisation that used data-driven and informed decisions to aggregate for timely actions by the federal and provincial governments.

Analysis and observations

The emergence of the COVID-19 pandemic in Asia caught governments off guard, and they scrambled to devise response strategies. While many Asian countries looked to other countries' experiences in developing their responses in the early stages, they needed to look beyond healthcare to understand the pandemic's implications for demographics, people's behavior, leadership, and economic activities. Consequently, assessing the pandemic's consequences has been difficult, complicated by factors such as abnormal fluctuations in the number of confirmed cases and deaths, the reliability of statistical data, and the timing of research findings.

As the pandemic spread, many Asian countries devised different measures to deal with it. These drew on international and domestic experiences, emphasising the importance of adaptive governance and the need to balance preventive measures with the negative

consequences of policy interventions. Because the pandemic spanned more than just health and well-being, assessing its consequences has been complicated by many factors, such as unusual fluctuations in the number of confirmed cases and deaths, the reliability of statistical data, and the timing of research findings. These issues have proven difficult for policymakers as they coped with the situation's unique and dynamic nature. To this end, researchers and experts keep working on developing novel approaches to measuring the pandemic's impact. Some of these measures have included improved statistical methods that account for the evolving pandemic and its effects on society and the economy. Furthermore, research has been conducted to identify the causal mechanisms that underpin the pandemic's impact, such as the role of leadership and institutional factors in shaping the response. Researchers and policymakers can better understand effective strategies and develop evidence-based recommendations for the future by analysing the multifaceted nature of the pandemic's impacts.

The focus of the battle against the pandemic was, obviously, on the search for antidotes to the virus. Huge investments had to be made on medical research and companies engaged in intense lobbying with governments to ensure advantage from the transactions. Development of a vaccine was certainly critical for public health, but there were several psychological, social, political and economic impacts that cried out for attention in Asian states. Perceptions and actions of the public had to be managed through policies and actions, along with recognized strategies for imposing lockdown, ensuring social distancing and wearing of masks. In addition, citizens needed financial relief as opportunities for employment and entrepreneurship became severely limited during the pandemic. A comprehensive approach to the management of COVID-19 entailed attention to immediate, short- and long-term strategies and actions.

Lipsy (2020) identified uncertainty, time pressure, perception of threats, and ad-hoc leadership as factors that influence the choice of strategies for crisis management. The experience of Asian states presented in this issue reveals other strategies and areas of focus that contributed to the complicated process of containing the virus, reducing infection, and facilitating recovery, as well as support to vulnerable groups and the economy. They employed measures to deal with the direct threat to public health and maintain stability in the social, economic and political framework in the Asian countries. These findings will encourage states to prepare for pandemics and crises and respond proactively to challenges.

Lessons for Asian states

The uniqueness of New Zealand must be acknowledged while considering the state of pandemic management in Asian states. The context is strikingly different because New Zealand is small in size, with a population of approximately 5 million, in a society with well-developed social, economic and political structures. However, the lesson to be learnt is that pandemic management necessitates an open and transparent governance structure that bases public health choices on scientific data and evidence and maintains ongoing communication with citizens.

Japan, India, Malaysia and Pakistan are markedly different even among Asian states. They differ in terms of size, population, the form of government, nature of bureaucracy and, more importantly, the needs and expectations of citizens. These led to problems when governments attempted to formulate responses to the unknown threat of COVID-19 that required substantial adjustments to conditions in society in which the public had to live, work, and perform many other essential tasks. The management styles varied across the countries examined, although the objective was to address the pandemic with short, medium and long-term solutions.

Determining the good and bad performers in managing the pandemic is impossible. Considering the capacity of governments across Asia, it should be recognised that they have performed relatively better due to the attention to specific vulnerable groups such as the elderly in Japan and women entrepreneurs in Pakistan, predictors of possible public reaction to measures for fighting COVID-19, effective intervention strategies, resilience of leadership, implementation of social distancing, and adopting collaborative efforts with multiple stakeholders in the political system. It is obvious that governments need to make critical decisions on public health measures with direct input from the scientific and medical community and use sound strategies for informing and convincing the citizens to work in collaboration to address and contain pandemics. Finally, the social and economic needs of the community and citizens must be included in the arsenal of tools to address pandemics effectively.

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