

REPORT:



IMPACT OF COVID-19 ON THE COUNTRIES OF INDIAN OCEAN REGION

Siddharth Singh and Deeksha Goel



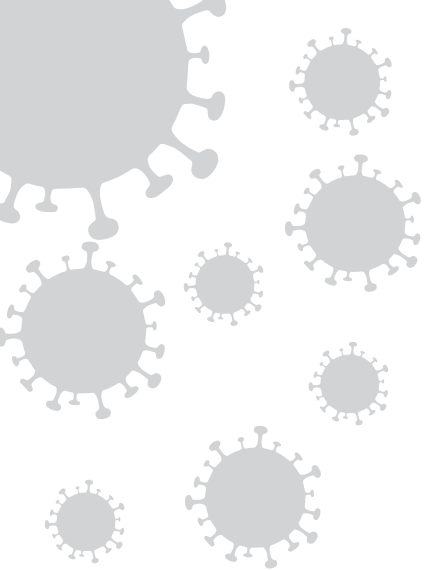




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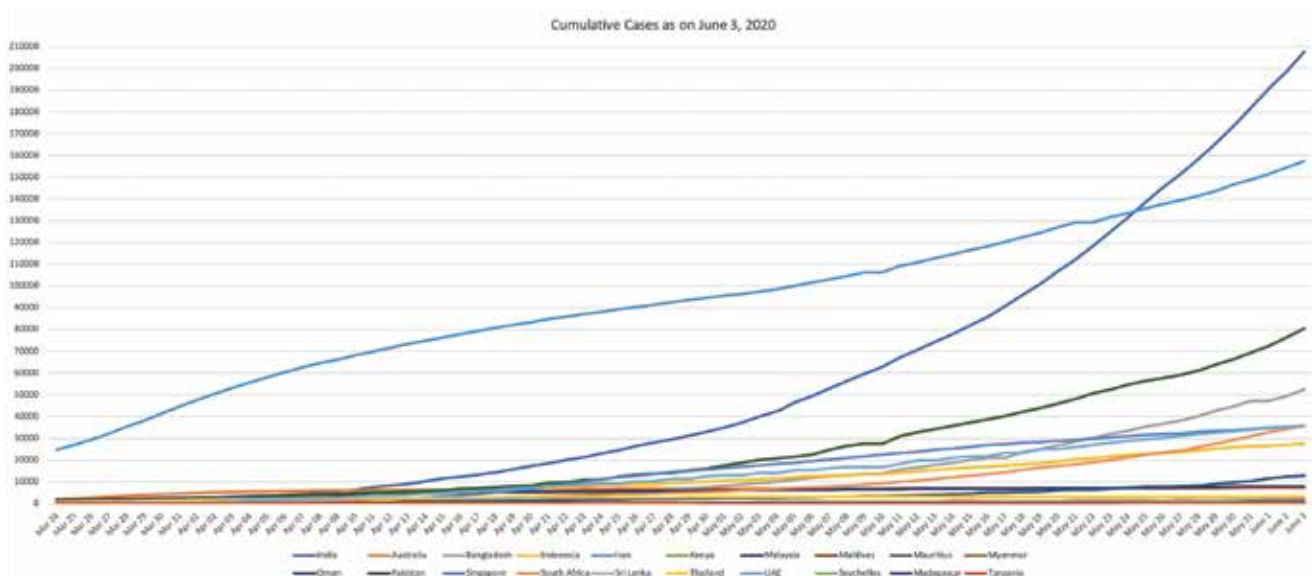


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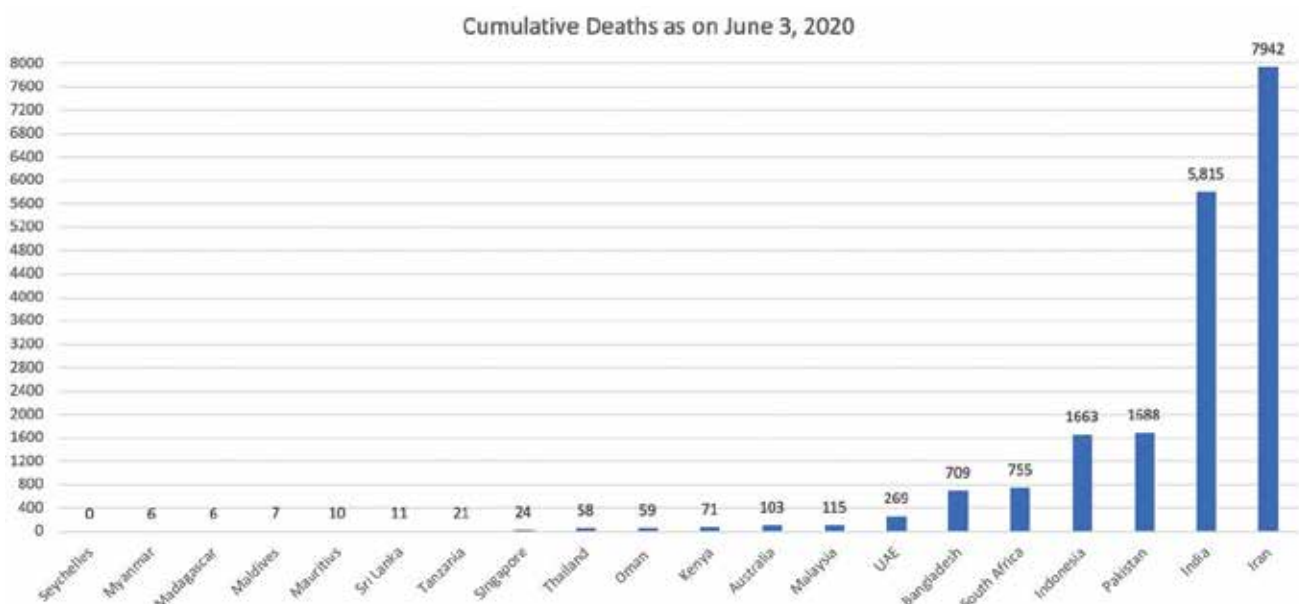
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1. INTRODUCTION

The Corona virus pandemic is the biggest crisis that the world is facing today post World War-II. Even after over four months, the Corona virus crisis continues to be the deadliest pandemic which people across the world have witnessed in the last century. Death toll across the world is on the rise. Some countries have passed their peaks while others are witnessing a steep rise in COVID-19 positive cases on a daily basis. Corona virus has wreaked havoc in almost all countries across the world. The total number of confirmed cases have crossed 6.5 million and the global death count is at 387,000 as of 03 June 2020. The Global mortality rate as on June 3, 2020 stands at 5.9% with a recovery rate of 48.2%.

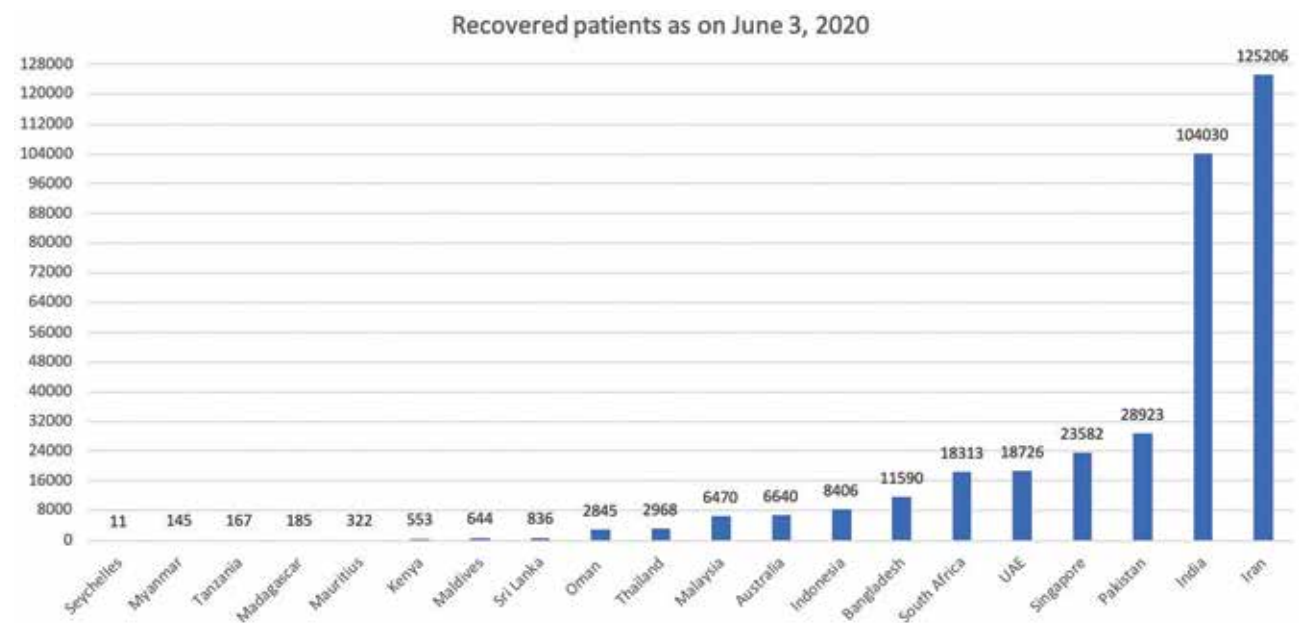


Graph 1.1: Cumulative Cases of COVID 19 as on June 3, 2020 | Data Source: World Health Organisation

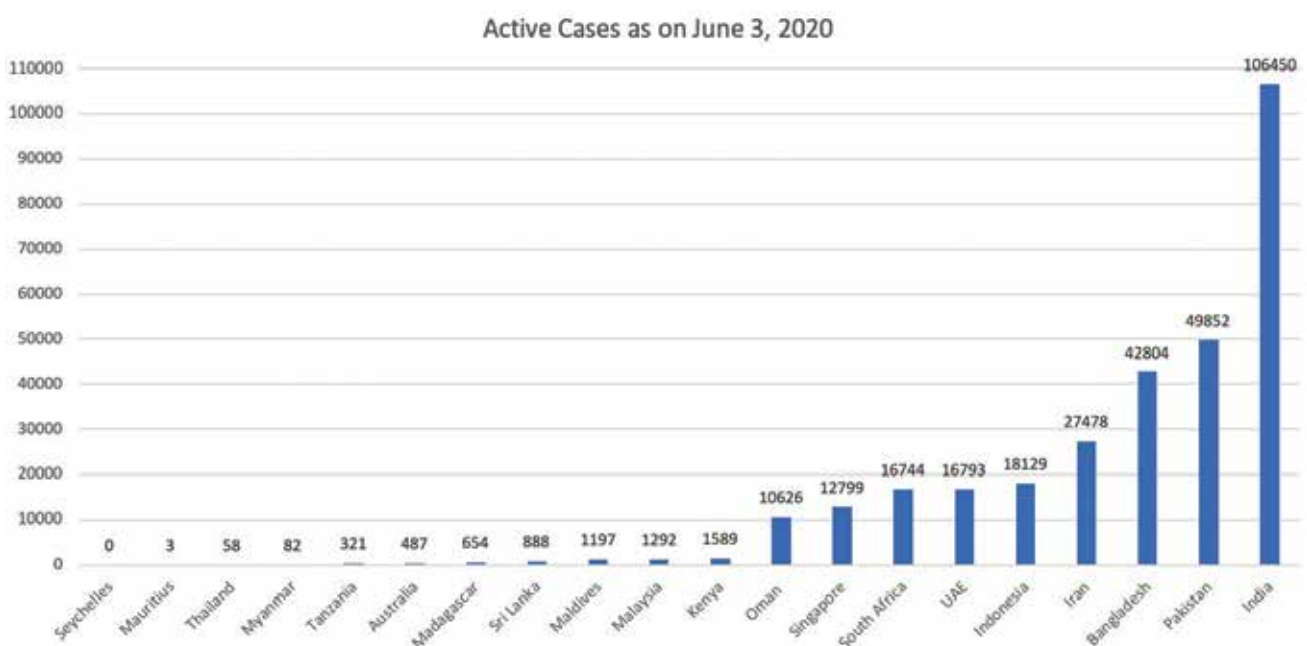


Graph 1.2: Cumulative Deaths because of COVID 19 as on June 3, 2020 | Data Source: World Health Organisation

Corona virus has touched every continent on earth and the death toll in each country depends on varying degrees of severity and response of that country in the fight against COVID-19. Almost all the countries which had high fatality, went into some form of lockdown for almost two months with eventual gradual relaxations in the lockdown. The time has been utilised by nation states in adopting preventive measures against the pandemic because any lockdown can only be successful in containing the spread of the virus for a short-term duration. The states have now been able to prepare themselves for a longer battle so as to improve healthcare facilities required to fight the pandemic.



Graph 1.3: Total recoveries as on June 3, 2020



Graph 1.4: Total number of Active Cases as on June 3, 2020



Corona virus has wreaked havoc in almost all countries across the world. The total number of confirmed cases have crossed 6.5 million and the global death count is at 387,000 as of 03 June 2020. The Global mortality rate as on June 3, 2020 stands at 5.9% with a recovery rate of 48.2%.

By slowly opening up the economy in a calibrated manner, countries are now trying to save their economies from collapse and bracing for long-term challenges. States are also going to witness a churning in global politics because COVID-19 has a serious impact on international governance as well as defence and foreign policy of every country.

The world is still a long way from the end of the corona virus crisis, and many questions are still unanswered about countries' capability to handle the crisis coupled with the challenges of downfalls in the global economy. With extended lockdowns, the world is grappling with a halt in terms of demand as well as zero output in manufacturing and business with a stoppage of all trade in the goods and service sector.



2. GEOPOLITICAL TRENDS

In Covid times, there is a rising debate on the future of a post-Covid world in terms of geopolitical realignments and the emergence of new partnerships across the world. The Indian Ocean Region (IOR) is also not untouched from this Great power politics and rivalry.

In the last 5 to 10 years, the world has already witnessed a shift in global power axis from West to East and the subsequent emergence of new regionalism in terms of the Indo-Pacific region in general and Indian Ocean Region in particular. So, in this context, this pandemic is certainly going to further accelerate that shift in the regional balance of power within the IOR.

These geopolitical realignments will be based on national interests and respective needs of the country based on which countries will try to realign themselves and will do the balancing with major powers in the IOR so as to maximize their respective gains. The Corona virus crisis will certainly complicate the Great power politics and rivalries in post-Covid world and will lead to emergence of new partnerships and alliances.

The pandemic has impacted the economies of all countries in the Indian Ocean Region and this downturn may be long lasting for the years to come. In this hour of crisis, the extraordinary fiscal and monetary actions that countries in the Indian Ocean Region are taking to support small, medium and large businesses as well as public and private jobs along with households, will lead to development of new economic revival in their respective nations in the IOR. It is possible that many of these interventions by the States might not produce desired results and the void may be utilised by the major powers to compete for geopolitical influence in the countries in the Indian Ocean Region which is home to large and small countries along with many Island nations.

The ongoing economic slowdown because of lockdown in many countries in the Indian Ocean Region due to the Corona virus pandemic will also lead to an era of increased debt-dependency of a country on the investing nation because till now most nations had enjoyed the easy money investment in their country although with stringent norms. This situation may ultimately result in years of slower growth and may also raise the chances of sovereign debt crises.

Although China has tried to reach out to many nations in the IOR through its medical assistance, it is India which has emerged as a Leading Power in terms of providing assistance to neighboring countries in the Indian Ocean Region at the time of crisis



The countries within the Indian Ocean region will have to find a way out to fight any such crises post lockdown period because unless the countries within IOR change path and follow a totally different economic model based on self-reliance post lockdown, the gap between a slow-growing countries as compared to an economically dynamic economic growth elsewhere in the world is likely to widen.

The important trend that has been witnessed in the IOR is that in the Covid times, a debate of economic self-reliance is going on everywhere in the IOR countries in some form or other and it should not be interpreted as an isolationist approach but certainly it is linked to some form of de-globalisation where a country is made self sufficient to be able to absorb any such future turbulences.

The strategic and economic significance of the power politics among Major Powers, Leading Powers and Middle powers as well as Littoral Nations in the Indian Ocean Region will witness a lot of churning in the COVID era whose results will be visible in the post COVID era too.

To cite an example, countries on the Eastern Coast of Africa are not still not taking the self sufficiency debate seriously, where as countries in the Gulf are adopting a two pronged strategy of an inward looking service sector and maintaining status quo in terms of trade. In the service sector, these countries are now giving preference to local workforce over the erstwhile prevalent workforce from South Asia.

If we analyse the trends in countries of South Asia and Southeast Asia about the debates of economic nationalism then this region is having the most heated debate although this is the region which has been the largest beneficiary of globalisation since the 1990's.

Thus, in the context of the dynamic situation of the global pandemic the Indo-Pacific region in general and Indian Ocean Region in particular have garnered renewed focus of the world on debate of economic interdependence. The era of globalisation is thus facing a huge challenge in the Indian Ocean Region.

In today's time when the world at large and Indian Ocean region in particular are at the crossroads of geopolitical realignments, it is important to understand two broader aspects in this regard while analysing the geopolitical trends in the IOR: a) Geopolitical interests of Island Nations, Regional Powers and Global Powers in the IOR, b) Key threats that ongoing geopolitical realignments because of COVID-19 has brought in terms of threatening the idea of 'Free and Open Indo-Pacific' in the IOR.



Although China has tried to reach out to many nations in the IOR through its medical assistance, it is India which has emerged as a Leading Power in terms of providing assistance to neighboring countries in the Indian Ocean Region at the time of crisis. Indian Ocean Region which is home to many island nations has witnessed an impressive economic growth along with the geopolitical rivalry in terms of contesting ideas like 'Belt and Road Initiative (BRI)' and 'Free & Open Indo-Pacific'.

China through its BRI has tried to gain geopolitical influence by creating spheres of influence across the region in IOR by making the countries more dependent on China. While on the other hand, countries like India, Japan, Australia and the US have tried to project their own vision of 'Free and Open Indo-Pacific' through enhanced bilateral and multilateral engagements.

India's vision of Security and Growth for All in the Region (SAGAR) along with its Act East Policy and Link West Policy has gained traction in the countries of the Indian Ocean Region. The strategic and economic significance of the power politics among Major Powers, Leading Powers and Middle powers as well as Littoral Nations in the Indian Ocean Region will witness a lot of churning in the COVID era whose results will be visible in the post COVID era too.



3. DISRUPTIONS AND CHALLENGES IN POST COVID ERA

Countries in the Indian Ocean Region are certainly going to witness disruption in the following things because of the ongoing COVID-19 situation across all nations in the region:

- I. Disruption in Connectivity Network because Security Checks at Ports have become an important parameter to check the entry and exit in every island country.
- II. Disruptions in the economies in the IOR because of the visible reduction in economic exchanges and on export & import of a country in the IOR
- III. Disruption in People to People connect along with disruption in cultural and political ties because every country has suspended entry of foreign nationals in their respective countries to contain the spread of the corona virus.
- IV. Disruption in Coastal and Border management.
- V. Challenges to the overall regional security in the Indian Ocean Region because traditional as well as non-traditional security threats will try to utilize the gaps in security at a time when all countries in the region are busy in containing the spread of virus in their country by mobilising all resources in fight against the pandemic.
- VI. Creation of Sphere of Influence with few countries favoring BRI on one hand and few countries favoring 'Free and Open Indo-Pacific' on the other hand while countries doing balancing and also sometimes bandwagoning with major powers in the region so as to maximize their gains.
- VII. Disruption in Critical Health infrastructure because countries in the IOR are still in the developing phase and their health infrastructure is still not in a good shape to cope up with any deadly pandemic crisis like this at a time when world class health facilities across the world in many developed countries have failed to save their citizens from the pandemic.
- VIII. Disruption in the tourism industry because many island nations in the IOR are heavily dependent on the Tourism business for their overall economy like Maldives, Sri Lanka, Seychelles, Mauritius etc. and so such countries are facing a big challenge because the international movement of people is not going to normalize anytime soon in near future.



- IX. Disruption in digital technology because the ongoing pandemic has completely changed the way how countries operate in the digital domain.
- X. International Migration as well as domestic migration of people has also created a big disruption and challenges in countries in the IOR. The region has witnessed huge migration of people from the country where they were working to their home country. There are millions of people who live in the countries in the IOR and were working outside like in the Gulf or in other Western Countries and they have now come back to their home countries in IOR either because of loss of job or because of fear of getting infected from this contagious disease. In India, the State of Kerala has witnessed the largest cases of expatriates coming back to home along with similar cases in other States of India too. Now with significant decrease in demand worldwide and rise in unemployment everywhere, it's going to be a big challenge for most of the countries in the IOR in terms of handling the problem related to giving employment to such people based on their skill sets.



4. ANALYSING THE IMPACT OF COVID-19 ON COUNTRIES IN IOR

For the purpose of analysing the impact of COVID-19 on countries in the Indian Ocean Region, 20 Countries have been selected for the purpose of this study in IOR. The countries are as follows: South Africa, Kenya, Tanzania, Seychelles, Madagascar, Mauritius, Maldives, Sri Lanka, Pakistan, Bangladesh, India, Iran, Oman, UAE, Indonesia, Malaysia, Myanmar, Thailand, Singapore and Australia.

4.1 SOUTH AFRICA



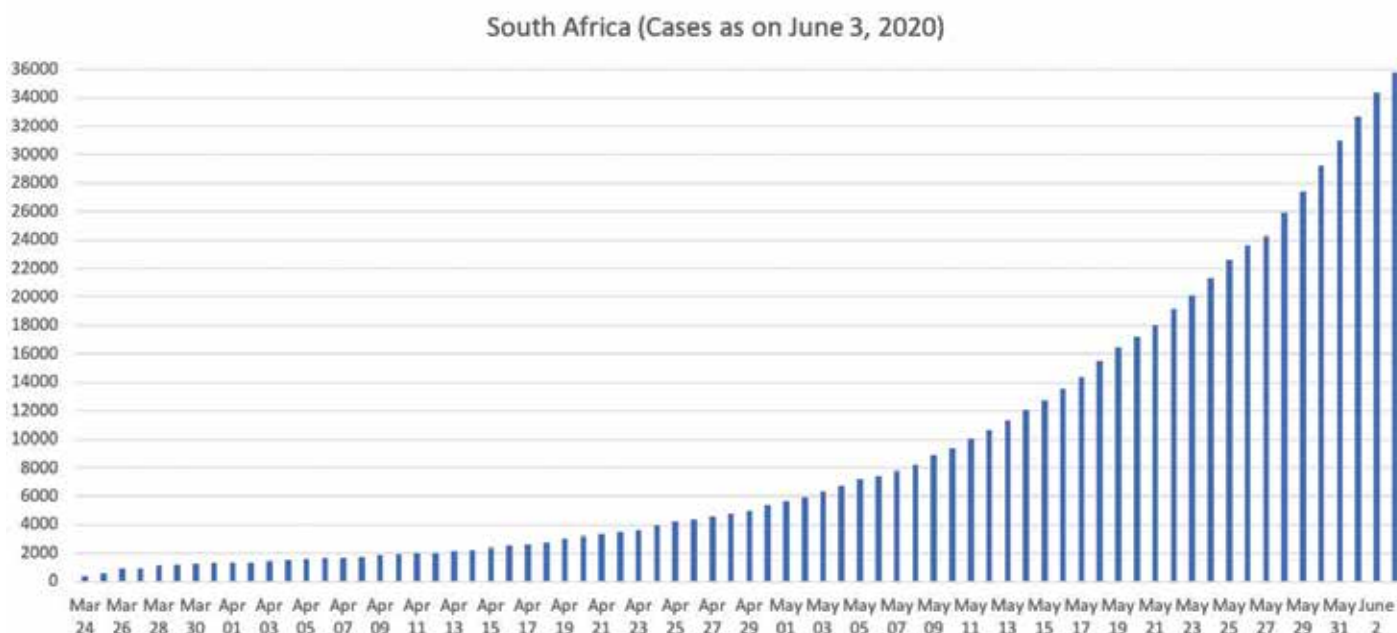
South Africa has reported 35,812 COVID-19 positive cases as of 03 June 2020 with a total of 755 deaths as shown in Graph 4.1.1. The country got its first case on March 5 which was a South African national returning from Italy. Number of cases have only grown since then with all of the 9 provinces of the country having reported at least one patient with the city of Cape Town being declared as a hotspot.

As per the data released by the National Institute for Communicable Diseases of South Africa, the median age of the laboratory confirmed cases is 39 years with the largest share of 13% cases detected amongst the 30-34 year age group followed by 12% in the 35-39 years age group. Children aged under 10 years accounted for only 3% of the cases¹.

A 3-week nationwide lockdown was imposed in South Africa from the midnight of March 27 through April 16 followed by a two week extension until the end of April. The South African Government has also categorised the severity of lockdown being imposed on a scale of 5 with 5 being a complete halt of all activities throughout the country.

The current lockdown is operating at level 4 since May 1 with relaxations under certain essential categories accompanied by strict monitoring and screening of every movement possible with emphasis on the use of masks and maintaining social distancing.

¹ https://www.nicd.ac.za/wp-content/uploads/2020/05/2020-04-30-COVID-19WklyEpiBriefFinal_Week18.pdf



Graph 4.1.1: Cumulative cases in South Africa as on June 3, 2020 | Data Source: World Health Organisation

In order to back the government's efforts in its fight against the pandemic, the political leadership of South Africa including the President, Deputy President, Ministers and Deputy Ministers announced a one-third cut in their salaries for upto three months which will go to the solidarity fund². The Government has also announced COVID-19 Social Relief of Distress Grant for South African citizens with no income and aren't being covered under any other national grant. This fund makes such people eligible to receive an assistance of 350 South African Rand per month until October.

SOUTH AFRICA		
S.No	Parameter	Value
1	Mortality Rate	2.11%
2	Recovery Rate	51.14%
3	First case reported on	March 5
4	Total tests done	7,61,534

Table 4.1.3: South Africa COVID Data as on June 3, 2020 | Data Source: National Institute for Communicable Diseases of South Africa (<https://www.covid19sa.org>)

² <https://www.sanews.gov.za/south-africa/president-cabinet-take-three-month-salary-cuts>

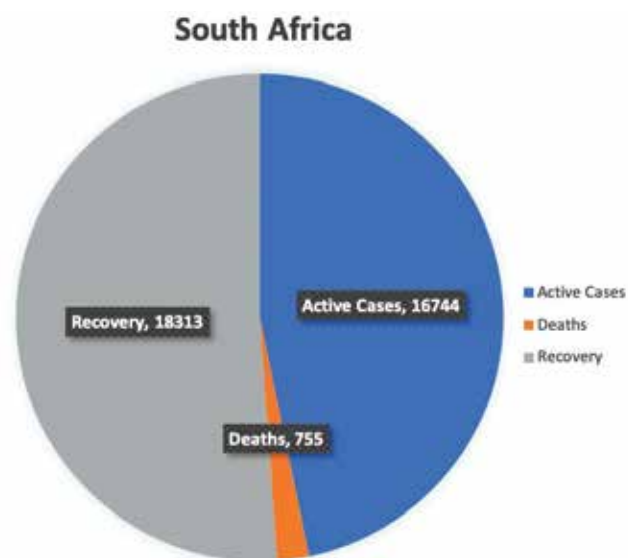


Chart 4.1.2: Total active cases, recovered patients and deaths in South Africa as on June 3, 2020 | Data Source: National Institute for Communicable Diseases of South Africa



4.2 KENYA



A Kenyan girl travelling from the US via London was the first COVID patient to enter the capital city of Nairobi. With the detection of the first case on March 13, a complete ban on travellers coming in from countries having reported any cases was imposed from March 15 with exceptions for Kenyan citizens or valid residency permit holders.

A condition of a fourteen day self or voluntary quarantine was imposed on all such travellers. All non-essential movement was completely stopped and a nation-wide toll free number was set up to report cases. As the number of cases rose, any air traffic movement except for cargoes was restricted from March 25 onwards.

While the crisis is said to have taken a toll on the life of an average Kenyan, the Government too has been considerate of the fact with the rollout of certain guidelines to relieve the common man. 100% tax relief was provided to any Kenyan earning less than 24,000 KES per month. There was also a reduction of turnover tax rate for MSMEs from 3% to 1% accompanied by a reduction in resident income tax to 25%³. The Government of Kenya has also received a loan of 188 million Euros from the African Development Bank in its efforts to respond to COVID⁴. Additionally, a 1 Billion \$ financing was also approved by the World Bank to bolster the Kenyan Economy and fund the financing gap⁵.

A financial help package of 95 million USD was rolled out for vulnerable groups which included elderlies and orphans amongst a few others. The Kenyan leadership was also forthcoming in announcing an 80% pay cut for the President and Deputy President; 30% pay cut for all Cabinet Secretaries and Chief Administrative Secretaries and 20% pay cut for all Principal Secretaries⁶. Reforms were also announced for the banking sector to infuse liquidity in the markets thus giving relief to those in distress.

However, what is worrisome is the stigma and fear that is surrounding the COVID-19 survivors. The society is paranoid and still not ready to accept the survivors back. Moreover, people are being forced to pay for their stay at government quarantine facilities despite the Government's declaration of covering the quarantine charges. The facilities are also said to be poorly kept with no provisions of gloves and masks resulting in quarantine centers becoming breeding grounds. It is because of these stigmas that have marred the society that people are now repelling tests for the fear of being sent to the quarantine centers.

³ <https://www.kra.go.ke/en/covid-19>

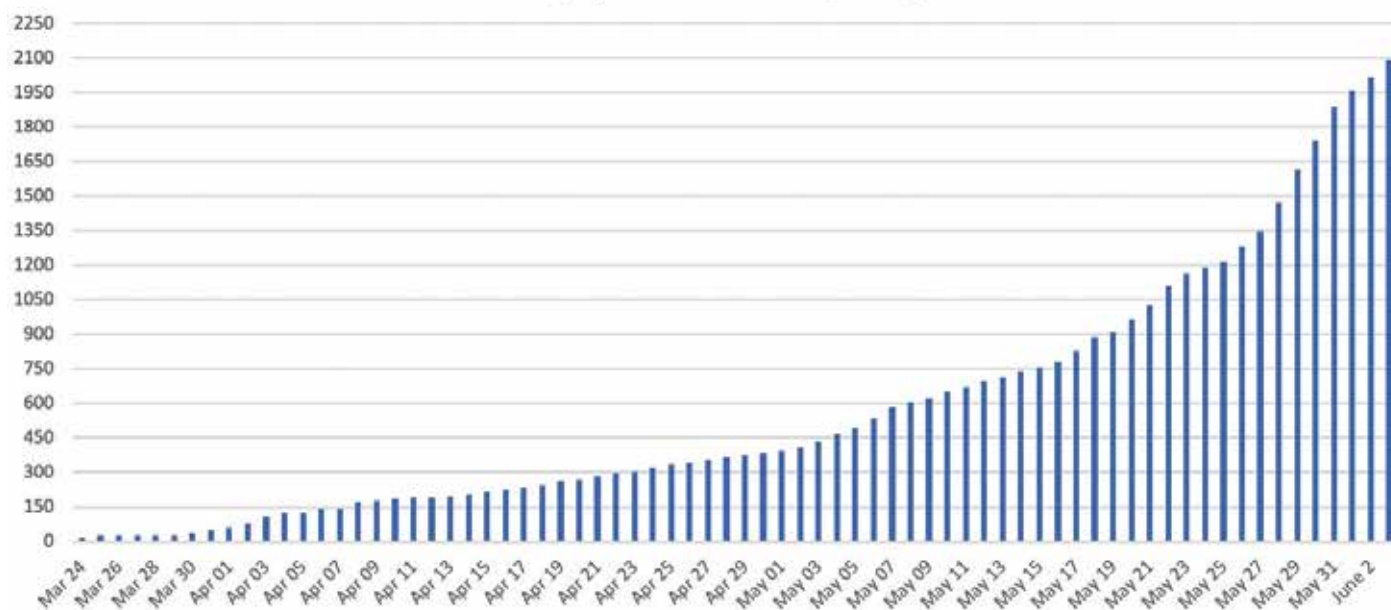
⁴ <https://www.afdb.org/en/news-and-events/press-releases/kenya-eu188m-african-development-bank-loan-boost-covid-19-response-35735>

⁵ <https://www.worldbank.org/en/news/press-release/2020/05/20/world-bank-approves-1-billion-financing-for-kenya-to-address-covid-19-financing-gap-and-support-kenyas-economy>

⁶ http://www.xinhuanet.com/english/2020-03/26/c_138916913.htm



Kenya (Cases as on June 3, 2020)



Graph 4.2.1: Cumulative cases in Kenya as on June 3, 2020 | Data Source: World Health Organisation

KENYA		
S.No	Parameter	Value
1	Mortality Rate	3.34%
2	Recovery Rate	24.95%
3	First case reported on	March 14
4	Total tests done	85,058

Table 4.2.3: Kenya COVID Data as on June 3, 2020 | Data Source: Official Twitter account of the Spokesperson of the Government of Kenya (@SpokespersonGOK)

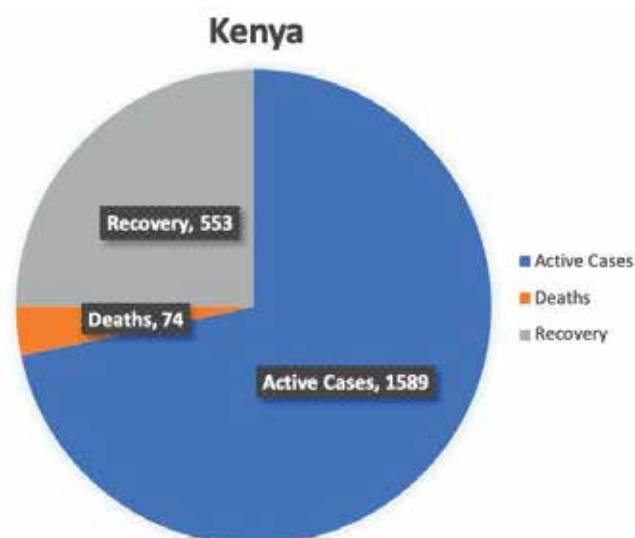


Chart 4.2.2: Total active cases, recovered patients and deaths in Kenya as on June 3, 2020 | Data Source: Official Twitter account of the Spokesperson of the Government of Kenya (@SpokespersonGOK)



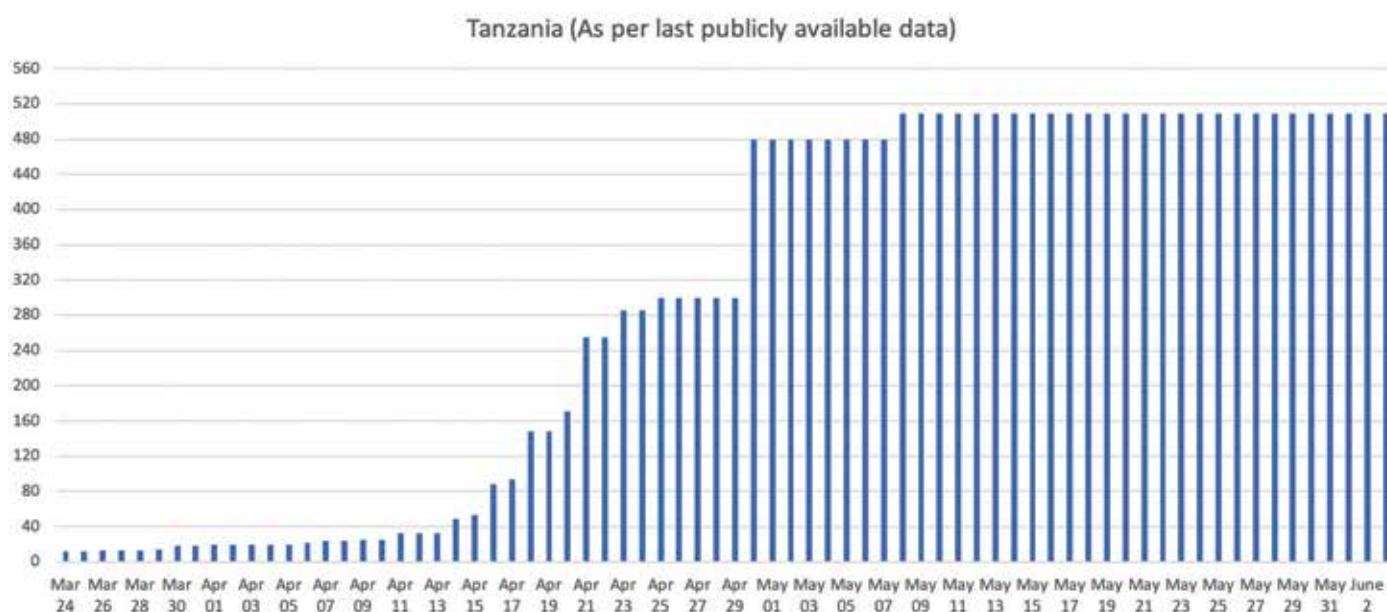
4.3 TANZANIA



Tanzania with a count of 509 cases as on 03 June (Graph 4.3.1) reported its first case on March 16. A 46 year old woman who was travelling back from Belgium was confirmed positive following which strict lockdown measures were put in place from March 17 onwards.

Tanzania faced a lot of criticism from the global community over lack of its transparency in handling the COVID-19 crisis in terms of irregularity in sharing of official data by the Government. Tanzanian President John Magufuli was also criticised for excluding visits to mosques and churches from the list of restrictions imposed, even as the whole world was advocating discontinuance of any religious congregations to control the spread of the deadly disease.

There have also been reports of unreported deaths with videos of night burials surfacing all over social media. On the other hand, the Tanzanian President has pinned the blame for the rise of cases on fake testing results. The President is said to have got the samples of a goat, papaya and sheep tested by conceding their identities with fake human names and an age. Out of the three pseudo samples, two from the goat and papaya were found to be COVID positive.



Graph 4.3.1: Cumulative cases in Tanzania as on June 3, 2020 | Data Source: World Health Organisation

Tanzania		
S.No	Parameter	Value
1	Mortality Rate	4.13%
2	Recovery Rate	32.81%
3	First case reported on	March 17
4	Total tests done	NA

Table 4.3.3: Tanzania COVID Data as on June 3, 2020 | Data Source: COVID 19 Africa Dashboard (<http://covid-19-africa.sen.ovh/index.php?confirmed=ok&tp=1&local=ok&datapays=ok&pays=834&xy=-6.468/39.045&z=6&np=TANZANIA>)

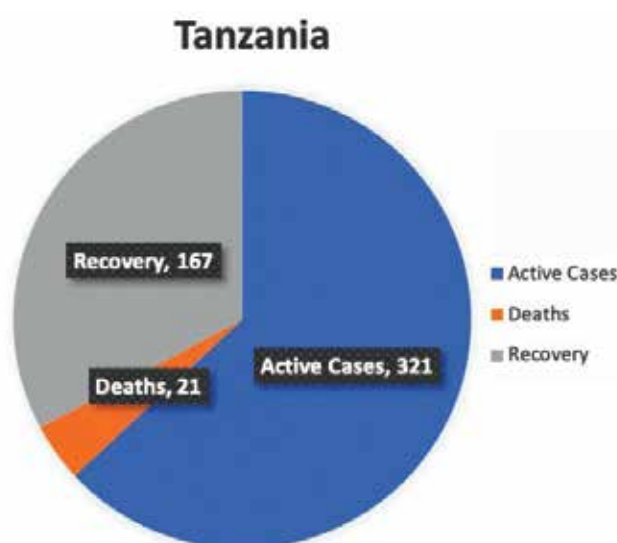


Chart 4.3.2: Total active cases, recovered patients and deaths in Tanzania as on June 3, 2020 | Data Source: COVID 19 Africa Dashboard (<http://covid-19-africa.sen.ovh/index.php?confirmed=ok&tp=1&local=ok&datapays=ok&pays=834&xy=-6.468/39.045&z=6&np=TANZANIA>)



4.4 SEYCHELLES



The island nation of Seychelles situated in the Indian Ocean reported its first COVID positive case on March 15, 2020. As on 03 June 2020, a total of 11 positive cases (Graph 4.4.1) with no deaths, 100% recovery rate and no active cases have been reported.



On April 6, an official at the Seychellois airport tested positive post which the nation headed for a complete lockdown until April 29 including a complete ban on inter-island movement except for the purpose of the fulfilment of essential services.

The period was used by the health authorities to exercise excessive contact tracing and quarantining people with any trace of contact for a period of 2 weeks.

Help poured in for the country from various Governmental and Non-Governmental organisations. The Indian Government has provided Seychelles with four tonnes of medical supplies and tablets of Hydroxychloroquine as a good will gesture⁷. The Chinese government has also provided the island nation with gloves and other medical equipment alongside assistance from the US and UAE (11 tonnes of medical supplies) amongst others. A team of health workers and medical practitioners from Botswana and Kenya is also working to support Seychelles' limited health care workforce⁸.

A relief operation has also been launched by the Prime Minister of Ethiopia in association with the Jack Ma Foundation and Alibaba Foundation to implement the Africa Joint Continental Strategy for COVID-19 led by the African Union through Africa Centre for Disease Control. Under this initiative, the Jack Ma Foundation has donated medical testing kits and medicines to help Seychelles combat the COVID-19 pandemic⁹.

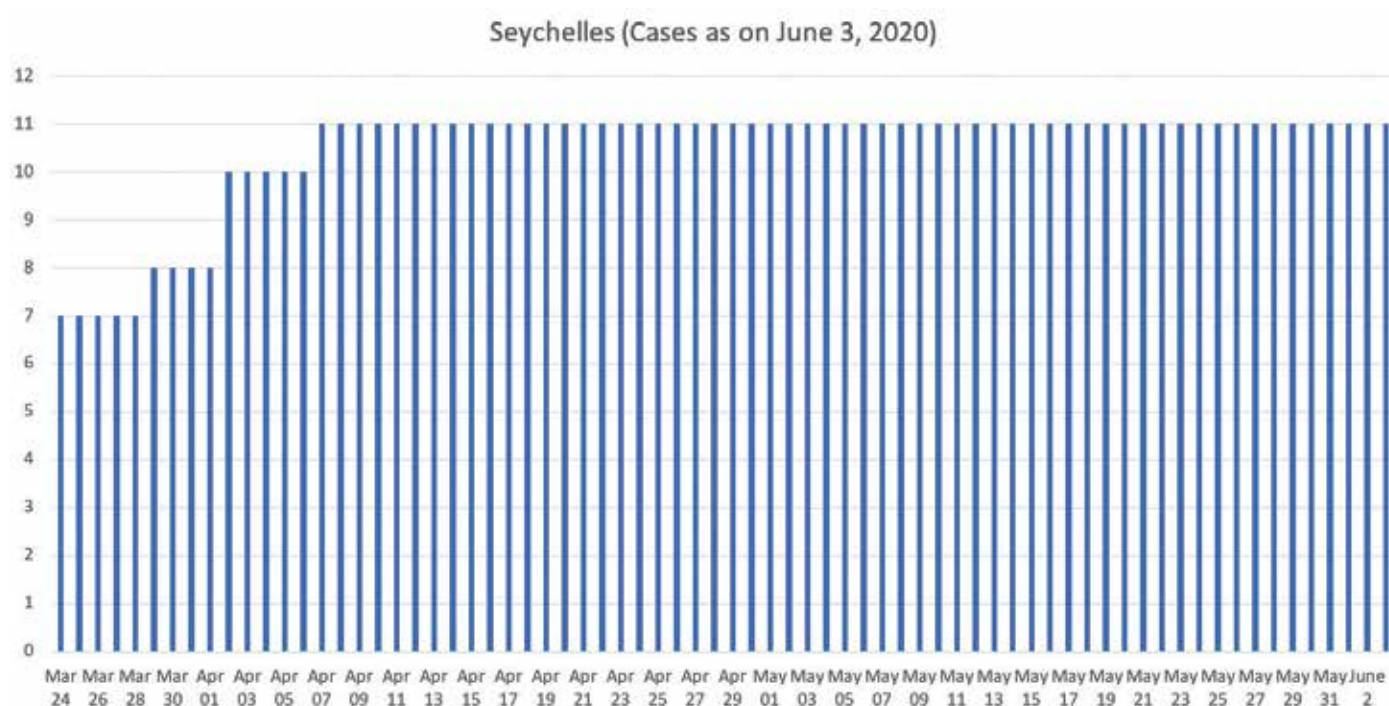
Owing to no increment in the number of cases ever since the lockdown was imposed, the Seychellois Government announced gradual relaxation in the lockdown starting from May 4, 2020 with an appeal for observance of basic norms of social distancing, consistent hand hygiene and ample respiratory hygiene.

As a measure to contain the spread of the virus in the near and long term future, the administration led by president Danny Faure has also taken the initiative to ban all cruise ship movement in Seychellois water until 2021. Considering the fact that the East African nation in the Indian Ocean is heavily dependent on tourism for its economy, the move is being seen as a bold measure and foreign exchange reserves are predicted to fall down to 2/3rd of the pre-COVID levels.

⁷ https://www.hciseychelles.gov.in/Press_s?id=eyJpdil6lJGNE5qMIFSTmdQV3k3bVkrVWJxeHc9PSIsInZhbmVlIjoivU5lUG51RjJteE9SSG5VSTY1Vk9ZQT09liwibWFjI-joiNzQxYTg1OTY3MzYwMTlhMDFhOTE3NDdiZjc1OWViMjEjYjNDA2YTA3YTc0NDI0YTJjNjg4MDFhNmVlZjM5N2lwZSJ9

⁸ <https://www.the-star.co.ke/news/2020-05-11-kenya-sends-50-health-workers-to-seychelles/>

⁹ <http://www.health.gov.sc/index.php/2020/04/17/health-department-receives-donation-from-jack-ma-foundation/>



Graph 4.4.1: Cumulative cases in Seychelles as on June 3, 2020 | Data Source: World Health Organisation

Seychelles		
S.No	Parameter	Value
1	Mortality Rate	0
2	Recovery Rate	100%
3	First case reported on	March 15
4	Total tests done	NA

Table 4.4.3: Seychelles COVID Data as on June 3, 2020

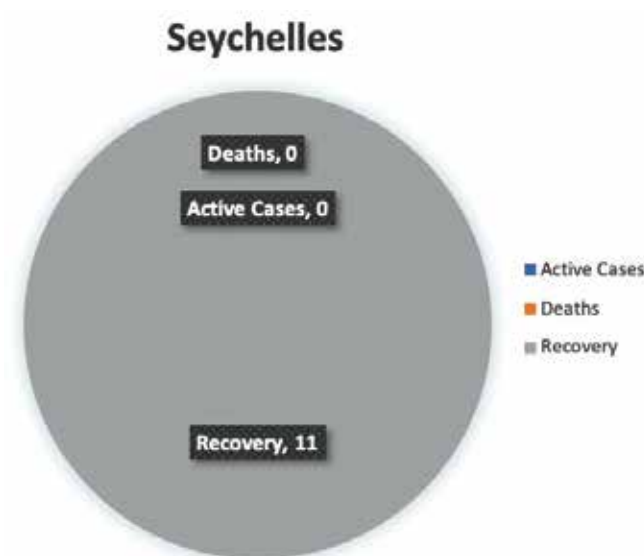


Chart 4.4.2: Total active cases, recovered patients and deaths in Seychelles as on June 3, 2020 | Data Source: World Health Organisation



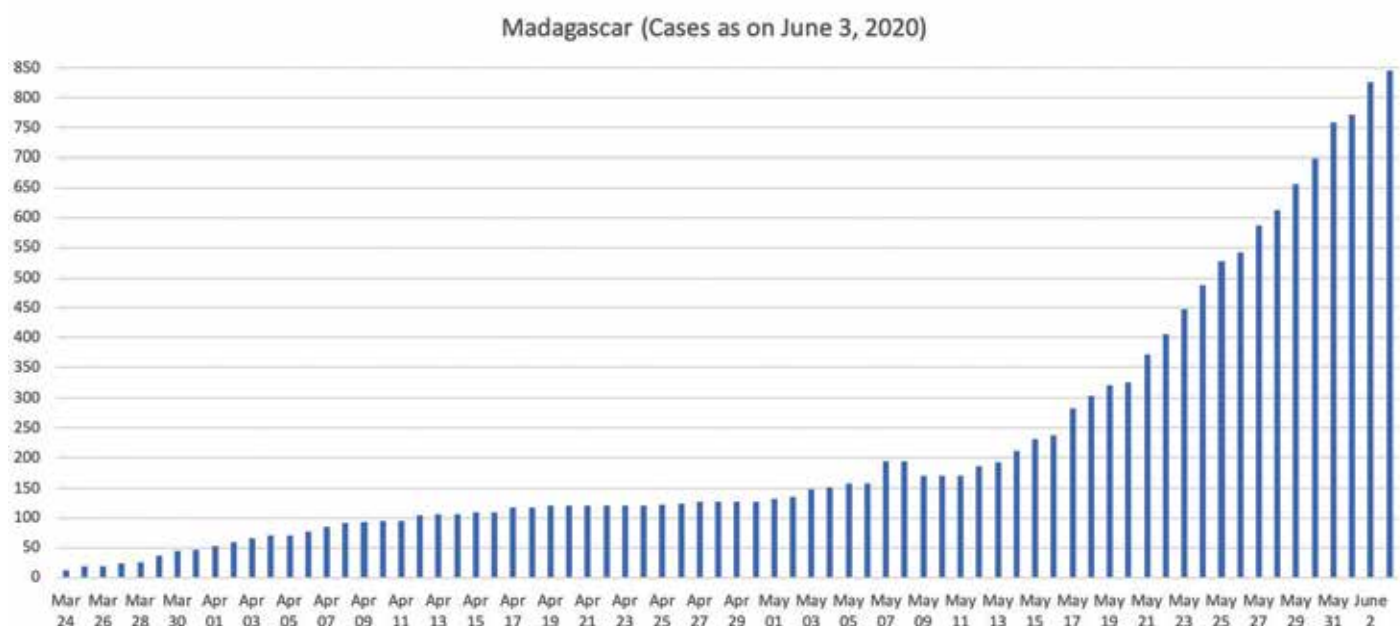
4.5 MADAGASCAR



In its fight against the COVID-19 pandemic, Madagascar came to light when the President of Madagascar Andry Rajoelina officially declared the launch of a coronavirus cure called “Covid-Organic”¹⁰. A herbal tea made of locally sourced herbs was said to enhance immunity against the deadly virus. While the Government made efforts to ensure distribution, a voice of scepticism was raised by the National Academy of Medicine of Madagascar. The World Health Organisation too cautioned against any such finding followed by the African Union calling for the testing of drug’s safety and efficiency.

The East African island nation is reported to have 845 cases (Graph 4.5.1) since the first case reported on March 21 and 6 deaths so far. Following the detection of the first case, the island headed for a lockdown with restrictions imposed on all international and domestic air travel.

¹⁰ <https://www.aa.com.tr/en/africa/who-commends-madagascars-fight-against-covid-19/1848550>



Graph 4.5.1: Cumulative cases in Madagascar as on June 3, 2020 | Data Source: World Health Organisation

Madagascar		
S.No	Parameter	Value
1	Mortality Rate	0.71%
2	Recovery Rate	21.89%
3	First case reported on	March 21
4	Total tests done	11,954*

Table 4.5.3: Madagascar COVID Data as on June 3, 2020

** Source: Worldometer last accessed on June 3, 2020*

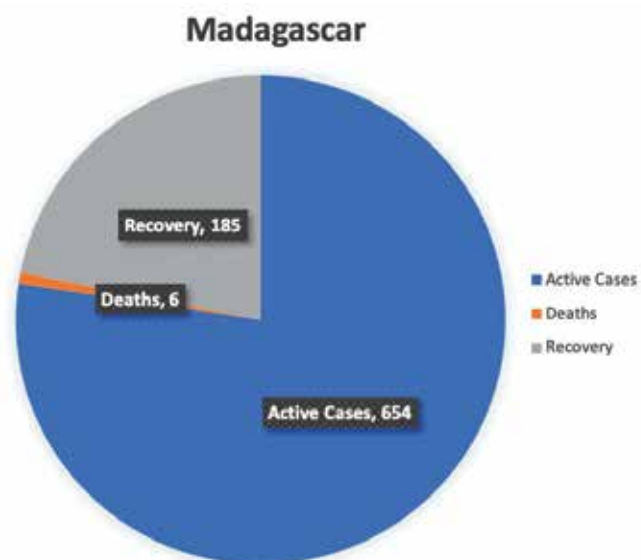


Chart 4.5.2: Total active cases, recovered patients and deaths in Madagascar as on June 3, 2020 | Data Source: COVID 19 Africa Dashboard (<http://covid-19-africa.sen.ovh/index.php?confirmed=ok&pays=450&local=ok&tp=1&xy=-17.602/48.560&z=5&isnc=1&np=MADAGASCAR>)



4.6 MAURITIUS

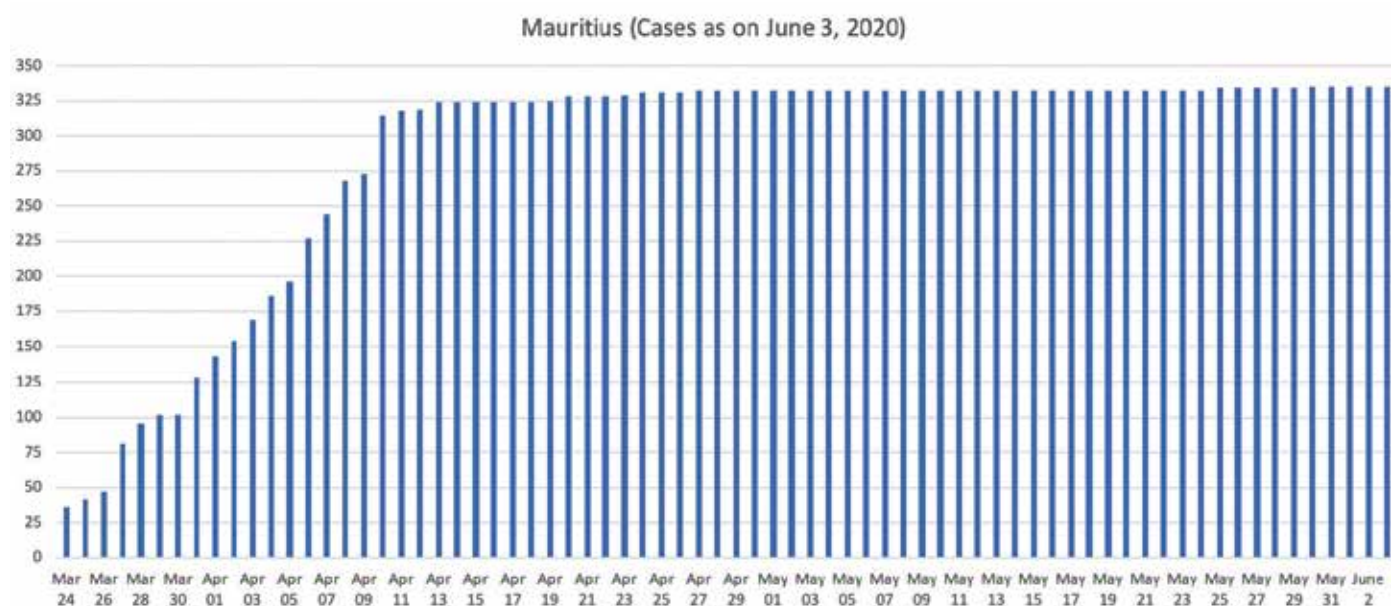


Mauritius has been successful so far in its handling of the crisis. The country has 335 confirmed cases with 10 reported deaths. As of 03 June 2020, there are only 3 active cases in Mauritius. The Government of Mauritius has been proactive in taking timely actions since the detection of the first three cases in the island nation on March 18. After the demise of the first Covid positive patient, the Government was prompt in imposing strict lockdown measures.

The Mauritian Government has been steadfast in leveraging technology by launching a web portal and mobile application “beSafeMoris” to crowdsource ideas from the public in its fight against the pandemic.

Mauritius imported 231 tonnes of equipment and 5,00,000 tablets of Hydroxychloroquine from India along with receiving a donation from the Centre of Disease Control of the African Union in Addis Ababa of two million masks as well as personal protective equipment such as goggles and gloves for healthcare personnel.

Two new laws have also been passed to strengthen the Government’s fight against the pandemic namely COVID-19 (Miscellaneous Provisions) Bill and the Quarantine Bill. These two bills have provided enough power and institutional system to the Government of Mauritius to better manage the necessities during these extraordinary circumstances and help those in need.



Graph 4.6.1: Cumulative cases in Mauritius as on June 3, 2020 | Data Source: World Health Organisation

Mauritius		
S.No	Parameter	Value
1	Mortality Rate	2.99%
2	Recovery Rate	96.12%
3	First case reported on	March 18
4	Total tests done	1,22,008

Table 4.6.3: Mauritius COVID Data as on June 3, 2020 | Data Source: Ministry of Health and Wellness, Government of Mauritius (<http://gis.govmu.org/English/News/Documents/June%202020/02%20June/020620%20BRIEF%20POUR%20LES%20MEDIAS%20MARDI%202002%20JUN%202020.pdf>)

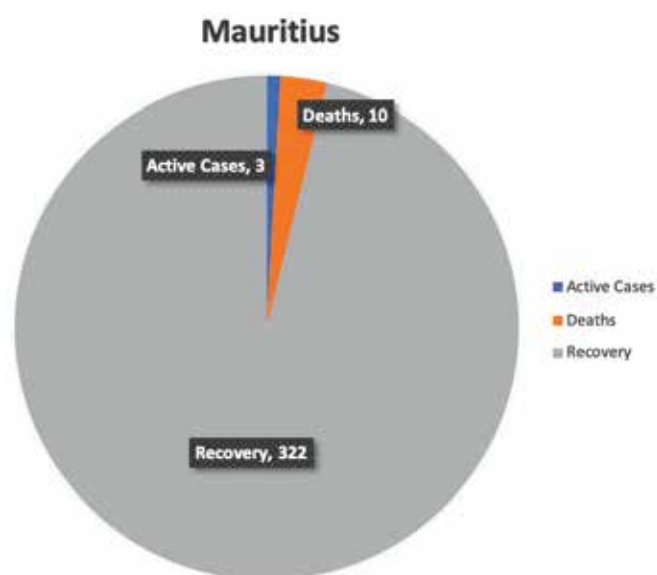


Chart 4.6.2: Total active cases, recovered patients and deaths in Mauritius as on June 3, 2020 | Data Source: Ministry of Health and Wellness, Government of Mauritius, (<http://gis.govmu.org/English/News/Documents/June%202020/02%20June/020620%20BRIEF%20POUR%20LES%20MEDIAS%20MARDI%202002%20JUN%202020.pdf>)



4.7 MALDIVES



Maldives has reported 1850 COVID-19 positive cases and 10 deaths as of 03 June 2020 (Graph 4.7.1) out of which 34.9% are Maldivian Nationals. Among the foreign nationals, there are 51.88% Bangladeshis followed by 9.85% Indians amongst others¹¹. Initial spread of the deadly virus in Maldives was slow with the first case reported on March 7 and less than 20 cases until mid-April.

However, with the rise in the number of cases the Maldivian Government was steadfast in imposing restrictions on inter-island movement in order to control the spread. The move was also important in lieu of the island nation's limited health infrastructure and capacity.

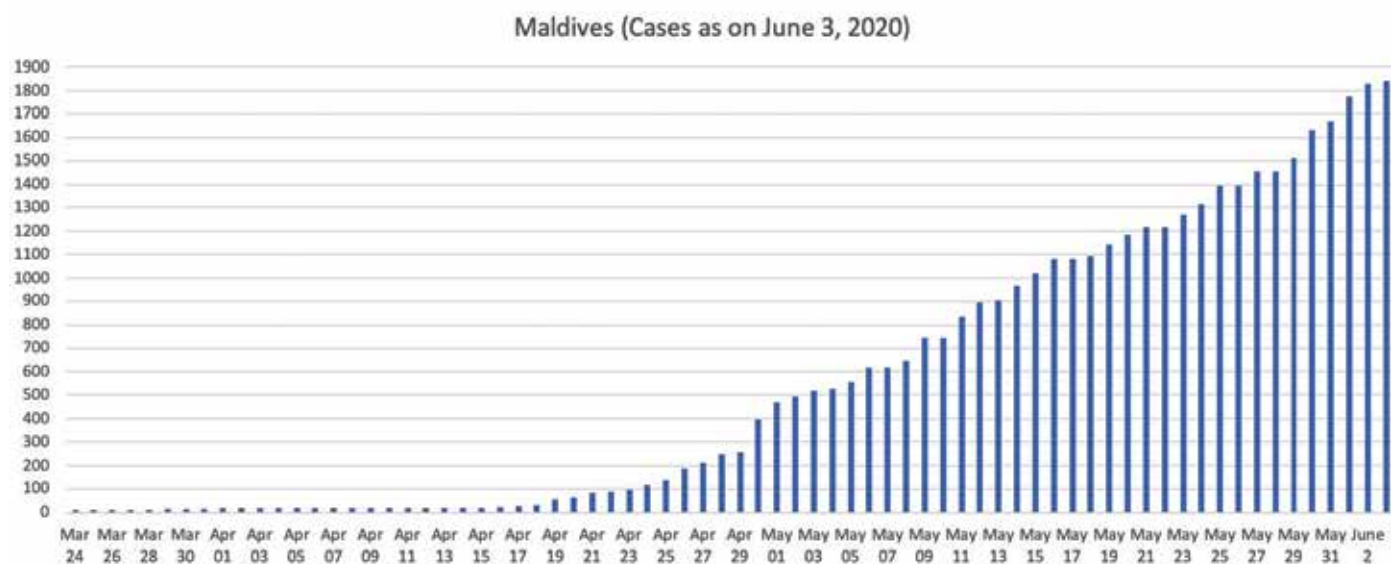
The greatest spread of COVID-19 in the Maldives has taken place among expatriate migrant workers who live in highly congested areas. These densely populated belts have turned out to be the biggest obstacle in controlling the spread of the virus.

Till now, the Maldives government has sent back 2500 Bangladeshi migrant workers along with over 3000 Indians which mainly included Tourists and Workers. Although, there are still thousands of migrant workers in the Maldives who need to be repatriated to their respective countries but because of lack of response from those respective governments, their departure has been delayed.

In light of the crisis, the Maldivian Government has also received assistance from countries like India and China. India has supplied food supplies as well as medicine, facilities and equipment required for medical care while China has also sent essential medical supplies to Maldives.

Through various initiatives, the Government is now looking at containing the effects of the crisis by means of reviving the economy and bringing life back to normalcy. With tourism and allied sectors being the primary source of revenue generation, Maldives is expected to lose 147 Million Dollars or 2.7% of its GDP as a result of these travel bans.

¹¹ <https://covid19.health.gov.mv/dashboard/> last accessed on May 30, 2020 at 0037 hrs



Graph 4.7.1: Cumulative cases in Maldives as on June 3, 2020 | Data Source: World Health Organisation

Maldives		
S.No	Parameter	Value
1	Mortality Rate	0.38%
2	Recovery Rate	34.81%
3	First case reported on	March 7
4	Total tests done	11,775*

Table 4.7.3: Maldives' COVID Data as on June 3, 2020 | Data Source: Ministry of Health, Government of Maldives

* Testing Source: Worldometer

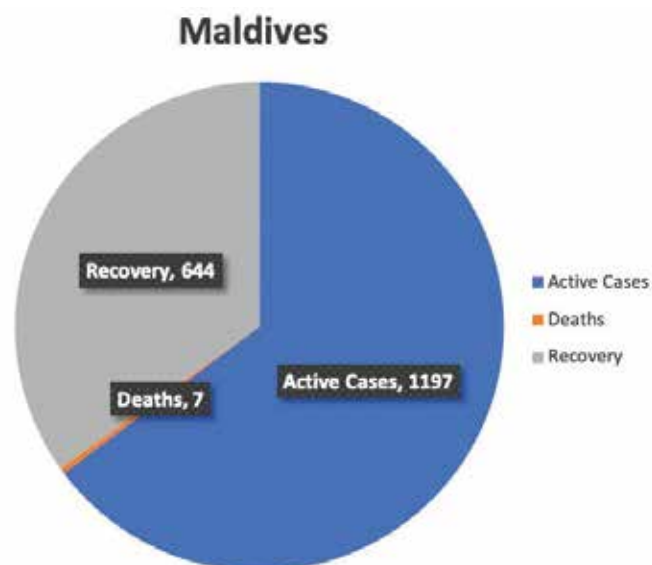


Chart 4.7.2: Total active cases, recovered patients and deaths in Maldives as on June 3, 2020 | Data Source: Ministry of Health, Government of Maldives (<https://covid19.health.gov.mv/dashboard/>)



4.8 SRI LANKA



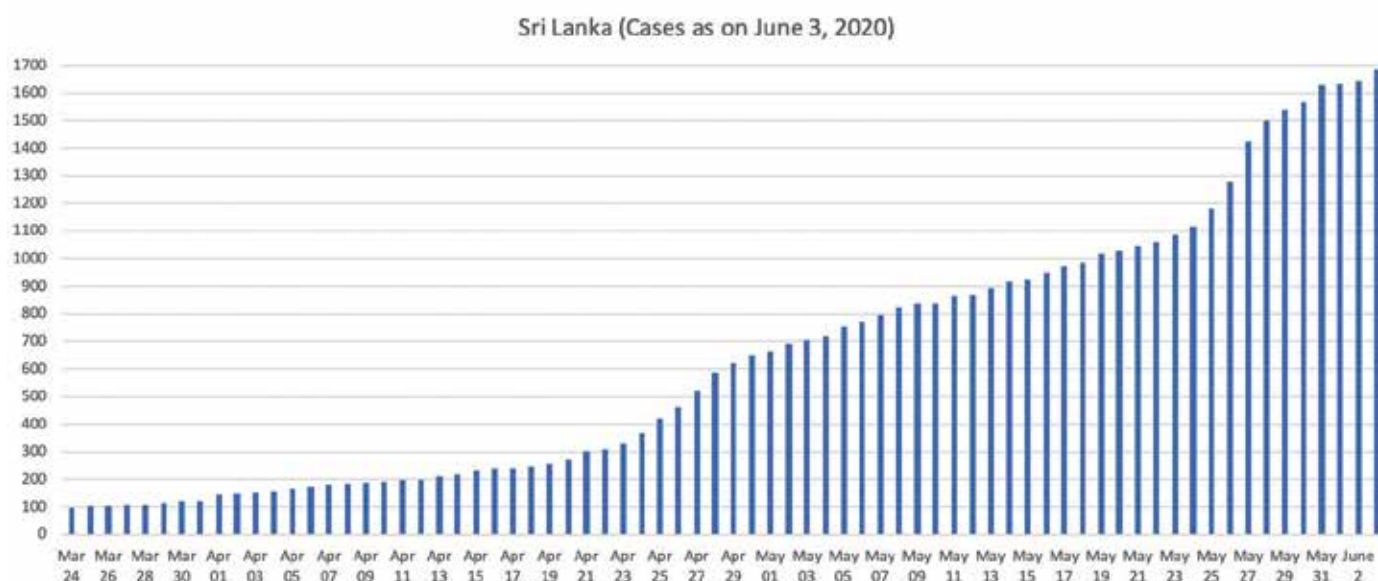
In Sri Lanka, the first corona positive case was detected on 10 March 2020 when a tour guide working with a group of Italians tested positive. As of 03 June 2020, a total of 1735 people have been found corona positive in Sri Lanka out of which 11 people have lost their lives (Graph 4.8.1). Following the detection of the first case in the country, Sri Lanka suspended its visa on arrival facility for foreign tourists on 11 March 2020 and subsequently also banned international travel by closing its air space.

Sri Lanka also entered into public holiday from 11 March 2020 in government as well as private offices along with shutting down the shops. The public holiday then turned into a lockdown. The 52-day long lockdown in Sri Lanka finally ended on 11 May 2020 and the country was opened up with precautions. On 23 March, Sri Lankan President G. Rajapaksa announced a relief fund named “COVID-19 Healthcare and Social Security Fund” to combat the corona virus pandemic.

During these Covid times, China has given a loan of US \$500 Million at a concessionary interest rate along with donating some medical supplies to help Sri Lanka in the fight against Pandemic¹². The US government has also donated essential supplies of medical equipment to Sri Lanka. Indian Government has also helped the island nation by donating approximately 10 tonnes of essential supplies including medicines, medical equipment etc.

Amidst the ongoing COVID-19 crisis, Sri Lanka has announced the postponement of Parliamentary election in Sri Lanka for an indefinite period till next further notice. The coronavirus outbreak has also severely affected the tourism sector which had just started to recover from the effects of 2019 Easter bombings. The tourism sector of Sri Lanka was directly affected with a fall in the number of tourists from all over the world to the Island nation.

¹² <https://www.newindianexpress.com/world/2020/mar/18/sri-lanka-gets-usd-500-million-loan-from-china-as-financial-aid-2118472.html>



Graph 4.8.1: Cumulative cases in Sri Lanka as on June 3, 2020 | Data Source: World Health Organisation

Sri Lanka		
S.No	Parameter	Value
1	Mortality Rate	0.63 %
2	Recovery Rate	48.18 %
3	First case reported on	January 27
4	Total tests done	68,204*

Table 4.8.3: Sri Lanka COVID Data as on June 3, 2020

* Testing Source: Worldometer

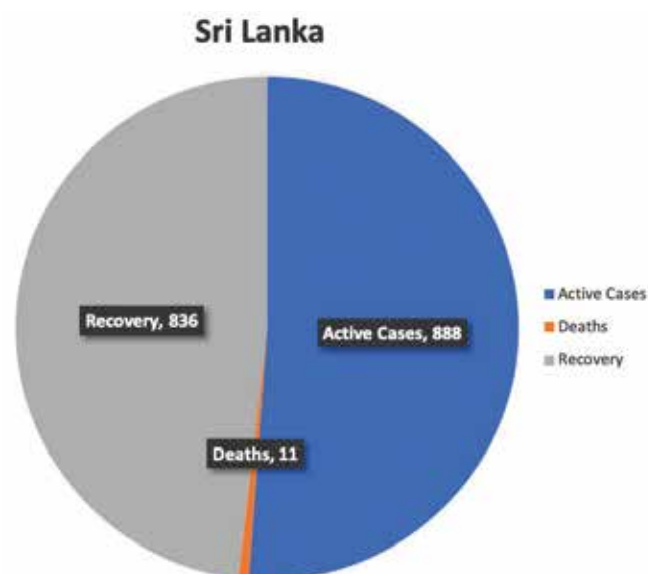


Chart 4.8.2: Total active cases, recovered patients and deaths in Sri Lanka as on June 3, 2020 | Data Source: Official Website for Sri Lanka's response to COVID-19 (<https://covid19.gov.lk>)



4.9 PAKISTAN



The first case of COVID-19 was detected in Pakistan on 26 February 2020 and by mid-March, the corona virus had spread to all four provinces. As of 03 June 2020, Pakistan has more than 80,000 cases (Graph 4.9.1) out of which approximately 29,000 have already recovered and 1688 people have lost their lives in battle against corona virus.

With the rise in the number of cases towards the end of March, a nationwide lockdown was imposed from March 23 onwards until May 9 followed by some relaxations owing to Eid.

The spread of the virus is continuing abated since then and thus a stricter form of the lockdown is expected in the days to come.

In March 2020, the Tablighi Jamaat Religious congregation in Lahore was super-spreader which became the pivotal reason of community transmission in some clusters.

It is interesting to note that Pakistan in collaboration with a Chinese pharmaceutical company named Sinopharm has started the vaccine trial although the human trial of that vaccine has not been done in China.

To contain the economic fallout because of a nationwide lockdown for more than 6 weeks, the government announced a relief and economic stimulus package of Rs 1.2 trillion on March 24. Government of Pakistan has also faced a lot of criticism for not evacuating its citizens, especially students who were studying in Wuhan as the situation worsened and Wuhan became the epicentre of the spread of the deadly virus.

The civilian vs military power tussle in political corridors of Pakistan has also been witnessed in Covid times especially Pakistan's non-cooperative behaviour with India which has further faltered the hope of revival of SAARC or any regional cooperation which includes India and Pakistan.



Graph 4.9.1: Cumulative cases in Pakistan as on June 3, 2020 | Data Source: World Health Organisation

Pakistan		
S.No	Parameter	Value
1	Mortality Rate	2.10%
2	Recovery Rate	35.95%
3	First case reported on	February 26
4	Total tests done	5,95,344

Table 4.9.3: Pakistan COVID Data as on June 3, 2020 | Data Source: Government of Pakistan (<http://covid.gov.pk>)

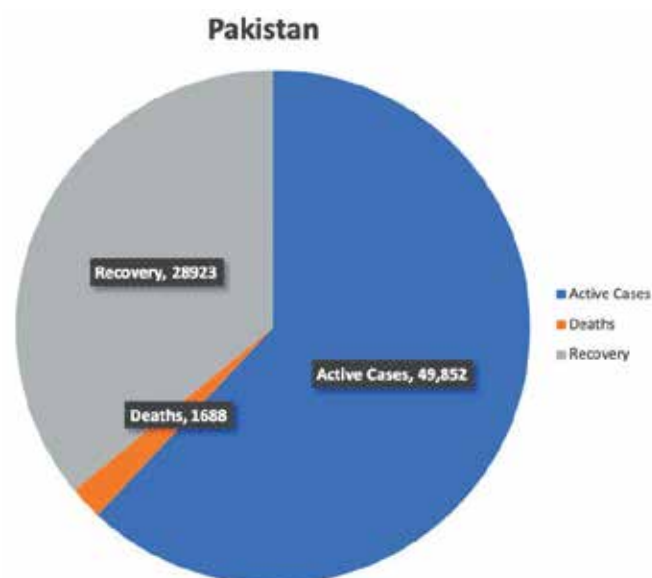


Chart 4.9.2: Total active cases, recovered patients and deaths in Pakistan as on June 3, 2020 | Data Source: Government of Pakistan (<http://covid.gov.pk>)



4.10 BANGLADESH



The first three cases in Bangladesh were reported on 7 March 2020. Although the Infectious spread of corona virus remained very low in Bangladesh until the end of March, it witnessed a steep rise in the month of April. For a long time, testing of corona virus was confined to the Institute of Epidemiology, Disease Control and Research in Dhaka even when cases were being reported from all over the country which implied a slow and lengthy process of obtaining results. Later on, testing facilities were made available in other cities as well.

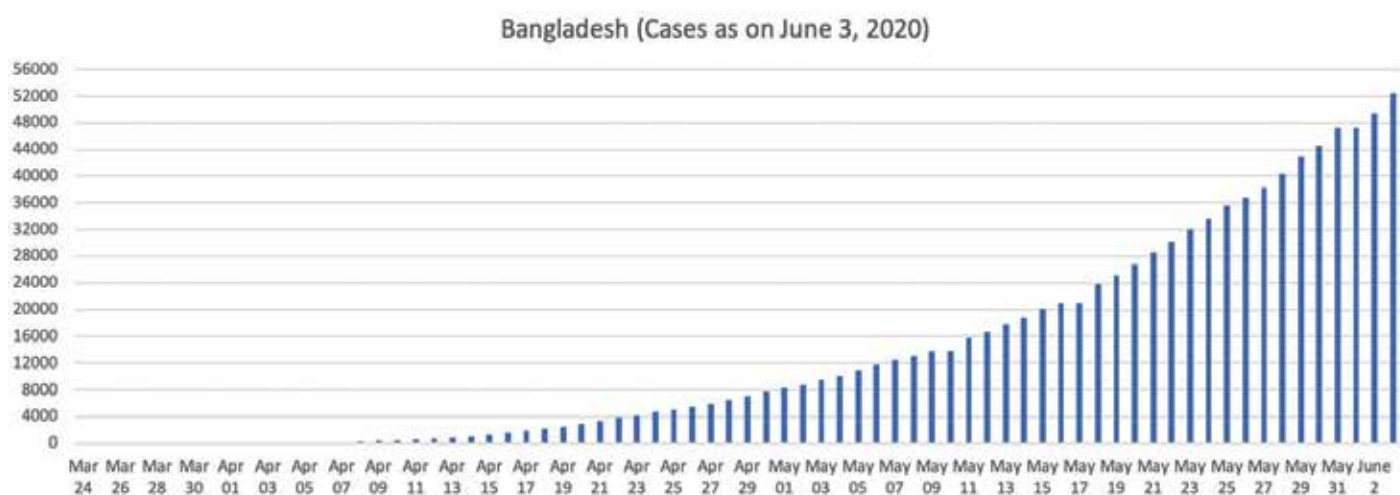
On 22 March, Bangladesh declared a 10-day shutdown effective from 26 March to 4 April which was later extended and continues as of 21 May 2020. On 14 March, Bangladesh suspended the visa-on-arrival facility for all foreigners and subsequently announced the shutting down of all international flights' departure and arrival.

As of 03 June 2020, Bangladesh has 55,140 confirmed cases (Graph 4.10.1) out of which 11,590 people have already recovered and 746 people have lost their lives.

Bangladesh is known for its garment exports all over the world, but the lockdown brought all industrial activities to a halt coupled with a reduction in global demand. Even though garment factories were allowed to continue production even during lockdown, but as per many reports in the media, it is expected that an estimated one million garment workers, or one quarter of the workforce was laid off due to declining orders for export¹³.

To manage this crisis, on 5 April 2020, Bangladeshi Prime Minister Sheikh Hasina also announced a stimulus package amounting to US \$ 8 Billion.

¹³ <https://www.npr.org/sections/coronavirus-live-updates/2020/04/03/826617334/1-million-bangladeshi-garment-workers-lose-jobs-amid-covid-19-economic-fallout>



Graph 4.10.1: Cumulative cases in Bangladesh as on June 3, 2020 | Data Source: World Health Organisation

Bangladesh		
S.No	Parameter	Value
1	Mortality Rate	1.35 %
2	Recovery Rate	21.02 %
3	First case reported on	March 8
4	Total tests done	3,45,493

Table 4.10.3: Bangladesh COVID Data as on June 3, 2020 | Data Source: IEDCR, Govt of Bangladesh <https://www.iedcr.gov.bd>

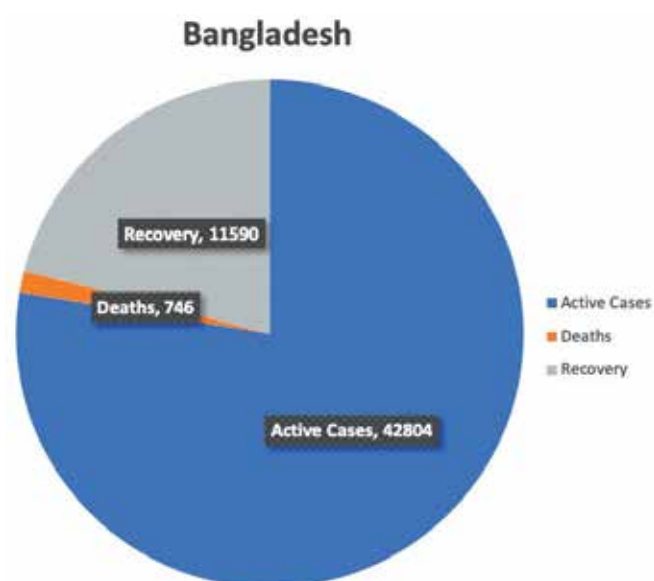


Chart 4.10.2: Total active cases, recovered patients and deaths in Bangladesh as on June 3, 2020 | Data Source: IEDCR, Govt of Bangladesh <https://www.iedcr.gov.bd>



4.11 INDIA



The first case in India was detected on January 30 and as on 03 June 2020, the confirmed cases in India have reached 216,579 (Graph 4.11.1). With a 48.03% recovery rate, over 100,000 people have already recovered from the disease and 6088 people have lost their lives. With a testing tally of more than 1,40,000 tests being conducted per day, the Indian authorities are aiming to double the same in the days to come.

India entered into lockdown on March 25 when cases had reached 500 and after 4 phases of lockdown, the Government has started opening the economy and giving relaxation for movement of people in Unlock1 phase which started from 01 June 2020.

In the strict four lockdown phases, a district wise mapping of the intensity of cases was done throughout the country by dividing the districts into categories of Red, Orange and Green zones based on the number of positive cases. Areas with high density of cases were called hotspots or containment zones within the red zones.

Most economic activities and movement of people was allowed in the Green and Orange Zone from April 20 onwards but remained minimal in red zones. Containment Zones within Red Zones were completely sealed to contain the spread of the virus in the first four phases of the lockdown. The lockdown has been extended in the containment zones till 30 June 2020.

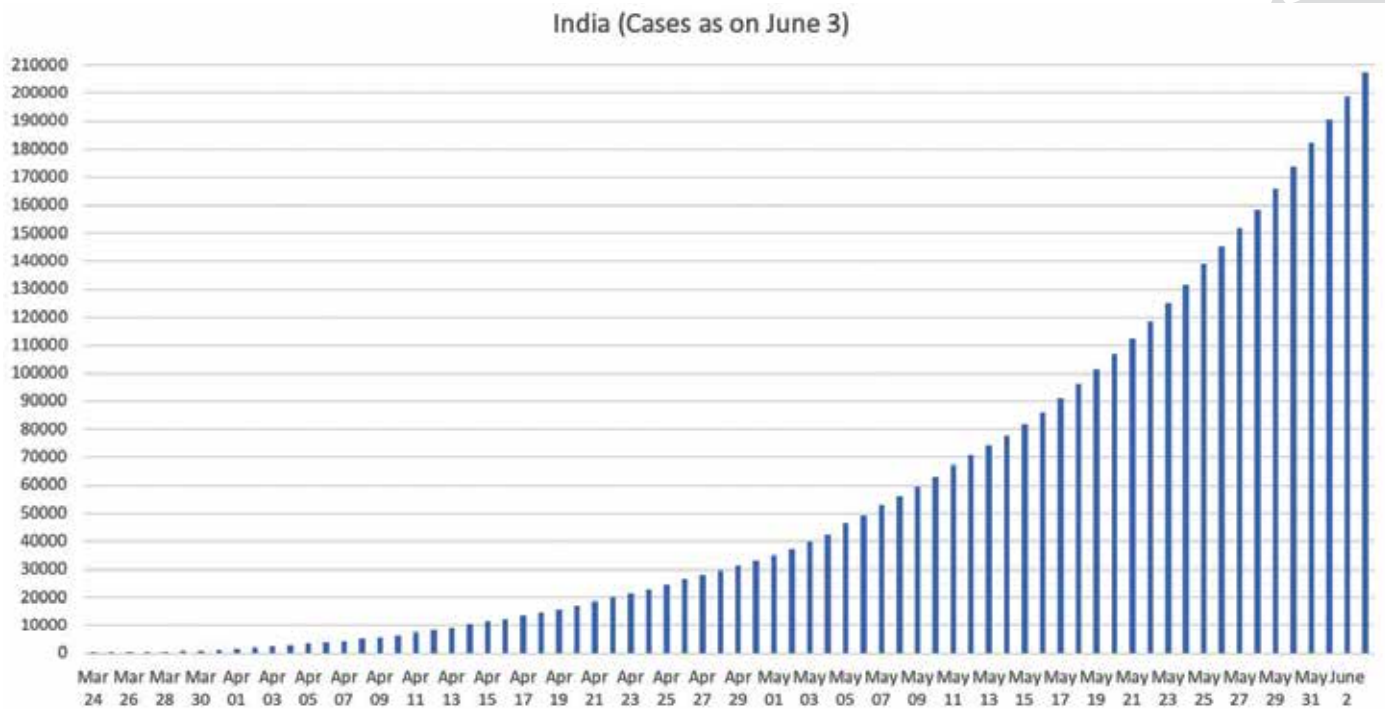
Lockdown period was effectively used by the authorities in effectively increasing the capacity of isolation wards in hospitals and building up new quarantine centres where people could be quarantined. The spread of the virus has been specifically more in the States of Maharashtra, Gujarat, Tamil Nadu, Delhi, Uttar Pradesh, Rajasthan, Madhya Pradesh, West Bengal.

With the ease in movement to settle the migrant labour, cases started to peak in India from the Lockdown 3.0 onwards thus posing a challenge in front of the State Governments to control the spread. As a countermeasure, efforts were put in place to ensure increased testing and isolation facilities.

To fight the battle against COVID-19, Prime Minister of India also announced setting up of a PM CARES Fund in which voluntary donations were received from people from all parts of the country and the fund is now being used for purchasing critical health equipment required in COVID-19 treatment, to make arrangements for food and shelter of stranded migrant labours and also for the vaccine development.

India has also helped other countries in this hour of crisis by supplying essential medical supplies and becoming the pivot of the global health supply chain. Supplies of Hydroxychloroquine and Paracetamol tablets were ensured to all those countries who reached out to the Indian authorities.

As part of Government of India's Mission Sagar initiative, Indian Navy has played a key role in supplying essential medical equipment, medicines and essential food items along with medical assistance teams to the countries in the Indian Ocean Region. India also took the lead



Graph 4.11.1: Cumulative cases in India as on June 3, 2020 | Data Source: World Health Organisation

in organising the SAARC Virtual Conference where all 8 countries in South Asia took a resolve for enhancing the regional cooperation especially in such testing times of COVID-19.

Although the occasion was used by Pakistan to push forth its political agenda, irrespective of which India's regional cooperation with other South Asian countries has been phenomenal. The Ministry of External Affairs under the aegis of Government of India also launched the Vande Bharat Mission to bring back Indian Citizens who were stranded in other countries in a phased manner. As of 03 June 2020, more than 60,000 Indian Citizens who were stranded in other countries, have been brought back under Vande Bharat Flights which started from May 6. Shramik special trains were also started by the Government from May 1 onwards to help migrants reach their homes. As of 03 June 2020, Indian Railways has run more than 4200 such Shramik trains and has transported more than 57 Lakhs migrant labourers, students and other people from various parts of the country to their hometowns.

To handle the challenges of economic downturn and fallout of stalled economic activities during the national lockdown, Government of India announced INR 20 Lakh Crore economic stimulus package which

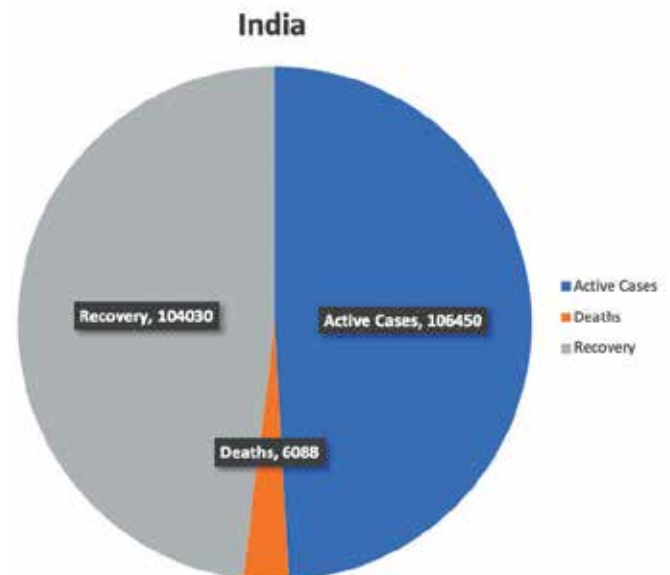


Chart 4.11.2: Total active cases, recovered patients and deaths in India as on June 3, 2020 | Data Source: <https://www.covid19india.org>

included structural reforms in various sectors of Indian Economy.

India		
S.No	Parameter	Value
1	Mortality Rate	2.81 %
2	Recovery Rate	48.03 %
3	First case reported on	January 30
4	Total tests done	39,66,075

Table 4.11.3: India COVID Data as on June 3, 2020 | Data Source: <https://www.covid19india.org>



4.12 IRAN



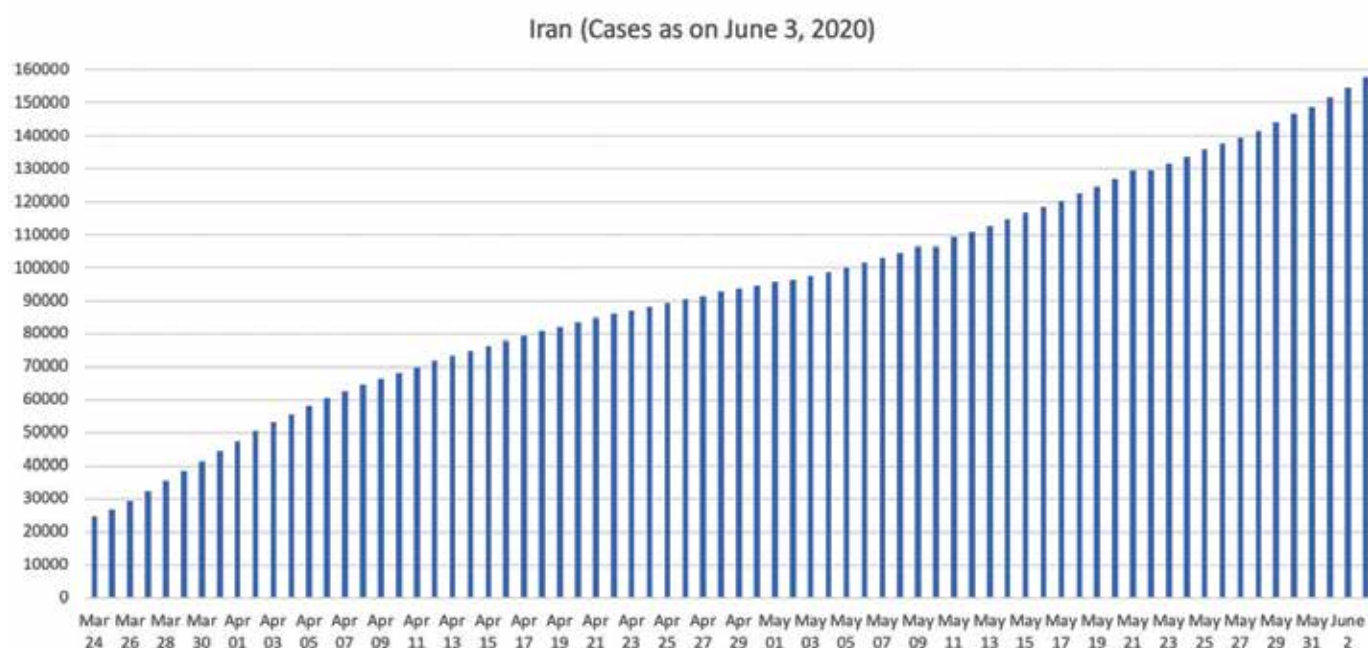
The first confirmed case of COVID-19 was detected in Iran on 19 February 2020. As of 03 June 2020, Iran has 160,696 confirmed cases (Graph 4.12.1) out of which 8012 People have lost their lives. With the confirmation of community transmission of the virus in Iran in March, Friday prayers were called off by the Government of Iran along with calling of all public events and banning large gatherings.

Iran witnessed an increase in the number of corona positive cases from the last week of February 2020 and this spread continued till the month of March. National lockdown was imposed for a period of 5 weeks as cases peaked. Spread has passed its peak in Iran, the threat of a second wave looms large.

Out of the total confirmed cases in Iran, 125,206 people have recovered from the disease with a recovery rate of 77.91%. Therefore, keeping in mind the situation of containment of pandemic, the Iranian government announced the opening up of courtyards of shrines with full observance of health protocols after Eid ul-Fitr in Iran. Opening up of all other mosques for prayers is also expected soon.

With the declining number of cases in Iran as compared to their own situation in the month of March and also as compared to situation in other parts of the world, people and authorities of Iran are hoping for an early restoration of normalcy. Out of the 31 provinces, 20 have reported significant decline in the number of cases with zero fatalities in the last few days.

Iran had to also face its share of struggles in getting medical equipment during the peak of infection owing to the sanctions imposed by the US. The geopolitical complexity in times of COVID-19 is also a text book study case for more cooperation at least in times of crisis like such pandemic.



Graph 4.12.1: Cumulative cases in Iran as on June 3, 2020 | Data Source: World Health Organisation

Iran		
S.No	Parameter	Value
1	Mortality Rate	4.99 %
2	Recovery Rate	77.91 %
3	First case reported on	February 19
4	Total tests done	9,97,009

Table 4.12.3: Iran COVID Data as on June 3, 2020

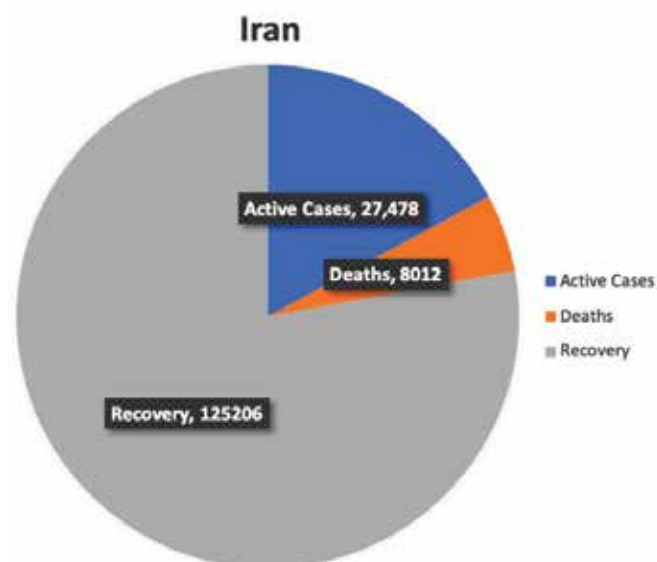


Chart 4.12.2: Total active cases, recovered patients and deaths in Iran as on June 3, 2020 | Data Source: <https://www.worldometers.info/coronavirus/country/iran/>



4.13 OMAN



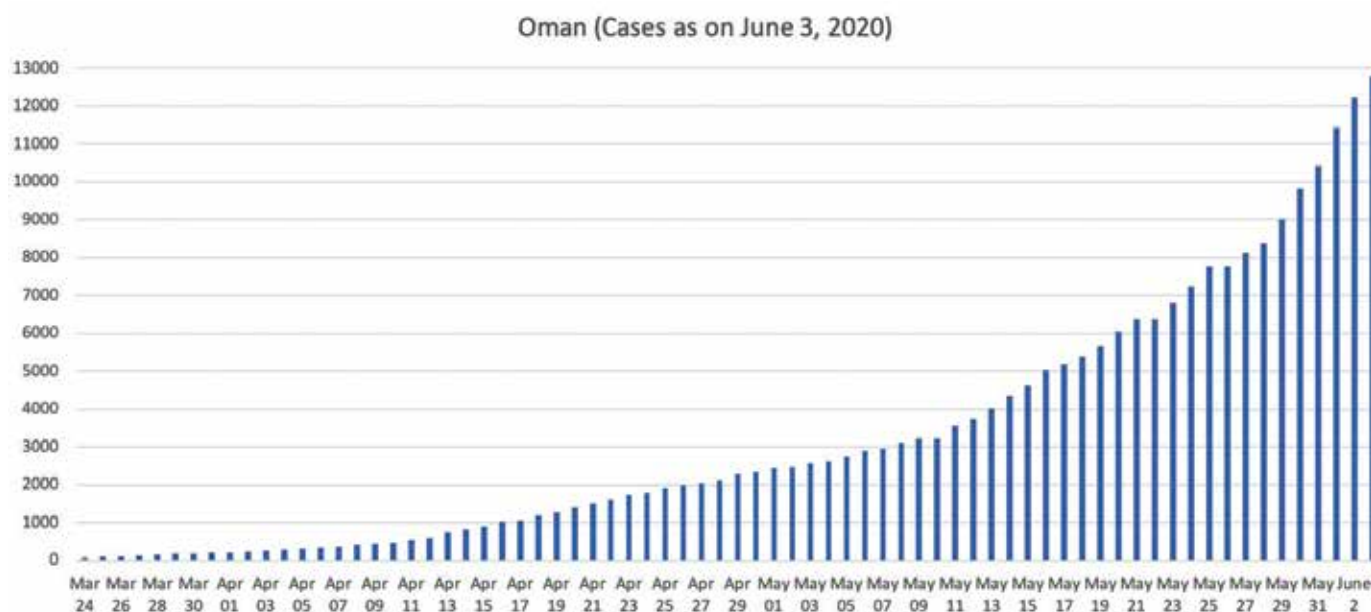
As of 03 June 2020, Oman has 13,538 confirmed cases (Graph 4.13.1) out of which 67 people have lost their lives. Out of 13,538 cases, more than half of the cases are in Muscat only with almost 80% cases from within the expatriate community.

Because of the high number of cases in Muscat, a complete lockdown was imposed in Muscat on April 10. On 10 March, The Sultan of Oman Haitham bin Tariq al-Said formed a Supreme Committee under the leadership of the Minister of Interior and was assigned the task of containing the spread of virus in the country.

The main task of the Supreme Committee was to present solutions in containing the spread of the virus and limit its aftermaths. Oman received a lot of help in terms of medical supplies and necessary equipment required in the fight against the pandemic from China which sent personal protective equipment and lab screening tests equipment.

With the large number of expatriates who reside within Oman, the authorities are now in touch with various countries to send their citizens back. India too has brought its citizens back from Oman under the Vande Bharat Mission. To contain the economic fallout of COVID-19, the Central Bank of Oman (CBO) announced a comprehensive incentive package on 18 March so as to inject additional liquidity of more than OMR 8 billion (USD 20.78 billion) into the Oman economy¹⁴.

¹⁴ <https://home.kpmg/om/en/home/insights/2020/04/Oman%20Government%20measures%20to%20address%20COVID-19.html>



Graph 4.13.1: Cumulative cases in Oman as on June 3, 2020 | Data Source: World Health Organisation

Oman		
S.No	Parameter	Value
1	Mortality Rate	0.49 %
2	Recovery Rate	21.01 %
3	First case reported on	February 24
4	Total tests done	1,00,181*

Table 4.13.3: Oman COVID Data as on June 3, 2020 | Data Source: Official twitter Account of the Government of Oman for COVID Updates (@OmanVSCovid19)

* Testing Source: Worldometer

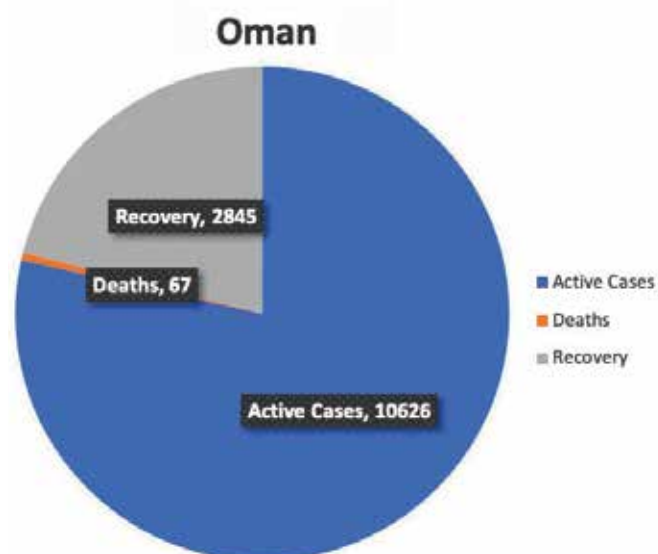


Chart 4.13.2: Total active cases, recovered patients and deaths in Oman as on June 3, 2020 | Data Source: Official twitter Account of the Government of Oman for COVID Updates (@OmanVSCovid19)



4.14 UAE



The first case of COVID-19 in the Gulf was reported in the United Arab Emirates (UAE) on 29 January 2020. As of 03 June 2020, UAE has 35,788 confirmed cases (Graph 4.14.1) out of which 50% patients of COVID-19 have already been recovered and 269 people have lost their lives. Still there are no signs of flattening the Covid curve with consistent rise in the number of cases.

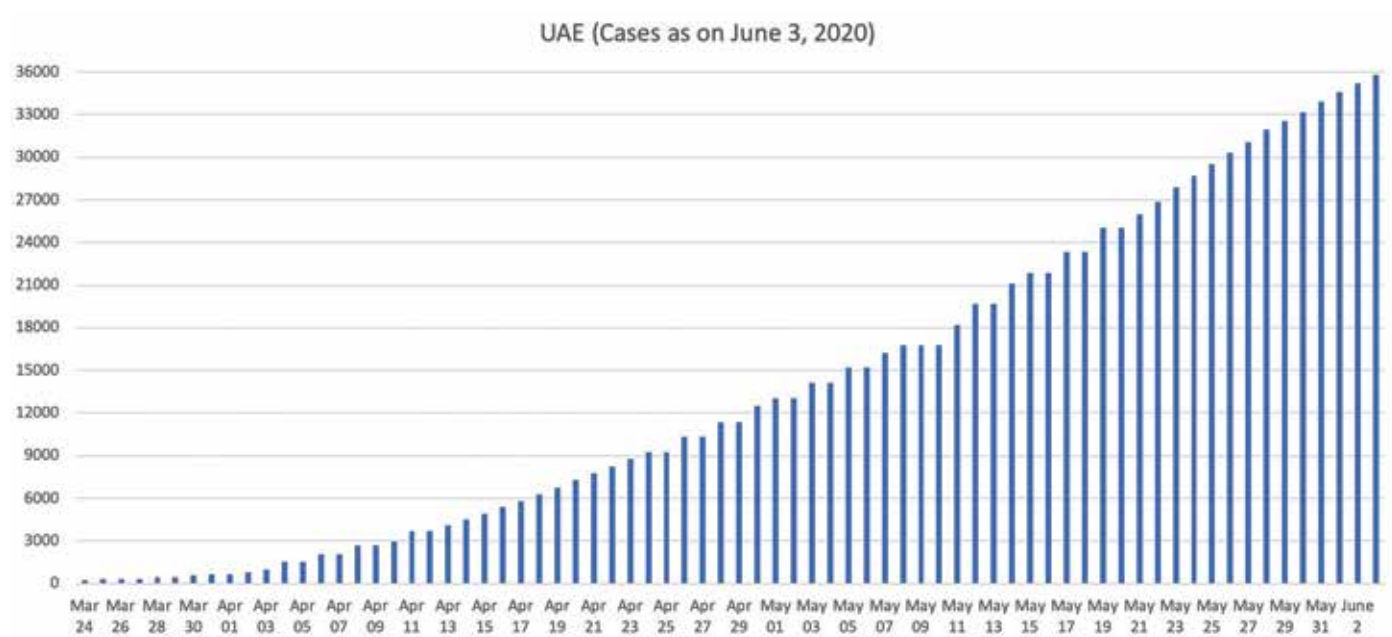
Overnight curfew was imposed by authorities with the initial spread of the virus to contain spread in cities where expatriates were living in clusters. UAE entered into a phase of lockdown in the last week of March and remained so until mid-April.

UAE is also home to thousands of foreign nationals who work in various capacities from labour class to working professional. Sending the foreign nationals back was facilitated in cooperation with the expatriates' home countries on a voluntary basis.

A large chunk of the expatriate population of Indians were brought back under the Vande Bharat Mission. At a time when cases were peaking, a batch of 88 nurses from India went to help health professionals of the UAE government in the fight against COVID-19 setting a new high in diplomatic ties.

India also sent a large consignment of medical supplies including Hydroxychloroquine tablets which were used as a preventive health care measure by health authorities. In response, UAE sent 7 metric tonnes of necessary medical supplies to India. UAE also helped a lot of smaller nations in African continent by supplying medical aids.

The government has announced a total of Dh 126 Billion of economic stimulus package in two tranches. The important measures to boost the economy include a renewable six-month suspension of work permit fees and reduction of labour and other charges to cut the cost of doing business, support to small businesses and accelerating major infrastructure projects in UAE specially to increase government spending to spur demand.



Graph 4.14.1: Cumulative cases in UAE as on June 3, 2020 | Data Source: World Health Organisation

UAE		
S.No	Parameter	Value
1	Mortality Rate	0.75%
2	Recovery Rate	52.32%
3	First case reported on	January 29
4	Total tests done	21,45,493*

Table 4.14.3: Iran COVID Data as on June 3, 2020 | Data Source: Department of Health, Abu Dhabi Public Health Center (<https://doh.gov.ae/covid-19>)

* Testing Source: Worldometer



Chart 4.14.2: Total active cases, recovered patients and deaths in UAE as on June 3, 2020 | Data Source: Department of Health, Abu Dhabi Public Health Centre (<https://doh.gov.ae/covid-19>)



4.15 INDONESIA



The first case of COVID-19 was detected in Indonesia on March 02 and by the month of April, all the 34 provinces of Indonesia were engulfed with the spread of contagious corona virus. As of 03 June 2020, the number of corona positive cases are 28,233 (Graph 4.15.1) and 1698 people have lost their lives.

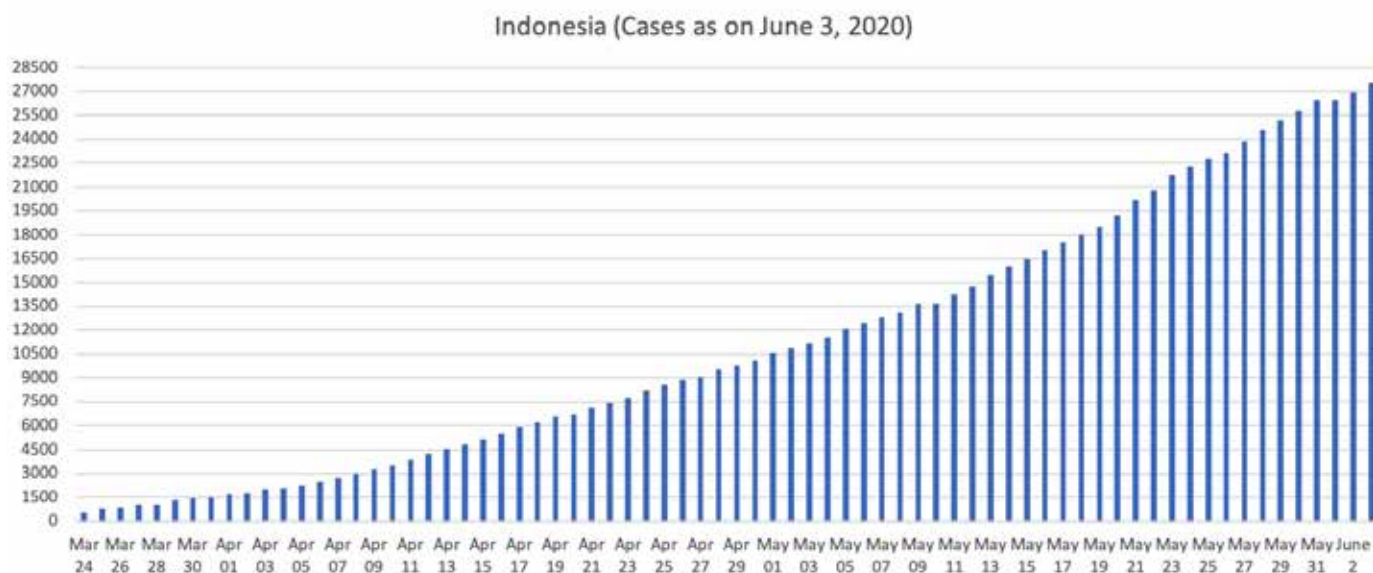
Within Southeast Asia, Indonesia is at number two in terms of total confirmed cases after Singapore while the death count in Indonesia is highest in Southeast Asia and fifth largest in Asia. Till 03 June 2020, Indonesia has tested 354,434 people and the government is increasing its testing capacity to detect any community transmission.

The Government of Indonesia did not follow the path of entering into full lockdown. The government announced a partial nationwide lockdown termed as large-scale social restrictions which are currently in place in four provinces alongside 23 cities. The Government of Indonesia has also used personnel of the Army along with the police force to strictly enforce the social distancing rules announced by the government.

COVID-19 pandemic has also hit the Indonesian economy in a big way. Indonesia is the largest developing economy in Southeast Asia. The government of Indonesia has taken a lot of emergency measures along with announcing the economic stimulus package of \$43 billion to support the ailing economy in times of COVID-19.

Banning of domestic and international flights has mounted the economic troubles of Indonesia resulting in crippling of the tourism sector and impacting a large number of people who are associated and dependent on associated sectors.

With the cases growing at a faster rate since May 14, Indonesia is entering a crucial phase of its fight against the pandemic and thus the National COVID-19 Task Force formed by Indonesian Government to deal with COVID-19 is taking all precautionary measures to contain it to a minimum. The unfortunate spread also coincides with the holy month of Ramadan during which there will be heightened movement of people which has also been allowed by the Government of Indonesia.



Graph 4.15.1: Cumulative cases in Indonesia as on June 3, 2020 | Data Source: World Health Organisation

Indonesia		
S.No	Parameter	Value
1	Mortality Rate	6.01 %
2	Recovery Rate	29.77 %
3	First case reported on	March 2
4	Total tests done	3,54,434*

Table 4.15.3: Indonesia COVID Data as on June 3, 2020 | Data Source: Dashboard of the COVID-19 virus outbreak in Indonesia (<https://againstcovid19.com/indonesia/dashboard>)

* Testing Source: Worldometer



Chart 4.15.2: Total active cases, recovered patients and deaths in Indonesia as on June 3, 2020 | Data Source: Dashboard of the COVID-19 virus outbreak in Indonesia (<https://againstcovid19.com/indonesia/dashboard>)



4.16 MALAYSIA



The first COVID-19 case was detected in Malaysia on 25 January 2020. Since then the number of cases have soared high and as of 03 June, there are a total of 7877 confirmed cases (Graph 4.16.1) including 115 deaths. The increase in the number of cases can be particularly attributed to the religious gathering that was held in Sri Petaling which is a Suburb in

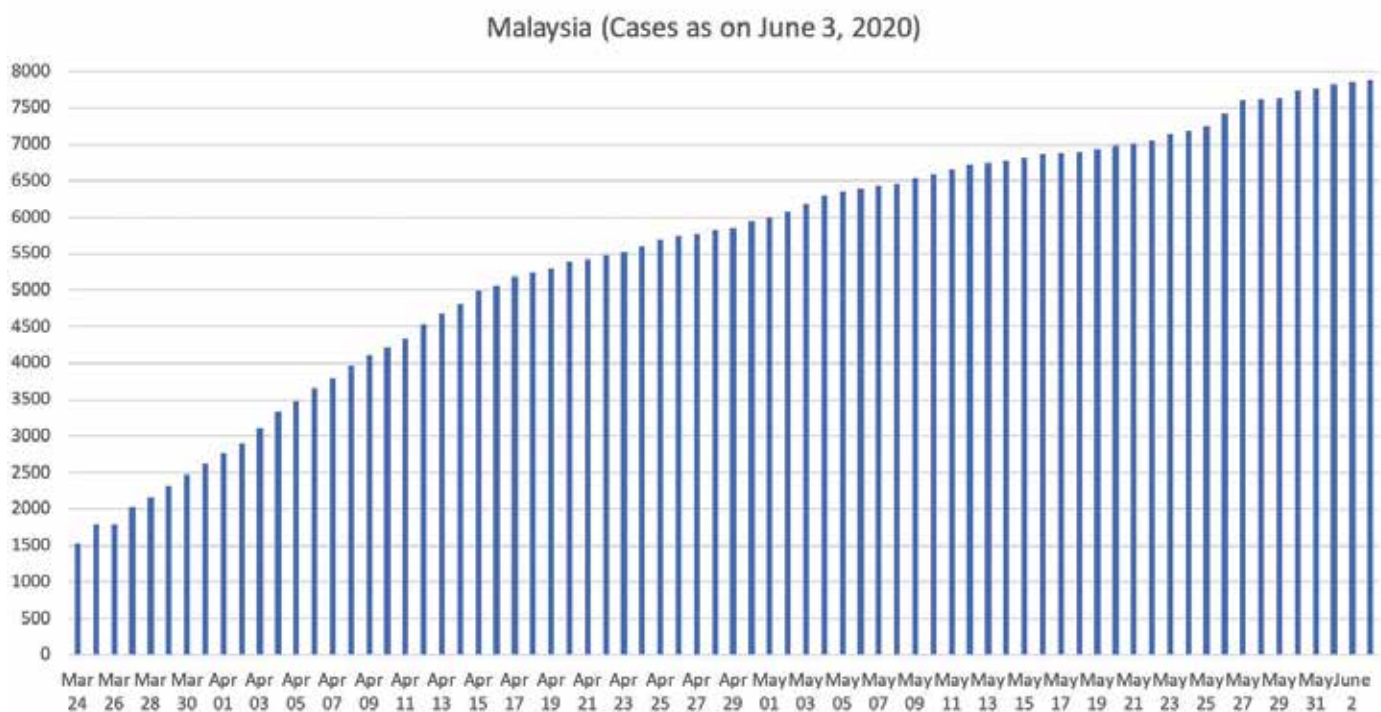
Kuala Lumpur in the end of February and starting of March.

Before this gathering, all the cases in Malaysia were largely imported but local transmission of disease was reported by followers by confirmation of cases in neighbouring countries. This religious gathering was organised by Tablighi Jamaat, an Islamic Missionary movement. The meeting was attended by over 16,000 people from almost all Asian countries. About 2000 people are believed to have travelled back to their home countries thus transmitting cases in the region.

Malaysia entered into partial lockdown on 18 March 2020 with subsequent orders of Movement Control to contain the spread of virus. Although initially the cases were on rise exponentially in Malaysia but following the South Korean model of testing, Malaysia is on the verge of flattening the curve. With almost 30,000 tests being done on a daily basis, detection and contact tracing Malaysia is believed to be restricting the spread of the virus.

The Government of Malaysia announced relaxation in lockdown from 04 May 2020. So far, three economic packages, totalling 280 billion ringgits (\$63 billion), have been announced by the Government to cushion the economy against risks arising from the Covid-19 pandemic. To revive the economy and support small businesses Government has announced the PRIHATIN Rakyat Economic Stimulus Package¹⁵.

¹⁵ <https://www.nst.com.my/news/nation/2020/03/578956/pms-full-speech-prihatin-economic-stimulus-package#:~:text=As%20promised%2C%20I%20will%20announce,billion%20to%20strengthen%20the%20economy.>



Graph 4.16.1: Cumulative cases in Malaysia as on June 3,, 2020 | Data Source: World Health Organisation

Malaysia		
S.No	Parameter	Value
1	Mortality Rate	1.46%
2	Recovery Rate	82.14%
3	First case reported on	January 25
4	Total tests done	5,30,749

Table 4.16.3: Malaysia COVID Data as on June 3, 2020 | Data Source: Department of Statistics, Government of Malaysia (<https://ukkdosm.github.io/covid-19>)

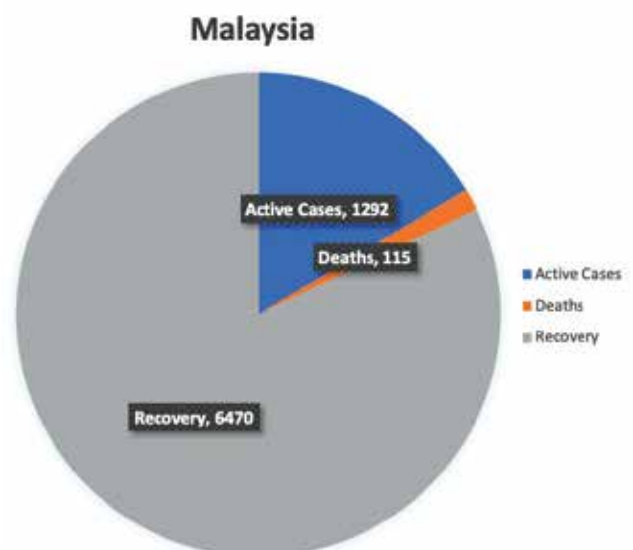


Chart 4.16.2: Total active cases, recovered patients and deaths in Malaysia as on June 3, 2020 | Data Source: Department of Statistics, Government of Malaysia (<https://ukkdosm.github.io/covid-19>)



4.17 MYANMAR



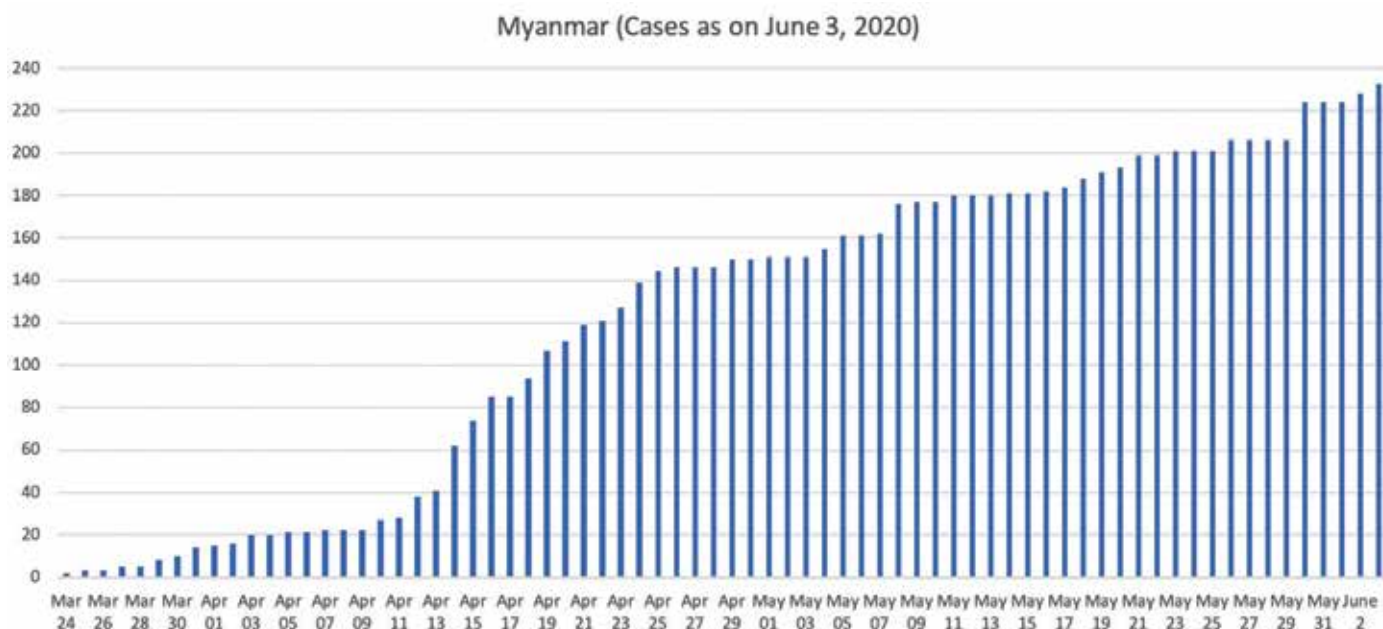
First case of COVID-19 was found on 23 March 2020 in Myanmar. Government of Myanmar immediately constituted a committee named “Committee for Corona Virus Disease 19” and First Vice President Myint Swe was made head of the committee. The committee consisted of many other Union Ministries to ensure smooth inter-department coordination.

Initial testing in Myanmar was minimal with bare contact tracing. As per some media reports, the contact person of the first COVID-19 case was also not tested. A total of approximately 30,000 people have been tested till now out of which 233 people have been found COVID-19 positive (Graph 4.17.1) while 6 people have lost their lives in Myanmar.

Owing to a long boundary with China and movement of Myanmarese labour across this border, the country is prone to a second wave of spread since the borders have yet not been sealed. Myanmar has also received aid from both China and India.

The medical supplies from China to Myanmar consisted of 150,000 novel coronavirus nucleic acid testing reagents and 18,000 PPEs along with Masks. India also helped Myanmar in these difficult times by sending medical supplies. The supply of 200,000 Hydroxychloroquine Tablets along with other necessary emergency medical equipment¹⁶.

¹⁶ https://embassyofindiaYangon.gov.in/pdf/Medical_English_Version.pdf



Graph 4.17.1 : Cumulative cases in Myanmar as on June 3, 2020 | Data Source: World Health Organisation

Myanmar		
S.No	Parameter	Value
1	Mortality Rate	2.58%
2	Recovery Rate	62.23%
3	First case reported on	March 24
4	Total tests done	29,923

Table 4.17.3: Myanmar COVID Data as on June 3, 2020 | Data Source: Ministry of Health and Sports, Government of Myanmar (<https://mohs.gov.mm/Main/content/publication/2019-ncov>)

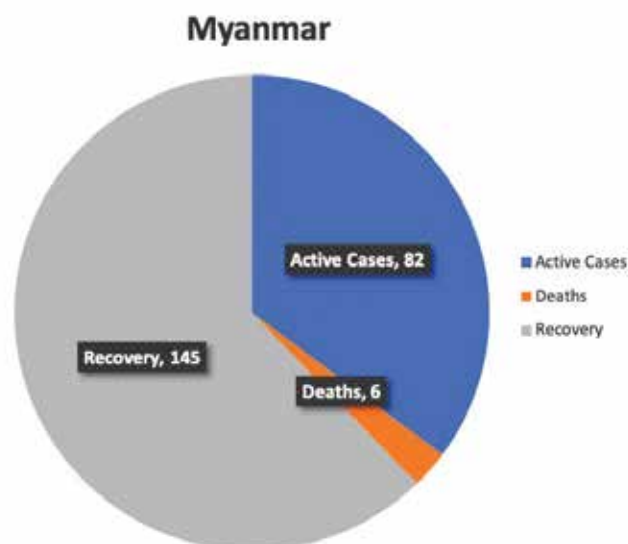


Chart 4.17.2: Total active cases, recovered patients and deaths in Myanmar as on June 3, 2020 | Data Source: Ministry of Health and Sports, Government of Myanmar (<https://mohs.gov.mm/Main/content/publication/2019-ncov>)



4.18 THAILAND



The first case of COVID-19 was reported in Thailand on 13 January 2020. Initially all early cases in Thailand were linked to China because all positive patients had a history of visit to China. While the number of cases remained low throughout February, a sharp increase was observed from mid-March onwards.

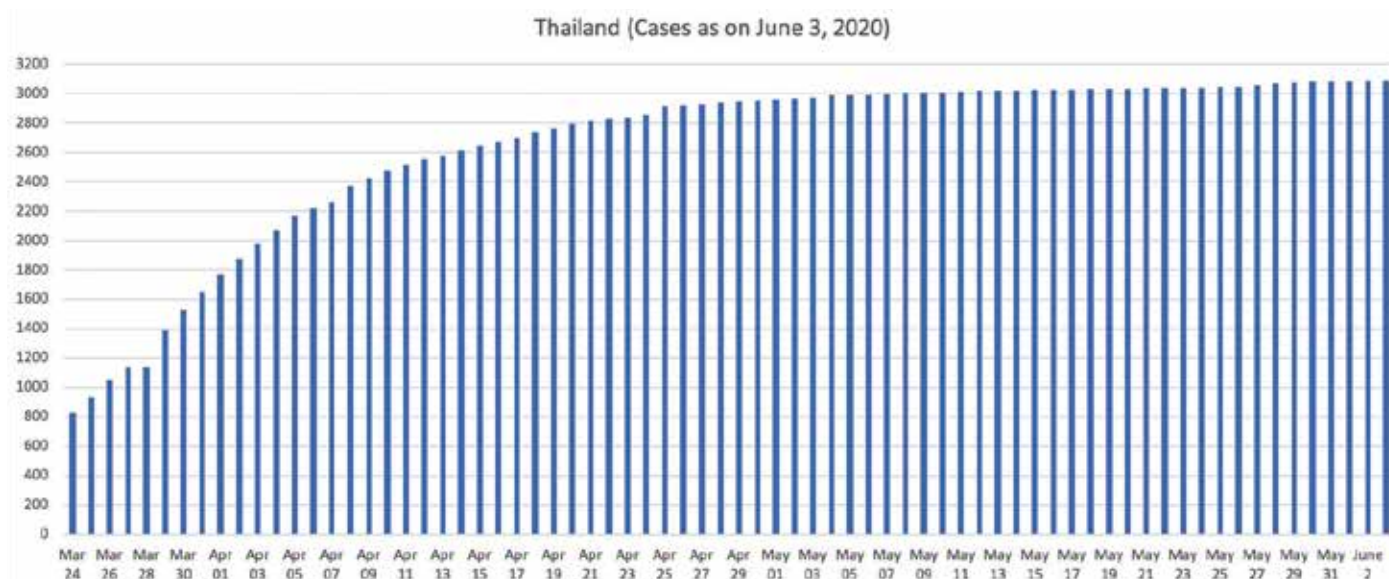
The reason for such a sharp increase can be linked to several clusters, the largest of which occurred at a Muay Thai fight at the Lumpinee Boxing Stadium on 06 March 2020. Once the cases started to rise in large numbers, the Government of Thailand announced closure of public venues and businesses in Bangkok and several other provinces.

Prime Minister of Thailand Prayut Chan-o-cha declared a state of emergency, effective from 26 March 2020. Initial attempts were made at containing the spread through surveillance and contact tracing. The government in Thailand has also been sharply criticised for issues like over hoarding and price gouging of face masks. Although the government issued price controls and intervened in their distribution, its attempt failed to prevent medical supply shortages among hospitals.

To contain and control the spread of corona virus, the Prime Minister of Thailand constituted a committee “Centre for COVID-19 Situation Administration (CCSA)” to ensure smoother coordination between various ministries and institutions. CCSA took the decision of imposing the state of emergency to fight Covid-19 and under CCSA, all the powers which were vested in about 40 laws, including the powerful Communicable Disease Act of Thailand¹⁷, came directly into the hands of the Prime Minister.

With rumours around CCSA further extending the State of Emergency, voices of criticism have started to echo about the government’s ill preparedness in extending the lockdown without the backing of strict follow up measures like restriction on non-essential movement, social/public gatherings and closure of businesses. People from provinces with no new cases have started demanding for some relaxations to return to normalcy.

¹⁷ <https://www.bangkokpost.com/opinion/opinion/1923632/the-time-for-a-state-of-emergency-is-over>



Graph 4.18.1: Cumulative cases in Thailand as on June 3, 2020 | Data Source: World Health Organisation

Thailand		
S.No	Parameter	Value
1	Mortality Rate	1.88 %
2	Recovery Rate	96.24 %
3	First case reported on	January 13
4	Total tests done	4,20,529

Table 4.18.3: Thailand COVID Data as on June 3, 2020 | Data Source: <https://www.worldometers.info/coronavirus/country/thailand/>

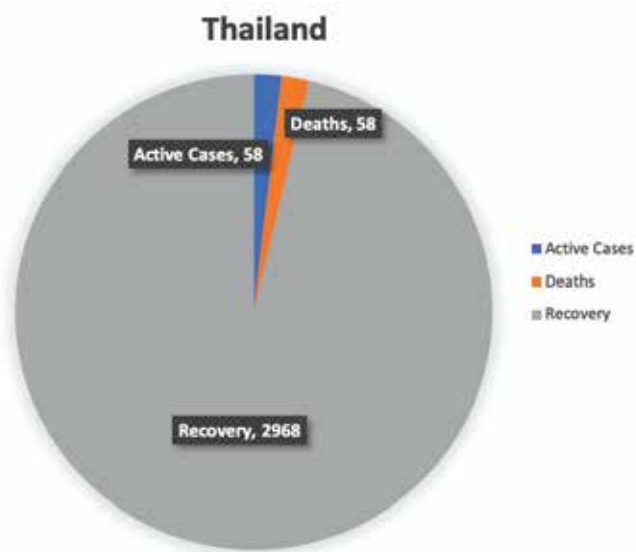


Chart 4.18.2: Total active cases, recovered patients and deaths in Thailand as on June 3, 2020 | Data Source: <https://www.worldometers.info/coronavirus/country/thailand/>



4.19 SINGAPORE



First case of Corona was detected in Singapore in late January. Counting on its experience of SARS (Severe Acute Respiratory Syndrome) outbreak which had killed 33 people, 17 years ago, Singapore was mindful of the possible havoc of Covid.

Data suggests that Singapore did very well in containing the spread of the virus after detection of the first case in late January. Till mid-March, the number of cases in Singapore were well under control, and it was only after March 15 that a steep rise was observed.

The initial strategy of hospitalisation and isolation of infected people, rigorous contact tracing and clear social messaging complimented by world class health infrastructure worked in Singapore's favour but post mid-march when the virus started spreading especially amongst migrant workers, it became difficult for authorities to contain the community transmission although with increased testing.

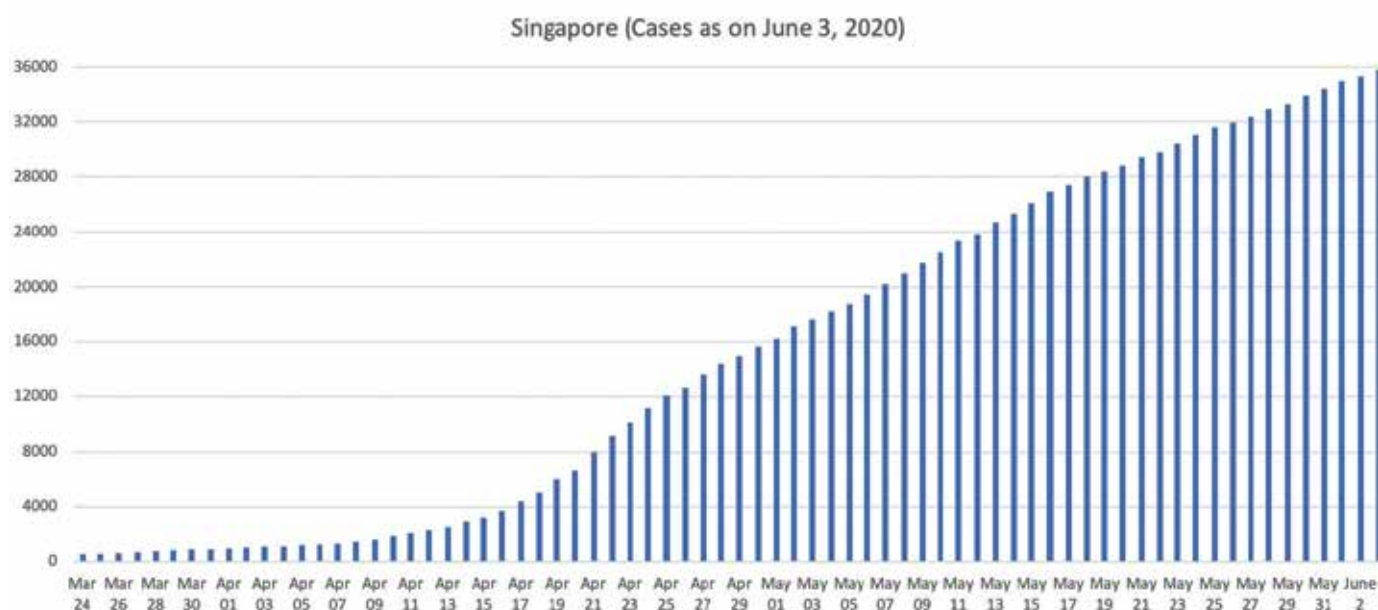
As of 03 June 2020, Singapore has 36,405 confirmed cases which is the highest in Southeast Asia along with 24 reported deaths (Graph 4.19.1). The Government of Singapore formed a multi-ministerial committee on 22 January to take quick decisions, ensure better coordination among various departments and ministries, and make plans & innovative strategies to fight against COVID-19. When cases started to increase in a big way then Singapore announced preventive measures such as circuit breaker or lockdown on 03 April.

The data of COVID-19 cases in Singapore reveals that most cases since the first week of April till now have been at foreign worker dormitories and construction sites, with more than 30,000 out of total confirmed cases being dormitory residents as of 03 June 2020. As the impact of COVID-19 became greater, the government of Singapore announced an economic stimulus package in a phased manner.

Till now, Singapore has unveiled four Budgets that will spend approximately 12% of GDP to ensure that the impact of COVID-19 on the economy is softened. First stimulus package also called the Unity Budget was announced on 18 February in which the Government has set aside S\$6.4 billion in support funds. A month after the first economic stimulus, the second budget was announced on 26 March as a Resilience budget of approximately S\$17 Billion so as to mitigate the effects of the outbreak on the economy.

The government also announced that it will spend an additional S\$48.4 billion to support businesses, workers and families¹⁸. The third stimulus package known as Solidarity budget was announced on 05 April and a total of S\$5.1 billion was allocated for this third tranche. On 19 May, the government of Singapore announced the fourth package named as Fortitude budget.

¹⁸ <https://www.channelnewsasia.com/news/singapore/covid-19-resilience-budget-package-economy-jobs-employment-12578910>



Graph 4.19.1: Cumulative cases in Singapore as on June 3, 2020 | Data Source: World Health Organisation

Singapore		
S.No	Parameter	Value
1	Mortality Rate	0.07%
2	Recovery Rate	64.78 %
3	First case reported on	January 23
4	Total tests done	4,08,495

Table 4.19.3: Singapore COVID Data as on June 3, 2020

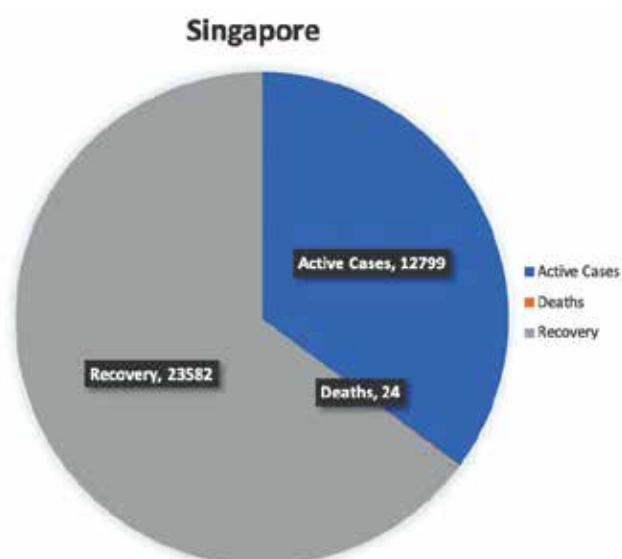


Chart 4.19.2: Total active cases, recovered patients and deaths in Singapore as on June 3, 2020 | Data Source: Ministry of Health, Government of Singapore (<https://www.moh.gov.sg/docs/librariesprovider5/2019-ncov/situation-report---3-june-2020.pdf>)



4.20 AUSTRALIA



First case of COVID-19 was detected in Australia on 25 January 2020. With a mild increase in the number of cases in February, a steep rise was observed in March followed by a decline. As of 03 June 2020, Australia has reported 7229 confirmed cases (Graph 4.20.1) with 91.85% rate of recovery and 102 lives lost in the country.

Australia has not only flattened the curve but has come out as a successful example of containing the spread of the novel virus. The Australian government adopted the strategy of “Contain and Suppress” through increased number of testing capacity, containment of active cases and by providing best healthcare facilities for quick recovery of infected patients.

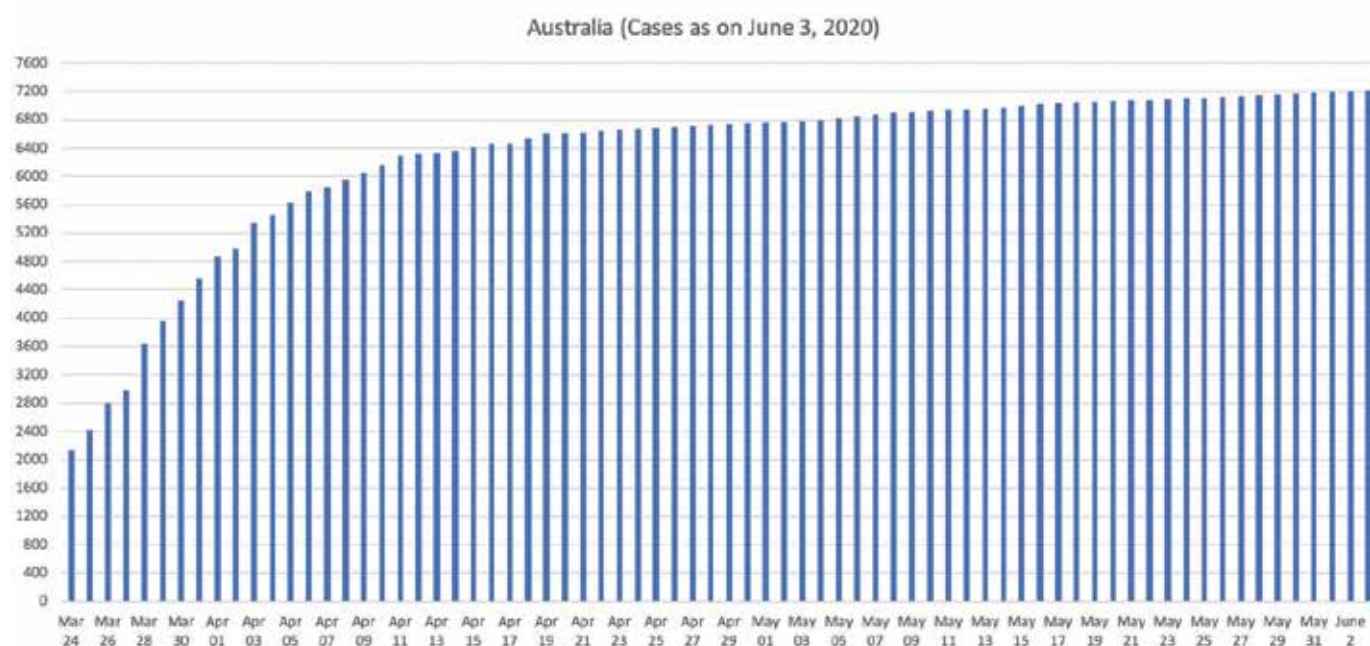
The geography of Australia has also played a pivotal role in isolating itself from the rest of the world and thus limiting the number of imported cases. Low population density has also played its part in containing community transmission with strict adherence to norms of social distancing.

The younger population of Australia has also been the reason for quick recovery in infected cases. Australia's world class health care facilities and the Universal Public Health Insurance Program named Medicare which is funded by the Federal Government of Australia have also laid down a strong framework for a robust healthcare system.

Australia's testing rate is also one of the highest among the world. As of 03 June 2020, Australia has conducted 12,24,500 tests and if per capita tests are counted then Australia stands in top 5 countries across the world in testing.

For better tracking of COVID-19 cases, Australian Government has launched a COVID-Safe Application. Though it is voluntary to join this app but Government of Australia encouraged citizens to join the app for better tracing of infected people and to alert the proximity of Covid patients to the general public.

The pandemic has also altered the geopolitical game between Australia and China because Australia has demanded an independent inquiry into the origin of the corona virus. In response to the Australian Government's demand for independent inquiry, China reacted very strongly and called it 'politically motivated' and the media outlets affiliated to Communist Party of China advocated and advised Chinese people to boycott the products made in Australia. However, despite the economic coercion, Australia has reiterated its demand for enquiry at the global level.



Graph 4.20.1: Cumulative cases in Australia as on June 3, 2020 | Data Source: World Health Organisation

Australia		
S.No	Parameter	Value
1	Mortality Rate	1.41 %
2	Recovery Rate	91.85 %
3	First case reported on	January 25
4	Total tests done	12,24,500

Table 4.20.3: Australia COVID Data as on June 3, 2020 | Data Source: Department of Health, Government of Australia (https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-at-a-glance-coronavirus-covid-19-at-a-glance-infographic_1.pdf)

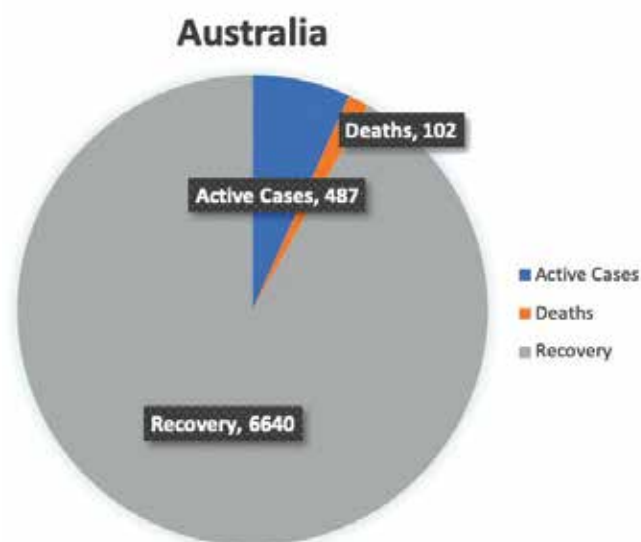


Chart 4.20.2: Total active cases, recovered patients and deaths in Australia as on June 3, 2020 | Data Source: Department of Health, Government of Australia (https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-at-a-glance-coronavirus-covid-19-at-a-glance-infographic_1.pdf)



	Confirmed Cases	Active Cases	Deaths	Mortality Rate	Recovery	Recovery Rate	First Case reported on	Total tests done
South Africa	35,812	16,744	755	2.11%	18,313	51.14%	Mar-05	7,61,534
Kenya	2,216	1,589	74	3.34%	553	24.95%	Mar-14	85,058
Tanzania	509	321	21	4.13%	167	32.81%	Mar-17	NA
Seychelles	11	0	0	0	11	100.00%	Mar-15	NA
Madagascar	845	654	6	0.71%	185	21.89%	Mar-21	11954*
Mauritius	335	3	10	2.99%	322	96.12%	Mar-18	1,22,008
Maldives	1,850	1,197	7	0.38%	644	34.81%	Mar-07	11775*
Sri Lanka	1,735	888	11	0.63%	836	48.18%	Jan-27	68204*
Pakistan	80,463	49,852	1,688	2.10%	28,923	35.95%	Feb-26	5,95,344
Bangladesh	55,140	42,804	746	1.35%	11,590	21.02%	Mar-08	3,45,493
India	2,16,579	1,06,450	6,088	2.81%	1,04,030	48.03%	Jan-30	39,66,075
Iran	1,60,696	27,478	8,012	4.99%	1,,25,206	77.91%	Feb-19	9,97,009*
Oman	13,538	10,626	67	0.49%	2845	21.01%	Feb-24	1,00,181*
UAE	35,788	16,793	269	0.75%	18,726	52.32%	Jan-29	21,45,493*
Indonesia	28,233	18,129	1,698	6.01%	8,406	29.77%	Mar-02	3,54,434*
Malaysia	7,877	1,292	115	1.46%	6,470	82.14%	Jan-25	5,30,749
Myanmar	233	82	6	2.58%	145	62.23%	Mar-24	29,923
Thailand	3,084	58	58	1.88%	2,968	96.24%	Jan-13	4,20,529*
Singapore	36,405	12,799	24	0.07%	23,582	64.78%	Jan-23	4,08,495
Australia	7,229	487	102	1.41%	6,640	91.85%	Jan-25	12,24,500
IOR Total	688578	308246	19757	2.87%	360562	52.36%		1,21,78,758

NA: No data available; * Official Data not available on the date of publication of the report | Data Source: Worldometer

Table 4.21 - Cumulative Data as on June 3, 2020



5. OBSERVATIONS AND FINDINGS

For the purpose of this study we had chosen 20 Countries in the Indian Ocean Region to map out the trends of number of cases for a period of 10 weeks starting from 24 March 2020 till 03 June 2020 along with the number of tests conducted and deaths due to COVID-19 in these particular countries.

The total number of confirmed cases in 20 countries of IOR are at 6,88,578 as on June 3, 2020. The Region has a mortality rate of 2.87% with a total of 19,757 fatalities which is almost half of the global mortality rate of 5.9%. Similarly, at 52.3 % the recovery rate of the region is higher than the global average of 48.2% with 3,60,562 recoveries in absolute terms. A total of 1,21,78,758 tests have been conducted so far in all 20 countries.

If we look at region-wise data then from East Coast of Africa, the data shows that South Africa has maximum number of total confirmed cases (Approximately 36,000, as on 03 June) in the entire African Continent and has also done maximum number of testing (More than 8,00,000 as of 03 June) while in terms of deaths, South Africa is at number two in African continent with 755 deaths. The recovery rate of South Africa is at approximately 51%.

On the other hand, Kenya has also shown a gradual increase in total number of cases but still the total number of cases are just above 2200 thus indicating the absence of any large scale community transmission.

Tanzania has interestingly not published any data pertaining to COVID-19 since mid May 2020. The cases in Tanzania were on rise till the first week of May 2020. Although the number of cases were still not very high but lack of transparency in data sharing of COVID-19 related cases raised a question mark on the Tanzania authorities and their handling of COVID-19 situation.

If we analyse the countries in the Western Indian Ocean then the data as of 03 June 2020 suggests that Seychelles has only 11 confirmed cases with no reported death and has remained largely unaffected by COVID-19 as of now with 100% recovery. The cases in Madagascar are still on rise at 845 cases with 6 reported deaths. However, these numbers are still low when compared to other countries of the region.

Mauritius has 335 confirmed cases with 10 reported deaths due to COVID-19 but from the first week of April 2020, the number of cases has gone down and Mauritius has significantly flattened the Covid curve.

If we look at the cases in countries of South Asia then Maldives has approximately 1850



cases and cases are rising on a daily basis. As of now, Maldives has reported 7 deaths due to COVID-19. Since Maldives is an Island nation so it has been relatively easier for the authorities to isolate the cases because of restricted movement in between Islands of Maldives.

In Sri Lanka, the total number of cases are still on rise although the rate of growth of new cases are still moderate. As of 03 June 2020, the total number of cases are approximately 1735 while 11 people have lost their lives. The recovery rate in Sri Lanka has been approximately 48%. Pakistan had 80,000 cases as of 03 June 2020. The national lockdown

has now been lifted despite a consistent rise in the number of cases and lack of adequate health infrastructure. 1688 people have lost their lives in Pakistan and the recovery rate of COVID-19 patients is approximately 36%.

The total number of confirmed cases in 20 countries of IOR are at 6,88,578 as on June 3, 2020. The Region has a mortality rate of 2.87% with a total of 19,757 fatalities which is almost half of the global mortality rate of 5.9%. Similarly, at 52.3 % the recovery rate of the region is higher than the global average of 48.2% with 3,60,562 recoveries in absolute terms. A total of 1,21,78,758 tests have been conducted so far in all 20 countries.


Bangladesh is also battling with the pandemic with the total confirmed cases having crossed the 55,000 mark as of 03 June with approximately 746 people losing their lives in the country. The recovery rate of cases in Bangladesh is at 21%.

With a population of 1.3 Billion, India has been at the center of the big debate in terms of its ability to manage the pandemic despite having a huge population and high population density. But the Indian government's timely actions of nation-wide lockdown and strict imposition and implementation of lockdown measures has brought fruitful results in terms of containing the spread of corona virus to few hotspots pockets In India. Total number of confirmed cases in India are 2,16,579 as of 03 June 2020. While 6088 people have lost their lives and the rate of recovery in India has been at 48%.

India has conducted approximately 40,00,000 COVID-19 tests as of 03 June 2020 which is at number five among all countries in the World in

terms of testing. The government of India has used the lockdown period to build-up and enhance its health infrastructure facility to fight the COVID-19 even in the long term keeping in mind the coming few months which are critical for the entire world. The worrying thing for India is that the number of COVID-19 cases are increasing on a daily basis with an average increase of 6000-8000 cases since the last two weeks from 20 May onwards.

Iran has been hit badly by COVID-19 and it has recorded the highest number of deaths in Asia as of 03 June 2020. There are 161,000 confirmed cases and Iran has lost 8000 people as of 03 June 2020. Peak in cases was witnessed during the 4th week of March till 1st week of April followed by a dip in cases but now since mid-May, Iran is again



witnessing a spike in COVID-19 cases. Almost 1,25,000 people have recovered from the disease in Iran with a recovery rate of 78%.

Oman has approximately 13,000 confirmed cases out of which 67 people have lost their lives. Although since mid-May the cases are rising in Oman too.

The United Arab Emirates (UAE) has 35,788 confirmed cases and 269 people have lost their lives while the cases are increasing in the month of May by an average of 500 cases per day which is an alarming situation for UAE. Although cases are still restricted to some clusters. 19,000 people in UAE have recovered as of 03 June 2020 which shows a recovery rate of approximately 52%.

COVID-19 cases in Indonesia have reached 28,000 and the rate of increase in the number of cases has specially gone up since mid-May. 1700 people have lost their lives and the recovery rate of Indonesia has been approximately at 30%. Malaysia in Southeast Asia has 7877 confirmed cases with 115 deaths as of 03 June 2020. The number of confirmed cases has seen a significant decline from the first week of April till now and almost 6470 people have recovered from the disease with a recovery rate of 82%.



Myanmar has only 233 confirmed cases out of which 6 people have lost their lives and 145 people have recovered from the disease. Thailand in Southeast Asia has more than 3000 confirmed cases and 58 deaths but the number of new cases have gone down significantly since the 2nd week of April and data suggest that Thailand is also flattening the COVID-19 curve. 2968 patients have recovered from the diseases as of 03 June 2020 in Thailand with a recovery rate of 96%. The Thai economy is badly hit with restrictions on international passenger movement which has hit the tourism sector very badly.


India has conducted approximately 40,00,000 COVID-19 tests as of 03 June 2020 which is at number five among all countries in the World in terms of testing.

Singapore in Southeast Asia was a lighting lamp in the initial days of COVID-19 spread across the world when it successfully showed the world on how to contain the virus but since last week of April till now, the number of cases in Singapore has increased significantly. As of 03 June, the total number of confirmed cases in Singapore are more than 36,000 out of which 24 people have lost their lives and 23,582 people have recovered from the disease with a recovery rate of almost 65%.

The best case among the countries which were taken for the purpose of this study has been Australia which has effectively flattened the COVID-19 curve. Australia has 7229 confirmed cases as of 03 June out of which 102 people have lost their lives and 6640 people have recovered from the disease with a recovery rate of 92%. There are only 487 active cases in Australia as of 03 June and the rate of rise of new cases has been at its minimum. Better health care facilities, effective isolation and following of social distancing norms because of less population density has been the key points behind the success of Australia's containment of Corona virus in the country.



Country	 India	 China
Bangladesh	50,000 gloves and 1 Lakh HCQ Tablets (April 26)	40,500 test reagents, 15,000 surgical N95 masks, 300,000 medical masks, 10,000 protective gowns and 1,000 infrared thermometers (April 22)
	30,000 surgical masks and 15,000 headcovers (March 25)	
	RTPCR test kits for 30000 tests	
Indonesia	2,425 kg of APIs for local manufacturing of Chloroquine Phosphate to Indonesia for the treatment of COVID-19 patients	On May 12th, Officials of Chinese Ministry of National Defense handed over Medical Supplies to Officials of Indonesian Ministry of Defense
	Oseltamavir (medicine used to treat COVID19 patients) was exported by Mylan India from Hyderabad by Garuda flight.	
Maldives	Continuous supply of essential food items	Yunan province of China handed over aid materials such as medical protective masks, surgical masks, gloves, stethoscopes, goggles and protective suits to Maldives on 27 March 2020.
	Essential medicines and test kits	
	Currency swap agreement	
Myanmar	200,000 Hydroxichloroquine Tablets, 2000 Surgical Gloves, Medical equipments and other essentials supplies	On 13 May, China handed - over third batch of medical supplies from the Chinese government to assist Myanmar. The medical supplies consisted of 1,50,000 novel coronavirus nucleic acid testing reagents and 18,000 PPEs.
		On 8th April, China's Medical Expert Team which consists of 12 members arrived in Myanmar to help the country.
		On 27 March, second batch of medical supplies from the Chinese government consist of 5,000 sets of medical protective clothing, 5,000 medical N95 masks and 200,000 protective masks, totaling 2.45 tons was handed over to Myanmar.
		In first tranche, China provided more than 2,000 COVID-19 test kits and protective masks to Myanmar.
Seychelles	COVID-19 related essential medicines and food items delivered on 12 May 2020, Hydroxychloroquine Tablets in Mid April 2020	On 26th May, a batch of Anti-Pandemic Materials donated by Chinese Government arrived in Seychelles. This batch of medical materials includes infrared thermometers, medical N95 masks, surgical masks, disposable protective clothing and medical protective goggles etc.
	4 tonnes of medical supplies on April 15	On 8th May, the Chinese embassy in Seychelles donated medical supplies to the Department of Health to support the Seychelles' efforts to fight the COVID-19 pandemic. This batch of medical supplies includes 20,000 masks, 10,000 gloves, 2,040 medical isolation eye patches, 710 sterilized protective suits and 700 shoe covers.





Country	 India	 China
Kenya	Essential medicines worth 1.54 million USD on May 13, 2020	
Mauritius	12.6 tonnes of medical supplies to Mauritius and 0.5 million HCQ along with Covid related essential medicines and a special consignment of Ayurvedic medicines and a Medical Assistance Team	Regents and Protective clothing on April 24, 2020
South Africa	Medical supplies	
Sri Lanka	10 tonne consignment of essential medicine and other items	1,25,000 Face Mask, 70,000 Test Kits, 10,000 KN95 Masks, 100,000 Surgical Masks, 10,000 PPEs, 1000 Protective Goggles, 50,000 Surgical Gloves
	4th Medical consignment on May 8	
	13 tonnes of medical supplies on April 7-8	
UAE	5.5 million hydroxychloroquine (HCQ) tablets, 88 doctors and healthcare professionals went from India to UAE to support efforts to fight the Covid-19 pandemic	
Madagascar	Under Mission Sagar, INS Kesari delivered consignment of Covid related Essential Medicines and Food Items on 29 May 2020	
Pakistan		A team of Medical experts was sent by China to Pakistan, 10,000 test kits, 10,800 N95 masks, 100,800 disposable medical masks, 5,000 medical protective clothes, 12 ventilators, 5 defibrillator monitors and some 62,000 sets of drugs for treating COVID-19 patients was sent to support Pakistan in its fight against the COVID-19 pandemic. (04 April 2020)
Thailand		On 05 April 2020, Chinese Embassy donated N95 medical masks and disposable medical masks to various Thai institutions, including the Royal Office, the Parliament, the Ministry of Foreign Affairs, the Airport Customs, the Airport Authority, the Airport Immigration Office, Rajavithi Hospital, Siriraj Hospital and some Police Stations.
		On 25 March, Jack Ma Foundation and Alibaba Foundation have donated medical supplies such as masks and protective garments to Thailand which have arrived in Bangkok.

Table 5.1: Comparative study of assistance provided by India and China

Source (India): Official Websites/Official Twitter Handles of Indian Embassies and Official Websites/Official Twitter Handles of Ministry of External Affairs of India
Source (China): Official Website of the Embassies of China Updated as on Juen 3, 2020



6. CONCLUSION

Today the biggest challenge among all countries in the Indian Ocean Region is to flatten the COVID-19 curve. Some countries have shown the way forward while some countries are heading towards their peak. The national lockdown in most of the countries have brought the economic activities to a complete halt. Although few countries in the IOR have started opening up gradually but it will take a lot of time for the region at large to recover completely from this economic shock. Thus it becomes even more essential now for the countries in the Indian Ocean Region to enhance their regional cooperation.

COVID-19 crisis has presented many challenges to the region but sometimes crisis also create space for new opportunities by building new partnerships. If we compare

COVID-19 situation provides an opportunity to look at all existing institutions and regional mechanisms to rethink about their role and redefine themselves to serve the needs of today's world where a bottom to top approach as per the necessity of the region is adopted and not the top to bottom approach which has been the play of Great Powers in past in the IOR.

the geopolitical and geoeconomic regional cooperation among countries in the Indian Ocean Region then it can be clearly concluded that such partnerships have not utilised their full potential as compared to similar maritime zones in other parts of the world. Regional cooperation either in terms of economics, security, supply chain, trade or maritime cooperation has not been as close as compared to other regions of the world.

There are many regional organisations and institutions in the IOR but even with the passage of so many decades, they have not been able to leave a deep imprint of close regional cooperation which will be of mutual benefit to the region. COVID-19 situation provides an opportunity to look at all existing institutions and regional mechanisms to rethink about their role and redefine themselves to serve the needs of today's world where a bottom to top approach as per the necessity of the region is adopted and not the top to bottom approach which has been the play of Great Powers in past in the IOR.

At a time when countries are looking inward and adopting policies of economic nationalism in their outlook towards global trade, at that time IOR presents an opportunity for all countries of the region to utilise and capitalise on their own big markets. This capitalisation can be achieved by linking each other's economy in an inter-linked network which can be beneficial to all countries in the region to enhance the intra-regional trade within IOR.

COVID-19 also presents a situation where countries in the Indian Ocean Region need to



come together for cooperation on traditional as well as Non-traditional security threats because the entire standard operating procedure at ports movement along with shipping will change in near future. Thus, countries in the IOR can present a model to the world for smooth movement of ships, goods, and people across the Indian Ocean.

The Post COVID world will have healthcare facilities and health management as one of the most important elements in international relations as well as for regional cooperation. Countries in the IOR need to collaborate for joint research as well as work on creating critical health infrastructure.

China's deep inroads into the political spectrum have made the geopolitical landscape of the IOR much more complicated. Some countries need to bridge the infrastructure gaps in their respective countries and for that they require financing and thus in absence of any credible and transparent financing source or institution, many countries in past have opted for Chinese development assistance with initial low costs but its stringent and hidden terms and conditions have forced many island nations of IOR into debt crisis.

Thus, Countries in the Indian Ocean Region should also think about building a transparent, sustainable and region based Financial Institution which can provide the necessary funding for sustainable projects in the IOR. There is also a need for countries of the region to think about creating a Free Trade Area or preferential trade area to capitalise the big market of countries of the region for more intra-regional trade.

In creating its sphere of influences, China is furthering its agenda in the countries of the Indian Ocean Region at bilateral as well as multilateral levels. In recent times, China has been successful in making deep inroads into the African continent through the Africa Joint Continental Strategy for COVID-19 Outbreak under which both Jack Ma and Alibaba Foundation have been providing medical kits and humanitarian assistance to COVID infected countries in Africa.

The countries on the Eastern Coast of African continent facing Indian Ocean are getting medical supplies from China through various such non-governmental organisations which have deep linkages with the Communist Party of China. Beijing has also tried to utilise fault lines within African continent highlighting the dearth of leadership in some countries of the African continent as a reality.

To balance the geopolitical equilibrium in IOR and to offset the attempts of creating spheres of influences by outside powers like China in the Indian Ocean, India needs to up its ante in being a net security provider in the region, a role which the country has played for long despite the presence of great powers



To balance the geopolitical equilibrium in IOR and to offset the attempts of creating spheres of influences by outside powers like China in the Indian Ocean, India needs to up its ante in being a net security provider in the region, a role which the country has played for long despite the presence of great powers. Therefore, it is time for India to project its role as a leading Power under Indian Foreign Policy's conceptual framework of SAGAR (Security and Growth for All in the Region) as enunciated by India's Prime Minister Narendra Modi in 2015.

COVID phase will also prove to be an inflection points in terms of building of new partnerships, new institutions and new rules of Geopolitical & Geo-economic realignments in the post COVID Regional Order in Indian Ocean Region.

India has a track record of being a successful model of functional democracy and being a credible & trustworthy partner for the countries in the region. The time is thus opportune for India to assume a leadership role in the Indian Ocean Region during the Covid times as well as in post Covid emerging regional order in the IOR.

India did play a key role in taking the initiative of organising the SAARC virtual conference to formulate the joint strategy among South Asian countries but regional organisations like SAARC have their own limitations because of Pakistan's

perpetual inimical behaviour towards India.

Therefore, it lies in the interest of the region to promote regional cooperation with countries in the Indian Ocean Region. COVID times have presented a lot of challenges to countries in IOR in terms of healthcare facilities and overall national capability to fight the pandemic but the COVID phase will also prove to be an inflection points in terms of building of new partnerships, new institutions and new rules of Geopolitical & Geo-economic realignments in the post COVID Regional Order in Indian Ocean Region.

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