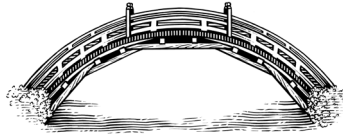


ROUNDTABLE

Small-State Responses to Covid-19



*John D. Ciorciari*

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## Introduction

At the beginning of 2022, as the world entered the third year of the Covid-19 pandemic, over 307 million confirmed cases and 5.5 million confirmed deaths had been recorded globally—numbers smaller than the actual figures due to limitations both on testing and on attributing causes of deaths to the virus.<sup>1</sup> Even as progress is seemingly made against Covid-19’s silent threat through the rapid development and circulation of vaccines and medical treatments, preventive measures, and an increasingly better scientific understanding of the virus, each successive wave of the pandemic has brought new challenges and uncertainty to the fore of the public policy agenda in every part of the world.


The Indo-Pacific is no exception to Covid-19’s social and economic destruction, and the region has rarely left the headlines. From the virus’s initial outbreak in China, to its disruptive impacts on not only the Olympics but also political leadership in Japan, to the tragedy of the Delta variant collapsing India’s healthcare system, to supply chain disturbances throughout the Pacific, each country in the region has experienced and coped with the pandemic in its own way. As Covid-19 variants sweep around the world, healthcare diplomacy has become a global policy focus, one involving the distribution of masks, healthcare supplies, and vaccines both among developed states and between them and developing ones. The crisis has shined a light on resource inequities and competition, but at the same time it has also led to unprecedented demonstrations of generosity, scientific development, and cooperation.

The larger countries in the Indo-Pacific have received the lion’s share of resources and media attention. Less visibly, the region’s smaller and developing states have also seen their governance and public health systems unduly tested by the Covid-19 pandemic. This *Asia Policy* roundtable examines the government, public health, societal, economic, and international responses in some of these smaller states that are often outside the public spotlight. How have they responded to the pandemic? What prognoses do they face for overcoming the pandemic’s challenges and returning to a more normal social and economic life? Essays in this roundtable address these questions and country-specific policy issues for Bangladesh, Cambodia, Malaysia, the Pacific Islands, Papua New Guinea, the Philippines, Thailand, and Vietnam.


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<sup>1</sup> Hannah Richie et al., Our World in Data, January 8, 2022. ~ <https://ourworldindata.org/coronavirus>.

As the essays collectively show, not all is as grim as it could be. Despite lacking the resources of larger nations, several states have so far managed relatively successfully to avoid the worst of Covid-19's health impacts through phases of movement restriction, closures, widespread societal adherence to preventive measures, and effective vaccine campaigns. Other states found that policies that initially worked well were subsequently less effective against the spread of the more contagious Delta variant. Overall, the virus and its variants have brought into relief the economic, public health, and sociopolitical costs for these vulnerable countries. For example, the pandemic has exposed healthcare system weaknesses in the Philippines and the Pacific Islands; underscored the importance of public trust in the contrasting cases of Vietnam and Papua New Guinea; left long-term economic scars in Malaysia, Thailand, and Bangladesh; and reinforced the growing weight of authoritarianism in Cambodia.

Although the challenge of responding to Covid-19 is a global one, the experiences of the countries affected are often uniquely local. It is important to observe not only how large countries manage the pandemic but also how smaller countries do as well and to assist with their efforts through vaccine and medical supply distribution. The World Health Organization has stated that "with global vaccine production now at nearly 1.5 billion doses per month, there is enough supply to achieve our targets, provided they are distributed equitably. This is not a supply problem; it's an allocation problem."<sup>2</sup> It is thus paramount that smaller states be observed, considered, and treated equally alongside their larger neighbors in the campaign to end the Covid-19 pandemic. 

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<sup>2</sup> World Health Organization, "Vaccine Equity"  <https://www.who.int/campaigns/vaccine-equity>.

## Pandemic Containment and Authoritarian Spread: Cambodia's Covid-19 Responses

*John D. Ciorciari*

In an April 2021 televised address to the nation, long-time Cambodian prime minister Hun Sen defended his government's draconian measures to curb the spread of Covid-19. He said, "I accept being called a dictator, but I will also be admired for protecting my people's lives."<sup>1</sup> His statement captured well the two faces of Cambodia's pandemic response: containment of the virus along with the expansion of authoritarian state power. Cambodia has achieved one of the lowest rates of reported infection in Asia as well as one of the world's highest rates of vaccination, mitigating the worst of the virus's economic and social effects and putting the country in a relatively favorable position for recovery. However, the passage of sweeping laws that enable officials more easily to stifle political dissent exacerbate the country's slide into autocracy. Cambodia's experience reflects broader tensions evident in many countries between democratic norms and pandemic responses.

On January 27, 2020, Cambodia became one of the first countries to report a coronavirus case outside of China. Given the compromised state of Cambodia's health infrastructure, its population appeared highly vulnerable. Initial government responses also raised red flags. To ingratiate himself in Beijing, Hun Sen downplayed the risks posed by the virus. He kept flights open from China, met with Xi Jinping in Beijing, and offered to visit Wuhan, telling Cambodians there to remain and "share [Chinese residents'] happiness and pain."<sup>2</sup> Those maneuvers won plaudits from Xi Jinping but raised eyebrows elsewhere. In February, Hun Sen took another bold diplomatic step by personally welcoming hundreds of passengers on the cruise ship *MS Westerdam*, which he allowed to port in Sihanoukville after several other countries had turned it away for fear of viral spread. The World Health Organization (WHO) praised the move as an example

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<sup>1</sup> See Luke Hunt, "Cambodia and Its 'Dictator' Struggle with the Pandemic," *Diplomat*, April 14, 2021.

<sup>2</sup> Shannon Tiezzi, "China and Cambodia: Love in the Time of Coronavirus," *Diplomat*, February 6, 2020.

of “international solidarity,” but it caused consternation in Cambodia after one of the ship’s passengers tested positive.<sup>3</sup>

Despite early warning signs and Hun Sen’s blasé initial response to Covid-19, Cambodia defied the odds over the following year, reporting just several hundred cases and no Covid-related deaths. Even critics who believed that those figures substantially undercounted cases acknowledged the virus’s relatively low apparent spread in Cambodia. One reason was a swift and extensive lockdown. In March 2020, the government closed all schools and universities, banned large social and religious gatherings, canceled celebrations planned for the Khmer New Year in April, and introduced strict travel restrictions and quarantine procedures (including substantial fees and insurance requirements for foreign visitors). Cambodian authorities closed the land borders with Thailand, Laos, and Vietnam and suspended travel from Indonesia, Malaysia, and the Philippines when new cases were detected in air travelers.

Cambodia also sought and received considerable outside assistance. The WHO, U.S. Centers for Disease Control and Prevention, and others helped Cambodia’s health ministry flesh out a “National Action Plan” in March 2020 to coordinate efforts by national agencies and international aid providers. In April, Mongolia and Cambodia became the first two Asian countries to receive funds through the World Bank’s Covid-19 Strategic Preparedness and Response Program. A \$20 million World Bank project helped Cambodia establish and equip laboratories as well as treatment and isolation centers around the country.<sup>4</sup> In May, the WHO applauded Cambodia for a successful first hundred days facing the pandemic, praising the country’s rapid investment in health infrastructure, including new systems for surveillance, laboratory diagnostics, contact tracing, and cluster management.<sup>5</sup> In short, despite the frequent feuds of the ruling Cambodian People’s Party (CPP) with international organizations over governance issues, both sides showed their willingness and capacity to partner effectively where their priorities aligned.

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<sup>3</sup> “A Small Country with a Big Heart—Welcoming the Westerdam,” World Health Organization, Press Release, June 25, 2020.

<sup>4</sup> See World Bank, “Cambodia Covid-19 Emergency Response Project,” available at <https://projects.worldbank.org/en/projects-operations/project-detail/P173815>.

<sup>5</sup> “The First 100 Days of the Covid-19 Response: Past Investments in Health Security System Pay Off, and Learning Lessons for the Future,” World Health Organization, May 29, 2020 ~ <https://www.who.int/cambodia/news/feature-stories/detail/the-first-100-days-of-the-covid-19-response-past-investments-in-health-security-system-pay-off-and-learning-lessons-for-the-future>.

Cambodia's young population likely also helped slow the spread of the virus, as did its relatively recent experience with Severe Acute Respiratory Syndrome (SARS) and two rounds of the avian flu.<sup>6</sup> Long before the government mandated face masks, their use was uncontroversial in Cambodia, where people regularly wear masks when ill or simply to avoid inhaling dust kicked up on the country's myriad dirt roads.<sup>7</sup> Tight lockdowns and travel restrictions in neighboring countries such as Thailand and Vietnam also provided insulation. Cambodia entered 2021 with just four hundred reported cases in a population of roughly 16 million, and its first death attributed to the virus did not occur until March 2021.

Still, Covid-19 battered Cambodia's economy. Most affected were the tourism sector and the export-dependent garment and textiles industries, both of which are key sources of foreign exchange. The European Union's withdrawal of certain trade preferences due to "serious and systematic violations" of human rights exacerbated the country's economic challenges, as did a heavy monsoon season. After two decades of GDP growth at roughly 8% per year, one of the world's highest figures, Cambodia's economy contracted by 3% in 2020.<sup>8</sup> A government stimulus plan has not been enough to offset rising poverty, unemployment, and inequality—problems closely linked to its repressive, neopatrimonial political system.<sup>9</sup>

Cambodia's first-wave response was also highly problematic in other respects. In April 2020, the Hun Sen government passed a new law enabling officials to declare a state of emergency in times of war, invasion, pandemic, natural disaster, or "national chaos that threatens security and public order."<sup>10</sup> The law gives the government sweeping powers during a declared emergency, including expansive authority to engage in surveillance, limit gatherings, and ban transmission of information that can "scare the public, cause unrest," or "negatively affect national security." The law also grants the government ill-defined powers to take all other "appropriate and necessary measures," including strict penalties for those violating emergency measures, and mandates five- to ten-year prison terms for people found to

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<sup>6</sup> Buntongyi Nit et al., "Understanding the Slow Covid-19 Trajectory of Cambodia," *Public Health in Practice* 2 (2021).

<sup>7</sup> Men Kimseng, "Luck, Culture Helped Cambodia Contain Coronavirus," *Voice of America*, July 3, 2020.

<sup>8</sup> Asian Development Bank, *Asian Development Outlook Update 2021* (Manila: Asian Development Bank, September 2021).

<sup>9</sup> See John D. Ciorciari, "Cambodia in 2020: Preventing a Color Revolution," *Asian Survey* 61, no. 1 (2021): 123–29.

<sup>10</sup> "Law on the Management of the Nation in a State of Emergency," Royal Code No. 0420/018, April 2020, article 4.

obstruct the government's implementation of those measures in a way that undermines public order or national security.<sup>11</sup>

The law's passage came against the backdrop of increasingly unchallenged single-party rule in Cambodia. Hun Sen has long used "lawfare" to disrupt, intimidate, and break apart organized political resistance. Dubious charges of treason and related offenses have been key to his dismemberment of the once formidable opposition Cambodia National Rescue Party. Human rights groups rightly flayed the 2020 emergency powers law as a cynical ploy by the Hun Sen government to use Covid-19 as a means to expand its capacity to repress political dissent.<sup>12</sup> The law faced little opposition from compliant legislative and judicial branches or from King Norodom Sihamoni, a largely ceremonial constitutional monarch who lacks the political heft of his father, the late King Norodom Sihanouk.

Although Cambodia was spared a major surge in the virus for over a year, a wave of the alpha variant, first identified in the United Kingdom, struck the country in spring 2021. The outbreak was traced to a group of Chinese nationals who were caught on video bribing security guards to escape their quarantine. The government responded with a new round of rigid restrictions, including a March 2021 law mandating three-year prison terms for quarantine violations and up to twenty years for any group willfully spreading the virus. A group of UN experts denounced these harsh penalties as "disproportionate and unwarranted."<sup>13</sup>

Cambodian officials also introduced a controversial "three color system," setting distinct rules for areas with higher and lower infection rates. Those living in "red zones" with high infection rates were barred from leaving their homes and had markets and other food vendors shut down. Roughly 300,000 people live in Phnom Penh and other areas listed as red zones. Videos soon surfaced of police using canes to drive people back into their homes, and civil society groups reported poor government food distribution and mounting hunger in the red zones. Human rights groups pressed the government to ease the lockdown, allow nonstate actors to distribute food, and reopen markets with social distancing.<sup>14</sup> In response,

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<sup>11</sup> "Law on the Management of the Nation in a State of Emergency," articles 5 and 7.

<sup>12</sup> See Randle DeFalco, "Opportunism, Covid-19, and Cambodia's State of Emergency Law," *Just Security*, August 3, 2020.

<sup>13</sup> "UN Experts Urge Cambodia to Review Approach to Covid-19," UN Office of the High Commissioner for Human Rights, April 12, 2021.

<sup>14</sup> See Phorn Bopha, "Mounting Desperation in Cambodia amid Covid Lockdown," *Al Jazeera*, May 2, 2021.

the government banned reporters from broadcasting live in red zones and conveying what officials describe as “fabricated news.”<sup>15</sup>

Cambodia has also implemented a new QR code system to help with contact tracing. Although the scheme is not mandatory, it has been adopted by businesses, in part for fear of falling afoul of the country’s draconian Covid-19 policies. Human rights groups have decried the lack of credible data privacy protections in the scheme, concerned that it represents yet another tool the Hun Sen government could abuse to surveil political opponents and stifle dissent.<sup>16</sup> According to leading human rights groups, the government has arrested dozens of people for criticizing its Covid-19 response.<sup>17</sup>

Notwithstanding these serious problems, other Cambodian policies have helped bring transmission rates back to low levels by regional standards. In particular, the government has vigorously sought to obtain vaccines and has developed an effective nationwide system for administering shots. Cambodia thus has emerged as an outlier—a state with a low per capita income but the second-highest vaccination rate in Southeast Asia behind smaller and much wealthier Singapore.<sup>18</sup> A simple geographic scheme for distribution—rather than the complex age-based and categorized approach taken by many other countries—has helped expedite administration. The same is true of vaccine mandates for civil servants and the armed forces, as well as the requirement for proof of vaccination to enter a wide range of public and private spaces. Although these mandates have come under some criticism, their overall effect has been popular at home and welcomed abroad. As of late October, nearly 88% of Cambodians were fully vaccinated. Cambodia is now moving to reopen to tourists, and its economy is projected to have grown by roughly 4% in 2021 and to be on track to grow by more than 5% in 2022.<sup>19</sup>

Most of Cambodia’s vaccines have been sourced from China, which has supplied roughly 33 million doses (92% of Cambodia’s total), alongside smaller purchases and donations through bilateral channels and the COVAX mechanism. Although some countries have frowned upon the less effective Chinese-made vaccines, Cambodia has welcomed them, especially

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<sup>15</sup> Adrien Chorn and Jonathan Stromseth, “Covid-19 Comes to Cambodia,” Brookings Institution, Order from the Chaos, May 19, 2021.

<sup>16</sup> “Cambodia: ‘Stop Covid-19’ System Raises Privacy Concerns,” Human Rights Watch, April 6, 2021.

<sup>17</sup> “Cambodia: Stop Silencing Critical Commentary on Covid-19,” Access Now, May 25, 2021 ~ <https://www.accessnow.org/cambodia-silencing-covid-19-commentary>.


<sup>18</sup> Sebastian Strangio, “What Explains Cambodia’s Covid-19 Vaccine Distribution Success?” *Diplomat*, September 8, 2021.

<sup>19</sup> Asian Development Bank, *Asian Development Bank Outlook Update 2021*.



as major Western countries have clung to their own vaccine supplies. Chinese-made vaccines have driven down transmission and serious cases that would otherwise threaten to overwhelm Cambodia's capacity-strapped hospitals. The delivery of these vaccines has further cemented the CPP's relationship with its principal foreign benefactors in Beijing and has proven a lost opportunity for the United States and its allies to re-engage with Cambodia on favorable terms.

Western sanctions, while grounded in legitimate disdain for the Hun Sen government's authoritarian clampdown, have had the effect of marginalizing the United States and Europe in Cambodia and rendering the country increasingly reliant on China. That may suit the interests of the CPP leadership, which appreciates China's willingness to invest in Cambodia on a large scale, through government-linked patronage channels, and without meaningful governance conditions. However, deepening dependency on China is not in the interest of most ordinary Cambodians. It further insulates the government from influences that would moderate autocratic politics and promote greater democratic rights. It also renders Cambodia more susceptible to feuds with concerned Southeast Asian neighbors, more exposed to Chinese exploitation, and less diversified economically and politically—a major vulnerability if the relationship with Beijing sours.

Cambodia's overall experience with the pandemic shows, encouragingly, that a low-income country with a relatively weak health infrastructure can take purposive steps with international assistance to manage the threat of deadly viral transmission quite well. The fallacy in the Cambodian government's narrative, however, is that these successes require such harsh legal and regulatory measures and the expansion of emergency executive authority. Cambodia's success in limiting the spread of Covid-19 lies largely in widespread social compliance with sensible recommended measures such as mask-wearing and social distancing, as well as reasonable government measures such as early school closures, travel restrictions, and the recruitment of international aid to develop infrastructure and secure and distribute vaccines. There is little reason to believe that the added public health benefits of the strictest measures, such as the stiff penalties for quarantine violators and full lockdown of "red zones," justify the considerable dangers of expanded authoritarian power in general. For Cambodia, the prospects of economic and social recovery from the pandemic are relatively good. The larger problem ahead is that the pandemic response has tended to reinforce political practices that do not augur well for the country in the years to come. 

## Thailand's Covid-19 Crisis: A Tale in Two Parts

*Gregory V. Raymond*

By October 2021, Thailand had recorded over 17,000 deaths from Covid-19, and its target to have 70% of the public double-vaccinated was still months away.<sup>1</sup> Like other countries, Thailand's Covid-19 story has had many chapters with twists, turns, and setbacks on the journey to "return to normal," and the myriad individual experiences of hardship and suffering among its most economically vulnerable populations will probably never be told. Partly because of its high reliance on tourism, Thailand—the second-largest economy in Southeast Asia and one of the more prosperous states there—will likely emerge from the pandemic as one of the worst-hit regional states by Covid-19.

### *The Health Impact and Response to Covid-19 in Thailand*

Covid-19's health impact in Thailand was initially mild but changed dramatically in 2021. In fact, 2020 and 2021 offer a tale in two halves: the first showing the strength of Thailand's healthcare and disease-prevention infrastructure, and the second revealing weakness in planning for worst-case scenarios.

Before the pandemic, the Johns Hopkins University rated Thailand as sixth in the world on pandemic preparedness.<sup>2</sup> Over several decades, Thailand has created a decentralized health administration system that is capable of acting locally with autonomy, flexibility, and—due to prior experience of epidemics such as Severe Acute Respiratory Syndrome (SARS) and avian flu—effectiveness. When Covid-19 reached Thailand in January 2020, the system needed no direction from the national government. At the village level, Thailand's 1.04 million well-trained village health volunteers

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<sup>1</sup> Jonathan Head, "Covid Threat Looms over Thailand's Plans to Open Up to Tourists," BBC News, October 2, 2021 ≈ <https://www.bbc.com/news/world-asia-58758310>.

<sup>2</sup> Elizabeth E. Cameron et al., *Global Health Security Index: Building Collective Action and Accountability* (Washington, D.C.: Nuclear Threat Initiative, 2019), 20 ≈ <https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf>.

swung into action, each reaching out to their ten to fifteen assigned households with relevant information on the virus.<sup>3</sup> These volunteers managed close-contact cases, monitored individuals in quarantine, and manned checkpoints. At the municipal level, local governments also acted ahead of the national government, inviting local civil society groups to bid for funds in support of health projects, such as those that taught citizens to make masks and alcohol-based sanitizer and trained high school students in hygiene.<sup>4</sup>

These measures, together with restricting inbound international travel, bringing patients into facilities rather than keeping them at home, and closing all but essential businesses, were effective in containing the initial strain of the virus. By the end of September 2020, Thailand could claim that after 3,559 cases and 59 deaths, the only infected people were those who remained in quarantine.<sup>5</sup> Tedros Ghebreyesus, director-general of the World Health Organization, was impressed, stating that, “Thailand’s response to Covid-19 offers a powerful example of how investment in public health and all-of-society engagement can control outbreaks of deadly diseases, protect people’s health, and allow economies to continue functioning.”<sup>6</sup>

Sadly, this success in 2020—built on effective contact tracing, community compliance, and comprehensive social distancing measures—was not sufficient to arrest the spread of new variants of Covid-19 that emerged in 2021. Thailand experienced reasonable success in containing its second wave of Covid-19, which started at the end of 2020 among migrant workers at a seafood market in the province of Samut Sakhon on the outskirts of Bangkok. But with the third wave, which started in April 2021, the country entered a more desperate and dangerous struggle against Covid-19. This wave began its spread from the Krystal Club, an upscale nightclub frequented by politicians and diplomats. It thus initially spread among Thailand’s elite, and soon there was a marked increase in daily cases and deaths.<sup>7</sup> By May, Thailand was experiencing

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<sup>3</sup> Hatchakorn Vongsayan and Viengrat Nethipo, “The Role of Thailand’s Municipalities in the Covid-19 Crisis,” *Contemporary Southeast Asia* 43, no. 1 (April 2021): 21.

<sup>4</sup> *Ibid.*, 18.

<sup>5</sup> World Health Organization, “Thailand: How a Strong Health System Fights a Pandemic,” September 2020, 3.

<sup>6</sup> *Ibid.*

<sup>7</sup> “After Lavish Nights of Clubbing in Bangkok, a Covid-19 Outbreak,” *New York Times*, June 6, 2021, available at <https://www.straitstimes.com/asia/se-asia/after-lavish-nights-of-clubbing-in-bangkok-a-covid-19-outbreak>.

five thousand new cases a day, as many as it had experienced in the whole of November 2020.<sup>8</sup>

The more infectious Alpha strain initially fueled the April 2021 surge, and its spread puzzled Thai virologists, who wondered how community transmission had occurred despite Thailand's border controls, quarantine system, and testing protocols.<sup>9</sup> But worse was to come, because the even more infectious Delta strain was detected in Thailand by June.<sup>10</sup> By July, Delta was the dominant variant in the country, with new cases reaching over ten thousand per day by mid-month.<sup>11</sup>

The Delta strain broke Thailand's model of containment and healthcare. With nationwide vaccination rates at a paltry 5%, the virus surged through poorer households.<sup>12</sup> The hospital system was overwhelmed, and the fears of every country's government—public scenes of distress and disorder—began to materialize. With a severe shortage of hospital beds, disturbing stories emerged. On social media, citizens posted photos of Covid-19 patients lying in a hospital parking lot next to biohazard dumpsters.<sup>13</sup> As ambulance services were overstretched, people were found dead on Bangkok streets.<sup>14</sup> By mid-August, deaths from Covid-19 in the country reached over three hundred per day.<sup>15</sup>

Like Australia and Vietnam, Thailand's government was lulled into a false sense of security by its initial success in containing Covid-19, and consequently it failed to adopt an adequate vaccine policy. After 2020's success, Thailand planned to source too few vaccines at too slow

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<sup>8</sup> "After Lavish Nights of Clubbing in Bangkok."

<sup>9</sup> Panu Wongcha-um and Panarat Thepgumpanat, "Thailand Braced for Infections Spike after Detecting UK Covid-19 Variant," Reuters, April 7, 2021 ~ <https://www.reuters.com/article/us-health-coronavirus-thailand-idUSKBN2BU0MQ>.

<sup>10</sup> "Thai Virologist Warns Against Delta Variant as Covid-19 Deaths Hit Record High," Asia News Network, June 23, 2021, available at <https://www.straitstimes.com/asia/se-asia/thai-virologist-warns-against-delta-variant-as-covid-19-deaths-hit-record-high>.

<sup>11</sup> "Delta Takes Over as Dominant Variant," *Bangkok Post*, July 20, 2021 ~ <https://www.bangkokpost.com/thailand/general/2151499/delta-takes-over-as-dominant-variant-1>; and Cod Satrusayang, "AstraZeneca Says Thailand Only Requested 3 Million Doses per Month in Initial Agreement," *Thai Enquirer*, July 17, 2021 ~ <https://www.thaienquirer.com/30034/astrazeneca-says-thailand-only-requested-3-million-doses-per-month-in-initial-agreement>.

<sup>12</sup> Mazoe Ford and Supattra Vimonsuknopparat, "As the Delta Variant of Coronavirus Rips through Thailand, Entire Households Are Being Infected," ABC News (Australia), July 23, 2021 ~ <https://www.abc.net.au/news/2021-07-23/coronavirus-delta-fuelling-huge-wave-in-thailand/100310588>.

<sup>13</sup> "Covid Patients Overflow into Hospital Car Park as Cases Surge in Bangkok," *Nation*, July 16, 2021 ~ <https://www.nationthailand.com/in-focus/40003337>.

<sup>14</sup> "Health System in Crisis, Critics Tell Government," *Bangkok Post*, July 21, 2021 ~ <https://www.bangkokpost.com/thailand/general/2152531/health-system-in-crisis-critics-tell-government>.

<sup>15</sup> On August 18, 2021, 312 deaths were recorded. "2019 Novel Coronavirus Visual Dashboard," Johns Hopkins University, Center for Systems Science and Engineering ~ <https://github.com/CSSEGISandData/COVID-19>.

a rate. In September 2021, leaked documents showed that the minister for health had told AstraZeneca company officials, the government's principal source of vaccines along with Sinovac, that it planned to vaccinate the population at a rate of about 3 million per month.<sup>16</sup> To vaccinate all 55 million people aged twelve and over, Thailand would require 110 million vaccine doses.<sup>17</sup> At a rate of 3 million vaccines per month, Thailand would require eighteen months to achieve full vaccination of its entire adult and teenage population. This slow rate is consistent with statements from officials at the National Vaccine Institute, who said in December 2020 that Thailand only aimed to vaccinate half its population in 2021.<sup>18</sup> As the severity of the situation became clear, Dr. Nakhon Premsri, director of the National Vaccine Institute, publicly apologized for the insufficient vaccine supply, citing the “unexpected situation” caused by the Delta variant.<sup>19</sup>

Thailand's planning had other complications as well. Thai bureaucrats have become increasingly risk-averse since Prime Minister Thaksin Shinawatra's administration (2001–6), fearing accusations of corruption if they deal directly with the private sector. Out of this concern, officials did not want to sign a contract with U.S. vaccine manufacturer Pfizer.<sup>20</sup> AstraZeneca's partnership with Thai company Siam Bioscience to produce vaccines in Thailand was also met with complications. The partnership aimed to develop Thailand's self-sufficiency in vaccine production; however, Siam Bioscience, which is owned by King Vajiralongkorn (and hence above criticism in Thailand's royalist political culture), was inexperienced in vaccine production.<sup>21</sup> Even more problematic, the deal stipulated two-thirds of production be reserved for export and only one-third for local needs.<sup>22</sup>

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<sup>16</sup> Satrusayang, “AstraZeneca Says Thailand Only Requested 3 Million Doses per Month in Initial Agreement.”

<sup>17</sup> This is based on demographic data from the Thailand Board of Investment stating that Thailand's 0–14 years demographic is 16.2% of its 66.19 million population. “Thailand in Brief,” Thailand Board of Investment  $\approx$  <https://www.boi.go.th/index.php?page=demographic>.

<sup>18</sup> John Reed, “Thailand to Vaccinate Half of Its Population in 2021,” *Financial Times*, December 20, 2020  $\approx$  <https://www.ft.com/content/c21638e3-453b-4ef5-ae91-6c2ff49f784d>.

<sup>19</sup> “Health Ministry Apologises for Not Providing Enough Vaccine, Covax Talks in Pipeline,” *Nation*, July 22, 2021  $\approx$  <https://www.nationthailand.com/in-focus/40003569>.

<sup>20</sup> Pavida Rananond, Somchai Jitsuchon, and Pasuk Phongpaichit, “Thai Update 2021: Crisis Management and Long-Term Implications” (presentation at the Australian National University Thai Update 2021, online event, August 24, 2021)  $\approx$  <https://asiapacific.anu.edu.au/news-events/video/thai-update-2021-day-1-economy-and-covid-19-impact>.

<sup>21</sup> John Reed, “AstraZeneca Admits ‘Complicated’ Thai Vaccine Production Launch,” *Financial Times*, July 24, 2021  $\approx$  <https://www.ft.com/content/1c54c222-98c6-4fc7-b43c-1b9115a27750>.

<sup>22</sup> Satrusayang, “AstraZeneca Says Thailand Only Requested 3 Million Doses per Month in Initial Agreement.”

## *Economic Impacts*

The loss of tourism, which accounts for 11%–12% of Thailand’s GDP, combined with public health measures to combat Covid-19, meant that Thailand’s economy shrank by 6.1% in 2020.<sup>23</sup> According to the World Bank, its GDP was unlikely to grow more than 1% in 2021, and in fact, the economy is not expected to return to pre-pandemic levels until 2023.<sup>24</sup> Comparing tourism volumes before and after the pandemic illuminates the extent of Thailand’s economic crisis. In 2022, Thailand is predicted to welcome a total of 1.7 million tourists.<sup>25</sup> Before the pandemic, Thailand received more than this many tourists every two months from China alone. The fourth quarter of 2020 reported only 50,000 tourists, 99.5% less than the same period in 2019.<sup>26</sup>

As a relatively wealthier country, Thailand has been able to offer more fiscal stimulus to the public than many of its neighbors but still less than the average levels in the West.<sup>27</sup> In fact, although it is notoriously fiscally conservative, Thailand recently lifted its debt ceiling from 60% to 70% of GDP to protect jobs as growth slows for a sustained period.<sup>28</sup>

Still, the impact has been immense. Bangkok is a shell of its former bustling self. Tourist precincts, like the go-go bars of Patpong, Soi Cowboy, and Nana, were among the first to close and now stand boarded up. Similarly, the resort provinces of Phuket and Hua Hin lie deserted. Across the country, some 100,000 restaurants vanished between January 2020 and June 2021.<sup>29</sup> Even wet markets, a lifeblood for locals, have closed periodically

<sup>23</sup> “Thailand Loses 1.45 Million Tourism Jobs from Pandemic: Tourism Group,” Reuters, March 29, 2021 ~ <https://www.reuters.com/article/us-thailand-economy-tourism-idUSKBN2BL1F7>.

<sup>24</sup> “World Bank Cuts Thai GDP Growth Outlook to 1% This Year,” Reuters, September 28, 2021 ~ <https://www.reuters.com/world/asia-pacific/world-bank-cuts-thai-gdp-growth-outlook-1-this-year-2021-09-28>.

<sup>25</sup> *Ibid.*

<sup>26</sup> Nalitra Thaiprasert et al., *Revisiting the Pandemic: Surveys on the Impact of Covid-19 on Small Businesses and Workers* (San Francisco: Asia Foundation, May 2021), 10.

<sup>27</sup> Roland Rajah, “Southeast Asia’s Post-Pandemic Recovery Outlook,” Brookings Institution, Order from Chaos, March 15, 2021 ~ <https://www.brookings.edu/blog/order-from-chaos/2021/03/15/southeast-asias-post-pandemic-recovery-outlook>.

<sup>28</sup> “Thailand Raises Public Debt Ceiling to Fight Covid-19 Outbreak,” Reuters, September 20, 2021 ~ <https://www.reuters.com/world/asia-pacific/thailand-raises-public-debt-ceiling-fight-covid-19-outbreak-2021-09-20>.

<sup>29</sup> Thai PBS, “Mikhomun chak chomrom phuprakopthunkit ranahan raingan wa tangtae koet khowitz 19 naipi 2563 chonmathueng tonni ranahanhaipai praman 100,000 ran ruelueaayu 300,000 ran tae tha langchakni maimimatkanarai machuai tulakhom nachahaipai” [Information from the Restaurant Business Association Reveals That since the Start of Covid-19 in 2020 until the Present Approximately 100,000 Restaurants Disappeared and of the Remaining 300,000, If There Are No Assistance Measures by October], Twitter, June 5, 2021.

due to virus outbreaks.<sup>30</sup> By September 2021, the number of people out of work because of unemployment, reduced hours, and business interruptions was around 5.3 million.<sup>31</sup> The Thai National Statistics office put the 2020 unemployment rate at 2.0%, more than three times the long-term average of 0.6%.<sup>32</sup>

The Thai government has launched a range of Covid-19 relief programs. The “Rao Mai Ting Gun” (“We Don’t Desert Each Other”) offered 5,000 baht cash support per month for three months from April to June 2020 to low-income citizens and was extended into 2021. The “Kon La Krueng” (“Half-Half”) program paid for half of household purchases up to 150 baht per day. But some 90% of Thailand’s informal workers, who make up 55% of the labor force, had few options other than to borrow money.<sup>33</sup> By 2021, Thailand had more than 5 million people across the country living on less than \$5.50 a day.<sup>34</sup> The economic distress is seen in long queues for food and rows of shuttered shops. Many Thai people will not admit to suffering but say to themselves *haichai bao bao* (breathe lightly).<sup>35</sup>

### *Political Impact*

During the pandemic, Thailand has been wracked by widespread and frequent public protests, many calling for the dismissal of the former coup leader Prime Minister Prayuth Chan-ocha for reasons that include his government’s mismanagement of the pandemic response. Under his government, the Thai police has been unflinching in response to protests. In the last year alone, Thai authorities have laid some 486 charges against 1,171 protestors.<sup>36</sup> Initially driving the protests were longstanding concerns, especially among Thai youth, about the entrenchment of authoritarianism since the military coup in May 2014. In 2020, protestors broke through a

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<sup>30</sup> Marwaan Macan-Markar, “Pandemic Takes Flavor Out of Bangkok’s Grocery Shopping,” *Nikkei Asia*, September 1, 2021  $\approx$  <https://asia.nikkei.com/Editor-s-Picks/Tea-Leaves/Pandemic-takes-flavor-out-of-Bangkok-s-grocery-shopping>.

<sup>31</sup> Pananond, Jitsuchon, and Phongpaichit, “Thai Update 2021.”

<sup>32</sup> “Covid-19 Impact on Thai Labor Market,” Open Development Thailand, October 11, 2019  $\approx$  <https://thailand.opendevdevelopmentmekong.net/topics/covid-19-impact-on-thai-labor-market>.

<sup>33</sup> Thaiprasert et al., *Revisiting the Pandemic*, 20.

<sup>34</sup> Panithan Onthaworn, “1.5 Million More Thais Fell into Poverty in 2020, Over 5 Million Now Living Under the Poverty Line,” *Thai Enquirer*, July 15, 2021  $\approx$  <https://www.thaienquirer.com/29912/1-5-million-more-thais-fell-into-poverty-in-2020-over-5-million-now-living-under-the-poverty-line>.

<sup>35</sup> Author’s personal communication, Bangkok, September 2021.

<sup>36</sup> “Latthi amnatniyom fueangfu” [Authoritarianism Is Flourishing], *Thai Rath*, October 9, 2021  $\approx$  <https://www.thairath.co.th/news/politic/2214616>.

“glass ceiling” when they explicitly and publicly challenged for the first time the official narrative of the monarchy’s separation from politics. In 2021, the thrust of the protests shifted toward economic issues, given Covid-19’s impact on vulnerable youth. Whether Covid-19 will shift enough votes to dislodge Prayuth’s party, Phalang Pracharath, before the next election in 2023 remains uncertain. In the meantime, opposition parties are seeking to capitalize on this moment, with the Thai Sang Thai party filing a lawsuit against Prayuth in the Criminal Court for Corruption and Misconduct Cases that alleges breaches of the constitution, including for purchasing the relatively ineffective Sinovac vaccine.<sup>37</sup>

### *International Assistance*

China has been a major partner for Thailand during the Covid-19 pandemic. During the pandemic’s first six months, China provided surgical masks, test kits, medical N95 masks, and protective garments. This aid has been met with gratitude. Of the approximately 130 Thai respondents to the ISEAS–Yusof Ishak Institute’s “State of Southeast Asia 2021 Survey Report,” 66% nominated China as the dialogue partner of the Association of Southeast Asian Nations that had provided the most help to Southeast Asia for Covid-19. Only 4% identified the United States as the most helpful.<sup>38</sup>

Thailand also started to receive vaccines from China in February 2021. Sinovac served as a buffer, while stocks of AstraZeneca, Pfizer, and Moderna gradually arrived through various avenues, including licensed domestic production.<sup>39</sup> By August 2021, according to the Chinese embassy in Thailand, 60% of Thailand’s vaccine imports had been from China (Sinovac and Sinopharm).<sup>40</sup> China can portray this moment as another instance of reaching out and assisting its Southeast Asian neighbors in crisis, as Foreign

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<sup>37</sup> Erich Parpart, “Thai Sang Thai Party’s Lawsuit against Prayut Collects 700,000 Names,” *Thai Enquirer*, August 13, 2021 ~ <https://www.thaienquirer.com/31214/thai-sang-thai-partys-lawsuit-against-prayut-collects-700000-names>.

<sup>38</sup> An average of 44% of all survey respondents from the ASEAN region nominated China when asked which ASEAN dialogue partner had provided the most help to the region for Covid-19. Sharon Seah et al., “The State of Southeast Asia: 2021 Survey Report,” ISEAS–Yusof Ishak Institute, February 2021, 13.

<sup>39</sup> Gavin Butler, “How Sinovac Became the Poster Child of Anti-China, Anti-Vaxx Skepticism,” *Vice World News*, August 3, 2021 ~ <https://www.vice.com/en/article/qj8xgd/sinovac-anti-china-covid-vaccine-skepticism>.

<sup>40</sup> Chinese Embassy Bangkok, “Khwanruammuedanwaksinrawangchinthaiaphatnaayangtonueang” [China-Thailand Vaccine Cooperation Continues to Develop], Facebook, August 22, 2021.



Minister Wang Yi reminded his Southeast Asian counterparts.<sup>41</sup> Unlike its poorer neighbors Laos and Cambodia, Thailand bought its Sinovac supply rather than receiving donations.<sup>42</sup> Given salient memories of Western indifference in times of need, especially during the 1997 Asian financial crisis, China's assistance may have long-term resonance.

At the same time, however, there is awareness that Sinovac's efficacy is less than that of the Western-made vaccines. In May 2021, an online poll from Suan Dusit University of 2,644 respondents found Pfizer and Moderna to be the most trusted vaccines, followed by Johnson & Johnson and AstraZeneca—Sinovac was not nominated.<sup>43</sup> Overall, with Sinovac's efficacy in doubt but the vaccine at least available, China's Covid-19 assistance to Southeast Asia has been neither a raging success nor a conspicuous failure. While Sinovac is the vaccine Thais "love to hate," it is credited by Thai health professionals as having significantly reduced deaths.<sup>44</sup>

### *Long-term Effects*

Most Thais expect recovery from Covid-19 to be slow across the board. The Bank of Thailand does not expect that Thailand's economy will return to pre-pandemic levels of growth until 2023, leaving scars on the tourist and business sectors.<sup>45</sup> A debt hangover will remain. One of the worst impacts may be on the country's youth. Bangkok closed its schools for four months in 2021, and it is thought that as many as 15% of students will not return, having dropped out of school.<sup>46</sup> Although education is free until year nine, parents facing unemployment struggle to pay other school-related costs such as food and travel. This phenomenon will be a problem for all of Southeast

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<sup>41</sup> "Wang Yi Attends Special ASEAN-China Foreign Ministers' Meeting in Celebration of the 30th Anniversary of Dialogue Relations," Ministry of Foreign Affairs of the People's Republic of China (PRC), Press Release, June 7, 2021 [https://www.fmprc.gov.cn/mfa\\_eng/zxxx\\_662805/t1882097.shtml](https://www.fmprc.gov.cn/mfa_eng/zxxx_662805/t1882097.shtml).

<sup>42</sup> Ivana Karásková and Veronika Blablová, "The Logic of China's Vaccine Diplomacy," *Diplomat*, June 24, 2021 <https://thediplomat.com/2021/03/the-logic-of-chinas-vaccine-diplomacy>.

<sup>43</sup> Neill Fronde, "Suan Dusit Poll: Most People Will Get Gov't Covid-19 Vaccine," *Thaiger*, May 23, 2021 <https://thethaiger.com/news/national/suan-dusit-poll-most-people-will-get-govt-covid-19-vaccine>.

<sup>44</sup> "Opinion: Thailand Has to Gradually Stop Worrying about New Infection Numbers," *Thai Enquirer*, October 11, 2021 [https://www.thaienquirer.com/33781/\\_trashed-4](https://www.thaienquirer.com/33781/_trashed-4).

<sup>45</sup> Panithwan Onthaworn, "Full Economic Recovery Not Expected until 2023," *Thai Enquirer*, June 28, 2021 <https://www.thaienquirer.com/29068/full-economic-recovery-not-expected-until-2023>.

<sup>46</sup> Dusita Saokaew, "Covid-19: Thailand's School Dropout Rate Soars," CGTN, July 8, 2021 <https://news.cgtn.com/news/2021-07-08/COVID-19-Thailand-s-school-dropout-rate-soars-11jmsBKXkv6/index.html>.

Asia, and Thailand will not be spared.<sup>47</sup> Thailand's income inequality is likely to be exacerbated, which had already become so enormous by 2020 that it earned Prayuth the unflattering title of "father of inequality" (*bida haeng khwamlueamlam*).<sup>48</sup>

Nonetheless, in the long term, Thailand still has critical assets for recovery. The country's favorable location, food surplus, potential for renewable energy, and skilled workforce mean that it should be able to return to economic growth of 3% per year. By the end of the next decade, some economists believe that Thailand could edge toward being a high-income country.<sup>49</sup>

### Conclusion

The advent of the highly infectious Delta variant saw Thailand's public health model go from a showcase in 2020 to a basket case in 2021. Thailand is not the only country to err in taking an overly relaxed approach to obtaining vaccine supply. Nevertheless, the impact has been particularly severe because the slow vaccination rate has delayed the country's broad reopening, a serious consequence for a state as reliant on tourism as Thailand. Though the plunge in the economy is not quite as steep as after the 1997 Asian financial crisis, this crisis's global nature has instead compounded Thailand's predicament. The scars from Covid-19 will be deep and exacerbate Thailand's already polarized politics. ◆

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<sup>47</sup> "Alarming Rise in School Drop-outs after Extended Classroom Closures," *Sydney Morning Herald*, October 2, 2021.

<sup>48</sup> Polwut Songsakul, "Fai khan tangchaya Prayut 'bida khwamlueamlam phunamhaengkankoni'" [Opposition Parties Name Prayuth "the Father of Inequality and the Leader of Debt"], *Standard* (Thailand), July 1, 2020 ≈ <https://thestandard.co/opposition-named-prayutr-to-be-father-of-inequality>.

<sup>49</sup> Pananond, Jitsuchon, and Phongpaichit, "Thai Update 2021."

## Covid-19 Challenges and Responses in Bangladesh

*Tasnia Alam*

**B**angladesh has experienced highly adverse impacts from Covid-19, and its lower-middle-income economy and dense population have exacerbated the public health and economic challenges from the global pandemic. Bangladesh detected its first Covid-19 case in March 2020.<sup>1</sup> As a preventive measure, the government closed international borders, educational institutes, industries, and offices. As a result, many people lost their jobs, and some city dwellers moved from urban to rural areas as they could no longer afford living expenses. Life has changed dramatically, in particular, for the ultra-poor who live from hand to mouth.<sup>2</sup>

According to the World Health Organization (WHO) Covid-19 dashboard, Bangladesh had 1,595,931 confirmed cases of Covid-19 from January 1, 2020, through January 10, 2022, with 28,105 deaths and 129,371,926 vaccinations administered. A total of 1,553,293 patients had recovered from the acute effects of the virus.<sup>3</sup> On December 11, 2021, Bangladesh identified the Omicron variant in two Bangladeshi cricketers who had returned from Zimbabwe.<sup>4</sup> Although data indicated a declining trend in reported cases and deaths in the fall of 2021, the new variant made the situation alarming again. To tackle the severity of the situation, the government imposed updated health guidelines for citizens in January 2022.<sup>5</sup>

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<sup>1</sup> Saeed Anwar, Mohammad Nasrullah, and Mohammad Jakir Hosen, "Covid-19 and Bangladesh: Challenges and How to Address Them," *Frontiers in Public Health*, no. 8 (2020): 154 ~ <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00154/full>.

<sup>2</sup> Sushmita Dutta and Marzia Khatam Smita, "The Impact of Covid-19 Pandemic on Tertiary Education in Bangladesh: Students' Perspectives," *Open Journal of Social Sciences* 8, no. 9 (2020): 53.

<sup>3</sup> World Health Organization (WHO), "WHO Coronavirus Disease (Covid-19 Dashboard): Bangladesh" ~ <https://covid19.who.int/region/searo/country/bd>.

<sup>4</sup> WHO Regional Office for South-East Asia, "Covid-19 Weekly Situation Report," week #49, December 17, 2021.

<sup>5</sup> "Covid Curbs Return from Thursday," *Daily Star* (Bangladesh), January 11, 2022 ~ <https://www.thedailystar.net/health/disease/coronavirus/news/covid-curbs-return-january-13-2936501>.

This essay discusses the challenges and impacts of Covid-19 in Bangladesh, a densely populated small state in South Asia that hosts the largest refugee camps in the world. It also examines the initiatives taken by policymakers to combat this unseen enemy. The final section describes possible solutions to current and post-Covid challenges.

### *The Impact of the Covid-19 Pandemic in Bangladesh*

Before the onset of the pandemic, Bangladesh's economy was growing at one of the world's quickest rates, with an average GDP growth rate of 7.4% over the last five years and 8.2% in 2019.<sup>6</sup> The country experienced this higher-than-expected growth because of government policy reforms and a loosening of investment regulations. In 2019, domestic demand, including consumption and investment, climbed by 11.0%, while exports and remittances increased by 10.5% and 9.6%, respectively.<sup>7</sup>

Once the pandemic hit, the picture no longer looked so optimistic. According to an assessment on national food security by BRAC (an international NGO headquartered in Bangladesh), the country's farmers lost \$6.66 billion during the 45-day lockdown between March and May 2020. In March 2020, the flow of inward remittances fell by 12% to \$1.27 billion, and in April, it fell by 25% to \$1.09 billion.<sup>8</sup> Almost 1.4 million migrant workers abroad lost their jobs or returned to Bangladesh. Due to the pandemic, inward remittances to South Asia dropped by roughly 22.1% in 2020, and the World Bank forecasted that in 2020 regional growth would fall to between 1.8% and 2.8%, down from a projected 6.3%.<sup>9</sup>

Beyond the public health toll, Covid-19 has had a socioeconomic impact, crimping some thriving industries in Bangladesh such as the garment industry. Pre-pandemic, Bangladesh was the second-largest single exporter of ready-made garments (RMG).<sup>10</sup> Due to factory closures

<sup>6</sup> World Bank, "The World Bank in Bangladesh" ≈ <https://www.worldbank.org/en/country/bangladesh/coronavirus>.

<sup>7</sup> Mashura Shammi et al., "Strategic Assessment of Covid-19 Pandemic in Bangladesh: Comparative Lockdown Scenario Analysis, Public Perception, and Management for Sustainability," *Environment, Development and Sustainability* 23, no. 4 (2020): 6148–91.

<sup>8</sup> Ibid.

<sup>9</sup> World Bank, "Bangladesh Must Ramp Up Covid-19 Action to Protect Its People, Revive Economy," Press Release, April 12, 2020 ≈ <https://www.worldbank.org/en/news/press-release/2020/04/12/bangladesh-must-act-now-to-lesser-covid-19-health-impacts>.

<sup>10</sup> Humayun Kabir, Myfanwy Maple, and Kim Usher, "The Impact of Covid-19 on Bangladeshi Readymade Garment (RMG) Workers," *Journal of Public Health* 43, no. 1 (2021): 47–52 ≈ <https://doi.org/10.1093/pubmed/fdaa126>.

and supply chain disruptions as a result of the pandemic, Bangladesh has dropped to third place, trailing Vietnam. If the European Union is counted as a single unit, Bangladesh has slipped to fourth place, following China, the EU, and Vietnam, according to the World Trade Organization (WTO).<sup>11</sup> As a result of the decline in RMG exports, in just the first few months of the pandemic Bangladesh lost \$3.17 billion in foreign orders and approximately 70,000 workers became unemployed, with many others unable to receive their wages. Besides causing widespread unemployment, which exacerbates poverty, the pandemic has negatively affected RMG workers' physical and emotional health.<sup>12</sup>

Education is another sector that has been severely affected by the pandemic. Following some industrialized countries like the United States, the United Kingdom, and Australia, Bangladesh shut down educational institutions to lower transmission rates during the pandemic.<sup>13</sup> All educational institutions in Bangladesh remained closed from March 2020 until September 2021. Students became stressed because of the prolonged shutdown and experienced mental health issues. Many parents feared their teenagers would not return to school after they reopened, potentially causing a long-term impact on socioeconomic development in the country.<sup>14</sup> Although some English-medium schools moved to online learning, most Bengali-medium schools were unable to do so due to a lack of electronic resources and internet connectivity. The government's main remote-learning response was through television-based educational programs, but up to 55% of grade-nine students in Bangladesh, for example, do not have access to a television, and even many who do did not watch the programming.<sup>15</sup> Closures had a significant impact on indigenous children in particular, resulting

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<sup>11</sup> "Vietnam Crosses Bangladesh, Turns Second Largest RMG Exporter Globally," *Financial Express* (Bangladesh), July 31, 2021 [~ https://thefinancialexpress.com.bd/economy/vietnam-crosses-bangladesh-turns-second-largest-rmg-exporter-globally-1627716944](https://thefinancialexpress.com.bd/economy/vietnam-crosses-bangladesh-turns-second-largest-rmg-exporter-globally-1627716944).

<sup>12</sup> Shuvro Sen et al., "The Apparel Workers Are in the Highest Vulnerability due to Covid-19: A Study on the Bangladesh Apparel Industry," *Asia Pacific Journal of Multidisciplinary Research* 8, no. 3 (2020) [~ https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3669298](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3669298); and Zahidul Hassan, "Covid-19: Impact on Ready-Made Garment Workers in Bangladesh," UN Children's Fund, 2020 [~ https://www.unicef.org/bangladesh/media/3926/file/%20UNICEF\\_COVID%20and%20Banladesh%20garment%20workers.pdf%20.pdf](https://www.unicef.org/bangladesh/media/3926/file/%20UNICEF_COVID%20and%20Banladesh%20garment%20workers.pdf%20.pdf).

<sup>13</sup> Dutta and Smita, "The Impact of Covid-19 Pandemic on Tertiary Education in Bangladesh," 53.

<sup>14</sup> World Bank, "Keeping Bangladesh's Students Learning During the Covid-19 Pandemic," April 18, 2021 [~ https://www.worldbank.org/en/results/2021/04/18/keeping-bangladesh-s-students-learning-during-the-covid-19-pandemic](https://www.worldbank.org/en/results/2021/04/18/keeping-bangladesh-s-students-learning-during-the-covid-19-pandemic).

<sup>15</sup> *Ibid.*

in greater educational inequality.<sup>16</sup> From September 2021, all tertiary institutions started their operations in-person in a very restricted way. After the new variant was detected, in January 2022 the government emphasized vaccinating children between twelve and sixteen years old.<sup>17</sup>

Covid-19 has also affected tourism, which is a flourishing economic sector that accounts for almost 4.4% of the country's GDP.<sup>18</sup> Due to the pandemic, airlines canceled flights and both domestic and international tourists canceled bookings, causing heavy losses and severely curtailing the sector as well as its supporting businesses. Extended lockdown and future uncertainty from the pandemic continue to put the future of the travel and tourism industries under threat.<sup>19</sup>

A situation particular to Bangladesh is the impact that Covid-19 has had on the country's large refugee population. Cox's Bazar, a city in Bangladesh's southeast, is home to the world's biggest refugee camp and shelters over 860,000 people from the Rohingya ethnic group that were forcibly displaced from Myanmar (out of over one million Rohingya refugees in Bangladesh). On June 6, 2020, Bangladesh identified the Cox's Bazar areas surrounding these Rohingya refugee camps as the first red zone for Covid-19. Because of misinformation and social stigma, many Rohingya refugees are hesitant to get tested or obtain treatment. As a result, there is no accurate representation of the number of positive cases and related deaths among the Rohingya refugees in Bangladesh. Although development agencies are collaborating with the Bangladeshi government to tackle this problem, the frequency of Covid-19 testing in these camps is still low,<sup>20</sup> and the use of masks is still uncommon.<sup>21</sup> Lack of awareness of the importance of social distancing and

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<sup>16</sup> Stephen L. Harrison "Improving Online Tertiary Education in the Developing World Based on Changes in Perceptions Post Covid-19," *International Business Review Journal* (2020) ~ <https://www.ibrjournal.org/article-0012040>.

<sup>17</sup> "Children 12 and Above to Get Jabs," *Daily Star* (Bangladesh), January 11, 2022 ~ <https://www.thedailystar.net/youth/education/news/children-12-and-over-get-jabs-2168511>.

<sup>18</sup> LightCastle Analytics Wing, "Tourism: A Possible New Driver for the Economy of Bangladesh," DATABD.CO, January 22, 2020 ~ <https://databd.co/tourism-a-possible-new-driver-for-the-economy-of-bangladesh>.

<sup>19</sup> Santus Kumar Deb and Shohel Md. Nafi, "Impact of Covid-19 Pandemic on Tourism: Perceptions from Bangladesh," SSRN, August 22, 2021 ~ [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3632798](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3632798).

<sup>20</sup> UN High Commissioner for Refugees (UNHCR), "Covid-19 Vaccinations Begin in Bangladesh's Rohingya Refugee Camps," Press Release, August 11, 2021 ~ <https://www.unhcr.org/asia/news/press/2021/8/6113a79f4/covid-19-vaccinations-begin-in-bangladeshs-rohingya-refugee-camps.html>.

<sup>21</sup> Md. Taimur Islam et al., "Tackling the Covid-19 Pandemic: The Bangladesh Perspective," *Journal of Public Health Research* 9, no. 4 (2020) ~ <https://doi.org/10.4081/jphr.2020.1794>.

poor water access, sanitation, and hygiene supplies have raised concerns about keeping the Rohingya refugees safe from infection.<sup>22</sup>

An increase in domestic violence in Bangladesh has been witnessed during the pandemic. One study found that 11,025 women endured domestic violence during the extended nationwide shutdown and 4,947 women were exposed to psychological abuse. In addition, 3,589 women were victims of financial abuse. The study noted that 30% of women who reported domestic violence during the lockdown had never experienced domestic violence in the past.<sup>23</sup> According to other reports, 179 victims reported sexual harassment, and there were at least 1,627 rape victims and 317 gang rape incidents reported in 2020 (compared to 1,080 and 294 in 2019, respectively).<sup>24</sup>

### *Government Response Measures and Their Effectiveness*

In the first week of March 2020, Bangladesh began postponing any large meetings to check the spread of Covid-19, outlawing all political, social, cultural, and religious gatherings or meetings. Following that, Bangladesh enacted a ten-day travel ban from March 26 that included restrictions on road, sea, rail, and air travel. All nonessential organizations, businesses, and educational institutions were shuttered, while necessary services such as pharmacies and food markets remained open.<sup>25</sup> All domestic and international flights were canceled for an unannounced period, and airports installed thermal scanners. The government made obligatory a fourteen-day home quarantine for overseas returnees in a further step to stop the spread of the virus.<sup>26</sup> Due to the country's dense population (in the capital city Dhaka, for example, there are 46,000 people per square kilometer), lack of

<sup>22</sup> UNHCR, "UNHCR Bangladesh Operational Update," Situation Report, May 2021 [~ https://reliefweb.int/report/bangladesh/unhcr-bangladesh-operational-update-may-2021](https://reliefweb.int/report/bangladesh/unhcr-bangladesh-operational-update-may-2021).

<sup>23</sup> "Domestic Violence: 30% Became Victims during Pandemic," *Dhaka Tribune*, March 31, 2021 [~ https://www.dhakatribune.com/bangladesh/2021/03/31/30-of-domestic-violence-survivors-faced-violence-for-the-first-time-during-pandemic](https://www.dhakatribune.com/bangladesh/2021/03/31/30-of-domestic-violence-survivors-faced-violence-for-the-first-time-during-pandemic).

<sup>24</sup> Mir Nabila Ashraf et al., "Mental Health Issues in the Covid-19 Pandemic and Responses in Bangladesh: View Point of Media Reporting," *Frontiers in Public Health* 9 (2021) [~ https://pubmed.ncbi.nlm.nih.gov/34552906/](https://pubmed.ncbi.nlm.nih.gov/34552906/); and Firoj al Mamun, Ismail Hosen, and Mohammed A. Mamun, "Sexual Violence and Rapes' Increment during the Covid-19 Pandemic in Bangladesh," *EClinicalMedicine* 34 (2021) [~ https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370\(21\)00097-3.pdf](https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(21)00097-3.pdf).

<sup>25</sup> Anwar, Nasrullah, and Hosen, "Covid-19 and Bangladesh: Challenges and How to Address Them," 154.

<sup>26</sup> Kazi Nafia Rahman, "Isolation, Quarantine Can Help Break Bangladesh's Deadly Covid Cycle: Experts," *bdnews24.com*, July 17, 2021 [~ https://bdnews24.com/coronavirus-pandemic/2021/07/17/can-bangladesh-break-the-cycle-of-covid-transmission-with-isolation-quarantine/](https://bdnews24.com/coronavirus-pandemic/2021/07/17/can-bangladesh-break-the-cycle-of-covid-transmission-with-isolation-quarantine;); and "Govt Tightens Quarantine Requirement for Overseas Returnees," *bdnews24.com*, March 17, 2020 [~ https://bdnews24.com/bangladesh/2020/03/17/govt-tightens-quarantine-requirement-for-overseas-returnees](https://bdnews24.com/bangladesh/2020/03/17/govt-tightens-quarantine-requirement-for-overseas-returnees).

widespread access to hygiene supplies, and limited testing kits and facilities, many preventive measures have been difficult, if not impossible, for much of the country.<sup>27</sup>

Bangladesh started its vaccination program earlier than many other developing countries. In November 2020, the government agreed to buy 30 million doses of the AstraZeneca/Covishield vaccine from the Serum Institute of India for its front-line responders such as doctors, nurses, and police officers.<sup>28</sup> Unfortunately, owing to an unexpected increase in new infections and rising mortality rates at home, India abruptly stopped exporting vaccines to Bangladesh in April 2021. As a result, the government's plans for vaccinating a bulk of the population were delayed.<sup>29</sup> After criticism and pressure from citizens and political parties, the government began looking for alternatives to ensure that the immunization program ran smoothly and signed a memorandum of understanding with China's Sinopharm on August 17, 2021. Eventually, the government started importing vaccines from various sources to achieve its goal of vaccinating 90% of the population by the end of December 2021. To this end, it has been distributing the Moderna, AstraZeneca/Covishield, Pfizer, and Sinopharm vaccines. However, as of late December, only 27% of the population have received two doses of a vaccine and only 53% have received at least one dose.<sup>30</sup>

To address the economic toll from the pandemic, Bangladesh's government and central bank have begun a multifaceted and collaborative effort to promote growth.<sup>31</sup> By the end of March 2020, the government had already announced a 50 billion taka (\$595 million) incentive plan for the export sector. This included salary support and the payment of two-year loans to factory owners at a 2% interest rate.<sup>32</sup> Since then, the government has offered low-interest loans to small businesses and the tourism and hospitality industries. Export-oriented companies, such as those in the RMG industry, also received loans and assistance, and a working-capital

<sup>27</sup> Anwar, Nasrullah, and Hosen, "Covid-19 and Bangladesh: Challenges and How to Address Them."

<sup>28</sup> "India's Serum to Sell Covid-19 Vaccine to Bangladesh at \$4/Dose: Report," *Daily Star* (Bangladesh), January 13, 2021 ~ <https://www.thedailystar.net/online/news/indias-serum-sell-covid-19-vaccine-bangladesh-4dose-report-2027013>.

<sup>29</sup> "Bangladesh Running Out of Vaccines," *Daily Star* (Bangladesh), April 23, 2021 ~ <https://www.thedailystar.net/editorial/news/bangladesh-running-out-vaccines-2082081>.

<sup>30</sup> Edouard Mathieu et al., "A Global Database of Covid-19 Vaccinations," *Our World in Data*, 2021 ~ [https://ourworldindata.org/covid-vaccinations?country=OWID\\_WRL](https://ourworldindata.org/covid-vaccinations?country=OWID_WRL).

<sup>31</sup> Shammi et al., "Strategic Assessment of Covid-19 Pandemic in Bangladesh."

<sup>32</sup> KPMG, "Bangladesh: Government and Institution Measures in Response to Covid-19," November 18, 2020 ~ <https://home.kpmg/xx/en/home/insights/2020/04/bangladesh-government-and-institution-measures-in-response-to-covid.html>.




loan facility was established for large manufacturers and service firms. The government distributed cash and other assistance to the most vulnerable populations—approximately 40 million people, or a quarter of the population—through 28 separate stimulus programs totaling \$22.1 billion (nearly 6.2% of GDP). According to Prime Minister Sheikh Hasina, these measures have helped Bangladesh avoid the worst of the pandemic.<sup>33</sup>

### *Healthcare System Responses and Impacts*

Despite its closures and other preventive measures, Bangladesh struggled to prevent the spread of Covid-19 because of the lack of a functioning healthcare system. There are not enough intensive care units or dedicated hospitals to adequately handle Covid-19 patients. Although the government urgently hired more doctors for hospitals, this number was insufficient to manage hospital caseloads. The relative scarcity of doctors and nurses compared to other countries is a major issue for the healthcare system. In Bangladesh, there are only 5 doctors per 10,000 people, whereas in Italy, for example, there are 41 doctors per 10,000 people.<sup>34</sup> However, even as many wealthy countries have struggled to control fatalities from Covid-19, Bangladesh has largely managed to do so. Despite having a weaker healthcare system, the population has so far kept the death and infection rates to a manageable level. However, it is unclear whether underreporting, particularly in rural regions due to a lack of awareness and social stigma, has resulted in lower official case and fatality figures.

Bangladesh has the lowest percentage of Covid-19 testing in South Asia as there is a significant scarcity of testing kits. It has a reserve of less than 100,000 kits, of which only about 20,000 were distributed to testing centers across the country. To increase its resources, Bangladesh received testing kits, personal protective equipment, masks, and infrared thermometers from China. Nevertheless, these supplies only cover a small percentage of the country's actual needs. Meanwhile, a local health organization, Gonoshasthaya Kendra, claimed to have created a diagnostic kit that can detect the virus in minutes for just 350 taka (about \$4) using a quick-dot-blot technique. Although many specialists doubted the effectiveness of the

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<sup>33</sup> Sheikh Hasina, "Bangladesh Prime Minister: We Rise from Covid-19 by Helping the Neediest First," *Fortune*, December 20, 2021  <https://fortune.com/2021/12/20/bangladesh-prime-minister-sheikh-hasina-we-rise-from-covid-19-by-helping-the-neediest-first-pandemic-response-world-economy-asia-development>.

<sup>34</sup> Islam et al., "Tackling the Covid-19 Pandemic."

method, the institution received government authorization to import raw ingredients to mass-produce the kits.

### *International Aid Received from Major Donors*

The United States contributed nearly \$80 million to Bangladesh's Covid-19 response, making it one of its earliest and largest donors. The U.S. government, through the U.S. Agency for International Development (USAID), delivered critical medical supplies to Bangladesh as part of its ongoing humanitarian aid to countries in South Asia.<sup>35</sup> Approximately 2 million pieces of personal protective equipment from the United States were transported to Bangladesh to assist tens of thousands of Bangladeshi healthcare professionals. Bangladesh has also received an additional \$11.4 million in Covid-19 relief funding from USAID to aid with preventive initiatives. As noted above, India and Bangladesh had agreed that India would supply the latter with 30 million vaccine doses by mid-2021, but just 9 million doses were delivered before India unexpectedly halted sales. Later, China gifted Bangladesh 500,000 doses of the Sinopharm vaccine so the country could resume its immunization campaign, which had been interrupted by the lack of AstraZeneca vaccines made in India.<sup>36</sup>

The government of Bangladesh signed three finance agreements worth \$1.04 billion with the World Bank to act in response to the pandemic and build resilience against future crises. The funding supports mobilizing Covid-19 immunization efforts, extending electronic procurement, and speeding up economic recovery. Bangladesh's Covid-19 Emergency Response and Pandemic Preparedness Project has also received a \$500 million loan from the World Bank to help the country vaccinate 54 million people against Covid-19. This help is intended to assist with the procurement of vaccines, the expansion of storage facilities, and the distribution and deployment of vaccines.<sup>37</sup> The International Monetary Fund has assisted Bangladesh by approving \$732 million in emergency

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<sup>35</sup> U.S. Agency for Development (USAID), "United States Provides Additional \$11.4 Million for Urgent Covid-19 Assistance in Bangladesh," Press Release, August 8, 2021 ≈ <https://www.usaid.gov/bangladesh/press-releases/aug-10-2021-usaid-provides-additional-11-million-covid-funds>.

<sup>36</sup> "Covid: China Delivers 500,000 Doses of Sinopharm Vaccine to Bangladesh," *Business Standard*, May 12, 2021 ≈ [https://www.business-standard.com/article/international/covid-china-delivers-500-000-doses-of-sinopharm-vaccine-to-bangladesh-121051200545\\_1.html](https://www.business-standard.com/article/international/covid-china-delivers-500-000-doses-of-sinopharm-vaccine-to-bangladesh-121051200545_1.html).


<sup>37</sup> World Bank, "Bangladesh Receives Over \$1 Billion World Bank Financing for Vaccination and Responding to Covid-19 Pandemic," Press Release, April 21, 2021 ≈ <https://www.worldbank.org/en/news/press-release/2021/04/14/bangladesh-receives-over-1-billion-world-bank-financing-for-vaccination-and-responding-to-covid-19-pandemic>.

loans during the crisis.<sup>38</sup> However, this international assistance and support is insufficient to combat the pandemic in a highly populated country like Bangladesh.


### *Forecasting Economic Loss and a Recovery Strategy*

Bangladesh was in a strong economic position before the pandemic, with a minimal danger of overall and external debt difficulties. Nonetheless, the debt it has incurred should be manageable as a result of previous robust economic and fiscal policies, such as reduced dependence on aid and prudent borrowing. Yet, to pay for increased health, education, and infrastructure spending in the medium term, the government will need to create more social and economic infrastructure and programs to support people and businesses.

Specifically, the government should implement several comprehensive budgetary policies to help the economy recover and reduce Covid-19's long-term economic impact. The most difficult tasks ahead are creating employment opportunities and shifting the aggregate demand curve. A significant increase in budgetary allocations to the healthcare and education sectors is essential to combat future disasters. Businesses that want to borrow money from abroad should get a credit guarantee from the government. When expecting an economic downturn, the central bank should extend the grace period for loans and allow current credit lines more time to be repaid. When forecasting an economic downturn, the central bank should exclude existing credit lines from repayment.

At the same time as many large, developed states are fighting Covid-19, a small state like Bangladesh, with a population of 161 million people and a new lower-middle-income status, has managed to reduce the pandemic's harm with limited resources. The government hopes that its mass vaccination program and campaign to raise public awareness will continue to protect the population against the worst effects of the pandemic. At this stage, long-term lockdowns and the closure of major industries are not viable options for Bangladesh, given that a large portion of the population remains impoverished. Good governance, a well-structured healthcare system, and citizen awareness are vital to keeping the spread of the deadly virus under control. 

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<sup>38</sup> International Monetary Fund, "Helping Bangladesh Recover from Covid-19," IMF Country Focus, June 12, 2020  <https://www.imf.org/en/News/Articles/2020/06/11/na-06122020-helping-bangladesh-recover-from-covid-19>.

## Vietnam's Shifting Response to the Covid-19 Challenge

*Paul Schuler*

Since April 2021, perspectives on the effectiveness of Vietnam's Covid-19 response have changed. Before, Vietnam's near-total suppression of the virus had analysts glowing about the country's successful response.<sup>1</sup> As of early November 2020, Vietnam had recorded only 1,207 total cases and had gone 64 consecutive days without a recorded case of community transmission.<sup>2</sup> Based on these metrics, the country's Covid-19 response outperformed neighboring states such as the Philippines, Indonesia, and Myanmar as well as much of the developed world. Vietnam's success in managing the health crisis translated to relative economic gains, avoiding the declines suffered by these same neighbors. As a result, in 2020, Vietnam overtook the Philippines in per capita income for the first time since World War II.<sup>3</sup>

Then came April 2021 and the arrival of the Delta variant. With the more contagious strain, clusters mushroomed throughout the country, particularly in the economically vital Ho Chi Minh City metro area. From July to September 2021, Vietnam attempted to respond and eliminate Covid-19 through the same restrictive measures used to quell outbreaks in 2020. Unfortunately, this time the strict measures suppressed economic performance but not the disease, with Vietnam seeing a sharp 6.17% decline in GDP in the third quarter of 2021.<sup>4</sup> Economic strain as well as pressure from business groups and international investors led Vietnam to lift its most restrictive measures in Ho Chi Minh City in September, signaling the end of the "Zero Covid" strategy.

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<sup>1</sup> Todd Pollack et al., "Emerging Covid-19 Success Story: Vietnam's Commitment to Containment," Our World in Data, March 5, 2021 ~ <https://ourworldindata.org/covid-exemplar-vietnam>.

<sup>2</sup> World Health Organization, "Viet Nam Covid-19 Situation Report," no. 16, November 5, 2020 ~ <https://www.who.int/vietnam/internal-publications-detail/covid-19-in-viet-nam-situation-report-16>.

<sup>3</sup> Fermin D. Adriano, "Why Are We Losing the Development Race?" *Manila Times*, October 22, 2020 ~ <https://www.manilatimes.net/2020/10/22/business/agribusiness/why-are-we-losing-in-the-development-race/783624>.

<sup>4</sup> "Vietnam Posts Record GDP Slump in Q3 Due to Covid-19 Curbs," Reuters, September 29, 2021 ~ <https://www.reuters.com/world/asia-pacific/vietnam-posts-record-gdp-slump-q3-due-covid-19-curbs-2021-09-29>.

This essay discusses Vietnam's evolving response to Covid-19, detailing its successful strategies in 2020 and the undermining factors in 2021. It also examines prospects for 2022, focusing on the population's continued trust in government response and the overall low degree of skepticism regarding vaccination. As of November 2021, Vietnam seems unlikely to return to the severe lockdowns of 2020 and early 2021. At the same time, it is unclear just how fully the government will open the country and its economy given the caution that still pervades some quarters of the Communist Party of Vietnam and the emergence of new variants, such as Omicron.

### *Explaining Success in 2020*

In 2020, the international media and Vietnam's own citizenry lauded the country for its strong, effective response to Covid-19. Vietnam had managed to keep community transmissions to nearly zero, save for a small cluster of outbreaks in Hai Duong and Quang Ninh provinces. Until the late spring of 2021, Covid-19-related deaths remained negligible. Unlike other successful public health strategies in East Asia, Vietnam's approach was remarkably low tech. Instead of sophisticated tracking apps, Vietnam used targeted lockdowns, manual contact tracing, and mandatory quarantines of anyone arriving from overseas or who had been in contact with individuals that tested positive. Between January and May, more than 200,000 people had been quarantined in government-run facilities.<sup>5</sup>

Vietnam's accomplishment in keeping rates low sparked a debate on why it succeeded using tools that failed other developing and developed countries. Some argued that Vietnam's robust neighborhood surveillance system allowed it to implement effective contact tracing.<sup>6</sup> Others pointed to strong local governance institutions,<sup>7</sup> communal loyalty,<sup>8</sup> previous experience with Severe Acute Respiratory Syndrome (SARS),<sup>9</sup> and increased

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<sup>5</sup> Pollack et al., "Emerging Covid-19 Success Story."

<sup>6</sup> Bill Hayton and Tro Ly Ngheo, "Vietnam's Coronavirus Success is Built on Repression," *Foreign Policy*, May 12, 2020 ~ <https://foreignpolicy.com/2020/05/12/vietnam-coronavirus-pandemic-success-repression>.

<sup>7</sup> Trang Mae Nguyen and Edmund Malesky, "Reopening Vietnam: How the Country's Improving Governance Helped It Weather the Covid-19 Pandemic," Brookings Institution, May 20, 2020 ~ <https://www.brookings.edu/blog/order-from-chaos/2020/05/20/reopening-vietnam-how-the-countrys-improving-governance-helped-it-weather-the-covid-19-pandemic>.

<sup>8</sup> Anna Frazetto, "Even the Pandemic Cannot Rattle Vietnam's Outsourcing Strengths," *Forbes*, August 17, 2020 ~ <https://www.forbes.com/sites/forbestechcouncil/2020/08/17/even-the-pandemic-cannot-rattle-vietnams-outsourcing-strengths>.

<sup>9</sup> Huong Le Thu, "Vietnam: A Successful Battle Against the Virus," Council on Foreign Relations, April 30, 2020 ~ <https://www.cfr.org/blog/vietnam-successful-battle-against-virus>.

use of social media.<sup>10</sup> Alternative anecdotal arguments suggested that the lack of gridlock arising from Vietnam's single-party system and state-controlled media facilitated a streamlined, unified response.<sup>11</sup>

While not mutually exclusive with some of these theories, and as this author has argued elsewhere, trust is a vital ingredient in the country's response.<sup>12</sup> Indeed, trust in the government and its response may result from communal loyalty, governance improvements, or previous experience with other epidemics. At the same time, Vietnam and China have for decades consistently ranked as "high trust" societies.<sup>13</sup> In survey after survey, Vietnamese citizens report high levels of trust in the government and in each other. While skeptics may suggest that these survey results could be the product of falsification, high levels of interpersonal trust are less likely to be influenced by fear of repression.

Why is trust important? Although Vietnam is a single-party country, it is relatively more decentralized than other single-party states, such as China.<sup>14</sup> For this reason, policy implementation in Vietnam is often uncoordinated and redundant, even when the single-party system delivers central edicts quickly.<sup>15</sup> In the context of Covid-19, uneven implementation of an unpopular policy could have undermined Vietnam's rigorous contact tracing and quarantine measures, which were centerpieces of its 2020 strategy. As part of this policy, an F1 case—anyone who came into contact with someone who had Covid-19 (an F0 case)—was required to undergo a Covid-19 test and quarantine in a government-run facility (often a military base) for fourteen days, even if they tested negative.<sup>16</sup> Though the policy was developed centrally by the Ministry of Health, the effectiveness of the policy required both an accurate assessment of who was in contact with F0 cases and diligent implementation by officials at extremely local levels such as neighborhoods. If the policies were unpopular or if village and

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<sup>10</sup> Adam Fforde, "Vietnam and Covid-19: More Mark (Zuckerberg) than Marx," *Melbourne Asia Review*, October 29, 2020 ~ <https://melbourneasiareview.edu.au/vietnam-and-covid-19-more-mark-zuckerberg-than-marx>.

<sup>11</sup> See, for example, Mike Carre, "How Vietnam's Authoritarian Government Succeeded at Containing Covid-19," *PBS News Hour*, June 9, 2020 ~ <https://www.pbs.org/newshour/show/how-vietnams-authoritarian-government-succeeded-at-containing-covid-19>.

<sup>12</sup> Paul Schuler, "Vietnam in 2020: Controlling Covid and Dissent," *Asian Survey* 61, no. 1 (2021): 90–98.

<sup>13</sup> Kai-Ping Huang and Paul Schuler, "A Status Quo Theory of Generalized Trust," *Comparative Politics* 51, no. 1 (2018): 121–32.

<sup>14</sup> Edmund Malesky and Jonathan London, "The Political Economy of Development in China and Vietnam," *Annual Review of Political Science* 17 (2014): 395–419.

<sup>15</sup> Vu Thanh Tu Anh, "Vietnam: Decentralization Amidst Fragmentation," *Journal of Southeast Asian Economies* 33, no. 2 (2016): 188–208; and Nguyen and Malesky, "Reopening Vietnam."

<sup>16</sup> Pollack et al., "Emerging Covid-19 Success Story."

neighborhood leaders were reluctant to implement the measures, F1 cases could have avoided quarantine or testing. Therefore, trust in the necessity of the policy as well as trust in one another and the government were vital for the policy to work.

While we do not have direct evidence of the buy-in from local level officials tasked with implementing the lockdown measures and quarantines, survey results point to the importance of trust both in the public health response and in the government as a whole among the public. According to a survey conducted by the UN Development Programme and Mekong Development Research Institute in 2020, 87% of respondents said the April 2020 lockdown was appropriately timed. Additionally, 89% of respondents thought that health concerns rather than economic concerns should be the main driver of the government's Covid-19 response. This trust worked to the government's credit, with 96% responding that they were satisfied or very satisfied with the actions of the national steering committee in charge of the Covid-19 response in 2020.<sup>17</sup>

In short, Vietnam's effective early response likely resulted from a rare combination of factors—quick decision-making that was facilitated by a single-party system in a society with high levels of trust in the government and fellow citizens. Simply passing policies in an autocratic manner without this trust would likely have been less successful.

### *What Changed in 2021?*

Vietnam's exceptionalism began to fade in April 2021 when community transmission cases emerged and began to spread throughout the country. Initially, the clusters stemmed from Vietnamese nationals returning from overseas. However, by the end of April, community transmission became the dominant form of spread. At this point, government leadership had only recently passed into the hands of Prime Minister Pham Minh Chinh, who officially took over on April 5. Chinh succeeded Nguyen Xuan Phuc, who was elected president and who, together with Deputy Prime Minister Vu Duc Dam, managed the response in 2020 through the National Steering Committee for Covid-19 Prevention and Control.

In one of Phuc's last acts as prime minister, he issued Directives 15, 16, and 19, which allowed localities to deploy varying levels of restrictions

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<sup>17</sup> "Citizens' Opinions of and Experiences with Government Responses to Covid-19 Pandemic in Vietnam: Findings from a Phone-Based Survey," Mekong Development Research Institute and UN Development Programme, December 2020.

depending on the level of outbreak. These directives formed the basis for Chinh's management of the national response from July until September, when the government, in coordination with the provincial leadership in the south, imposed ever-stricter restrictions on mobility in and around Ho Chi Minh City. Ho Chi Minh City was locked down completely from August 23 until September 30, when it then slightly eased restrictions. During this period, many factories were shuttered, residents were unable to shop for food, and migrant workers were not allowed to return home to other provinces, causing immense hardship. For many, the lack of access to food presented as much of a threat to life as Covid-19.

In early fall, facing outcries from citizens desperate to return home as well as from businesses growing concerned about supply chain interruptions, the government signaled an end to its Zero Covid strategy. On September 30, the strict lockdown in Ho Chi Minh City was eased, and, on October 11, the government effectively ended the Zero Covid strategy with Resolution 128, entitled "Safe, Flexible, and Effective Control of Covid-19 Outbreak."<sup>18</sup> Resolution 128 replaced the more restrictive decrees with a color-coded system of zones, and it allowed provinces, districts, and communes to open businesses and allow inter-provincial travel even in areas where there were moderate levels of Covid-19 transmission. Essentially, this policy represented an admission that the Zero Covid policy was not only impractical but also inflicting a devastating impact on the economy. Initial results suggest that there has been an economic rebound, but that Covid-19 is also virtually certain to remain prevalent in the near term.

What changed in 2021? In 2020, Vietnam's ability to stop community transmission at the local level allowed domestic travel and business operations to continue relatively unfettered, save for some isolated lockdown measures. As a result, the policies were popular and the economy continued to function relatively well outside of tourism and certain service sectors. Perhaps owing to the government transition and confidence in the ability to squash outbreaks using these methods in early 2021, Vietnam did not change its policies to meet the greater threat presented by the Delta variant. There was no policy to "live with" Covid-19. Furthermore, the government was slow to sign contracts to acquire vaccines. Unfortunately, Vietnam's mobility restrictions could not contain the heightened transmissibility of the Delta variant. The devastating

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<sup>18</sup> World Health Organization, "Coronavirus Disease 2019 (Covid-19): Situation Report," no. 64, March 24, 2020 ~ <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200324-sitrep-64-covid-19.pdf>.



impact wrought on food access and the economy during the Ho Chi Minh City lockdowns essentially rendered Vietnam's 2020 strategy untenable, forcing the government into changing direction.

### *What Is the Way Forward?*

What changes does this augur for the immediate future? Like many other countries, Vietnam is better placed to live with Covid-19 in 2022 than it was at the beginning of 2021. Most importantly, a large proportion of the population is now vaccinated. Unlike some other countries in the region, Vietnam has remarkably low vaccine hesitancy, leading to a rapid uptake as the vaccine has become available.<sup>19</sup> By mid-November 2021, more than 94% of adults over 18 had received at least one dose and 51% had received two doses. Among the different vaccines available, 36% of the population received AstraZeneca, 33% received Sinopharm, and 20% received Pfizer, with the remaining share receiving a mixture of Sputnik, Abdala, and Moderna, among others. If the vaccine rollout is able to reduce the spread and fatality of Covid-19, this could allow the government to continue its slow reopening.

Nevertheless, several important challenges remain. As of late 2021, the emergence of Omicron raises concerns about the efficacy of the vaccine. Omicron and other potential variants, of course, are not just a problem for Vietnam, but they could spell an abrupt end to the policy of living with Covid-19. Moreover, despite Vietnam's attempt to reopen some businesses, the prospects for international travel and tourism remain murky. Though Vietnam has reopened some travel destinations such as Phu Quoc to foreign visitors, it is unclear when the country will fully open to international travel. Until this happens, Vietnam's tourism industry, which contributed about 9.2% to Vietnam's GDP in 2019, is likely to suffer.<sup>20</sup> Finally, it is unclear what the lasting effects of the strict lockdown measures will be on Vietnam's export-oriented industrial sector. While the government is encouraging workers to return to work, many are reluctant, citing fears of the virus and the possibility of once again being unable to return to their

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<sup>19</sup> Kairulanwar Zaini and Hoang Thi Ha, "Understanding the Selective Hesitancy towards Chinese Vaccines in Southeast Asia," ISEAS–Yusof Ishak Institute, September 1, 2021 ~ <https://www.iseas.edu.sg/articles-commentaries/iseas-perspective/2021-115-understanding-the-selective-hesitancy-towards-chinese-vaccines-in-southeast-asia-by-khairulanwar-zaini-and-hoang-thi-ha>.

<sup>20</sup> "Share of Direct GDP Contribution from the Tourism Sector in Vietnam from 2015 to 2019," Statista ~ <https://www.statista.com/statistics/1077200/vietnam-share-tourism-sector-direct-gdp>.

home provinces.<sup>21</sup> The degree to which the government can coax these workers back to the factories will have important implications not only for Vietnam's economy but also for global supply chains.

### *Conclusion*

Vietnam's Covid-19 response, largely lauded as a success in 2020, shifted dramatically as the country's measures proved unable to forestall the onslaught of the Delta variant. As of November 2021, Vietnam, like much of the world outside of China, appeared to be shifting to a strategy of living with Covid-19 instead of continuing its Zero Covid approach. Nonetheless, Vietnam's ability to delay community spread of Covid-19 until vaccines became widely available likely reduced the deadliness of the virus that occurred in other countries. The effectiveness of this approach was enabled by Vietnam's relatively unique combination of a single-party state, which was able to quickly coordinate national policy, and high levels of interpersonal and government trust that were necessary to effectively implement the response strategy. ◆

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<sup>21</sup> Sui-Lee Wee and Vo Kieu Bao Uyen, "As Holidays Near, Bosses Try to Coax Vietnam's Workers Back to Factories," *New York Times*, November 12, 2021 ≈ <https://www.nytimes.com/2021/11/12/business/vietnam-workers-covid.html>.

## The Socioeconomic Impacts of Covid-19 in Malaysia


*Calvin Cheng*

Similar to the experiences of several countries in the region, Malaysia has endured resurgent waves of Covid-19 infections and the sporadic reimposition of containment measures. Since the first case of Covid-19 was detected in Malaysia in January 2020, the country has experienced three main waves of the virus and three major lockdown periods to date. The first and second waves, which emerged in January and late February 2020 respectively, resolved with a relatively low caseload, in part due to the nationwide movement controls enacted that March.<sup>1</sup> However, a spike in new cases in early October 2020 from the Sabah region of east Malaysia launched a third wave. This new wave, exacerbated by the subsequent emergence of the Delta variant, led policymakers to impose a nationwide “total lockdown” in June 2021.<sup>2</sup> As of August 26, 2021, new daily cases reached an all-time high of 750 cases per million people—by far the highest in the region at the time. This surge exerted heavy pressure on the national healthcare system, but it also created greater urgency for policymakers to accelerate the country’s vaccination program. Consequently, the share of fully vaccinated individuals rose from under 47% at the end of August 2021 to 64% by the end of September 2021, allowing the Malaysian government to gradually loosen movement restriction measures by October 2021 (Figure 1).<sup>3</sup>

Overall, the imposition of these containment measures—coupled with external trade and tourism shocks—have had severe, wide-ranging economic impacts on Malaysia’s economy, workers, and households. Despite the unprecedented scale of the government’s economic stimulus measures,

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<sup>1</sup> Jamal Hisham Hashim et al., “Covid-19 Epidemic in Malaysia: Epidemic Progression, Challenges, and Response,” *Frontiers in Public Health* (2021)  <https://www.frontiersin.org/articles/10.3389/fpubh.2021.560592/full>.

<sup>2</sup> Ragananthini Vethasalam, “Govt Has Means to Provide Stimulus Package, Say Experts,” *Malaysian Insight*, May 31, 2021  <https://www.themalaysianinsight.com/s/318668>.


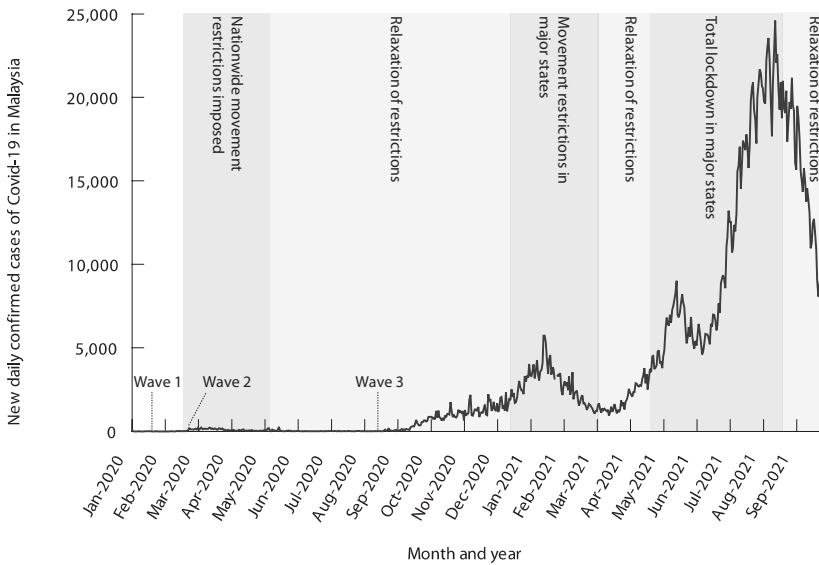
<sup>3</sup> Hannah Ritchie et al., “Coronavirus (Covid-19) Pandemic,” *Our World in Data*  <https://ourworldindata.org/coronavirus>.

FIGURE 1

*Covid-19 Waves and Containment Measures in Malaysia*

Source: Data from Hannah Ritchie et al., "Coronavirus (Covid-19) Pandemic," Our World in Data ~ <https://ourworldindata.org/coronavirus>.

the impacts of the pandemic have created longer-term "scarring" effects that will take many years to resolve. The remainder of this essay is structured as follows: the first section considers the impacts of the pandemic on Malaysia's economy and labor markets, the following section discusses the country's economic policy responses and their potential shortfalls, and the final section concludes with a brief outlook for Malaysia's recovery moving forward.

### *Economic Growth Impacts*

The onset of the Covid-19 crisis has stalled Malaysia's economic growth and development by several years. In 2020, GDP plunged by 5.6% compared to the preceding year—the largest single-year decline on record since the Asian financial crisis in 1997 and the second-largest decline since Malaysia's independence in 1957. Primarily driven by a rapid fall in investment (fixed capital formation) and the export of goods and services, this contraction in economic output returned Malaysia's GDP to 2018 levels. Into 2021, economic growth continued to be weighed down by a third

wave of infections at the end of 2020 and the following round of movement restrictions that culminated in a nationwide total lockdown in June 2021. The reimposition of these strict lockdown measures severely delayed the nascent economic recovery observed in the second half of 2020, postponing earlier forecasts for recovery to pre-pandemic levels of GDP to 2022.

Overall, these pandemic-induced shocks to Malaysia's GDP have delayed its development target to surpass the World Bank's GNI per capita threshold for high-income economies. Before the onset of the pandemic, the World Bank projected in 2018 that Malaysia was on track to cross the high-income threshold by 2022.<sup>4</sup> However, the collapse in Malaysia's GDP growth in 2020 has delayed this timeline by three years, with new baseline projections indicating that Malaysia will not achieve high-income nation status until 2025.<sup>5</sup>

### *Labor Market Effects and Poverty*

Beyond economic growth, the Covid-19 crisis in Malaysia has devastated workers. In March 2020, the month the first movement restrictions were imposed, the headline unemployment rate rose to 3.9%—a figure higher than the annual average rate recorded during the peak of the Asian financial crisis in 1997 and the global financial crisis in 2008–9 (**Figure 2**). By May 2020, after two months of these policies, the headline unemployment rate surged to 5.3%, the highest level in four decades.<sup>6</sup> More than a year later, amid subsequent waves of Covid-19 and the sporadic reimposition of movement restrictions, indicators of labor market health have been slow to recover. The latest labor force survey data, from August 2021, indicates that the unemployment rate is still elevated at multi-decade highs. On the whole, compared to pre-pandemic levels, there were still roughly 249,500 additional unemployed workers and about 330,550 more persons outside the labor force in August 2021.

Nonetheless, beyond the aggregates, a defining characteristic of the Covid-19 crisis in Malaysia has been the unequal impacts of the

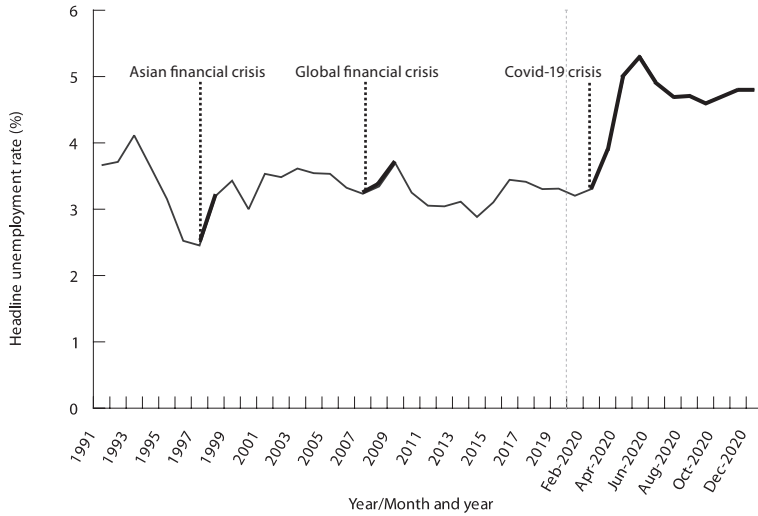
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<sup>4</sup> World Bank, *Malaysia Economic Monitor: Realizing Human Potential* (Kuala Lumpur: World Bank, 2018).

<sup>5</sup> "World Bank Country and Lending Groups," World Bank  <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>; and World Bank, *Aiming High: Navigating the Next Stage of Malaysia's Development* (Washington, D.C.: World Bank, 2021)  <https://openknowledge.worldbank.org/handle/10986/35095>.

<sup>6</sup> Calvin Cheng, "Policies for the Future of Malaysia's Youth" (presentation at the Merdeka Center Youth Empowerment for Malaysia 2021 Online Webinar Series on "Post COVID-19 Malaysia: Policies for Youth Economic Development," June 25, 2021).

FIGURE 2

*Unemployment in Malaysia*

Source: Department of Statistics (Malaysia); and author's estimates.

pandemic on vulnerable worker groups—in particular, youth, women, and lesser-educated workers in blue-collar occupations. In the second quarter of 2020, research suggests that women experienced two out of three of all employment declines in that quarter.<sup>7</sup> Similarly, younger workers (aged 15–34 years) faced an average fall in employment more than 4.5 times higher than the overall decline, with younger women notably suffering employment drops 5.6 times larger.<sup>8</sup> These unequal impacts persisted into 2021, with the latest quarterly labor force survey data showing that while the employment-to-population ratio for older workers aged 35 and above nearly recovered to 2019 levels, the employment-to-population ratio for younger workers remained well below pre-pandemic levels.<sup>9</sup>

<sup>7</sup> Calvin Cheng, “Pushed to the Margins: The Unequal Impacts of Covid-19 on Vulnerable Malaysian Workers,” Institute of Strategic and International Studies Malaysia, ISIS Policy Brief 7, no. 20 <https://www.isis.org.my/2020/11/30/pushed-to-the-margins-the-unequal-impacts-of-the-covid-19-crisis-on-marginalised-malaysian-workers>.

<sup>8</sup> Ibid.

<sup>9</sup> Calvin Cheng, “Pushed to the Margins: The Unequal Impacts of Covid-19 on Vulnerable Malaysian Workers” (presentation at the ISIS forum on “Fighting the Inequality Pandemic: Covid-19 and Its Economic Impacts on Marginalised Worker Groups,” April 1, 2021).

Young workers who managed to keep their jobs still face rates of underemployment roughly twice as high as older workers.<sup>10</sup> Furthermore, the Covid-19 crisis has driven many younger workers outside the labor force. Youth labor force participation rates for those aged 15–34 years were still considerably lower in 2021 than before the pandemic, even as these rates rose over the same period for workers older than 35 years. This inequality in labor force experiences during the pandemic extends to educational attainment and occupation. Less-educated workers and workers in “lower-skilled” jobs (such as machine operators and trade workers) have contended with immense employment losses, even as tertiary-educated workers in higher-skilled, white-collar occupations (such as managers and professionals) enjoyed employment gains over the same period.<sup>11</sup>

These unequal labor market impacts have had knock-on impacts on the welfare of households across the country. A survey conducted by the Malaysian Department of Statistics in 2020 suggested that about 234,000 Malaysian households have fallen below the national poverty line (about \$532 in household income per month) since the start of the pandemic.<sup>12</sup> Absolute poverty (measured as a percentage of all households) increased from 5.6% in 2019 to 8.4% in 2020. Incidence of hard-core poverty, officially defined as households living below the food poverty line (a household income of about \$282 per month at the time of writing) rose from 0.4% in 2019 to 1.0% in 2020.<sup>13</sup>

### *An Overview of Malaysia’s Economic Policy Responses to Covid-19*

In response to the economic crisis caused by Covid-19, the Malaysian government took unprecedented measures to stimulate the economy and alleviate the economic impacts of the pandemic. Since early 2020, the government has allocated an estimated 530 billion Malaysian ringgits (\$130 billion) in fiscal and non- or quasi-fiscal measures across eight economic stimulus packages.<sup>14</sup> The aggregate size of the stimulus packages is

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<sup>10</sup> Cheng, “Policies for the Future of Malaysia’s Youth.”

<sup>11</sup> Ibid.

<sup>12</sup> “Household Income Estimates and Incidence of Poverty Report,” Department of Statistics (Malaysia), Press Release, August 6, 2021  $\approx$  <https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=VTNHRkdiZkFzenBNd1Y1dmg2UUlrZz09>.

<sup>13</sup> Ibid.

<sup>14</sup> “Aid Package, Economic Stimulus Packages Help People and Economy Survive during Covid-19 Pandemic,” Ministry of Finance (Malaysia), Press Release, July 29, 2021  $\approx$  <https://www.mof.gov.my/en/news/press-citations/aid-package-economic-stimulus-packages-help-people-and-economy-survive-during-covid-19-pandemic>.

about 37.5% of GDP—four times larger than the stimulus packages launched during the 2008–9 global financial crisis.<sup>15</sup> However, it is important to note that this headline 530 billion ringgit figure is artificially inflated by the inclusion of non- and quasi-fiscal measures. An analysis from the Institute of Strategic and International Studies Malaysia of stimulus package data obtained from the numerous announcement speeches suggests that up to a whopping 83% of the sum consists of non- or quasi-fiscal measures, such as loan moratoriums and pension withdrawal measures. Only 93 billion ringgit (\$22.3 billion), or 6.5% of GDP, are made up of fiscal spending measures like wage subsidies and cash assistance.<sup>16</sup>

Across all eight of the main stimulus packages, Malaysia’s economic response has mostly focused on five main policy areas: loan moratoriums, business financing assistance, pension-related measures, wage and employment subsidies, and cash assistance.

*Loan moratoriums.* First announced in 2020 and then extended on a limited opt-in basis in 2021, loan moratoriums aim to provide temporary cash-flow relief by allowing borrowers (both individuals and businesses) to postpone the repayment of loans to licensed financial institutions. The costs of this delay in repayment are borne by the financial sector. Loan moratoriums make up about 25% of the aggregate estimated value of the economic stimulus packages.<sup>17</sup>

*Business financing assistance.* This category includes numerous loans, loan guarantees, and lending facilities for businesses that are administered by government-linked development finance institutions. In one program, for example, government-owned financial guarantee insurer Danajamin Nasional Berhad will guarantee 80% of the loan amount for businesses. Several financing assistance measures aimed at small and medium-sized enterprises (SMEs) have also been launched, such as the Special Relief Facility, which was established by the central bank and administered through licensed banks. More targeted financing has also emerged, such as the SME Automation and Digitalisation Facility, which is designed to incentivize technology adoption by SMEs. Collectively, rough estimates

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<sup>15</sup> Shankaran Nambiar, “Malaysia and the Global Crisis: Impact, Response, and Rebalancing Strategies,” Asian Development Bank Institute, ADBI Working Paper Series 148, August 26, 2009.

<sup>16</sup> Calvin Cheng and Yohen Arulthevan, “Malaysia’s Covid-19 Economic Stimulus Packages,” Institute of Strategic and International Studies Malaysia (forthcoming).

<sup>17</sup> Ibid.



suggest that this category makes up about 20% of the aggregate value of the stimulus packages.<sup>18</sup>

*Pension-related measures.* This category includes a few initiatives (including i-Citra, i-Sinar, and i-Lestari) implemented across 2020 and 2021 that allow Malaysian workers to temporarily draw down their Employees Provident Fund pension savings to fund their current expenditure needs. This fund is a compulsory pension scheme for Malaysian private-sector workers. Estimates suggest that pension-related measures consist of about 15% of the total stimulus package value.

*Wage and employment subsidies.* Measures in this category include the Employment Retention Programme, Wage Subsidy Programme, and the Penjana Kerjaya hiring incentives implemented by the country's social security organization, PERKESO. These measures are intended to make it easier for businesses to retain workers and pay salaries, while hiring incentives are designed to subsidize employers for hiring new workers. In total, this category is estimated to account for more than 5% of the aggregate stimulus package value.


*Cash assistance.* The main cash-related measures included three rounds of new income-targeted, unconditional cash transfers implemented in 2020–21 under the Bantuan Prihatin Nasional (BPN) program. BPN was aimed broadly toward lower-income and lower-middle-income households. The Bantuan Prihatin Rakyat (recently renamed Bantuan Keluarga Malaysia in the 2022 budget) provides supplementary top-ups to the national unconditional cash transfer program as part of Malaysia's social safety net.<sup>19</sup> Other measures in this category include one-off cash payments to vulnerable groups, such as the Bantuan Khas Covid-19 program, and smaller transfers to specific groups, such as tourism and hospitality-sector workers and university students. Altogether, cash assistance makes up about 5% of the stimulus packages announced to date.

### *Shortfalls in Malaysia's Economic Response*

Despite the unprecedented size of the fiscal stimulus measures, Malaysia's economic response has been mostly insufficient in alleviating the economic and societal impacts. The labor market impacts of the pandemic have been severe and persistent even with the stimulus, with labor market slack and employment indicators showing that recovery

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<sup>18</sup> Cheng and Arulthevan, "Malaysia's Covid-19 Economic Stimulus Packages."

<sup>19</sup> "Budget 2022 Highlights," Ministry of Finance (Malaysia), Press Citation, October 30, 2021   
<https://www.mof.gov.my/en/news/press-citations/budget-2022-highlights>.

from Covid-19 has been both slow and uneven. In general, an economic recovery for workers ultimately requires two components: continuous fiscal support and high vaccination rates. Before Malaysia achieved a sufficiently high vaccination rate in the fourth quarter of 2021 (79% as of December),<sup>20</sup> Malaysian policymakers repeatedly wrestled with a perceived “lives versus livelihoods” trade-off—continually weighing the economic costs of imposing movement restrictions with the need to curb the spread of infection. This false dilemma and a reluctance to leverage fiscal tools precluded a strategy of using steady, targeted fiscal support to offset the economic costs of movement restrictions while buying time for national vaccination efforts to make progress. This section reflects on a few major issues with Malaysia’s Covid-19 economic response.

The first issue is the overall size of the fiscal response. As previously mentioned, focusing solely on fiscal measures, Malaysia’s spending is relatively small compared to other countries in Southeast Asia. Back-of-the-envelope estimates based on publicly available information suggest that Malaysia’s fiscal response measures are the second smallest in percentage of GDP terms after Vietnam’s among the major economies of the Association of Southeast Asian Nations (ASEAN), despite having far more cumulative cases of Covid-19 per capita than any other country in the bloc.<sup>21</sup> Evidence suggests that higher fiscal stimulus can improve the effectiveness of movement restriction measures<sup>22</sup> while alleviating labor market impacts.<sup>23</sup> Indeed, International Labour Organization analyses indicate that, on average, a 1% of GDP increase in fiscal stimulus raises working hours by 0.3 percentage points.<sup>24</sup> More forceful use of fiscal stimulus in the pandemic’s early stages would have led to more effective containment measures, diminished the long-term scarring impacts of Covid-19 labor market disruptions, and overall engendered a quicker, more inclusive economic recovery.

The second is the piecemeal and ad hoc nature of the economic response, compounded by policy lags. Due to the inadequacy and

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<sup>20</sup> Ritchie et al., “Coronavirus (Covid-19) Pandemic.”

<sup>21</sup> Calvin Cheng, “Fiscal Size Matters Pt. 2: Pemerakasa Plus and Malaysia’s Economic Stimulus Packages,” Institute of Strategic and International Studies Malaysia, July 1, 2021.

<sup>22</sup> Al-mouksit Akim and Firmin Ayivodji, “Interaction Effect of Lockdown with Economic and Fiscal Measures against Covid-19 on Social-Distancing Compliance: Evidence from Africa,” SSRN, June 7, 2020, <https://ssrn.com/abstract=3621693>.

<sup>23</sup> International Labour Organization, “ILO Monitor: Covid-19 and the World of Work,” 8th ed., October 27, 2021.

<sup>24</sup> *Ibid.*

limitations of existing automatic stabilizers, the economic response in Malaysia was largely driven by discretionary fiscal policy. After the first major stimulus package announced in March 2020—the largest package by far—Malaysian policymakers took a “wait-and-see” approach, relying on ad hoc announcements of new fiscal stimulus measures on an as-needed basis. This approach means that there were often significant lags between when economic activity deteriorated and when new fiscal measures were announced. Further, even when the government announced new measures, months often passed before the funds were available to recipients. For instance, during the total lockdown announced at the end of May 2021, at the peak of the virus’s third wave, it was not until the end of June that new fiscal support measures were announced (the *Pemulihan* stimulus package), and not until August that low-income recipients received their first tranche of cash transfers under the *Bantuan Khas Covid-19* initiatives.<sup>25</sup> For workers, households, and businesses heavily affected by the crisis, this lag created a pervasive uncertainty regarding the level of fiscal support the government would continue to provide in the medium-term. Committing to larger, automatic support programs that offer longer-term fiscal support until economic conditions recover to pre-crisis levels would offer greater certainty and better safeguard the welfare of vulnerable workers and families throughout the pandemic.

The third issue pertains to gaps in employment-related measures in alleviating the labor market disruptions of the pandemic. Both Malaysia’s Employment Retention Programme and Wage Subsidy Programme met with problems regarding benefit adequacy and coverage for self-employed and informal workers. In contrast, the United States’ Coronavirus Aid, Relief, and Economic Security Act (CARES Act) extended some level of federally funded unemployment compensation (Pandemic Unemployment Assistance) to independent contractors, and the United Kingdom’s Self-Employment Income Support Scheme (SEISS) offered a percentage of monthly profits to self-employed workers.<sup>26</sup> The Malaysian government, in comparison, did not meaningfully extend protections under employment retention programs nor through the national employment insurance

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<sup>25</sup> “Highlights of the *Pemulihan* Package,” Edge Markets, June 28, 2021 ~ <https://www.theedgemarkets.com/article/highlights-economic-recovery-and-peoples-protection-package>.

<sup>26</sup> U.S. Chamber of Commerce, “Guide to Independent Contractors’ CARES Act Relief,” October 13, 2020 ~ <https://www.uschamber.com/security/pandemic/guide-to-independent-contractors-cares-act-relief>; and “Coronavirus: Self-Employment Income Support Scheme (SEISS),” Low Incomes Tax Reform Group, October 4, 2021 ~ <https://www.litrg.org.uk/tax-guides/coronavirus-guidance/coronavirus-self-employment-income-support-scheme-seiss>.

system to cover a wider group of affected workers. Fully extending protections to self-employed or nonstandard workers through a temporary federally funded expansion in unemployment insurance would have benefited millions of workers while reducing the impact of Covid-19 on labor markets.<sup>27</sup>

### *Outlook and Conclusion*

As of the time of writing, Malaysia's vaccination rates have climbed to among the highest in Southeast Asia. Containment measures are gradually being lifted across the country. Google Mobility report data for the end of December 2021 showed that visits to retail outlets, grocery stores, and transit stations have begun to recover to baseline levels.<sup>28</sup> Additionally, in its latest Economic Outlook report, the Malaysian finance ministry expected GDP growth to recover to pre-pandemic levels by 2022. For many Malaysians, even as the emergence of the Omicron variant creates greater uncertainty regarding the recovery outlook, a return to a "new normal" economic and social life may be within reach.<sup>29</sup>

Yet, for the millions of other Malaysians who have borne the brunt of the pandemic's impacts, full recovery could take many more years. Even when GDP growth recovers to pre-pandemic levels, much of the socioeconomic damage from Covid-19 will take far longer to restore. A significant degree of slack in the labor market will likely remain well beyond 2022. For many younger workers, a return to pre-pandemic levels of employment and participation will take years, while the long-term scarring effects of unemployment will persist for decades. Likewise, the rise in poverty and vulnerability caused by Covid-19 will prove difficult to alleviate. As such, even as Malaysia looks toward moving into a phase of recovery, much work remains before a truly inclusive and sustainable recovery can be realized. ♦

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<sup>27</sup> Cheng, "Policies for the Future of Malaysia's Youth."

<sup>28</sup> Google, "Covid-19 Community Mobility Report," December 25, 2021.

<sup>29</sup> Ministry of Finance (Malaysia), *Economic Outlook 2022* (Kuala Lumpur, October 29, 2021) ~ <https://budget.mof.gov.my/pdf/2022/economy/economy-2022.pdf>.

## The Covid-19 Pandemic and Health Policy Change in the Philippines

*Azad Singh Bali and Björn Dressel*

Over the past decade, healthcare systems in the Asia-Pacific region have made significant strides in their efforts to achieve universal health coverage. There are, however, many ongoing challenges in these systems that relate to access, financial protection, and strengthening public health. These challenges were brought into sharp relief by the SARS-CoV-2, or Covid-19, pandemic that caught most governments unaware and inadequately prepared. Governments across the world have had to introduce changes to their health systems to shore up weaknesses as they respond to the pandemic. Measures have included, for example, increasing funding, introducing a spectrum of regulatory measures to manage the demand for services, and playing a central role in coordination, among others. This essay describes the extent and nature of changes in the Philippines' healthcare system that have been introduced in response to the pandemic. It looks at the extent to which these changes are relatively new or a continuation of past trends and existing universal coverage reforms.

### *Change in Healthcare Systems: Moving Past the Status Quo*

Healthcare systems, defined as key actors and institutions involved in the production and delivery of healthcare services, are resistant to change. Most actors and institutions in the healthcare system have incentives to maintain the status quo, making significant departures rare and often challenging, as the sector is characterized by entrenched interests, dominant ideas, and powerful veto players. These factors create a system of incentives that promote policy stasis and impede change. However, large events (such as pandemics, among others), often described as focusing events, can

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galvanize the attention of societal actors and are known to temporarily lower barriers that impede and constrain policy change. Further, the more proximate a sector is to the epicenter of a crisis, the greater the propensity for change. Given the inherent policy stability that characterizes healthcare systems, to what extent has the pandemic resulted in significant policy change?

It is important to clarify what is meant by policy change. Change can be thought of in terms of Howlett and Cashore's taxonomy that distinguishes between policy goals and the means to achieve them. Further, the taxonomy distinguishes between change at a macro level (e.g., new ideas or actors or institutions), meso level (e.g., new programs), and micro level (e.g., calibrations to existing settings of current programs), as illustrated in **Table 1**.<sup>1</sup> Using this approach, a significant change is defined as one that occurs at the macro or meso level—that is, change in policy goals or ideas or new programs or agencies established in response to the pandemic. By contrast, micro-level changes in terms of regular policy calibrations are frequent and routine, and as such, do not generally amount to significant differences.

As healthcare systems are complex, we focus on five key aspects of them.<sup>2</sup> First, governance is an overarching function that comprises

TABLE 1

*Conceptualizing Policy Change in Healthcare Systems*

	<b>Macro: Policy level</b>	<b>Meso: Program level</b>	<b>Micro: Specific settings</b>
<b>Policy ends</b>	Policy goals <ul style="list-style-type: none"> <li>• <i>Universal health coverage</i></li> </ul>	Program objectives <ul style="list-style-type: none"> <li>• <i>Extending coverage to the informal sector</i></li> </ul>	Policy settings <ul style="list-style-type: none"> <li>• <i>Introducing Covid-19 in benefit list</i></li> </ul>
<b>Policy means</b>	Types of policy tools <ul style="list-style-type: none"> <li>• <i>Market-based tools</i></li> </ul>	Specific policy tools <ul style="list-style-type: none"> <li>• <i>Non-contributory insurance</i></li> </ul>	Policy calibration <ul style="list-style-type: none"> <li>• <i>Change in the level of subsidies or funds</i></li> </ul>

*Source:* Adapted from Michael Howlett and Benjamin Cashore, "The Dependent Variable Problem in the Study of Policy Change: Understanding Policy Change as a Methodological Problem," *Journal of Comparative Policy Analysis* 11, no. 1 (2009): 33–46.

<sup>1</sup> Michael Howlett and Benjamin Cashore, "The Dependent Variable Problem in the Study of Policy Change: Understanding Policy Change as a Methodological Problem," *Journal of Comparative Policy Analysis* 11, no. 1 (2009): 33–46.

<sup>2</sup> Azad Singh Bali, Alex He, and M. Ramesh, "Covid-19 and Health Policy: Policy Change and Trajectory," *Policy & Society* (forthcoming 2022).


providing direction and coordinating disparate public and private activities in the sector. The vast stakeholders and resources that go into the sector require a robust framework to provide stewardship to key actors and coordinate their efforts. Second, provision refers to the delivery of a range of healthcare services through public or private providers and organizing them in a manner that leads them to serve the public rather than their own interests. Third, financing involves establishing and managing risk pools to ensure that healthcare remains affordable to households. Fourth, healthcare systems require a viable system for paying providers that avoids both undersupply and oversupply of services. Fifth, such systems require a robust regulatory framework to ensure that patients are protected and that healthcare markets function effectively.

### *The Philippines' Healthcare System*

The Philippines relies on a combination of public and private providers to deliver healthcare services. About 60% of hospitals are privately owned and operated, and a majority of the remaining public hospitals are administered by local government units (LGUs) that operate at the level of provinces, cities, and villages. Total health expenditure in the Philippines is about 4% of GDP, relatively lower than the 5% average in similar middle-income economies. Despite a formal social health insurance program introduced in 1995 that covers most of the population, about 50% of total health spending continues to be paid for privately, largely through out-of-pocket payments. Government subsidies (by central and local governments) and social insurance payments account for about a third of all healthcare spending. Private insurance plays a relatively small role in the Philippines' system. While the Department of Health is tasked with providing overarching policy direction and stewardship to the sector, in practice the government has limited policy instruments to actively intervene and coordinate the sector.<sup>3</sup> The problem is aggravated by the absence of a regulatory or governance framework to manage private providers, most of whom generate their revenue through user fees collected directly from patients.

The Philippine healthcare system has experienced many reforms since the country's return to democracy in 1987. These include efforts to make the system more responsive to patients, the expansion of social health

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<sup>3</sup> World Health Organization (WHO), *Philippines Health System Review* (Geneva: WHO, 2018)   
<https://apps.who.int/iris/handle/10665/207506>.

insurance, and the devolution of health service delivery to the LGUs. It is, however, not uncommon for successive administrations to largely repackage elements of previous reforms or introduce incremental changes. The most recent changes were articulated in the Universal Health Care Act in 2019. This law envisions the implementation of a series of reforms over at least six years targeted at strengthening health service delivery, health financing, and the performance accountability of health services to the general population at the national and local levels. There has, however, been limited, if any, increase in public funding to support these reforms.

In recent years, there have been efforts to hold hospitals and healthcare providers accountable and ensure that they remain responsive to patients. This includes measures such as mandating “no extra billing” (i.e., the entire hospital bill is paid for by the insurance mechanisms), but these are difficult to enforce and are resisted fiercely even by publicly owned hospitals. A World Health Organization report in 2018 concluded that, PhilHealth, the social health insurance agency, “does not negotiate more reasonable prices with providers based on patient volumes and has no policy initiative to control hospital and physician fees and balance billing practices.”<sup>4</sup> The challenge, however, is not unique to the Philippines and is characteristic of the complexity of designing and implementing effective provider payment mechanisms.<sup>5</sup>

### *Philippine Healthcare System Changes during the Pandemic*

The interventions used to manage the Covid-19 pandemic in the Philippines have been similar to those in other low- and middle-income countries in the Asia-Pacific region: a series of strict lockdowns layered with measures to reduce the demand on the healthcare system, such as border closures and delaying elective surgeries, among others. The overall response, however, has been marked by initial delays in contact tracing and mass testing, a slow vaccine rollout, and an overwhelmed medical system, given that there have been several waves of infections (so far in August 2020, April and September 2021, and January 2022).

Since Covid-19’s onset, the Philippines has reported about 3 million cases and 50,000 related deaths as of January 2022. The Philippines’ cumulative deaths per capita due to infections—467 per million people (as of early

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<sup>4</sup> WHO, *Philippines Health System Review*, 194.

<sup>5</sup> M. Ramesh and Azad S. Bali, *Health Policy in Asia: A Policy Design Approach* (Cambridge: Cambridge University Press, 2021).



January 2022)—is one of the highest in the Asia-Pacific region, although it is significantly lower than in North America or Europe.<sup>6</sup> A vaccination program began in March 2021 but has been marred by delays in availability and has been implemented at a relatively slower pace than in other countries in the region. As of January 2022, about half the population is fully vaccinated.

*Provision of services.* Policy efforts focused on increasing testing capacity nationwide at the beginning of 2020. Prior to the onset of the pandemic, the only laboratory in the Philippines capable of safely conducting Covid-19 Real-Time PCR testing (a biosafety level 3 laboratory) was in the Department of Health’s Research Institute of Tropical Medicine. The number of Real-Time PCR testing laboratories has gradually increased over the past two years, and there are currently 191 PhilHealth-accredited Covid-19 testing laboratories in the Philippines.<sup>7</sup>


The Department of Health also made changes to how hospitals were managed. Private rooms in hospitals were converted into ward accommodations to expand bed capacity. Non-health facilities, such as Rizal Memorial Stadium, schools, motels, and hostels were converted into temporary treatment and monitoring facilities. There were issues, however, in securing accreditation from PhilHealth, with many of the facilities failing to meet the minimum quality standards for community isolation units.

*Financing of healthcare.* A defining feature of the Philippines’ health system is that most healthcare expenditures are financed through out-of-pocket payments, and this has been evident during the Covid-19 pandemic as well. Despite reform efforts to improve access to health services over the past decade, risk-pooling mechanisms remain weak. While most of the population is covered by PhilHealth, patients continue to face high direct costs. No significant changes in how healthcare is financed have occurred during the pandemic; that is, for example, there have been no changes to contribution rates or the expansion of voluntary private insurance. The increased funding allotted to the sector because of the pandemic flowed through the healthcare system along established mechanisms. This entrenched path dependency that characterizes the sector has prevailed in how health services have been financed.

*Payment of health services.* PhilHealth changed the rules for payment of Covid-19 cases several times over the past two years but made no

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<sup>6</sup> Hannah Ritchie, “Philippines: Coronavirus Pandemic Country Profile,” Our World in Data  <https://ourworldindata.org/coronavirus/country/philippines>.

<sup>7</sup> PhilHealth, “List of Accredited Health Facilities,” September 30, 2021  <https://www.philhealth.gov.ph/partners/providers/institutional/map>.

radical departures from the past. The first package created only covered up to 15,000 Philippine pesos for an isolation period of two weeks. Once more information about the virus and how to manage it became available, PhilHealth developed case rates to cover costs for treating varying levels of severity at different facility levels (from community isolation units to apex hospitals). These policies have a “no copayment” provision for higher rates (ranging from 22,500 to 786,000 Philippine pesos), however, preliminary reports suggest that this policy is not being fully enforced. As a result, a retroactive policy was created to provide full financial risk protection for all healthcare workers and hospital admissions until April 15, 2020. This scheme is paid as a fee-for-service based on the actual charges incurred at hospitals. In a typical admission, hospital expenses are covered by a mix of PhilHealth and out-of-pocket expenditure. Private insurers cover a portion of the cost of hospitalization on a fee-for-service basis, but overall this has played a relatively small role during the pandemic. In 2021, PhilHealth coverage was further extended to include a vaccine injury package to reduce vaccine hesitancy and a basic home isolation benefit package to cover mild and asymptomatic patients eligible for home isolation.

At the start of the pandemic, PhilHealth implemented the Interim Reimbursement Mechanism (IRM) that allowed access to up to 100% of historically paid claims to hospitals for the first quarter of 2020. The IRM fund was set at 30 billion Philippine pesos with the intent of creating a more flexible payment arrangement in anticipation of a Covid-19 surge. Fifteen billion Philippine pesos were paid in advance to accredited healthcare institutions. The IRM, however, became the subject of controversy, which led to its eventual suspension in August 2020.<sup>8</sup> To replace the IRM, in April 2021, PhilHealth initiated a debit-credit payment method, which is a tranche payment system that allows providers and facilities access to a portion of their in-process claims pending validation.<sup>9</sup>

*Governance and regulations.* In 2020, the Department of Health created the One Hospital Command Center, which coordinates the use of critical care services in hospitals and relevant facilities and manages most hospital admissions in the country. The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) and the National

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<sup>8</sup> See Bonz Magsambol, “PhilHealth Suspends IRM amid Corruption Allegations,” *Rappler*, August 13, 2020 ≈ <https://www.rappler.com/nation/philhealth-suspends-irm-amid-corruption-allegations>.

<sup>9</sup> Interagency Task Force for the Management of Emerging Infectious Diseases (Philippines), “Resolution 111,” April 22, 2021 ≈ <https://doh.gov.ph/sites/default/files/health-update/20210422-IATF-RESO-111-RRD.pdf>.

Task Force against Covid (NTF) have served as the main interagency bodies to establish preparedness, monitor the situation, and ensure efficient government responses at the national level. This is done, for instance, via testing and quarantine protocols, alert levels, funeral protocols, and even regulation of donations.<sup>10</sup> LGUs, however, are afforded freedom to manage their own cities at their discretion as long as they conform with IATF and NTF resolutions. Significant efforts to strengthen service delivery networks have also arisen, with many LGUs entering into agreements with other nearby LGUs to facilitate referrals across municipalities and cities.


During the pandemic, the national government has introduced regulatory practices to assist with the management and mitigation of the virus. These policies have included introducing price freezes on personal protective equipment and regulating costs for Covid-19 testing. In addition, the Department of Health created a regulatory sandbox for telemedicine to encourage the development of telemedicine among providers and encourage its use among the populace, thus providing safe healthcare while alleviating some burden on healthcare facilities.<sup>11</sup> The IATF has established virus alert levels with associated restrictions and quarantine protocols for the population.


The main regulatory hurdle in the Philippine health system continues to be limited policy instruments to manage private hospitals, which are poorly regulated. The funding received by these hospitals from the government (intermediated via social health insurance programs such as PhilHealth) is far too meager for the government to impose conditions or require that they meet certain standards of care. This is layered with limited health policy capacity—that is, expertise at different levels of government and across agencies in managing health policies. These problems are not unique to the Philippines but are also characteristic of most healthcare systems in the region.<sup>12</sup>

### *Conclusion*

The Philippines has introduced several healthcare reform efforts over the past decade but has experienced limited success in creating effective

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<sup>10</sup> For a full list of resolutions, see Department of Health (Philippines), “Covid-19 Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolutions”  <https://doh.gov.ph/COVID-19/IATF-Resolutions>.

<sup>11</sup> Bernardo Cielo II and Pura Angela Co, “Bridging the Digital Divide: Early Reflections in Scaling Up Telemedicine in the Philippines during the Covid-19 Pandemic,” Health Systems Governance Collaborative, February 3, 2021  <https://hsgovcollab.org/en/blog/bridging-digital-divide-early-reflections-scaling-telemedicine-philippines-during-covid-19>.

<sup>12</sup> Ramesh and Bali, *Health Policy in Asia*.

risk-pooling arrangements and reducing out-of-pocket expenditure on healthcare. The expectation that a significant public health crisis such as that caused by Covid-19 would accelerate reform or drive change in the Philippines' healthcare system has not borne out in the changes introduced over the past two years.

Returning to Howlett and Cashore's distinction between macro, meso, and micro policy changes, we conclude that changes took place principally at the micro or meso levels involving changes to existing policy tools, such as increased funding or coordination. Similar to other countries in the region, in the Philippines the crisis has not contributed to a significant change in the healthcare system.<sup>13</sup> The expansion in the provision of services and coordination are largely trends already underway in healthcare systems across the Asia-Pacific. There has been limited, if any, notable change in the underlying ideas behind how services should be organized or financed or in the expansion of private insurance, given the prevalence of high out-of-pocket payments and the actors and interests in the sector.

What explains these limited changes? The pandemic is not the first public health crisis for the Philippines or the region. But while the intensity and duration of the Covid-19 pandemic is significantly greater than past crises, including the 2005 avian influenza (H5N1) and 2009 swine flu (H1N1) outbreaks, the pandemic appears not to have passed the threshold of a focusing event that would lower the constraints that impede reforms. Differently put, the pandemic drew stark attention to the shortcomings of the healthcare systems in the Philippines and in many countries, and it created favorable political conditions for addressing them, but they were not sufficient to overcome the forces that entrench the status quo. These forces include established policy legacies and shared interests of key stakeholders that benefit from existing arrangements. This is particularly true in the case of the Philippines, which has struggled to fully implement its ambitious provider payment reforms. Healthcare providers (particularly hospitals) retain considerable influence and resist changes that undermine their material interests. At the same time, PhilHealth and other government agencies do not have the needed policy capacity nor the political support to foster systemic changes. Given such structural issues, many of which predate the Covid-19 crisis, we thus expect challenges to the Philippines' healthcare sector to persist in the years to come. ♦

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<sup>13</sup> Bali, He, and Ramesh, "Covid-19 and Health Policy."

## Covid-19 and Papua New Guinea: The Story So Far

*Benjamin Day*

The “perfect storm” that health officials had been dreading arrived belatedly in Papua New Guinea (PNG) in September 2021. By the end of October, mass burials of hundreds of bodies were being planned in Port Moresby, PNG’s capital and largest city. Morgues across the country were filled beyond capacity. Hospitals had run out of oxygen and other supplies. And as more and more health workers tested positive for Covid-19, health services were being scaled back to cope with the pandemic.

The storm was supposed to arrive eighteen months earlier. But after PNG’s first confirmed Covid-19 case was recorded in March 2020, it took over four months until the first official death was recorded. It took another full year before PNG weathered its first serious wave of infections, from March to May 2021. Yet this outbreak also petered out earlier than expected.


This dynamic, whereby the virus repeatedly failed to match expectations of its impact, ensured that “Covid-19’s manifestation in Papua New Guinea was fundamentally different from that in other countries.”<sup>1</sup> It has also fed into high levels of vaccine hesitancy. Given PNG’s stressed and poorly funded health system, the limiting factor in the country’s Covid-19 response was widely expected to be the availability and distribution of vaccines. Instead, the more pressing challenge has been the extraordinarily high level of vaccine hesitancy.

By the end of October 2021, well into the country’s most serious wave of infections, less than 2% of Papua New Guineans had been fully vaccinated.<sup>2</sup> “It’s very concerning, we’ve had a lot of deaths,” acknowledged PNG health minister Jelta Wong as the scale of the outbreak became clear. “We were our own worst enemy, we became complacent, we started to listen to people

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<sup>1</sup> David Troolin, “Heterotopia in Melanesia,” in *Covid-19: Global Pandemic, Societal Responses, Ideological Solutions*, ed. J. Michael Ryan (London: Routledge, 2020), 71.

<sup>2</sup> Unless otherwise indicated, all statistics cited in this article relating to vaccination rates, confirmed cases, and confirmed deaths are taken from Edouard Mathieu et al., “Coronavirus (Covid-19) Pandemic,” Global Data Change Lab, Our World in Data  <https://ourworldindata.org/coronavirus>.

on Facebook.<sup>3</sup> In November 2021, a vaccination forecasting model for the Pacific developed by the Lowy Institute projected that, by the middle of 2026, only 36% of the population over the age of twelve in PNG would be fully vaccinated.<sup>4</sup>

What makes PNG such an outlier? Understanding the story of Covid-19 in PNG, both to this point and into the future, requires tracing three separate yet interwoven threads: the delayed onset of the crisis in PNG, the already vulnerable state of PNG's health system, and the unique drivers of vaccine hesitancy.

### *Year One: Crisis Delayed*

PNG's first confirmed Covid-19 case was announced on March 20, 2020. PNG authorities responded swiftly and decisively. Just two days later, Prime Minister James Marape announced a two-week state of emergency. Nonessential workers were ordered to stay home, schools and businesses were shut down, and travel between provinces was prohibited except for essential purposes. The National Operations Centre was rapidly established as an emergency operations hub, headed by David Manning, the police commissioner, who was appointed emergency controller.<sup>5</sup> Donor partners, whose contributions collectively comprise around 20% of total health system expenditure in PNG, met to coordinate contributions to the emergency response. Yet alongside mobilizing additional resources and personal protective equipment, donors were also making plans to pause or limit their programs and demobilize staff, even chartering planes to evacuate them. By the end of March, most expatriate development workers had left PNG.

Parliament was recalled on April 2, in line with constitutional requirements following the declaration of a state of emergency. The sitting produced three key outcomes. First, parliament voted for a two-month extension of the state of emergency. Second, various emergency measures were passed to facilitate the pandemic response. Third, a stimulus package of 5.6 billion kina (5% of GDP)—later adjusted to 5.7 billion kina

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<sup>3</sup> Natalie Whiting, "PNG Health Services Struggling to Cope with Delta Outbreak," ABC News (Australia), October 28, 2021 ~ <https://www.abc.net.au/news/2021-10-27/png-health-services-struggling-to-cope-with-delta-outbreak/100568298>.

<sup>4</sup> Alexandre Dayant, "Forecasting Vaccination in the Pacific," Lowy Institute, Interpreter, November 22, 2021 ~ <https://www.lowyinstitute.org/the-interpreter/forecasting-vaccination-pacific>.


<sup>5</sup> Later, following the passage of the National Pandemic Act 2020, this hub became the National Control Centre, under the leadership of the controller (a post still held by Manning). The National Control Centre maintains an informative website at <https://covid19.info.gov.pg>.


(approximately \$1.6 billion)—was announced. The package included 1.5 billion kina in deficit financing from international lenders (mostly the International Monetary Fund) and 2.5 billion kina through the issuance of domestic bonds. PNG’s precarious fiscal position meant only around 10% of the package (originally 500 million kina, later adjusted to 600 million kina) was additional spending, and just under half of this “direct support package” was for health and security measures (280 million kina), including 60 million kina for preventive health.<sup>6</sup>


This series of early steps revealed a government and donor community braced for a rapid onset of a devastating pandemic. In his update to parliament on April 2, Health Minister Wong warned colleagues that the pandemic could quickly overwhelm the health system and speculated shortfalls of between one thousand and thirty thousand hospital beds over the coming year.<sup>7</sup> Meanwhile, Prime Minister Marape openly acknowledged the fragility of the health system, pointing out that PNG could only call on around five hundred doctors to serve its population of 9 million.<sup>8</sup>


Outside of a frenzied circle of government and donor officials directly engaged in standing up the crisis response, most of PNG simply waited. Beyond Port Moresby, the sudden imposition of lockdown, the lack of consistent and reliable information, and the looming prospect of an unknown disease overwhelming already-stretched healthcare facilities generated fear and confusion, especially among poorly resourced health workers in rural areas. At one hospital in Chimbu Province, health workers suddenly decided to remove all existing patients, in anticipation of a deluge of Covid-19 infections.<sup>9</sup> Five hundred miles east, at a hospital in East New Britain Province, health workers responsible for treating PNG’s second Covid-19 case, confirmed on April 6, only learned about it after watching the prime minister announce the positive result on television. The disclosure prompted a staff walkout.<sup>10</sup>

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<sup>6</sup> Ian Ling-Stuckey, “Ministerial Statement—Economic Update: Responding to Covid-19” (statement to parliament, Port Moresby, June 4, 2020)  <https://covid19.info.gov.pg/files/June2020/18062020/Ministerial%20Statement%20on%20COVID-19%20update.040620.pdf>.

<sup>7</sup> Jelta Wong, “Statement by Hon. Jelta Wong MP, Minister for Health and HIV/AIDS” (statement to parliament, Port Moresby, April 2, 2020)  [https://covid19.info.gov.pg/files/03-04-2020/02042020\\_Statement%20on%20Covid19\\_%20Minister%20of%20Health%20at%20Parliament.pdf](https://covid19.info.gov.pg/files/03-04-2020/02042020_Statement%20on%20Covid19_%20Minister%20of%20Health%20at%20Parliament.pdf).

<sup>8</sup> Georgie Bright, “Papua New Guinea’s Health System Unprepared for Covid-19,” Human Rights Watch, weblog, April 8, 2020  <https://www.hrw.org/news/2020/04/09/papua-new-guineas-health-system-unprepared-covid-19>.

<sup>9</sup> Kalolaine Fainu, “‘We Have Nothing’: Papua New Guinea’s Broken Health System Braces for Covid-19,” *Guardian*, April 11, 2020  <https://www.theguardian.com/world/2020/apr/11/we-have-nothing-papua-new-guineas-broken-health-system-braces-for-covid-19>.

<sup>10</sup> *Ibid.*

In this highly charged environment, misinformation took root. Yet it took three months for official cases to reach double digits, and the first official death was not recorded until July 29. The failure of the predicted surge to eventuate reinforced the apparent validity of spurious explanations; in the absence of evidence to the contrary, it was natural to conclude that “something or someone was limiting the pandemic’s effect.”<sup>11</sup> In a country where over 95% of the population identifies as Christian, many believed God was protecting them from the virus. As David Troolin explained, “As the numbers of people infected and then dying continued to rise outside PNG’s borders, it seemed that PNG was, for whatever reason, set apart, encased in a protective bubble.”<sup>12</sup>

In a short space of time, the initial wave of fear that accompanied Covid-19’s arrival was replaced with apathy. A study that analyzed the activity of a Facebook group in Western Province across the first five months of 2020 found that the intensity of interest in Covid-19 began to abate in late April and that “crisis fatigue” set in during May. As time progressed, the group’s discussions pivoted away from health fears and toward their economic livelihoods. When the state of emergency was extended in early June, frustration built. The study’s authors stated that, “By mid-June 2020, in PNG, Covid-19 was the ‘invisible enemy,’ that for the vast majority of the population, had failed to arrive.”<sup>13</sup>

When around four hundred new cases were recorded across August, it appeared PNG was finally on the cusp of the expected outbreak. Port Moresby re-entered lockdown. A spike in cases caused the Ok Tedi mine, one of the country’s biggest employers and a major source of government revenue, to close its operations. A shift in the government’s approach can also be discerned around this time. When explaining his decision not to extend Port Moresby’s lockdown beyond two weeks, Marape stated that, “We have to adapt to living with Covid-19 for this year instead of taking on drastic measures.”<sup>14</sup> In this, Marape was channeling the government’s Niupela Pasin (“new normal”) strategy, which charted a series of preventive

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<sup>11</sup> Troolin, “Heterotopia in Melanesia,” 69.

<sup>12</sup> *Ibid.*, 71.

<sup>13</sup> Peter D. Dwyer and Monica Minnegal, “Covid-19 and Facebook in Papua New Guinea: Fly River Forum,” *Asia & the Pacific Policy Studies* 7, no. 3 (2020): 243.

<sup>14</sup> Natalie Whiting, “PNG Is Walking a Tightrope on Covid-19, So It’s Abandoned Lockdowns,” ABC News (Australia), August 12, 2020 ~ <https://www.abc.net.au/news/2020-08-12/png-abandons-lockdown-resolves-to-live-with-coronavirus/12545602>.



health measures to “adapt to a new way of living.”<sup>15</sup> But still the expected surge did not materialize. Indeed, confirmed cases would not pass three figures until February 2021, at which point confirmed deaths from Covid-19 were still in single digits.

As the anniversary of the first confirmed Covid-19 case approached, therefore, a cruel paradox was embedded in the notion that PNG needed to embrace a “new normal.” On the one hand, health officials and donor partners knew that encouraging behavioral change around hygiene practices was the best way to effectively mitigate a potential outbreak and protect the health system. Yet for almost the entirety of the population, nothing was “new,” aside from the imposition of lockdowns and their impact on livelihoods. Why, then, did national health officials and aid donors continue to believe a devastating outbreak was ultimately inevitable? The answer relates not only to the demographic, cultural, and economic characteristics of PNG but to the limited capacity of its health system.

### *PNG’s Health System in Context: Perpetual Crisis?*

PNG is one of the most ethnically, culturally, and geographically diverse countries in the world. Its estimated 9 million people speak over eight hundred languages and are spread across 22 provinces. In addition to comprising the eastern half of the island of New Guinea, with which it shares a porous 285-mile land border with the Indonesian province of Papua, PNG is made up of more than six hundred islands, some of which lie within three miles of northernmost Australia. With 87% of the population living in rural areas, reaching the remote majority across vast and rugged terrain is challenging, impacting the delivery of medical supplies, outreach, and immunization services.<sup>16</sup>

PNG’s resource-dependent economy has been ailing since 2014, with consecutive budget deficits and falling GDP per capita.<sup>17</sup> At the same time, the proportion of government expenditure spent on health has been decreasing. Partly as a result of the economic shock induced by Covid-19,

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<sup>15</sup> National Department of Health (PNG), *Niupela Pasin: Transitioning to a “New Normal” in the Covid-19 Pandemic* (Port Moresby, May 28, 2020), 7 ~ <https://covid19.info.gov.pg/files/July%202020/07072020/Niupela%20Pasin%20%20Transition%20to%20New%20Normal%20handbook.pdf>.

<sup>16</sup> John Grundy et al., *Independent State of Papua New Guinea Health System Review* (New Delhi: World Health Organization, 2019), 4.

<sup>17</sup> Department of Foreign Affairs and Trade (Australia), “Papua New Guinea Covid-19 Development Response Plan,” October 2020 ~ <https://www.dfat.gov.au/publications/development/papua-new-guinea-covid-19-development-response-plan>.

total health spending per capita is forecast to decrease from almost 200 kina (about \$55) per person in 2020 to less than 150 kina (about \$42) per person in 2022.<sup>18</sup>

Beyond these geographic and economic constraints, two others loom large. First, PNG's high birth rate means its health system must fight simply to maintain performance, let alone improve. Even accounting for significant child mortality rates, the population growth rate is 2.7%, meaning 1 million people are added to the population roughly every three years. PNG's population is projected to reach 12 million by 2030.<sup>19</sup> Second, the management and delivery of PNG's health system is very decentralized, making coordination difficult.<sup>20</sup>

These last two constraints, in particular, feed directly into what a recent review called "a human resources for health crisis."<sup>21</sup> According to World Bank data, PNG's physician-to-population ratio ranks the country on par with countries such as the Democratic Republic of the Congo, the Central African Republic, and Ethiopia. Furthermore, few doctors work outside Port Moresby. A service delivery survey conducted in 2012 found that only 10% of health clinics had received visits from a doctor in the past 12 months, down from 19% a decade prior.<sup>22</sup> The same survey found that only 40% of facilities had electricity and 20% had beds with mattresses in 2012.

Yet perhaps the starkest manifestation of PNG's health system fragility is the string of disease outbreaks that have occurred in recent times. A cholera outbreak from mid-2009 to 2011 claimed over five hundred lives and was followed by another outbreak in 2015. An outbreak of chikungunya infection occurred in 2012. Outbreaks of measles, typhoid, and whooping cough (pertussis), all vaccine-preventable diseases, were reported in 2017 and 2018. A polio outbreak in 2018 provided the impetus for then health minister Sir Puka Temu to declare 2019 the "year of vaccination."<sup>23</sup> Despite this push, statistics show that in 2019, measles vaccine coverage for children

<sup>18</sup> Government of Papua New Guinea, *National Health Plan 2021–2030* (Port Moresby, June 2021), 45.

<sup>19</sup> *Ibid.*, 18.

<sup>20</sup> Benjamin Day, "The Primacy of Politics: Charting the Governance of the Papua New Guinea Health System since Independence," *Papua New Guinea Medical Journal* 52, no. 3–4 (2009): 130–38.

<sup>21</sup> Grundy et al., *Independent State of Papua New Guinea Health System Review*, 53.

<sup>22</sup> Stephen Howes et al., "A Lost Decade? Service Delivery in Papua New Guinea 2002–2012," National Research Institute and Development Policy Centre, Australian National University, October 2014, x ~ [https://openresearch-repository.anu.edu.au/bitstream/1885/139180/1/PEPE\\_A\\_lost\\_decade\\_FULL\\_REPORT.pdf](https://openresearch-repository.anu.edu.au/bitstream/1885/139180/1/PEPE_A_lost_decade_FULL_REPORT.pdf).

<sup>23</sup> Kate Lyons, "Polio Outbreak in Papua New Guinea Reaches Capital Port Moresby," *Guardian*, September 11, 2018 ~ <https://www.theguardian.com/society/2018/sep/11/polio-outbreak-in-papua-new-guinea-reaches-capital-port-moresby>.

under one year was only 34%, with 4 of 22 provinces recording rates under 20%.<sup>24</sup> By numerous measures, PNG's vaccination rates are among the lowest in the world.<sup>25</sup> In short, PNG's health system was unprepared for Covid-19, even once a vaccine was available. And, as we have seen, the absence of an outbreak in 2020 only made it more vulnerable.

### *Year Two: A Belated Crisis*

For a year since its first case, PNG unexpectedly kept Covid-19 at bay. But after case numbers began steadily rising in February 2021, they exploded in March. Up to the end of February 2021, PNG had recorded just 1,275 cases and 12 deaths. Yet by the end of March, these figures were 5,991 and 60, respectively. By mid-March, the nation's largest hospital, Port Moresby General Hospital, was overwhelmed, and 120 staff, mostly from the emergency department, had tested positive.<sup>26</sup> Tents were erected in the carpark to triage patients and plans were made to establish a new field hospital, as well as reopen the Rita Flynn Sporting Complex, which had been rapidly converted to an isolation facility with donor assistance at the outset of the pandemic.

On March 17, the Australian prime minister, Scott Morrison, announced an additional package of support for its former colony, including the provision of eight thousand AstraZeneca vaccines.<sup>27</sup> On March 22, the anniversary of the original state of emergency, PNG commenced a month-long isolation strategy, closing schools once more and restricting provincial travel.<sup>28</sup> On March 30, PNG launched its vaccine rollout when Marape received the first jab in a public ceremony designed to generate public confidence.<sup>29</sup> Despite these efforts, however, there was a slow uptake

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<sup>24</sup> National Department of Health (PNG), "2019 Sector Performance Annual Review," August 2020, 16   
 ~ [https://www.health.gov.pg/pdf/SPAR\\_2019.pdf](https://www.health.gov.pg/pdf/SPAR_2019.pdf).

<sup>25</sup> Stephen Howes and Kingtau Mambon, "PNG's Plummeting Vaccination Rates: Now the Lowest in the World?" Development Policy Centre, Australian National University, Devpolicy Blog, August 30, 2021 ~ <https://devpolicy.org/pngs-plummeting-vaccination-rates-now-lowest-in-world-20210830>.

<sup>26</sup> Rebecca Kuku, "Covid Cases in Papua New Guinea Triple in a Month as Doctors Warn of 'Danger Days' Ahead," *Guardian*, March 22, 2020 ~ <https://www.theguardian.com/world/2021/mar/22/covid-cases-in-papua-new-guinea-triple-in-a-month-as-doctors-warn-of-danger-days-ahead-png>.

<sup>27</sup> "Australia Supporting Papua New Guinea's Covid-19 Response," Prime Minister of Australia, Press Release, March 17, 2021 ~ <https://www.pm.gov.au/media/australia-supporting-papua-new-guineas-covid-19-response>.

<sup>28</sup> Whiting, "Coronavirus Infections Are Reaching a Tipping Point in PNG."

<sup>29</sup> Rebecca Kuku, "PNG Prime Minister First to Be Vaccinated with Australian-Supplied Doses 'to Show It's Safe,'" *Guardian*, March 30, 2021 ~ <https://www.theguardian.com/world/2021/mar/30/png-prime-minister-first-to-be-vaccinated-with-australian-supplied-doses-to-show-its-safe>.

of vaccines, outside of Port Moresby's expatriate community. By May 11, only three thousand of the eight thousand had been administered.<sup>30</sup>

By mid-May, however, Covid-19 cases started to decline. Ideally, this reprieve would have provided the chance to ramp up the vaccine rollout, but instead, complacency appeared to set in. According to one assessment, "politicians returned to business as usual, and vaccine hesitancy...calcified with a growing consensus that Covid-19 will just be another disease to be 'lived with' alongside tuberculosis, malaria, and other household name diseases in PNG."<sup>31</sup> Yet, still, those who doubted the dangers of the virus were able to rationalize their views by narrowly interpreting the available data. From July 21 to September 9, PNG did not record a single official death from Covid-19. Meanwhile, a batch of vaccines donated by New Zealand was shipped to Vietnam to ensure they could be used before they expired.<sup>32</sup> Other donated vaccines had to be destroyed.

By mid-October, well after the scale of PNG's worst outbreak was apparent, only half of PNG's parliamentarians had been vaccinated. Even more concerning, vaccine hesitancy had begun to metastasize into violence. In Kundiawa, the capital of Chimbu Province in the Highlands, the public forced a team of health workers rolling out the vaccine to leave, despite the presence of armed police.<sup>33</sup> On October 29, the front page of the *National* reported that the Morobe Provincial Health Authority has decided to stop mobile Covid-19 vaccination and awareness clinics because of ongoing attacks on staff.<sup>34</sup> Far from these being isolated events, incidents like these were increasingly being reported across the country toward the end of October.

### *Covid-19 as Critical Juncture?*

These types of incidents make it easy to become despondent when considering PNG's post-Covid-19 future. But among those I have spoken to, I have been surprised to detect a residual optimism. For them, Covid-19

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<sup>30</sup> Hugh McClure, "How Conspiracy Theories Led to Covid Vaccine Hesitancy in the Pacific," *Guardian*, May 13, 2021 ~ <http://www.theguardian.com/world/2021/may/13/how-conspiracy-theories-led-to-covid-vaccine-hesitancy-in-the-pacific>.

<sup>31</sup> Jonathan Pryke and Brendan Crabb, "PNG Is Back on the Brink of a Delta Variant Disaster," *Australian Financial Review*, October 18, 2021 ~ <https://www.afr.com/world/asia/png-is-back-on-the-brink-of-a-delta-variant-disaster-20211017-p590px>.

<sup>32</sup> Whiting, "PNG Health Services Struggling to Cope with Delta Outbreak."

<sup>33</sup> "Public Rages Against Vaccine Rollout in Kundiawa," *Post Courier*, October 21, 2021 ~ <https://postcourier.com.pg/public-rages-against-vaccine-rollout-in-kundiawa>.

<sup>34</sup> Lulu Mark and Gloria Bauai, "Attacks Deplored," *National* (PNG), October 29, 2021.

still has the potential to function as a critical juncture, the ultimate demonstration—to politicians, health workers and officials, donors, and the public—that lasting health system improvement must emanate from the grassroots level. Ensuring that health workers and good information are present at the local level are examples of two long-standing challenges whose importance has been reinforced during the pandemic.


*Human resources.* As they have around the world, healthcare workers have borne a disproportionate share of the impact of the Covid-19 pandemic in PNG. Given PNG's health human resources crisis, however, the passing of each health worker, whether from the grassroots level or from provincial or national level positions, is much more than just an immediate tragedy; it tangibly limits the functioning of the health system in the future. The recently produced National Health Plan 2021–2030 calls for a doubling of healthcare workers in each cadre across the next decade. Yet even if this highly ambitious target were achieved (and the sudden shock of Covid-19 makes it even more unlikely), it would only see the ratio of health workers to population rise from 1.01 (measured in 2018) to 1.62, still well below World Health Organization guidelines.<sup>35</sup> PNG's acute lack of health workers, in itself, necessitates moving beyond a narrow, sectoral conception of health delivery toward whole-of-government and whole-of-society engagement. This is recognized in the plan, which “aims to empower people to take ownership of their health and well-being and to decide, plan and implement health priorities for their families and communities.”<sup>36</sup>

While prioritizing vaccinating healthcare workers appears to be an obvious short-term mitigation strategy, rates of hesitancy are very high even among this demographic, mirroring the broader population. A survey conducted in April and May 2021 found that only 56% of the over four hundred healthcare workers sampled were willing to be vaccinated.<sup>37</sup> The survey documented widespread concern about conspiracy theories: 29.6% of healthcare workers were concerned the vaccine was part of a new world order, 27.9% thought the vaccine was a biological weapon designed to reduce the black population, 24.6% thought the vaccine had a microchip, and 22.6% were concerned that the vaccine was being used for sterilizations. The survey's key recommendation was that healthcare

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<sup>35</sup> Government of Papua New Guinea, *National Health Plan 2021–2030*, 40.

<sup>36</sup> *Ibid.*

<sup>37</sup> Martha Pogo et al., “Final Report: Covid-19 Vaccine Hesitancy in Papua New Guinea, 2021,” National Department of Health (PNG), 2021  [https://www.fieldepiinaction.com/s/Vaccine\\_Survey\\_Report\\_Final.pdf](https://www.fieldepiinaction.com/s/Vaccine_Survey_Report_Final.pdf).

workers “must be equipped with timely and accurate information and supported to debunk myths and conspiracies associated with the Covid-19 vaccine.”<sup>38</sup> Complementing this finding, a World Bank study, drawing on data collected from a phone survey (May to June 2021) and an online randomized survey experiment via Facebook (June to July 2021), revealed “the importance of trust in the Covid-19 vaccine and social norms in driving behavior.”<sup>39</sup> Together, these surveys offer a timely reminder that the big-picture challenges faced by the PNG health system are not simply technical in nature but concern community-oriented engagement.

*Community-based approaches.* Of course, “back-to-basics” approaches have been heralded many times, including in the previous national health plan. Indeed, Niupela Pasin sets out what such an approach looks like in the context of combating Covid-19. But unfortunately, it also illustrates just how difficult it is to translate good plans into action. The behavioral changes advocated in Niupela Pasin cut against embedded social norms. For example, social distancing is discordant with the cultural practices of a highly social society that gathers regularly in large family groups, especially around food. Some other practices are simply beyond the capabilities of most of the population. For example, entreaties to wash hands with soap are difficult to heed when soap is too expensive and access to running water is limited,<sup>40</sup> “only 12 per cent of schools have handwashing facilities with both water and soap.”<sup>41</sup> Indeed, the impositions of lockdowns have meant soap has not been available in many locations, even for those with the means to purchase it.

The governor of Port Moresby, Powes Parkop, spoke for many when he observed that “What the [emergency] controller is trying to [enforce] and what actually happens on the ground [are] totally different worlds.”<sup>42</sup> Win Nicholas has also articulated the limited way in which the aspirations of Niupela Pasim have permeated the country, especially outside

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<sup>38</sup> Pogo et al., “Final Report: Covid-19 Vaccine Hesitancy in Papua New Guinea, 2021,” 7.

<sup>39</sup> Christopher Hoy, Terence Wood, and Ellen Moscoe, “Addressing Vaccine Hesitancy: Survey and Experimental Evidence from Papua New Guinea,” World Bank, Policy Research Working Paper 9837, November 2021 ~ <https://documents1.worldbank.org/curated/en/293831636115205584/pdf/Addressing-Vaccine-Hesitancy-Survey-and-Experimental-Evidence-from-Papua-New-Guinea.pdf>.

<sup>40</sup> Whiting, “PNG Is Walking a Tightrope on Covid-19, So It’s Abandoned Lockdowns”; and “Social Distancing Not Catching on Easily in Bougainville,” Radio New Zealand, March 31, 2020 ~ <https://www.rnz.co.nz/international/pacific-news/413083/social-distancing-not-catching-on-easily-in-bougainville>.

<sup>41</sup> Department of Foreign Affairs and Trade (Australia), “Papua New Guinea Covid-19 Development Response Plan,” 1.

<sup>42</sup> Whiting, “PNG Is Walking a Tightrope on Covid-19, So It’s Abandoned Lockdowns.”

of Port Moresby: “In remote parts of the country, it’s business as usual for the populace. Basic government services are lacking and vaccination is not a great concern.”<sup>43</sup>

Clearly, understanding how to effectively communicate to PNG’s overwhelmingly young, remote, and rural population will become an increasingly important dimension of effective long-term health system reform. But emerging evidence shows that rapid investment in information campaigns could also yield more immediate returns in terms of improving vaccination rates. For example, in May 2021, 281 students from the University of Papua New Guinea were surveyed about their feelings about Covid-19 vaccination.<sup>44</sup> When asked if they would “like to be vaccinated with the Oxford AstraZeneca vaccine,” just 6% of respondents responded in the affirmative, while 48% said no. Crucially, 46% responded that they had not yet decided, suggesting that there is considerable scope for opinions to be changed. The World Bank study referenced earlier reinforced this finding while also offering insight into what factors were most likely to change Papua New Guineans’ opinions. Two factors emerged as pivotal: building greater trust in Covid-19 vaccines and disseminating information about the vaccines via healthcare workers, who respondents overwhelmingly felt were most capable of changing their minds.

Overcoming popular resistance to vaccinations is clearly an immediate priority in PNG.<sup>45</sup> But overcoming a more general distrust of the health sector will be even more important in the long term. Former Australian ambassador to PNG Ian Kemish recently observed how “many Papua New Guineans have developed a fatalistic belief that Covid is just another health challenge to add to the litany of other serious problems facing the country, among them maternal mortality, malaria and tuberculosis.”<sup>46</sup> Sadly, there is an understandable, if regrettable, logic to categorizing Covid-19 this way, given the context.

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<sup>43</sup> Win Nicholas, “Covid-19 in PNG: The Silent Dead,” Development Policy Centre, Australian National University, Devpolicy Blog, October 6, 2021 [~ https://devpolicy.org/covid-19-in-png-the-silent-dead-20211006](https://devpolicy.org/covid-19-in-png-the-silent-dead-20211006).

<sup>44</sup> Rohan Fox, “Vaccine Hesitancy in PNG: Results from a Survey,” Development Policy Centre, Australian National University, Devpolicy Blog, June 24, 2021 [~ https://devpolicy.org/vaccine-hesitancy-in-png-results-from-a-survey-20210624](https://devpolicy.org/vaccine-hesitancy-in-png-results-from-a-survey-20210624).

<sup>45</sup> Mihai Sora, “Overcoming Community Resistance to Vaccination in Papua New Guinea,” Lowy Institute, Interpreter, October 26, 2021 [~ https://www.lowyinstitute.org/the-interpreter/overcoming-community-resistance-vaccination-papua-new-guinea](https://www.lowyinstitute.org/the-interpreter/overcoming-community-resistance-vaccination-papua-new-guinea).

<sup>46</sup> Ian Kemish, “PNG and Fiji Were Both Facing Covid Catastrophes. Why Has One Vaccine Rollout Surged and the Other Stalled?” Conversation, October 11, 2021 [~ http://theconversation.com/png-and-fiji-were-both-facing-covid-catastrophes-why-has-one-vaccine-rollout-surged-and-the-other-stalled-169356](http://theconversation.com/png-and-fiji-were-both-facing-covid-catastrophes-why-has-one-vaccine-rollout-surged-and-the-other-stalled-169356).

### *Year Three and Beyond*

It is not unreasonable to suggest that PNG's medium-duration prospects, in terms of securing livelihoods and improving development outcomes for the rural majority, are as dependent on the maintenance of political stability as they are on effectively tackling Covid-19. Yet the two are inextricably intertwined, with the immediate and longer-term impacts of the pandemic, both domestically and abroad, adding to the difficulty of managing a series of political challenges, three of which appear especially pressing.

Foremost in the minds of most PNG politicians are the forthcoming 2022 general elections. PNG elections generally feature a high rate of turnover; 40% to 50% of sitting members are expected to lose their seats in 2022. They are also increasingly marked by high levels of violence. During the previous election in 2017, an observer team documented election-related violence in 64 of the 67 electorates where it conducted detailed observations.<sup>47</sup> It also documented over two hundred election-related deaths, mostly in the Highlands. PNG elections are already among the most challenging electoral exercises in the world to run. Covid-19 will only add to an already volatile mix.

In late 2019, the people of the Autonomous Region of Bougainville voted overwhelmingly for independence in a referendum that was a key step of a negotiated peace agreement ending a decade-long civil war (1988–98) that claimed an estimated twenty thousand lives. Unusually, the terms of the Bougainville Peace Agreement set out that the referendum would be nonbinding, with a final decision resting with the PNG parliament. Since the referendum, consultations have been sporadic, partly because of Covid-19.<sup>48</sup> With Bougainville's leaders setting out plans to achieve independence in 2025, the political stakes will only increase in the coming years, with implications for the region's nascent autonomy.

Zooming out further, the Pacific Islands region now confronts “a lost decade” given the “economic and social damage wrought by the Covid-19 pandemic.”<sup>49</sup> While PNG's economy contracted by 3.8% in 2020, this was relatively better than other Pacific Island economies, who generally

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<sup>47</sup> Nicole Haley and Kerry Zubrinich, “2017 Papua New Guinea General Elections: Election Observation Report,” Department of Pacific Affairs, Australian National University, 2018.

<sup>48</sup> Anthony Regan, “Bougainville Independence: Pressure for PNG Agreement Builds,” Lowy Institute, Interpreter, June 18, 2021 ~ <https://www.lowyinstitute.org/the-interpreter/bougainville-independence-pressure-png-agreement-builds>.

<sup>49</sup> Roland Rajah and Alexandre Dayant, “Avoiding a Pacific Lost Decade: Financing the Pacific's Covid-19 Recovery,” Lowy Institute, Policy Brief, December 2020, 2 ~ <https://www.lowyinstitute.org/publications/lost-decade-pacific>.



rely much more heavily on tourism and remittances. (Fiji's economy, for example, the second largest in the region behind PNG, contracted by 19% in 2020.) The region, in which PNG is a leader, faces a long period of economic and social rebuilding in a much more competitive strategic environment.

Recent rioting in Honiara, the capital and largest city of the neighboring Solomon Islands, illustrates the extent and immediacy of the challenge. Concerned that the unrest would lead to a full-blown return of "the tensions" of the early 2000s, which triggered the establishment of the fourteen-year long Regional Assistance Mission to Solomon Islands (RAMSI), Australia, Fiji, PNG, and New Zealand quickly dispatched police and military personnel. While these deployments were requested by the Solomon Islands, they are taking place in a region that has been transformed geopolitically even compared to when RAMSI ended in mid-2017.

Although Australia and, albeit to a lesser extent, New Zealand remain by far the most important partners for most Pacific Island countries, especially PNG, China's influence has been steadily growing. In June 2018, PNG became the first Pacific nation to sign up to China's Belt and Road Initiative. When PNG hosted the APEC Summit five months later, Chinese president Xi Jinping used the opportunity to announce a raft of initiatives in the region. In 2019, both the Solomon Islands and Kiribati switched diplomatic recognition from Taiwan to China. While it is a mistake to overplay the role of geopolitics in the unrest in the Solomon Islands, the decision by Prime Minister Manasseh Sogavare to recognize China did provide the trigger for the recent riots.<sup>50</sup>

Over the coming years, PNG's leaders will need to deftly manage relationships with both Australia, by far the largest donor to PNG and the former colonial power, and China, an important infrastructure partner and export market. Increasingly, Australia's aid program is driven by a desire to curb China's influence in the region, and since the onset of Covid-19, health security and regional stability have become increasingly more important aid priorities.<sup>51</sup> While this trio of motives ensures PNG will remain Australia's largest aid recipient, the nature of this assistance is likely to become more

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<sup>50</sup> Jonathan Pryke, "Solomon Islands Unrest Not Helped by Foreign Powers Behaving Badly," *Australian Financial Review*, November 26, 2021 ~ <https://www.afr.com/world/pacific/solomon-islands-unrest-not-helped-by-foreign-powers-behaving-badly-20211126-p59ckv>.

<sup>51</sup> Benjamin Day and Tamas Wells, "What Parliamentarians Think about Australia's Post-Covid-19 Aid Program: The Emerging 'Cautious Consensus' in Australian Aid," *Asia & the Pacific Policy Studies* (2021) ~ <https://doi.org/10.1002/app5.338>.

overtly competitive. The competing vaccine drives in Port Moresby between Australian and Chinese representatives seemed to encapsulate this future.<sup>52</sup>

The Covid-19 pandemic arrived belatedly in PNG. And while many of the pandemic's lasting implications will take time to become apparent, there is little doubt that they will also prove more significant than originally expected. At this point, what we can be sure of is that there are no quick fixes for PNG's Covid-19 crisis, its health system, or its economy. Progress, if it comes, will be slow, incremental, and hard won. ♦

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<sup>52</sup> Natalie Whiting, "PNG Caught in China-Australia Power Play as Covid-19 Delta Variant Infiltrates Pacific Nation," ABC News (Australia), August 2, 2021 ≈ <https://www.abc.net.au/news/2021-08-02/png-caught-between-australia-and-china-as-it-fights-delta/100329206>.

## Covid-19 Responses in Selected Polynesian Island Countries and Territories

*Rochelle Bailey and Gemma Malungahu*

This essay provides an overview of the responses to Covid-19 so far within specific Pacific Island countries and territories (PICTs) namely within Polynesia, specifically Tonga, Samoa, Niue, the Cook Islands, Tokelau, Tuvalu, and French Polynesia. Although New Zealand, Hawaii, and Fiji are also Polynesian PICTs, we have chosen to only include further analysis on Fiji, given its role as a regional hub and because the former two are well-represented in studies elsewhere.<sup>1</sup> On March 11, 2020, the World Health Organization (WHO) declared the Covid-19 outbreak a pandemic, which globally led to immediate border closures, and the PICTs acted swiftly to eliminate risks of the virus entering their countries. Border closures, lockdowns, and various restrictions have been relatively successful, and contributions from international donors have provided support in finances, supplies of medical equipment, and technical expertise. However, navigating these closures, lockdowns, and restricted movements impacted the delivery of imports, exports, and the flow of information within the region. This essay provides an examination of the PICTs' responses to the pandemic, including their repatriation and quarantine management processes. This is followed by an analysis of the region's delivery, management, and success of vaccine uptake.

### *Border Closures and Initial Restrictions*

Most of the PICTs responded to Covid-19 quickly in declaring a state of emergency. Doing so allowed governments to enforce border closures and restrictive measures that required people to stay at home, cease

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<sup>1</sup> Fiji can arguably be viewed as a Polynesian PICT due to its proximity to Samoa and Tonga and ancestral, historical, and lineal ties with these PICTs. For the purpose of this essay, it was important to include an analysis of the Covid-19 responses in Fiji due to the high percentage of cases and high mortality rates in the country.

nonessential business, and close schools.<sup>2</sup> For the PICTs, however, border closures presented imminent threats in accessing important supplies. Under the Biketawa Declaration, the Pacific Islands Forum foreign ministers thus agreed to establish the Pacific Humanitarian Pathway on Covid-19 in early April 2020 to “enable efficient movement of medical supplies, humanitarian assistance and technical experts to Pacific Island Forum states.”<sup>3</sup> The initiative represents a regional response for all Pacific Island nations, ensuring the availability of essential supplies.

Interrupted international travel and cargo flows have adversely impacted the Polynesian PICTs, and many are experiencing economic recessions due to industry collapses and job losses. Financial assistance from international donors and partners had enabled the PICTs to provide support through stimulus packages that offered forms of welfare payments.<sup>4</sup> Increased numbers of people returning from urban areas to their rural villages and working in the subsistence sector to support themselves has been observed.<sup>5</sup> This is often referred to as a “safety net” in the Pacific, which has proven to work well, though these safety systems and resources may be overwhelmed in some cases, and inter-island travel depends on travel restrictions.

With restricted domestic movement, the enforced lockdowns were essential to help reduce potential community transmission across provinces, villages, and households. Directives such as reducing gathering numbers, closing schools and churches, implementing curfews, and temporarily halting inter-island travel have been in place in most of the PICTs in one form or another for varying periods depending on the perceived safety levels within the state.

### *External Support, Funders, and Donors*

The majority of Polynesian PICTs have been independent in their decision-making processes. Nonetheless, they are often reliant on outside

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<sup>2</sup> World Health Organization (WHO), “Pacific Covid-19 Preparedness and Response Efforts,” Covid-19 Joint External Situation Report for Pacific Islands, no. 9, March 26, 2020 ≈ <https://www.who.int/westernpacific/internal-publications-detail/covid-19-situation-report-for-pacific-islands>; and Eberhard Weber, Andreas Kopf, and Milla Vaha, “Covid-19 Pandemics in the Pacific Island Countries and Territories,” in *Coronavirus (Covid-19) Outbreaks, Environment and Human Behaviour: International Case Studies*, ed. Rais Akhtar (Cham: Springer, 2021), 25–47.

<sup>3</sup> “Covid-19 Updates from the Secretariat,” Pacific Islands Forum ≈ <https://www.forumsec.org/covid-19-updates-from-the-secretariat>.

<sup>4</sup> The PICTs have received support from various international governments and organizations and are members of different Covid-19-related Pacific response groups.

<sup>5</sup> Meg Keen, “Voices of Pacific Leaders: Covid-19 and the Path to Recovery,” Asia and the Pacific Policy Society, Policy Forum, June 22, 2020 ≈ <https://www.policyforum.net/voices-of-pacific-leaders-covid-19-and-the-path-to-recovery>.

resources and partners to achieve their pandemic responses. Various external donors have assisted Polynesian PICTs with Covid-19 response packages, which have enabled many countries to create specific Covid-19 budgets and support, such as supplementary funding for medical supplies, quarantine facilities, welfare payments, and Covid-19 testing equipment.

In March 2021, the Pacific heads of health of each PICT met with the WHO and other international health authorities to discuss, among other things, the importance of ensuring efficient systems were established before vaccination rollout. The WHO requested that all countries, including the PICTs, design databases or adapt existing ones to record adverse reactions following vaccination, with support provided to the PICTs upon request.<sup>6</sup> Priority was given to vaccination procurement and planning efforts to improve coverage in accordance with the jurisdictions of each PICT. New Zealand provided vaccinations to the PICTs through both bilateral and multilateral arrangements and worked alongside France and the United States, among other countries, to ensure vaccination procurement. Australia contributed \$130 million to the COVAX Advance Market Commitment mechanism to ensure equitable access to Covid-19 vaccines for developing countries<sup>7</sup> and provided additional assistance to the Pacific Islands Forum that included support for logistics in cold-chain supply, for example, the provision of four laboratory fridges and medications such as antibiotics and pain-relief to Tuvalu.<sup>8</sup> Discussions also took place among the Pacific heads of health, PICT ministers of health, the Pacific Community, the WHO, COVAX partners, and other international agencies around improving awareness and information of vaccine safety and efficacy.<sup>9</sup>

### *Covid-19 Testing, Cases, Reporting, and Monitoring Issues*

Within the Pacific region, Fiji was the fourth (after Hawaii, New Zealand, and French Polynesia) to obtain capabilities to test for the virus.<sup>10</sup>

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<sup>6</sup> See WHO, “Adverse Events Following Immunization (AEFI)”  $\approx$  <https://www.who.int/teams/regulation-prequalification/regulation-and-safety/pharmacovigilance/health-professionals-info/aeifi>.

<sup>7</sup> “Australian Support for Covid-19 Vaccination in Tuvalu,” Minister for Foreign Affairs, Senator the Hon. Marise Payne (Australia), Press Release, June 19, 2021  $\approx$  <https://www.foreignminister.gov.au/minister/marise-payne/media-release/australian-support-covid-19-vaccination-tuvalu>.

<sup>8</sup> Ibid.

<sup>9</sup> These other agencies included the Asian Development Bank, Australian Department of Foreign Affairs and Trade, Centers for Disease Control and Prevention, International Federation of Red Cross and Red Crescent Societies, Japan International Cooperation Agency, Otago University, Pacific Community (SPC), Pacific Island Health Officers’ Association, UN Children’s Fund, the U.S. Agency for International Development, and the World Bank.

<sup>10</sup> Weber, Kopf, and Vaha, “Covid-19 Pandemics in the Pacific Island Countries and Territories.”

Despite the lead in testing capabilities in Fiji, however, vaccination uptake was relatively slow compared to French Polynesia and other PICTs. This, coupled with misinformation on vaccine safety and efficacy, possibly contributed toward Fiji's high mortality rates. French Polynesia and Fiji have been among the worst-affected PICTs within the subregion. **Table 1** provides an overview of case numbers and deaths due to Covid-19 from January 2020 to October 2021.

Quality reporting and monitoring capability help to determine accurate case numbers, mortality, and vaccination rates at state and local levels. With limited health infrastructure and poor resources, medical reporting and monitoring is potentially inadequate within most of the PICTs. The limited testing capabilities and the lack of clarity on the cause of death also contribute toward reporting issues within the PICTs. In Fiji, for example, medical experts speculated that deaths in July 2021 were

TABLE 1  
*Covid-19 Cases and Deaths in Selected PICTs*

Country	Total cases	Total deaths
American Samoa	3	-
Cook Islands	-	-
Fiji	51,499	653
French Polynesia	45,359	626
Hawaii	81,614	845
New Zealand/Aotearoa	4,300	28
Niue	-	-
Samoa	1	-
Tokelau	-	-
Tonga	-	-
Tuvalu	-	-
<i>Total</i>	<i>182,776</i>	<i>2,152</i>

*Source:* Data compiled from WHO, "WHO Coronavirus (Covid-19) Dashboard" ≈ <https://covid19.who.int>; and, for Hawaii, "State of Hawaii Covid-19 Data Dashboards," State of Hawaii Department of Health, Covid Disease Outbreak Control Division ≈ <https://health.hawaii.gov/coronavirusdisease2019>.

*Note:* Data is from January 3, 2020, to October 11, 2021.

underreported due to changes in the classification system in June.<sup>11</sup> The new classification code determined that if a person died from Covid-19 but had another underlying illness or disease at the time of death, the death would not be classified as due to Covid-19. The ambiguity of the new classification code meant that only a proportion of mortalities due to Covid was reported,<sup>12</sup> and due to the high rates of noncommunicable diseases in Fiji, it is possible that most deaths from Covid-19 have been underreported. In addition, issues of stigma and embarrassment of a loved one passing from Covid-19 may have potentially contributed to the skewed reporting of deaths.

### *Vaccination Rollout and Uptake*

The triple burden of communicable diseases, noncommunicable diseases, and the impacts of climate change have put strenuous pressure on state health systems to cope with and meet rising healthcare demands. The medical preparedness of healthcare systems, limited resources and infrastructure, misinformation, and vaccine hesitancy have contributed to the challenges of a smooth vaccination rollout in the Pacific Islands. Despite this, funding and resource support from donors and external funders have aided successful implementation of vaccination programs in the subregion, particularly within the PICTs where 90% of eligible population groups have been fully vaccinated.

Multiple modes of vaccine delivery exist, including rollout via hospitals, healthcare facilities, community organizations such as churches, and NGOs. Previous experience from a 2019 measles outbreak and the subsequent state push for the measles vaccination in Samoa, for example, helped make home visits within villages also effective. Households were required to put a red cloth or material outside their home, signaling to health authorities the need to be vaccinated. A two-day national lockdown also helped to increase vaccination rates within Samoa during this vaccination period.

Initial vaccination uptake was slow across most of the PICTs. Despite Fiji being the first Pacific country to receive vaccinations from COVAX and having a robust vaccination program in place,<sup>13</sup> the initial rollout

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<sup>11</sup> Mackenzie Smith, "Medical Experts Say a Third of Fiji's Covid-19 Deaths May Be Unreported," ABC Radio Australia, Pacific Beat, July 28, 2021 ~ <https://www.abc.net.au/radio-australia/programs/pacificbeat/fiji-covid-numbers/13473382>.

<sup>12</sup> Ibid.

<sup>13</sup> Weber, Kopf, and Vaha, "Covid-19 Pandemics in the Pacific Island Countries and Territories."

was still relatively protracted. Widespread misinformation online and offline contributed to negative perceptions of risks associated with the vaccines and possibly influenced the slow uptake. However, as the severity of the disease became apparent and mortality rates increased, so did vaccination rates. Fijian government efforts to increase vaccination coverage were stepped up with the introduction of the “no jab, no job” policy initiative.<sup>14</sup> This policy, coupled with the eligibility of state welfare benefits for employment disruptions due to vaccination, have been effective in increasing vaccine uptake.<sup>15</sup>

Similarly with French Polynesia, initial vaccination uptake was relatively slow. From July 2021 until the end of September, as Covid-19 cases and mortality rates increased, so did vaccination uptake.<sup>16</sup> In an attempt to increase coverage, the government passed legislation that mandated vaccination for healthcare officials and public service providers, effective October 23, 2021.<sup>17</sup> This instigated strong public opposition from protesters against the compulsory vaccination protocol due to fear of future mandates that might address children and non-employees.

There has been positive progress toward herd immunity among most of the PICTs. As of August 2021, two of the PICTs (Niue and the Cook Islands) had reached a vaccination rate of over 95% of their eligible adult population.<sup>18</sup> More recently, Fiji reached over 80% being fully vaccinated.<sup>19</sup> Effective campaigns have helped increase vaccination rates to over 75%

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<sup>14</sup> Ian Kemish, “PNG and Fiji Were Both Facing Catastrophes. Why Has Only One Vaccine Rollout Surged?” SBS News, October 12, 2021 ≈ <https://www.sbs.com.au/news/png-and-fiji-were-both-facing-catastrophes-why-has-only-one-vaccine-rollout-surged/14e501e1-1019-46e0-bc8e-d14f54fcf853>.

<sup>15</sup> Christine Rovoi, “Better Understanding of Covid-19 Vaccine Hesitancy in Fiji Needed for Successful Youth Roll Out—Study,” Radio New Zealand, September 6, 2021 ≈ <https://www.rnz.co.nz/international/pacific-news/450891/better-understanding-of-covid-19-vaccine-hesitancy-in-fiji-needed-for-successful-youth-roll-out-study>.

<sup>16</sup> WHO, “Pacific Covid-19 Preparedness and Response Efforts.”

<sup>17</sup> “Rallies in French Polynesia against Vaccine Mandates,” Radio New Zealand, October 12, 2021, available at <https://www.odt.co.nz/star-news/star-international/rallies-french-polynesia-against-vaccine-mandates>.

<sup>18</sup> On July 9, 2021, Niue reached herd immunity with 97% of its eligible population fully vaccinated. Since then, there has been movement toward vaccinating people from the age of twelve in accordance with approval from Medsafe (the New Zealand Medicines and Medical Devices Safety Authority, a medical regulatory body that provides approval of all medications in New Zealand). Similarly, the Cook Islands reached herd immunity with over 96% of its population fully vaccinated with Pfizer in mid-August 2021.

<sup>19</sup> On October 10, 2021, Fiji reached over 80% of its eligible adult population fully vaccinated. “PM Bainimarama’s Covid-19 Announcement—10.10.21,” Fijian Government, October 10, 2021 ≈ <https://www.fiji.gov.fj/media-centre/speeches/english/pm-bainimarama-s-covid-19-announcement-10-10-21>.



within French Polynesia as well.<sup>20</sup> As for Tonga, Tokelau, and Tuvalu, there have been no recorded Covid-19 cases but all three have progressed well toward their individual immunization targets.

### *Public Health Messaging, Vaccination Hesitancy, and Conspiracy Theories*

Providing accessible and culturally appropriate public health messaging was essential. For some Polynesian countries, this built on messaging from the 2019 measles outbreak in Samoa. According to the WHO, Samoa took a multisectoral approach with community leaders and used education toolkits from the WHO on Covid-19 that were translated into Samoan contexts and language. According to the WHO, Samoa used “strength, local knowledge and collective memory”—this would have been similar in Tonga and other Pacific Island nations who observed the recent measles epidemic in Samoa and realized the vulnerabilities if a Covid-19 outbreak were to occur.<sup>21</sup>

Social media was both a positive and negative tool for communicating messages. According to the Lowy Institute, social media was used as “a frontline tool for government and health agencies.”<sup>22</sup> However, social media also created confusion, misinformation, and distrust. Increased health messaging, including mental health awareness, was, and still is, important, not just in terms of knowledge and prevention of the virus but for people remaining out of work, living with uncertainties, in isolation, and separated families. Thus, information on additional support systems needed to be disseminated appropriately.

The presence of damaging anti-vaccination campaigns and the spread of misinformation on social media can create vaccine hesitancy as confusion, mistrust, and fear is instilled. The relatively slow initial uptake of vaccination within most of the PICTs may have been fueled by such confusion and misunderstanding, including from social media, of vaccination safety and efficacy. A survey undertaken in Fiji indicated that

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<sup>20</sup> As estimated by the French Polynesian Department of Health. “Covid Vaccination Rollout Continues on French Polynesia’s Tuamotus,” Radio New Zealand, September 26, 2021  $\approx$  <https://www.rnz.co.nz/international/pacific-news/452350/covid-vaccination-rollout-continues-on-french-polynesia-s-tuamotus>.

<sup>21</sup> On Samoa, see “Samoa Uses Community Strength, Local Knowledge and Collective Memory to Prepare for Covid-19,” WHO, Press Release, October 28, 2020  $\approx$  <https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/28-10-2020-samoa-uses-community-strength-local-knowledge-and-collective-memory-to-prepare-for-covid-19>.

<sup>22</sup> Alexandre Dayant and Shane McLeod, “Pacific Links: Social Media as a Tool to Protect Health and Economies,” Lowy Institute, Interpreter, April 1, 2020  $\approx$  <https://www.lowyinstitute.org/the-interpreter/pacific-links-social-media-tool-protect-health-and-economies>.

about 68% of Fijian Facebook users and 58% of messaging application users stated that they “frequently” view Covid-19 misinformation on these social media platforms.<sup>23</sup> Another study indicated that 74% of those surveyed used the Fijian Ministry of Health website as an information source, while 73% used social media platforms such as Facebook and Instagram.<sup>24</sup> Social media platforms were reported by many who participated in the study as a source of anti-vaccine messaging. Identifying and correcting misleading information about vaccinations on social media is warranted alongside improving access to information about vaccine safety and efficacy that is meaningful and understandable by local communities in the PICTs.

### *Tracing Capabilities*

Contact tracing may be difficult in the PICTs due to a lack of access to smart phones, Wi-Fi, data networks, and reliable power sources in rural and remote areas. However, some of the PICTs have had successful progress toward establishing their own tracing apps, such as in Samoa. In early September 2021, Samoa formally launched its own contact tracing application in a ceremony at the Samoa Tourism Authority.<sup>25</sup> Australia has provided support to the Fijian government to strengthen health information systems, helping Fijian health authorities improve both vaccine tracking administered via the electronic medical record system Tamanu and the data capture integration and display tool Tupaia.<sup>26</sup> These systems will enable Ministry of Health and Medical Services officials to capture and review immunization coverage at the national, local, and village level to help appraise the management of their vaccination campaigns. Such initiatives have the potential to help inform other public health measures related to the easing (or restricting) of lockdowns and travel restrictions within and between the PICTs.

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<sup>23</sup> John Karr et al., “Covid-19 Awareness, Online Discourse, and Vaccine Distribution in Melanesia: Evidence and Analysis from Fiji, Papua New Guinea, and Vanuatu,” Asia Foundation, 2021 ~ [https://asiafoundation.org/wp-content/uploads/2021/04/Pacific-Islands\\_Covid-19-awareness-online-discourse-and-vaccine-distribution-in-Melanesia.pdf](https://asiafoundation.org/wp-content/uploads/2021/04/Pacific-Islands_Covid-19-awareness-online-discourse-and-vaccine-distribution-in-Melanesia.pdf).

<sup>24</sup> Fiji Women’s Rights Movement, “Rapid Assessment: Fijian Women’s Perceptions of the Covid-19 Vaccine,” June 28, 2021 ~ [http://www.fwrn.org.fj/images/covid19/rapidassessment\\_womencovid19vaccines.pdf](http://www.fwrn.org.fj/images/covid19/rapidassessment_womencovid19vaccines.pdf).

<sup>25</sup> Madeleine Keck, “How Successful Is the Covid-19 Vaccine Rollout in the Pacific?” Global Citizen, September 2, 2021 ~ <https://www.globalcitizen.org/en/content/covid19-vaccine-rollout-pacific>.

<sup>26</sup> Department of Foreign Affairs (Australia), “Access to Information Accelerates Fiji’s Covid-19 Vaccine Roll-Out” ~ <https://indopacifichealthsecurity.dfat.gov.au/access-information-accelerates-fijis-covid-19-vaccine-roll-out>.

## *Repatriation and Quarantine Facilities*

Given high migration numbers from the PICTs to Pacific Rim countries, the pandemic is both a domestic issue for the PICTs and an international health emergency, with tens of thousands stranded overseas because of border closures. This is worrying as reports have documented higher risks of Covid-19 for Pacific Island people; in some cases, these have been described to be ten times the rate of other ethnic groups.<sup>27</sup> Overseas temporary labor migrants, diaspora, and those visiting friends and family overseas were left in a vulnerable situation with limited support in foreign countries. The priority of ensuring the safety of those within borders took priority over repatriating citizens. Prior to the pandemic, the PICTs also relied on neighboring states for specialized medical care. Since the pandemic, some neighboring countries have sent healthcare officials, but generally, resources to repatriate, test, and quarantine have been limited and impacted repatriation decisions.<sup>28</sup>

Repatriations have been undertaken cautiously, often with quarantine and testing completed on both sides of travel for up to 21 days. In many cases, flights have been changed or canceled, which alongside large numbers of people trying to return home and limited available quarantine facilities, has created significant pressures on both host countries, the PICTs, and families. An example of this was requests from Pacific seasonal workers and their employers in New Zealand for the PICT governments to do more to support their citizens abroad, as the financial and emotional toll of being stranded in New Zealand was high.<sup>29</sup> In fact, when both Australia and New Zealand restarted their Pacific seasonal worker programs, Tonga could not participate in New Zealand's scheme as there had to be a clear pathway home for anyone that came over. Given the limitations of Tonga's repatriation and quarantine systems, Tonga could not meet New Zealand's new requirements.<sup>30</sup>

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<sup>27</sup> Lagipoiva Cherelle Jackson, "Pacific Islanders in U.S. Hospitalised with Covid-19 at Up to 10 Times the Rate of Other Groups," *Guardian*, July 26, 2021 ~ <https://www.theguardian.com/world/2020/jul/27/system-is-so-broken-covid-19-devastates-pacific-islander-communities-in-us>.

<sup>28</sup> New Zealand and Australia have sent healthcare workers to the PICTs. For French Polynesia, healthcare workers have been sent from France. However, there have been challenges with France providing timely support in terms of human resources.

<sup>29</sup> "RSE Workers Stranded in NZ: 'Tonga Needs to Look After Its Own Citizens'—Employer," Radio New Zealand, August 26, 2020 ~ <https://www.rnz.co.nz/news/country/424500/rse-workers-stranded-in-nz-tonga-needs-to-look-after-its-own-citizens-employer>.

<sup>30</sup> Tonga continued to participate in Australia's seasonal worker programs as that restriction did not apply. See "Tonga Declines New RSE Scheme Programme in NZ," Radio New Zealand, Checkpoint, February 2, 2020 ~ <https://www.rnz.co.nz/national/programmes/checkpoint/audio/2018781996/tonga-declines-new-rse-scheme-programme-in-nz>.

Repatriation and quarantine resources and management is an ongoing, evolving situation. With large numbers in the region becoming vaccinated, numbers returning home to the PICTs may increase, although continued monitoring and evaluation of the threat posed by the virus will remain.

### *Conclusion*

Covid-19 cases and mortality rates have differed across the selected PICTs—the Cook Islands, Fiji, French Polynesia, Niue, Samoa, Tokelau, Tonga, and Tuvalu—with Fiji and French Polynesia being among the worst-affected compared with Tonga, Tokelau, and Tuvalu, which have reported no cases to date. There have been various response measures across the selected states, with international border closures and national lockdowns exercised at stages across all the PICTs. Vaccination rates have increased over time, with some of the PICTs already reaching herd immunity, although misinformation and vaccine hesitancy remains an ongoing issue. Going forward, efforts to improve vaccination rollouts among the PICTs may require a multifaceted approach, including the distribution of culturally appropriate information about vaccine safety and efficacy across multimedia platforms, coupled with government welfare and employee initiatives to improve vaccination rates. Poor health infrastructure and limited resources have influenced issues with reporting, monitoring, and inadequate quarantine facilities, therefore impacting repatriation decisions of the considerable populations of PICT citizens abroad. In the meantime, ongoing financial and infrastructure support from neighboring donors and international partners will continue to help the PICTs address these issues in combating the virus. ♦