Hanns Seidel Stiftung

27 AMEZ – Argumente und Materialien der Entwicklungszusammenarbeit

Institut für Internationale Zusammenarbeit

Susanne Luther (Hrsg.)

ASIA FIGHTING COVID-19

A special edition with nine selected country cases

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Impressum

ISBN	978-3-88795-609-7
Herausgeben	Copyright 2021, Hanns-Seidel-Stiftung e. V., München Lazarettstraße 33, 80636 München, Tel. 089/1258-0 E-Mail: info@hss.de, online: www.hss.de
Vorsitzender	Markus Ferber, MdEP
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Leiterin des Instituts für Internationale Zusammenarbeit	Dr. Susanne Luther
Redaktion	Rotkel. Die Textwerkstatt
	Kontakt zur Redaktion: iiz@hss.de
V.i.S.d.P.	Susanne Hornberger
Redaktionsschluss	09.12.2021
Druck	Hausdruckerei der Hanns-Seidel-Stiftung
Titelbild	TZIDO SUN / Shutterstock

Weitere Exemplare können über die Hanns-Seidel-Stiftung, Lazarettstraße 33, 80636 München,
E-Mail: publikationen@hss.de, bezogen werden.

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Preface

|| Markus Ferber

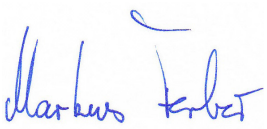
Asia is the world's largest and most populous continent. Its geostrategic importance for the European Union can be seen by the fact that the EU has entered into four bilateral strategic partnerships within the region, namely with China, Japan, India, and South Korea. It signed an additional partnership with ASEAN in December 2020 and published a new Indo-Pacific Strategy in September 2021. Asia not only plays a vital role in our economic future, but it is also and must be a strong partner, if we want to achieve successful outcomes in terms of the important challenges of our time.

With climate change, terrorism, and cyber-attacks, we all face great threats which do not stop at country borders and which cannot be overcome by closing such borders and focusing exclusively on narrow national interests. The current pandemic has once more proven the interconnectedness of our world. In 2020, the new coronavirus spread rapidly around the globe, with almost every country quickly reporting cases.

However, although the virus caused the same disease in each country, there were vast differences between countries in terms of how they reacted, which counter-measures were taken, how the virus spread through society, and in all likelihood, what the long-term consequences of the pandemic will be. Therefore, we decided to take an in-depth look at the situation of eight different countries in Asia and examine how they reacted when they were hit by the first wave of the virus, and sometimes a second wave.

We asked experts, who have followed the spread and the consequences of COVID-19, to analyse the success and failure of different strategies and to point out potential short-, medium-, and long-term consequences of the virus in the respective country and region. Each country report is a snapshot of the unfolding situation when the article was written. As we all know, the fight against COVID-19 is not over yet and even when numbers are dropping sustainably and continuously, new challenges will arise. The countries featured in this publication are China, India, Kyrgyzstan, Mongolia, Philippines, Thailand, South Korea, and Vietnam, and a final chapter will point out the likely consequences of the pandemic for Asia–Europe relations.

I hope this provides you with new insights and an interesting read as you follow the COVID-19 waves in Asia.



|| **Markus Ferber, MEP**

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China was the first country exposed to the peculiarities of COVID-19. In early 2020, the city of Wuhan and the Hubei Province suffered tremendously from the system's initial unpreparedness and involuntarily emerged as a testing ground for measures to contain the pandemic. Since then, the arsenal of measures used to win the "people's war" whenever single cases that occur somewhere in China has been refined and applied successfully. This article gives an overview of these at times draconian measures and discusses their social, economic and political impact.

Keywords:
China – COVID-19 – zero COVID – Wuhan – quarantine rules

COVID 19 in China – From Chernobyl Moment to Party State Victory?

|| Prof. Dr Doris Fischer

At the end of 2019, news emerged from China about an unknown virus spreading in Wuhan. In less than two months, it became evident that the virus was expanding globally. Ever since, the world has been struggling to limit the pandemic and its impact on societies, economies, and politics around the globe. Meanwhile, China has been able to contain the pandemic by turning the country into an island-like fortress: difficult to visit but relatively safe within its borders. Much of the media coverage regarding China's role in the pandemic circulates around the origin of the virus, the country's official communication strategy in the early weeks of the crisis, and the government's more recent advances in mask and vaccine diplomacy. Less attention has been given to the Chinese government's instruments to fight the virus and limit its social, economic, and political ramifications.

This article does not try to solve the question of the virus's medical and regional origin, nor will it discuss issues of appropriate treatment. Instead it is interested in how the Chinese government and society addressed the challenge and which steps were taken to cushion the pandemic's impact. This task is far from easy, as the Chinese government on the one hand communicates intensively about infection cases and policies, but on the other hand restricts the extent to which independent media can report on the issue. These constraints make it difficult to assess or discuss the efficacy and efficiency of different measures taken, not least because research mobility is also restricted. Furthermore, the virus emerged in China at a time of deteriorating US–China relations in the context of their bilateral trade conflict. Mutual perception of the efforts taken to combat the crisis is framed against the background of this ongoing conflict, thereby at times casting doubt on the reliability of judgements, data, and reports.

Coronavirus pandemic unfolding in China

The exact start of the pandemic in China and the origin of the virus are still heavily contested. However, it is safe to say that news about a new infectious disease spreading in Wuhan and the surrounding Hubei Province circulated in China in December 2019. International news coverage started at the end of that month. The Chinese government had officially acknowledged the circulation of a novel coronavirus by January 8, although some reports show that the central government had been informed earlier (Financial Times, February 16, 2020). The WHO was formally notified on January 11 (Osterholm & Olshaker, 2020). Initially, human-to-human transmission was not officially confirmed, regardless of the warnings of – among others – the by now famous doctor Li Wenliang who had alerted colleagues but was silenced by local authorities soon afterwards. Also, the information that the virus can be transmitted by infected people who do not show symptoms was not officially confirmed early on. The delay of this information contributed to tragic developments in Wuhan, as the local government proceeded with a banquet for several thousand

people related to the upcoming Spring Festival. This festivity seemingly became a superspreader event that triggered the fast expansion of the coronavirus in Wuhan (AP, April 15, 2020). After human-to-human transmission was finally confirmed on January 20, national and international travel was suspended from and to Wuhan on January 23. A quarantine was imposed first on the city's population and expanded within two days to Hubei Province. At the time (Jan. 23), Wuhan and Hubei reported a death toll of 18 people (Reuters, 2020). Over the following weeks and months, the city of Wuhan and Hubei Province saw a dramatic rise in infections and deaths, which eventually led to an extension of the strict local lockdown regulations until April 8. By the end of the lockdown, 81,865 people had been diagnosed with a coronavirus infection, of which 64,187 cases had occurred in Hubei Province. The total death toll had increased to 3,335 nationally, including 3,215 deaths in Hubei, of which 2,574 were counted in Wuhan (NHC, April 9, 2020).

The travel restrictions in January 2020 came too late to prevent the virus from spreading nationally and internationally, as many people had already left Wuhan to visit their families and hometowns or to spend holidays abroad over the Spring Festival (Liu & Wang, 2020). Because the virus was allowed to escape Wuhan and Hubei before their lockdown, other provinces also soon saw their numbers of infections rising. Therefore, the city of Shanghai and other provinces decided to extend their Spring Festival holidays to prevent people from returning to work. Over the following weeks, more and more places in China practically cordoned people off from their environment and forced them to stay at home. In total, for a period of several weeks, several hundred million people were largely staying at home. In most regions except Wuhan and Hubei, restrictions were eased in March, while testing, tracing, and isolation measures (see below) remained in place. Since spring 2020, temporary lockdowns have been imposed locally whenever a city district, a city, or township recorded new infections. While in most places, lockdowns were implemented to prevent people from leaving the area, Beijing, the capital, has repeatedly restricted entry of people from other places to prevent infiltration of infected persons.

The official total number of infections in China stands around 100,000 cases by the time of writing, with an accumulated death toll of 4,800 persons, according to the Johns Hopkins Coronavirus Resource Center statistics. Most of the infections and deaths date back to the first four months of 2020. As a result, China is today among the countries with low infection rates and a low aggregate number of coronavirus deaths. It has been argued that the data reported by China is not fully comparable with other countries, as there have been questions regarding China's counting and reporting of infected persons without symptoms. Still, a massive second or third wave of infections has not occurred in China so far. Such a wave would have been impossible to hide and would have prevented the government from loosening most restrictions, as has been the case since the summer of 2020.

Measures to fight and contain the virus

If the Chinese government initially had been reluctant to communicate the danger of the virus, it changed its approach dramatically in late January 2020. In February, Party Secretary Xi Jinping declared that the country was at war with the virus and would do everything to eradicate it (Xinhua News Agency, October 02, 2020). Ever since then, the fight against the coronavirus and its resurgence has been the government's priority. The underlying target of this "people's war" is to suppress the virus by all means rather than finding a way to live with it. Formally, the draconian measures taken to fight the pandemic were based on the existing "Law on the prevention and control of infectious diseases and regulations applying to sudden public health emergencies". While these rules served as the

initial playbook for the fight, implementation has become more refined over time.

The measures taken by the government to combat the virus can be divided into five categories: first, hygiene rules; second, measures of testing, tracing, and isolation and related precautionary measures to prevent the transmission of infections; third, measures added during local lockdowns; fourth, measures to defend China against the import of infections; and – last but not least – vaccination. The central government plays an important role in defining the strategy and coordinating efforts, which for example, included the mobilization of military support for Wuhan under the lockdown. However, regardless of the central government's war rhetoric attached to the fight against the virus, the actual measures taken are often defined locally. Still, the central government casts a permanent shadow that is strongly felt by local governments, especially since some Wuhan decision-makers were ousted due to their alleged failure to handle the – by then – still unknown infectious disease properly in late 2019 and early 2020 (Myers, 2020).

Hygiene rules

General hygiene rules in China do not differ from those recommended in other countries. At the individual level, hand disinfecting and distance-keeping form part of the rules, as does the wearing of masks in public. Regarding the latter, China profited from a high level of acceptance. While people in Western countries initially rejected mask-wearing and only reluctantly adapted to it after the pandemic expanded across the US and Europe, Chinese people – as many of their Asian counterparts – turned to mask-wearing without much protest. This willingness to use masks has alternatively been attributed to the Chinese experience with SARS in 2003 and to social habits that prescribe mask-wearing as a gesture of respect towards other people (Zheng, 2020).

Test, trace, and isolate

COVID-19 differs from other coronaviruses such as SARS because contagion is possible via infected people who have no or only mild symptoms. This fact was not known at the outset but gradually came to be acknowledged as the pandemic unfolded after January 2020. Once this specific feature of COVID-19 became obvious, the Chinese government started to build up large-scale testing capacity (AlTakarli, 2020). Soon, mass testing became an important instrument whenever a cluster of local infections was detected. One of the first such mass testing initiatives was organized in Wuhan. It aimed to identify and isolate all those who had an active infection. Similar mass testing campaigns have since been undertaken after local outbreaks, for example, in Kashgar, Tianjin, Beijing, Shenzhen, Guangzhou, and Dongguan.

The detection of infections and clusters often emerges from routine testing at workplaces, airports and train stations, and community entrance checkpoints. Anyone with a positive test is immediately isolated and their itinerary and contacts traced (WHO, 2020). Even single cases are reported in detail in the media. While the infected person's name is not fully published, detailed information is usually provided regarding the person's whereabouts in the days and hours before the test. The information allows other people to assess whether they might have been in contact with the respective person and may prepare them for changes in their status and code (see below). Such detailed information can only be provided as long as the number of infections is low and tracing is still possible. This has been the case in China since the lockdown ended in Wuhan and Hubei. The war-like defence against the virus and massive mobilization of human resources once a cluster of cases erupts has prevented infections from expanding to a scale where tracing would no longer be possible.

Testing activities are not limited to coronavirus tests in the narrow sense. A specific

instrument of the Chinese approach against the pandemic has been the use of public fever screening. At train stations, hospitals, and roadside and community checkpoints, "thermometer guns" would be pointed at a person's forehead for an infrared-based temperature check (Yaffe-Bellany, 2020). People with a temperature above normal levels would be isolated (see below). Whether temperature screening has been an effective instrument in the fight against the COVID-19 pandemic is unclear. Even though China's overall strategy to fight the pandemic has been successful, the thermometer guns have been criticized for their low level of accuracy. More importantly, contagious persons without symptoms can hardly be identified with this method. The ubiquitous temperature screening most likely had the primary purpose of demonstrating government action and acting as a constant reminder for the Chinese people of the virus's danger.

As in other countries, tracing is partly based on interviews with infected persons to identify past contacts. On top of this, however, tracing efforts are supported by digital technology and obligatory smartphone applications. These apps generate green, yellow, or red QR codes depending on the travel itinerary and health data of the smartphone user. A green code is generated if the user has not recently been in any place associated with an outbreak or in close contact with an infected person. A yellow code indicates recent contact with an infected person, and the red code indicates that a smartphone holder is an infected person. How these codes are generated is not fully transparent, but the traffic light system is used to define access to public transport and other facilities for which a green code is necessary (Ricci, 2021). Data collected via the QR code checks at the community level is aggregated into a big data analytics system which the government and supporting ICT firms use to estimate the risk of infection within local communities, and to identify close contacts of diagnosed persons and initiate quarantine accordingly (Boeing & Wang, 2021). Inconveniently, in addition to a national app, local governments often demand QR codes based on local tracing applications, thereby forcing travellers to install a variety of apps on their devices.

Isolation rules usually distinguish between coronavirus patients, suspicious cases, undefined cases, and close contact persons. Based on their respective status, people are either hospitalized or quarantined in specific observatory isolation wards erected in the vicinity of hospitals (Feng, 2020). While quarantined, each person's health condition is closely monitored by local health officers. If people develop symptoms while being observed during isolation, they are immediately transferred to the hospital. Isolation ends on the condition that repeated tests have been negative. The duration of these measures is defined by local health organizations but requires permission from the next-tier, higher government levels for implementation.

Isolation at home is the exception and only permitted for vulnerable people who need special support. The limited use of isolation at home is based on Wuhan's experiences in early 2020. At the time, it became obvious that many infections were transmitted within families because infected persons had been sent home for isolation when hospitals were overwhelmed. Isolation in dedicated observation centres also reflects a specific trait of the Chinese health system, which lacks a system of individual general practitioners. It mostly relies on hospitals, to which people turn with all their health problems. As a result, in the early days of the pandemic in Wuhan, even people with minor and unrelated symptoms would crowd the hospitals' ambulances. These crowds most likely contributed to the fast increase in infections.

Lockdown

There is no clear international definition or unified understanding of the word lockdown. In China, Hubei Province and its capital, the city of Wuhan, were arguably the only

locations that experienced an extended and severe lockdown. For 76 days, the city government "banned all unauthorised public and private transportation and urged residents to avoid unnecessary transfers in and out of the city" (Boeing & Wang, 2021, p. 343). In essence, most residents had to stay within their apartments and gated communities. Firms and shops were closed, as were restaurants, kindergartens, schools, and universities. For those people who had to leave their communities, the measures of testing and tracing described above were strictly applied at community bloc entries.

Nationally, the lockdown was also implemented via a reduction in public and private traffic, but the restrictions on individual mobility were shorter and, on average, less severe. The national lockdown was mainly implemented by way of an extension of Spring Festival-related production and school holidays. As a result, hundreds of millions of people, including migrant workers, expanded their stays at home, while many white-collar professionals had to switch to the home office. Production activities started to resume in March, though many companies faced problems initially: supply chains had been interrupted, partly because of the extended halt in production in the industrious Hubei Province. In addition, migrant workers were reluctant to return to work as long as the pandemic situation remained volatile. Schools remained closed until summer and switched to online teaching, as did universities. Some of the latter imposed restrictions on their students, requiring them to stay within the confines of their campuses even after the lockdown measures were eased for their teachers and the rest of the cities.

China's approach to lockdown management is based on existing structures of community governance. While traditional socialist practices of spatial social management and control – such as the units (danwei) and the household registration system (hukou) – had lost relevance over the decades of economic reform, the society today is spatially divided into grid zones which are closely monitored by grid managers supported by digital technology; the idea is that the close monitoring of the zones helps to detect problems, and safety and hygiene issues (Tang, 2020) early on. This grid management has been instrumental for the supervision of lockdown measures and is further supported by the tradition of encircling neighbourhoods with walls or fences. Through the combination of physical boundaries, digital surveillance and community managers, China has an effective system in place to restrict mobility of residents, erect health checkpoints and distribute goods to people confined in their flats (Wei et al., 2021).

Control of infection import

Another crucial aspect of China's pandemic response is the strict limitation on international mobility. Initially, the Chinese government did not close international airports and borders to prevent the spread of the virus beyond China. However, since travel restrictions were imposed in February 2020, these have only cautiously been adapted. Measures to prevent the import of coronavirus to China are manifold. With regard to the mobility of people, examples include limits to the number of permitted international flights at Chinese international airports, restrictive visa policies, extensive quarantine rules, and the construction of a wall.

These measures target and hurt different groups of travellers in discrete ways. The radical reduction of international flights imposed in 2020 was mainly directed at Chinese nationals because the limitations made flight tickets prohibitively expensive, thereby making it unattractive, if not unaffordable, for the hundreds of thousands of Chinese students abroad to return home for holidays. Visa policies are directed against the mobility of foreigners. In spring 2020, the Chinese government declared all existing visas of people outside China as invalid, a rule that left numerous foreigners employed

in China stranded abroad after their Spring Festival holiday. Ever since then, foreign residents working in China have refrained from leaving the country as they might not be able to return. Visa restrictions have subsequently been selectively adjusted for foreign managers and teachers at Chinese institutions. Still, tourists, researchers, and journalists as well as students, in general, are not granted a visa. At the time of writing, it is not clear when the Chinese government will lift restrictions on international mobility. Arguably the Chinese declaration of war on the virus implies that any larger outbreak equals a defeat. As a result, reports on locally detected cases of infection highlight incidences of imported infection. The resulting suspicion against travellers from abroad will make it very difficult for the government to relax the restrictions.

Quarantine rules seem not to differ much for Chinese nationals or foreigners entering China. They include strict testing requirements, both before boarding a flight to China and upon arrival in China. Regardless of test results, everyone arriving in China is subject to a two- or three-week quarantine stay in a designated location at the place of arrival. Travellers who afterwards continue their itinerary to another province usually face another two weeks of quarantine at the destination. Quarantine stays involve regular temperature checks and testing. Positive tests at any stage of the process can lead to extended hospitalization. Some foreign governments have openly criticized the treatment of travellers under China's quarantine rules and discourage people from travelling to China (The Economist, 2021).

A more recent attempt to control the import of the pandemic to China is the construction of a barbed-wire fence along the China–Myanmar border (Global Times, 2021). China has borders with numerous neighbouring countries, but in many cases, it is not easy to trespass beyond the official crossings and, arguably, there is also little incentive to do so. The Myanmar case is different because Chinese nationals have established vibrant settlements beyond the border over the past years. The formal restrictions on immigration seem to have encouraged informal crossings, resulting in the import of infections.

Vaccination

Vaccine development has been an integral part of the Chinese pandemic strategy. The Chinese government and companies clearly hoped to excel in the global competition around vaccine development and to demonstrate the country's capabilities in the health industry. The strategy has been successful insofar as China was among the first countries to develop reliable vaccines. Although the Chinese vaccines provide a lower level of protection against infection, they are said to offer reliable protection against severe occurrences of the disease. Again, disputes have emerged regarding the transparency of the vaccine-related data and studies, and – as a result – also regarding their effectiveness (Mallapaty, 2021). Nevertheless, the Chinese government endorsed the homegrown vaccines for use within China as well as for export, whereas it has been reluctant to admit foreign vaccines for use in China. Even though China preceded other countries with both the production and export of vaccines, the vaccination rate in the country was lagging behind major European countries and the US at the time of writing.

Conclusion and outlook

China was the first country exposed to the peculiarities of COVID-19. Wuhan and Hubei initially suffered from the system's unpreparedness and then involuntarily emerged as a testing ground for measures to contain the pandemic. China developed its strategies based on experiences from the SARS pandemic in 2003 and painful lessons learned in the first months of 2020. Thereby, China emerged as one of the few countries to have evaded further larger waves of the pandemic so far; the pandemic's death toll is very low

in international comparison, especially since the end of the first wave. While the origin of COVID-19 remains a contentious topic in global politics, and China is criticized for its related information policy, there is plenty of evidence that few countries were well prepared to face the virus initially. In comparison, China's war against the virus and the draconian measures taken whenever COVID-10 recrudesces somewhere in the country have been rather successful in preventing another larger outbreak.

Nevertheless, Western democracies have been reluctant to copy the Chinese approach or to acknowledge lessons learned from the early experiences in Wuhan. The causes for this reluctance are manifold and include, for example, ignorance regarding the health expertise existing within the country, naïve belief that the virus would only hit economically less developed or socialist countries, blindness induced by geopolitical factors, and rational acknowledgement of the Chinese health system's peculiarities. Regarding the latter, lockdown surveillance of the kind facilitated by grid management would hardly work in liberal democracies and few countries have the resources and political environment that would allow border control and quarantine rules as restrictive as in China. In addition, lack of transparency concerning the implementation of some of measures, pervasive censorship of Chinese media, and the fate of some city journalists and whistleblowers who documented the pandemic in Wuhan cast doubt on the validity of China's approach.

In economic terms, China suffered considerably in the first quarter of 2020, when production and service industries bore the brunt of the lockdown. The annual GDP growth rate plummeted to 2.3% in 2020, compared to 5.8% in 2019 (International Monetary Fund [IMF] Data). However, in international comparison, this dip was moderate as many other economies featured negative real growth. China's economic rebound largely relied on increased government investment in the second quarter of 2020; private consumption only recovered later in the year. In addition, an increase in exports of products related to the pandemic, such as personal protective equipment, masks, and home office-related technology products supported the recovery (IMF, 2021). Still, the economic impact of the pandemic is obvious in China, too. First, small and medium enterprises in the service sector, especially all those related to tourism and travelling, have been struggling because they feel the impact of mobility restrictions most directly (Abiad et al., 2020). In addition, the lockdowns, both in Wuhan and Hubei at the onset of the pandemic as well as those occasionally imposed later in 2020 and in 2021, put global supply chains under stress. China is a global industrial production hub and a crucial link in many global supply chains. Therefore, interruptions to supply chains caused by local lockdowns, such as the temporary closure of a container harbour in mid-2021, inevitably harm customers as well as producers abroad and in China (Xie et al., 2021). In contrast, internet platforms and delivery services in China were among the winners of the pandemic.

Politically, the Chinese government so far seems to have gained from the pandemic, at least at home. While it had to face criticism in Chinese social media in the first months of 2020, this criticism has mostly disappeared due to related censorship regulations. However, the reduction of criticism is not fully explained by increased censorship. Anecdotal evidence, as well as media reports, suggests that the success in suppressing the virus following the first wave has gained the government much support, not least because other countries have in the meantime been struggling with a second, third, or even fourth wave and have been much less successful in limiting the number of corona-related deaths. Internationally, the pandemic has so far not enhanced China's global image. The government is going to great lengths to ensure that China is neither blamed for the COVID-19 outbreak nor associated with being the country

of the virus's origin. It also has placed considerable efforts into so-called mask and vaccine diplomacy. While some countries welcome these supplies, the offerings are rarely donations. Most importantly, the mentioned factors of the effectiveness of Chinese vaccines and a lack of transparency regarding related data have made it difficult for the government to translate these supplies into reputational gain.

The long-term impact of the pandemic is difficult to forecast. The Chinese government will most likely continue to pursue a zero-COVID strategy, if only because it is difficult to back-peddle after declaring war on the virus in 2020. Whether this will continue to be a successful strategy is contingent on many factors: whether vaccination success in other countries allows for fewer travel restrictions there, whether China can contain the more contagious delta variant via its now standard practices of massive testing and draconian local lockdowns, and also whether new, more aggressive variants emerge. The impact of the ongoing border closures and travel restrictions is less obvious, but may be more severe in the long run. Such measures prevent direct contact between the Chinese and people outside China, which is already contributing to a resurgence of prejudices on all sides and a lack of mutual understanding. Unfortunately, this does not bode well for future international relations with China.

|| Prof. Dr Doris Fischer

Economist and Sinologist with 30 years of experience in academic research, teaching and consultancy on China's economy. Doris Fischer has done extensive research on competition, regulation and industrial policies in various sectors focusing amongst others on the rationale of Chinese economic policies and resulting incentive structures of economic actors. Her current research follows three larger topical areas: First, furthering the understanding of China's innovation system(s) and industrial policies; second, the role of entrepreneurship and local actors in China's transition to a new growth model; third, challenges arising from China's economic growth and the so-called China model for other countries and global development.

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This article was submitted on 6 July 2021

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Mongolia: The New Virus's Containment, and its Social and Political Consequences

This report is a short analysis of Mongolia's response to the COVID-19 pandemic. I used the available online government and international resources to formulate an update on the measures taken by the government to battle this disease, assess the government's strategy towards the coronavirus, provide a brief description of the economic and social impact of the pandemic on the population, and outline future steps that Mongolia needs to take to finally recover.

Keywords:
COVID-19 – coronavirus – pandemic – Mongolia – emergency response – vaccination – containment – socio-economic impact

Mongolia: The New Virus's Containment, and its Social and Political Consequences

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Brief facts about Mongolia

Mongolia is a landlocked country in the north-east of Asia with a population of 3.3 million, spread across a vast area of land equal in size to Western Europe (1.5 million square km). The country borders Russia in the north and China in the south. In Mongolia, the climate is severe continental with long, cold winters and short, warm summers.

Around 45% of the population lives in the capital city Ulaanbaatar and the rest resides across 21 provinces. Approximately 30% of the population are nomadic herders. The economy of Mongolia is traditionally based on agriculture and livestock. It is ranked as a lower-middle-income country by the World Bank and in 2020 its GDP was US$12.9 billion and the GDP per capita was US$4,020.[1]

1. Introduction: a short overview of the progression of COVID-19 in Mongolia

In the year between March 2020 and March 2021, the total number of registered COVID-19 cases in Mongolia reached 6,693, with six cases of death.[2] Of all cases, 92% (6,157) were the result of community transmission and only 8% were imported. In addition, 84% (5,607) of all cases were detected in Ulaanbaatar, with the other cases being reported in 13 provinces.

Here is a short summary of the progression of COVID-19 in Mongolia:

- COVID-19 first emerged in China in December 2019. In Mongolia, the first public precautions were introduced by the Ministry of Health (MoH) on January 6, 2020.

- On 13 February 2020, the Mongolian government declared a State of High Preparedness. All passenger trains and flights between China and Mongolia were suspended. Kindergartens, schools, universities, and vocational and training centres were closed. The celebration of the Mongolian Lunar New Year was also cancelled.

- The first case in Mongolia was registered on March 10, 2020 when a foreign citizen visiting the country tested positive. The government closed its borders with the rest of the world, with the exception of Mongolian nationals arriving through special flights chartered by the government. Hygiene protocols were adopted and all citizens were required to wear masks, have their temperature checked when visiting public places, keep physical distance, and wash their hands regularly. Exports of coal and crude oil were briefly stopped between February 10 and March 2, 2020 to minimize the risk of infection of truck drivers over the Mongolia–China border.

- The government suspended community activities including meetings, training, sport competitions, and cultural activities. Nightclubs, karaoke bars, and temples were banned from operating, and cafés and restaurants were instructed during to close at 10:00 p.m. rather than the usual 12:00 a.m.

- In April 2020, the government announced economic and social measures to fight the COVID-19 pandemic. The measures included income tax breaks for business entities and individuals working in the private sector and increasing allowances and cash handouts for vulnerable groups.

- Starting in May 2020, Mongolia began gradually easing restrictions. Businesses resumed their operations although mass gatherings were still prohibited. International flights and travel were still banned and the schools remained closed until the end of the academic year.

- By early November, a total of 374 cases of coronavirus infections had been registered in Mongolia. All were imported by citizens coming from abroad.

- The first case of community transmission was reported on November 10, 2020 and the government imposed a complete lockdown on November 11, 2020. There were a total of three lockdowns between November 2020 and February 2021.

- In February 2021, a mass testing campaign "One door – one test", was launched in Ulaanbaatar. A total of 442,300 tests were conducted and 176 new cases were detected. The same kind of mass testing had already taken place earlier in November 2020 in Darkhan, the second largest city in Mongolia.

- On February 23, the government lifted the strict lockdown in Ulaanbaatar and allowed 95% of all business activities to reopen. On the same day, the government began its vaccination programme. By the end of March 2021, 269,400 people (13.37% of all planned vaccinations) had received their first injection, with the intention that 60% of the total population will be vaccinated by July 2021.

- However, the situation began to rapidly deteriorate, and the number of new cases began to grow. On March 26, 437 new cases were reported, the highest number per day since the start of the outbreak. The government is now considering, at the time of writing, imposing a new national lockdown in April 2021, to control the surge of new cases.

2. Fighting the pandemic

Government strategy

According to the Disaster Protection Law, the National Management Agency (NEMA) and the State Emergency Committee (SEC) are authorized to direct emergency policies and measures. The legal enforcement of precautionary measures led by SEC enabled a unified and focused administration of COVID-19 disaster management.

The Mongolian government worked closely with the World Health Organization (WHO) to develop early interventions. By early January 2020, Mongolia had initiated countrywide control measures according to its disaster preparedness legal framework. On April 29, 2020, the Mongolian parliament adopted the Law on COVID-19 to prevent, protect, and mitigate the health and socio-economic impact of the pandemic. This authorized the government to regulate quarantine, traffic movement, and other public safety measures to stop the spread of the virus.

Strict implementation of social distancing, mobility restrictions, and quarantine measures have helped Mongolia contain the worst health effects of the COVID-19 pandemic.

Mongolia's healthcare system[3]

The efficiency of the emergency response in managing this disease greatly depends on how the healthcare system will cope following a widespread outbreak. Mongolia is currently undergoing a health system reform nationally, with primary care and secondary care centres well established. There are approximately 12,000 doctors nationwide, resulting in one physician for 283 citizens, and more than 20,000 mid-level health workers of which more than 12,000 are nurses; this high ratio of doctors to patients is also a health system legacy from the socialist era.

Although the general infrastructure and facilities are largely inadequate and often not well equipped, Mongolia's intensive care unit capacity is remarkably higher than most other low-to-middle-income countries (LMIC). With a total of 349 intensive care unit beds and 443 critical care ventilators in 70 intensive care unit facilities countrywide, this translates to approximately 11 intensive care unit beds per 100,000 inhabitants.

Prevention and containment measures

The government announced various measures to control the outbreak. These included suspension of all international flights and passenger trains. Various businesses were closed, including temples, night clubs, gyms, and cinemas. All public events including conferences and sporting and cultural events were cancelled, while all educational institutes were closed until May 30, 2020. Citizens were prohibited from travelling to the countries affected by the outbreak and all travellers from abroad were subject to a 21-day quarantine and one week of home isolation, which later changed to 14 days of quarantine.

Hygiene and safety protocols

Starting in February 2020, the government began enforcing strict hygiene and safety protocols. Under these new rules, citizens were required to wear masks, keep a physical distance of 1.5 metres from each other and have their body temperature checked when visiting public places (shops, trade centres, business offices) and when entering the capital city and provincial centres.

All business offices, trade centres, and other public places were required to follow safety and hygiene protocols such as cleaning and disinfecting every day, of all shared rooms, surfaces, floors, and bathrooms, as well as proper ventilation of rooms, and requiring staff to wash their hands regularly and wear masks and gloves. Offices shifted their employees to working remotely and developed work schedules so that employees would work at the office only if necessary and only if the office is less than 30% full.

Media coverage

The Mongolian media, because of the country's close proximity to China, began to pay attention to reports on the COVID-19 outbreak in Wuhan earlier than the media of most other countries. The media relayed precautionary messages issued by the MoH, which warned the population to limit any non-essential travel to China, avoid meat markets, wash hands with soap, wear face masks, and stay at home. From February 2020, the MoH began holding daily press briefings about the current situation on COVID-19.

The Mongolian media's coverage of the coronavirus crisis has been based almost exclusively on official sources. Government warnings of legal action against anyone found guilty of disseminating disinformation have led journalists to adopt a cautious approach, resulting in self-censorship.

Closing of educational institutions

All schools, colleges, universities, and other educational organizations were first closed on January 27 until 2 March 2020. The ban was later extended until the end of the academic year. All children switched to TV lessons and online learning. On September 1, the schools opened again, but due to community transmission cases in early November, they

then shut down again. By March 1, 2021, all rural schools reopened and began classroom learning. However, due to the serious COVID situation in Ulaanbaatar, the city government hasn't yet decided to reopen their schools.

Repatriation flights

As a result of travel bans, thousands of Mongolians in foreign countries were stranded, the only option being to return on government-chartered evacuation flights or by designated entry points on land. Evacuation flights were restricted to 900 passengers per month due to multiple factors, including the limited availability of quarantine camp accommodation and a shortage of flight crew (as they were isolated along with incoming citizens). The State Emergency Committee prioritized people with serious health conditions, infants and children, older people (>60 years), and women in the late stages of pregnancy for such evacuation flights. The government cancelled repatriation flights during the lockdowns, but resumed them again as soon as the ban was lifted.

Most charter flights took place to and from five main destinations: Japan, Korea, Germany, Turkey, and Kazakhstan. By the end of March 2021, more than 30,000 people had been repatriated; however, thousands more still remain stranded abroad, often living in extreme conditions because of diminishing funds. The government plans to bring 1,920 Mongolian citizens home in March 2021 via 12 chartered flights.

Isolation and treatment

Upon arrival, all passengers were PCR (polymerase chain reaction) tested and placed in a 21-day mandatory strict quarantine to limit the risks of domestic contagion. This strict quarantine was later eased and now the passengers are required to stay 14 days in specialized isolation facilities, usually hotels in and around Ulaanbaatar. People who test positive are transferred to specialized medical centres such as the National Center for Communicable Diseases (NCCD) where they are closely monitored and receive treatment if their condition deteriorates.

During quarantine, each person undergoes regular tests. More than 2 million tests (2,041,428) had been conducted by March 27, 2021 and 6,693 people had tested positive. Of all infected people, 77.8% experienced mild or no symptoms, 19.8% experienced moderate symptoms, and only 2.4% were in serious or critical condition and had to be treated. There have been a total of six deaths.

Lockdown and curfew

The first case of community transmission was registered in Mongolia on November 10, 2020. This incident triggered a nationwide lockdown for 19 days that was later reduced to the capital city and two provincial centres with the most community transmission cases. After that, the Mongolian government twice re-imposed lockdown measures in Ulaanbaatar, which was the hardest hit by the coronavirus outbreak, in December and February 2021, to curb resurging local cases.

During lockdowns, all businesses except essential services were closed or made to work from home. Police and military personnel were authorized to patrol the streets. Only 14 essential services were allowed to operate, including power plants, healthcare services, diplomatic organizations, grocery stores, supply of fuel, coal, animal feed and fodder, press, postal service, banks, funeral services, and some essential government agencies.

Supermarkets, grocery stores, and pharmacies were warned not to increase prices, on pain of fines of US$7,000. During the first lockdown, the sale of alcohol was prohibited (the ban was later lifted), pedestrian and automobile movement in the city was restricted to grocery, healthcare, and other essential services only, public transportation was limited, all non-essential travel between regions was prohibited, and charter flights were suspended. The authorities traced all domestic infections

and conducted PCR tests on suspected cases, as well as on close and secondary contacts of all confirmed cases. Between lockdowns, a number of economic activities that were able to enforce social distancing were allowed to reopen. Passenger travel between towns remained conditional on PCR testing.

During the third lockdown in February 2021, the government cancelled the celebration of the Mongolian Lunar New Year.

"One door – one test" campaign

In February 2021, the government successfully carried out mass testing of all households in Ulaanbaatar under the "One test – one household" initiative. One member of each household was tested at one of 50 mobile and 73 temporary testing centres. In total, 442,300 PCR tests were performed and 176 new cases were detected in a period of 12 days in the capital city. The campaign included 7,279 doctors and hospital workers and 5,849 essential workers.

COVID-19 vaccination programme

The country has a well-established immunization system, with the coverage of the child immunization programme at 99.4% in 2019. However, COVID-19 vaccination differs from the routine immunization programme due to the difference in target groups (adults) and super-cold freezer capacity requirements for the cold chain for some vaccines. To address these challenges, the MoH conducted a readiness assessment and, based on the results of the assessments, the government estimated about 60% of the population was at high risk of infection.

Since February 2020, Mongolia has been negotiating with the WHO and several countries to procure and bring essential vaccines to the country. Accordingly, Mongolia has prepared a comprehensive COVID-19 vaccine deployment strategy. Under this strategy, 1.91 million people or 60% of the population would be vaccinated by July 2021. The initial vaccination targets healthcare workers, police, and emergency service workers. After that, the priority will shift to people aged 50 and older, those with disabilities or chronic diseases, people working in customs and border patrols, coal truck drivers, staff of educational institutions, and the rest of the population who need vaccination.

Mongolia negotiated with the WHO and other key vaccine producers and began receiving four types of vaccines: Pfizer-BioNTech, AstraZeneca, Sputnik, and Sinopharm. The first doses of AstraZeneca vaccines arrived from India on February 23, 2021. Pfizer-BioNTech and AstraZeneca vaccines are part of the COVID-19 Vaccines Global Access, abbreviated as COVAX. Under COVAX, Mongolia aims to vaccinate about 20% of its population.

By March 27, 2021, 269,400 people had their received first vaccine injections –13.37% of the planned number.

Government support

To support its economy through the crisis, Mongolia has announced a series of economic and policy measures, rolling out the COVID-19 relief package of US$1.2 billion (over 9% of GDP). The government response focused on supporting vulnerable households particularly affected by the economic downturn, and on small and medium-sized enterprises (SMEs) to cushion loss of income and avoid mass unemployment and bankruptcies. This includes over 3% of GDP in tax relief measures and 6% of GDP in increased social transfers and higher health spending.

The measures included:

- Imports of all essential medicine, test kits, medical supplies, and equipment were exempt from VAT and customs tax. In addition, the government lifted VAT and customs taxes on imports of essential food items such as sugar, vegetable oil, and all types of grain.

- The amount of social benefits and allowances increased. The Child Money Program (CMP) is the largest social protection programme in Mongolia and covers 90% of all who are classed as poor and 80% of all children. The government expanded CMP's monthly benefit level from US$7 to US$35 per child for 15 months from April 2020 to July 2021. A total of 1.25 million children under the age of 18 (38% of the total population) receive this assistance.

- The average monthly food stamp benefits doubled to US$11.2 per adult and US$5.6 per child. A total of 122,000 adults and 118,000 children receive food stamps.

- People from vulnerable groups received a monthly allowances of US$35 from the government between May and October 2020. The vulnerable groups included orphans, single parents, and people with disabilities.

- To support herders who were heavily affected by the drop in cashmere prices, the government offered US$7 of subsidy per kilogram of cashmere sold in 2020.

- An amnesty on penalties for late payment of energy bills was offered to households from March to September. In December 2020, the government announced that the state would pay the water and electricity bills for all households and businesses until July 2021.

- All private entities were freed from paying social insurance contributions during April–September. Later, the government offered an amnesty on penalties for late payment of social contributions to all private entities between November 2020 and the end of June 2021.

- All SMEs with annual income less than US$526,000 were not obliged to pay income tax between April and October 2020.

- Employees of private entities and firms who kept their staff on despite the declining incomes of their firms received monthly cash handouts amounting to US$70 for 3 months.

- Individuals working in the private sector were permitted a break from paying income tax from April 1 to September 30, 2020. Income tax accounts for 10% of the salary and therefore these tax breaks were a significant help for people.

- Businesses and individuals were granted an extension of loan repayment deadlines. They could contact the relevant financial institutions to reschedule loan repayments or delay interest payments between April and the end of September 2020.

- The Bank of Mongolia lowered the interest rate to 6%, the lowest in the country's history.

- The new government, formed in January 2021, announced US$3.5 billion of economic aid to revive its economy, support domestic businesses, and create jobs by offering low-interest loans to agricultural-, processing-, and construction-sector entities.

3. Social and political consequences of the pandemic in Mongolia

The impacts of COVID-19 can be divided into the categories economic and social. Given the relatively limited number of COVID-19 infections in Mongolia, households were more likely to be impacted by indirect economic shocks. The social impact is mainly related to service delivery disruptions in health, education, and social protection.

Macro-economic impact

The economic impact of the COVID-19 pandemic on Mongolia has been severe and widespread. The economy contracted by

5.3% in 2020, the first contraction since 2009, according to the National Statistics Office (NSO). The government revenue fell by 8.6% year on year, while expenditure went up 19.3%. Mongolia has a large amount of debt, which means that there is an increased risk of defaulting on that debt.

The mining sector was affected significantly by a sharp decline in demand for key commodities and border closures with China. Mongolia's mineral exports dropped 30% in the first eight months of 2020 compared with the same period in 2019. The services sector was also hit hard due to mobility restrictions and falling incomes. As Mongolia closed its borders relatively early, the country experienced a trade shock earlier than many other countries.

In the 3 years prior to the COVID-19 outbreak, tourism made up around 10% of Mongolia's annual GDP. With foreign travel restricted, hospitality and tourism revenues plummeted. Total revenue for Mongolia's hospitality sector fell by 42.9% in the first half of 2020.

The Mongolian currency depreciated moderately, but the level of foreign exchange reserves reached a historical high of US$4.5 billion, supported also by higher gold purchases by the authorities.

Effect of the pandemic on the private sector

The impact of the COVID-19 shock was very severe for private enterprises in the manufacturing, tourism, trade, transportation, construction, and education sectors. According to the survey conducted in July 2020 by the United Nations Industrial Development Organization (UNIDO) among 130 small, medium, and large companies from Ulaanbaatar and four other provinces, the most significant financial problems were indicated as loan repayments (78% of respondents), wages and social security (66%), and fixed costs (49%). In addition to the financial problems, many enterprises have been confronting other business problems such as disruption of logistics (53%), reduction of orders (49%), increased difficulty of financing (35%), and no extension of loans (23%). Another consequence of the restrictions was signalled by 97% of all respondents as the shortage of cash flow. More than half of the firms were considering layoffs. More specifically, job cuts were strongly expected in small enterprises (71%) and exporter firms (74%). The operations of seven out of every 10 firms were currently being affected. If this pattern were to continue, more than 70% of global value-chain firms would need to close their operations within 3 months, while around 20% of exporter firms were relatively optimistic that they would be able to sustain their operations for more than a year. In accordance with the package of stimulation measures, approximately 50% of the firms who responded had received some government support, particularly the social insurance exemption. The main recipients were SMEs, large firms, and exporting companies rather than micro enterprises.

The Friedrich Ebert Foundation carried out a further survey on the impact of COVID-19 on micro and small enterprises. The survey was conducted among 1,145 business operators in the trade and service sectors in Ulaanbaatar. The survey found that due to the pandemic, the number of entrepreneurs with 1–3 million MNT (US$351–1,053) of monthly income accounted for only 18.3% of all business people compared to 43.5% before the pandemic; people who earned 3–5 million MNT (US$1,053–1,754) declined three-fold from 10.3% to 3%; and people who made more than 5 million (US$1,754) decreased four-fold from 13.9% to 3.2%.

Of all respondents, 28.3% indicated that their sales declined a little, while 62.7% experienced a drastic drop in sales. Almost all types of services were hit by plummeting sales other than wholesale trade of food items, and clothing repair and mending services.

Unemployment and household income

Despite fewer confirmed cases in Mongolia than in neighbouring countries, the house-

hold-level shocks caused by COVID-19 may be long-lasting and are likely to disproportionally affect the poor and vulnerable. This group generally have limited resources to protect themselves and are therefore likely to be most exposed to the negative impacts of such economic shocks.

Households from various segments of the income distribution scale have been affected by COVID-19-related shocks, with those employed in the low-skilled informal sectors and those living just above the national poverty line at greater risk of falling below the poverty line.

The latest Household Response Phone Surveys (HRPS) jointly conducted by the NSO and the World Bank reveal that household income from labour was affected by the pandemic, as many people stopped working due to business closures or were faced with a reduction in working hours. The government's generous direct transfers to households helped partially to mitigate the sudden impact of the negative effects upon income. A poverty micro-simulation analysis, using the HRPS from 2018 and the latest GDP growth forecasts, indicates that without mitigating measures, approximately 195,000 to 260,000 more people could have been pushed into poverty, bringing the poverty rate up to 33.6% in 2020 from 28.4% in 2018.

The study, conducted by the Mongolian research and consulting firm SICA, of 401 households in Ulaanbaatar, revealed that the monthly average household income during the lockdown decreased by 40% or US$185 compared to pre-lockdown.

In addition, access to food and other consumables became problematic. Nearly 16% of households surveyed had suffered from shortages of meat, flour, and vegetables, while 60% had taken out some form of loan and 13.8% are overdue on their repayments.

The COVID-19 pandemic has led to job losses in several sectors and has also affected the structure and conditions of the labour market. While some sectors, including hospitality and entertainment, experienced declining employment, employment did increase in some sectors, such as information technology, as demand for online services increased.

The proportion of those who had stopped working by December 2020 among the industry sectors – namely, manufacturing, utilities, construction, and mining – reached 70%. In particular, the construction and manufacturing sectors were heavily affected by the series of lockdowns between November 2020 and February 2021.

However, sizable policy support partially mitigated the impact of COVID-19 and encouraged firms to limit layoffs and opt for reduced working hours instead. At the same time, generous income support as well as the lack of adequate and affordable childcare during the closure of schools contributed in part to declining labour force participation.

Impact on children and families

The government's measures to mitigate the negative impact of the pandemic on children included introduction of distance learning and allowing salary-earning parents and guardians of children younger than 12 to work from home. The government offered 7–14 days' paid leave for parents of sick children, the reduction of in-office work hours, and a social security payment waiver for 6 months.

The NGO Save The Children conducted a rapid needs assessment on the effects of the pandemic prevention measures on education, child protection, food security, and livelihoods of children and families in July 2020. The assessment revealed that two out of three parents surveyed were emotionally unstable due to financial difficulties and anxiety caused by COVID-19 preventive measures. Of the child protection service providers surveyed, 45.9% reported an in-

crease in violence against children, including emotional abuse and neglect, since the commencement of quarantine. There was also some increase in physical and sexual violence against children, while the incidence of domestic injuries was found to be relatively low or normal.

The suspension of face-to-face teaching has resonated across all levels of education, despite it being important to contain the disease. The main consequences of school suspensions included unintentional violations of children's right to education, and at times neglect and difficulties in people meeting their parental duties. Together with these issues, home confinement for schooling has affected the physical and psychological well-being of children and adolescents.

Lifestyle changes during such home confinements are inevitable, ranging from a reduction in physical activity to less social interaction with peers and an increased use of smartphones and social media. Children were confined to their home for long periods with few opportunities to spend time outside for play or to socialize with peers. Parents who were reliant on schools and kindergartens for education and childcare during working hours were forced to leave their children home unattended, contributing to unintentional or accidental injuries to children in their homes.

The fact that 3.4% of surveyed children between the ages of 12 and 14 reported that they were performing some paid work because of financial difficulties within their families warns of potential cases of child labour exploitation. Similarly, the worst forms of child labour exploitation may increase if similar circumstances recur, continue, or worsen.

Food security and livelihoods

The most affected in terms of food security were families that experienced declining incomes, or had no income at all, including the self-employed, informal and seasonal workers, and individuals working for private companies. The highest negative impact was noted among women, especially single mothers, and mothers of several children. Also included among those experiencing a high negative impact were young people working in the mining and construction sectors, and children from families with declining incomes. To ensure their food security, a common coping strategy was to increase basic food consumption – meat, flour, rice, etc. – while significantly reducing nutritious foods such as vegetables, fruit, and eggs.

Ulaanbaatar has a persistently high population that lives under the poverty line, comprising those who are mostly dependent on daily wage work. Although some such workers have continued to go to work, if they have to stay at home because of self-isolation, or the nature of their work or childcare, they face extreme hardship because of the consequences of these emergency response actions. These groups do not benefit from paid leave and other government support.

Impact on the healthcare system

COVID-19 is putting enormous pressure on the healthcare system of Mongolia. The government has utilized to the limits the resources of the healthcare system. Expenditure for the testing, overtime remuneration for frontline healthcare workers and other relevant civil staff, and preparations for the surge of COVID-19 infections and hospitalizations, including expensive intensive care capacities, has placed enormous pressure on the already strained state budget. The Ministry of Finance (MoF) reported that in 2020, the government allocated an additional sum of US$4.7 billion for COVID-19 related expenses, including US$77.1 million or 16% of the total additional amount for the health sector.4 Therefore, vaccination against COVID-19 is becoming a crucial intervention, since a surge in infections has already resulted in a shortage of quarantine facilities, necessary equipment, drugs, and other essential resources.

National and local elections

Despite COVID-19, Mongolia was able to hold its regular national and local parliamentary elections without any significant challenges in June and October 2020 respectively. Despite a variety of safety measures having been put in place, the parliamentary election concluded with 73.6% voter turnout – the highest since 2000.

The incumbent ruling party, Mongolian People's Party (MPP), won in both national and local elections. MPP gained 82% of all seats in the national parliament (62 seats out of 76) and in 13 provinces out of 21.

One of key factors behind the MPP's re-election was the government's early and decisive preventive measures to contain the spread of COVID-19. As of 14 July 2020, Mongolia reported only 243 imported cases, 204 of which recovered, with no deaths. These policy achievements were praised by the public and contributed to the MPP's re-election. Lastly, Mongolia's electoral system and COVID-19-related emergency restrictions constrained the opposition and smaller parties while conferring significant advantages on the ruling MPP.

Resignation of the Cabinet

However, the long and continuous state of high preparedness and a series of strict lockdowns had a negative economic and social effect on many communities. Growing unemployment and declining household incomes increased public discontent with the government's strategy in handling this crisis. A small protest broke out in Ulaanbaatar on January 20, 2021 after TV footage appeared of a woman who had just given birth being escorted in slippers and a thin robe from the maternity ward to a special wing for COVID-19 patients while holding her newborn. This protest evolved into a demonstration protesting against the poor handling of COVID-19 by the government and demanding the resignation of the head of SEC and the Minister of Health.

The next day, the prime minister announced his decision to resign. The new prime minister L. Oyun-Erdene was sworn in on January 26 and his Cabinet swiftly announced a US$3.5 billion economic stimulus package to boost the economy and earn the confidence of the people for the upcoming presidential elections.

International relations

During the COVID-19 pandemic, Mongolia restricted all passenger travel in and out of the country. However, international relations were even more active than ever. Mongolia negotiated with a number of international financial organizations in relation to assistance in responding to COVID-19. A number of foreign countries (namely USA, France, China, Germany, Japan), the European Union, and international organizations including the United Nations, World Bank, Asian Development Bank, International Monetary Fund, private entities such as Oyu Tolgoi,5 and individuals offered assistance to mitigate the impact of the virus. As a result, Mongolia established agreements and contracts with its international partners worth US$418.8 million in the form of loans and grants to support the budget and fund projects to help mitigate the effects of the pandemic. The government is spending that assistance on preparedness activities, diagnosis, procuring medical equipment, vaccination, protecting livelihoods of citizens, and supporting the economy.

4. Conclusion: what did COVID-19 mean for the country?

The COVID-19 pandemic has without a doubt been one of the most serious crises faced by Mongolia since its peaceful transition to democracy and market system in 1990. The negative impact could be compared to the 2008–2009 financial crisis when Mongolia's GDP fell by 18.4%, or three consecutive dzuds6 in 1999–2001 when Mongolia lost 29% of all livestock population,7 and thousands of impoverished herder households

moved to Ulaanbaatar and other cities in search of a better life.

Mongolia's response to COVID-19 has so far been successful at preventing the spread of the virus. By acting early and decisively, Mongolia was one of the few countries in the world with no proven local transmission of COVID-19 for 8 months until November 2020. With 6,693 cases of transmission and six deaths, Mongolia is ranked 155th among 221 countries with confirmed cases of COVID-19.8

The whole country unanimously united to protect against this disaster. The decisive action, of course, has involved major restrictions on everyday life and daily sacrifices by Mongolian citizens. The Mongolian people, as individuals, families, organizations, and institutions, have adjusted to these restrictions with strength, resilience, creativity, and ingenuity.

COVID-19 has proved to be a real-life test for Mongolia's emergency preparedness system. Knowing that the healthcare system was not adequately equipped to respond to the pandemic, the government focused on prevention, containment, restrictions, and testing measures.

The main priority for Mongolia now is an economic recovery. Mongolia has limited capacity to cope with economic shocks. The country is highly indebted, with government debt standing at around 70% of GDP. Moreover, Mongolia is entering a period that requires significant repayment of its bonds. However, according to a World Bank report, the Mongolian economy is expected to recover moderately from the pandemic, and real GDP growth is projected to accelerate to about 5% in 2021–2022, as the authorities take control of the pandemic, stimulus measures prop up domestic demand, the adverse impact of the global economy recedes, and businesses and consumers adjust to the new norm of living with the pandemic, and vaccines are introduced.

The strategy of the new Cabinet is to eliminate the virus by vaccinating 60% of the population and revitalize the economy with a US$3.5-billion economic stimulus package within 3 years. The main focus would be on creation of jobs, supporting SMEs, and provision of low-interest loans to agricultural-, processing-, and construction-sector entities.

Mongolia needs the assistance of international institutions to address various challenges brought about by the pandemic. A total of US$418.8 million has been provided or pledged by various donor organizations and countries to fight and help bring the pandemic to an end.

Moreover, Mongolia, like other countries, will need to transition from policies focused on short-term economic relief to accelerating recovery and building resilience. The recovery is still subject to risks of (a) a sharp rise in domestic COVID-19 cases that could trigger stricter and prolonged lockdowns; (b) the potential for further global waves of the virus that would worsen the domestic and external environment; (c) possible financial instability; (d) weather-related shocks (for example, a harsh winter, which could hit the agriculture sector); and (e) the likelihood of new spending and overstretched public finances in the run-up to the presidential election.

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This article was submitted on 3 May 2021

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Thailand's Covid-19 Struggle: Conditions, Consequences, Revelations

Thailand's struggle with the COVID-19 pandemic is instructive for two main reasons. First, the country's public health response rapidly developed from a seemingly quite successful to a very disappointing one which was marked by serious failures. Second, the pandemic experience had sustaining negative effects on the Thai society at large that both catalyzed and revealed pre-existing patterns and dynamics of society, economy and (geo)politics. Most importantly, the pandemic's severe economic fallout adds to an already deeply stressed socio-political condition that might reach a boiling point if near term recovery fails to materialize.

Keywords:
Public health response – societal resilience – socio-economic grievances – crisis of identity and belonging – political volatility – vaccine diplomacy

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The longer the world struggles with the COVID-19 pandemic, the more the complexity and dynamics of the situation seem to evade any final and clear-cut assessment. What is, however, being revealed, are valuable insights about the world, world affected by it from the global level to the private household.

Looking at the pandemic experience of individual countries, the respective approaches, strategies, and results have often changed profoundly over time. One of the most striking examples is the United States' initial failure to handle the situation, which eventually gave way to a rather successful vaccination of the country's population. Among the countries that demonstrated a major change in their ability to deal with the pandemic is Thailand. Initially a very positive example of how to curb the spread of the virus – albeit at high socio-economic cost – Thailand started to regress during the first half of 2021. Since April 2021, the public health situation – has rapidly deteriorated. With constantly rising numbers of confirmed new infections and what have come to be seen as grave mistakes in addressing the challenge, the country's COVID-19 response provides a markedly different picture at the time of writing than during the previous year.

Meanwhile, increasing political pressure on the government amid constantly intensifying socio-economic hardship is reaching a critical level in a historical context that was marked by latent volatility long before the pandemic arrived. While it remains to be seen how the pandemic's socio-economic fallout and its political ramifications will impact the country's social contract, the situation reveals a lot about the underlying conditions of state and society in Thailand, and some of the socio-political factors exerting considerable influence over the chances for overall resilience and recovery.

Against this backdrop, this chapter is divided into three main parts. An assessment of how the COVID-19 virus spread in Thailand in the first part is followed by an analysis of the country's strategies and measures of containment. This also includes the marginal conditions that might have supported the initial success in terms of resilience and response. Dealing with the economic, social, and political ramifications of the pandemic, the third part will reflect on some of the underlying socio-political conditions with which the pandemic interacts in a mutually amplifying way.

Considering the complexity and constant change of the COVID-19 situation, the following thoughts aim to provide some input for two ongoing discussions which can, however, not be fully addressed here. First, it will have to be asked what can be done to prepare for future challenges of the experienced kind and magnitude to increase the chances for resilience and recovery. Second, the assessment of the context and consequences of the pandemic experience sheds some light on the discussion of the fundamental trajectories that will shape Thailand's socio-economic and political future.

From "excellent" to "worrying" in three waves: the development of Thailand's pandemic experience – so far

In terms of its public healthcare response, Thailand's pandemic experience can be roughly divided into a rather successful initial phase in 2020 and a far less successful one that reached critical levels since April 2021. Given the already high corresponding socio-economic costs of virus containment in 2020, the rapid deterioration of the health situation in 2021 puts increasingly critical stress on the Thai society in 2021.

Overall, the development from an apparently excellent public health response to a highly worrying public health condition can be related to three waves of the virus spread, of which the first and second remained moderate and under full control of the established emergency healthcare regime while the third one quickly spiralled out of control.

In January 2020, Thailand was the first country to report a COVID-19 case outside China. As the favourite destination of Chinese tourists, it had high numbers of Chinese visitors in January, including some 7,000 people from Wuhan. This created a considerable risk to which the government responded early by screening all airport arrivals from China for fever from January 3, two days before China confirmed to the WHO the emergence of an unknown respiratory disease.

On January 13, a Chinese tourist, who had entered the country five days earlier from Wuhan, tested positive for COVID-19, the first reported case outside China. Over the ensuing weeks, 14 further cases of infected tourists from China were detected before Thailand's first non-imported, locally transmitted COVID-19 case was logged on January 31. Transmission progressed, with a low increase in cumulative cases, recording around 40 cases up to the end of February. The first disease-related death was confirmed on March 1.

Due to single superspreading events in Bangkok, including an indoor Thai boxing match and people celebrating in bars, the virus soon spread among the Thai population, exacerbated by high numbers of Thai people working in the capital who were returning to their respective home towns throughout the country over the New Year holidays. Additionally, Thai migrant workers were returning from countries with comparatively high infection rates to their respective home towns in different parts of the country.

This development was officially observed and captured early on. Widely reported numbers and graphs were commented on by experts, and overall public awareness of infection risks was easily raised despite the initially low numbers of reported cases. Additionally, the government imposed early containment measures. Flights from the affected regions in China were cancelled, and anyone suspected of being infected was quarantined. In early February, the government fixed the price of face masks, alcohol hand gel sanitisers, and toilet paper and announced that profiteers would be punished.[1] Most shops in malls closed, and a ban was brought in on the serving of food in restaurants and the sale of alcoholic beverages. In early March 2020, the government banned the entry of people from certain listed countries into Thailand and ordered quarantine for those returning from these countries.

These measures notwithstanding, the number of COVID-19 cases further increased during March to around 800, with 60 of Thailand's 77 provinces reporting cases by the end of the month. After the WHO had declared a COVID-19 pandemic on March 11, the government declared a state of emergency on March 26 (Tantrakarnapa & Bhopdhornangkul, 2020).

Stricter measures were then added, including a lockdown regime that comprised a ban on all inter-provincial bus trips and air travel, a ban on international flights, a partial curfew

from 10 p.m. to 4 a.m. and strong encouragement to stay at home and avoid any unnecessary social contact beyond the core family.

After fewer than 10 cases of newly infected persons were reported over a duration of two weeks before reducing to almost zero in May, the government began to gradually ease the lockdown. Between May 13 and September 2020, Thailand achieved 102 days without any reported local transmission.

Containment measures were carefully scaled back but still comprised the mandatory use of face masks and various social distancing measures, reinforced by the continued sealing-off of the country from international visitors and moderately increased testing (Boossabong & Chamchong, 2020). Meanwhile, official monitoring reported only a few new cases "imported" by foreign diplomats and soldiers. In September, a prison inmate was the first officially recognised home-grown new COVID-19 case in many months, followed by another single "domestic" case in November.

The discovery of several more infections from the end of November to mid-December was the precursor of a second wave of the pandemic.[2] The actual wave emerged with a major outbreak southwest of the capital. Around a large fish market, a group of mainly migrant workers contracted the disease, with over 1,300 new cases traced to this hotspot. Soon, another cluster related to a gambling den was discovered not far from Bangkok, followed by new infections in the capital and roughly a third of the country's provinces. Infections reached a peak in terms of the daily number of cases at the beginning of February 2021, shortly before the first case of the (South African) beta variant of the virus was detected.[3]

The government responded swiftly by tightening containment measures without imposing a nationwide lockdown. This included the closure of schools and the prohibition against serving customers in restaurants after 9 p.m. in Bangkok, with more severe restrictions put in place for provinces with higher case numbers such as a mandatory registration on a contact-tracing app and a 14-day home quarantine on arrival (Tan, 2021).

When the situation relaxed, from mid-February to the third week of March 2021, the government prepared to ease containment measures, with the prospect of an expected and announced expansion of vaccinations. That the country's vaccination strategy had been misconceived, however, would soon become clear. At the beginning of April, a new cluster of cases in a luxury nightclub set the stage for Thailand's third and by far the largest wave of infections. Despite the discovery of ensuing clusters, the government allowed – albeit not without restrictions – the upcoming Thai New Year festivities to go ahead between April 12 and 15. On April 16, cases overtook the peak of the second wave, which had reached fewer than 1,000 daily new infections. At the end of April, daily infections surpassed the 2,000 cases mark and the 4,000 cases mark in the third week of May.[4] When the benchmark of 6,000 new infections per day was passed at the beginning of July, the situation was further aggravated by the fact that the (Indian originated) delta variant had already begun to dominate in the capital (Wipatayotin, 2021b). Around mid-July, a peak of more than 11,000 daily new confirmed cases was reported, together with a record daily death toll of over 140 (Bangkok Post, 2021l; Chuwiruch, 2021). With the third wave in full swing, the pandemic situation has completely changed, and this is arguably not least because of failures in containment management.

Thailand's disease containment – success and failure

When discussing disease response and containment, one must be aware of the complex nature of decision-making in the management of protracted and severe crisis situations before any simplified assessment of the Thai case is entertained. Evidence, generally, concerning decision-making in complex crisis sit-

uations suggests that failures can occur at any given moment during the handling of a crisis, that there are as many inevitable as avoidable failures, that good and bad decisions are often made at the same time and, particularly relevant, that few decisions among many tend to eventually make a difference. Moreover, the study of complex crisis scenarios suggests that continuously upheld awareness, preparedness, and adaptability form central virtues of good crisis management.

Against this background, the differentiation between a rather successful attempt to deal with the pandemic at the outset and a later increasingly disappointing attempt might, to a certain degree, be too simple. However, as not all data are available and the effects of certain decisions are not yet clear, it might be justified to state that the beginning of the crisis saw predominantly good decisions being made, which were, in effect, subsequently overshadowed by significant bad decisions that manifested around the time when the third wave of the pandemic arrived.

Under the impression of a protracted period during which the pandemic was essentially under control and despite a relatively low second wave of infections in late 2020, the government was about to gradually reopen the country, which had been fully sealed off, for selected tourism bubbles in 2021. This plan was based, however, on the prospect that a sufficient proportion of the population would have been vaccinated, a goal that was prevented by a deeply flawed vaccination campaign. When the initial success in managing the pandemic gave way to a loss of control in April 2021, this paved the way for the third wave of unprecedented magnitude. The soon reached a critical level of stress on both the public health care- and the socio-economic system revealed a number of bad decisions that further increased widespread public discontent with the government's handling of the pandemic. The development of both the spread of the virus and the public health response shall be briefly traced.

To begin with, the containment management of 2020, which had initially been largely successful, comprised various factors and strategies that were soon implemented on the basis of an Emergency Decree. A fairly fast and determined initial government response was accompanied by an early and pronounced societal awareness and instantaneous compliance by large portions of the population. Thailand's strategy during the first wave was marked by the overall efficient implementation of the usual elements of a pandemic response, including social distancing and increased hygiene measures to prevent transmission, the indicated sealing off strategy, as well as testing, tracing, and isolating measures to react to potential infections.

Institutionally, the government's strategy was dominated by centralising decision-making at the top while carrying out important measures on the ground by a network of volunteers. While a newly created body, the Centre for COVID-19 Situation Administration (CCSA), centralised monitoring, coordination, and communication efforts at the top level, a network of "Basic Community Health Volunteers" (BCHV) operated at the household level and at the country's periphery.

The CCSA was created on the basis of the abovementioned Emergency Decree to monitor, analyse, and communicate the situation and to develop and implement an encompassing approach via eight operational centres coordinated by the National Security Council. The CCSA's two key sub-boards, the Medical Advisory Board and the Recovery Advisory Board, were charged with the health and economic aspects of the pandemic respectively and staffed with medical and economic experts (Tangkitvanich, 2021, p. 181).

Meanwhile, the BCHV were entrusted with assisting with health monitoring and carrying out certain instructions, financed by the Ministry of Public Health and the Ministry of Social Development and Human Security. Over a million BCHV were sent out early on at

the local level to monitor people's movement, conduct home visits, and staff street booths to check the temperature and distribute information about COVID-19 and how to prevent it. All recorded cases were reported back to the provincial health offices to be collated by the Ministry of Public Health and then provided to the CCSA. In March 2020, the BCHV had already accessed 12 million people at the community level and brought some thousand high-risk spreaders to local hospitals, an intervention which the World Health Organization (WHO) recognised as a best-practice example in dealing with the pandemic (Boonlert, 2020).

In comparison, early testing and digital tracing, tracking, and monitoring arguably had followed a comparatively lower trajectory, although some testing was conducted and a tracking app has been in use since May 2020.

One of the greatest early success factors, however, was a high degree of voluntary compliance with the government-imposed precaution measures. This demands a closer look at the general marginal conditions of the country's management of the crisis as well as at its pre-existing medical structures.

Whereas a positive correlation between weather conditions and the spread of the COVID-19 virus is discussed to explain a modest reduction in transmissions in hot and humid environments, this factor applies to the tropical zone in general (Tantrakarnapa & Bhopdhornangkul, 2020).[5] Moreover, the significance of certain restraining effects of weather conditions appears diminished vis-à-vis dramatic developments in other parts of the region and the later development in Thailand itself. More strikingly, socio-culturally induced behavioural patterns seem to have had an effect both on the spread of the virus and on the uptake of the measures employed against it. For example, Thai social norms tend to reflect what might be called a sort of distance culture – such as the dominant form of greeting by putting one's own hands together instead of handshaking (Boossabong & Chamchong, 2020; Tantrakarnapa & Bhopdhornangkul, 2020). Social practices like greeting without body contact, speaking with an often rather low voice, and a preference for social encounters outside the private living space[6] ensure some distance between social contacts that differentiates Thailand from some other countries in the region such as Bangladesh or Indonesia. This preference for relative distance coincides with the absence of a (dominating) religion that requests or encourages *communal* religious practices such as in Christianity or Islam, a notion that runs counter to essentialist simplifications of an "individualistic West" and a "community-oriented Asia". In particular, the respective first waves of the pandemic in many countries were indeed often related to religious superspreader events.

Arguably the most crucial manifestation of socio-cultural conditions that support virus containment measures, however, was the already mentioned high level of compliance displayed by large parts of the population with government-encouraged and -imposed measures such as social distancing, handwashing, and mask-wearing. This compliance is largely the result of public morality that places importance on the voluntary avoidance of putting others at risk. It is reinforced by communal pressure to comply with the respective rules and a prevailing mentality of risk aversion.[7] There is, moreover, an underlying but relatively distinct fear of contagious diseases – in contrast to the risk generally accepted in relation to Thailand's notoriously dangerous traffic – that has been attributed to religiously rooted cultural patterns (Chongkittavorn, 2020).[8] Another cultural aspect that contributed to high uptake and early compliance with official appeals to wear face masks was the longstanding high level of air pollution in many parts of the country. Due to this, most people in Thailand were socially conditioned to regularly use face masks long before the pandemic arrived (Bello, 2020).

Regarding the influence of political discourses on the general willingness to comply,

for a long time, there were no such significant dissenting discourses liable to exert dissuasive effects on compliance. This began to change, however, during the pandemic's third wave, as will be shown below.

Another potentially favourable factor mentioned in terms of successful disease management was the comparatively high degree of trust and cooperation between public health authorities and civil society (Bello, 2020)[9] and, not to be overstated, a comparatively well-developed public healthcare infrastructure as reflected, for instance, by the BCHV. The limitations of this infrastructure and the government's failure to rectify shortcomings became, however, apparent after the third wave surged.[10]

This leads to the second main phase of crisis response which appears predominantly marked by wrong decisions, unresponsiveness towards criticism and missed opportunities to adopt. This notwithstanding, the previous, apparently successful phase displayed also some flaws such as "flip-flopping policies, inadequate government communication, and poor management of medical supplies" (Tangkitvanich, 2021), while certain elements of the crisis response during the second phase were not bad at all despite its overall flawed character. However, with the third wave taking shape from April 2021, the more fundamental downsides to and failures of the official management of the pandemic came to the fore. Widely seen as grave mistakes were, for instance, the decision to not shut down the country during the Thai New Year festivities in April 2021, and the way the government closed construction sites in the capital due to spreading infections with the result that infected patients left Bangkok for many provinces, possibly spreading the delta variant into those areas.[11]

When Bangkok began to run out of doctors, hospital beds, and ICU units in June, the government responded by calling in medical staff from the provinces and setting up more field hospitals with ICU beds. These measures notwithstanding, news about particularly tragic cases of COVID-19 patients who died after they had waited days for an ICU bed or even only for a COVID-19 test raised questions as to whether authorities had developed an appropriate risk awareness and preparedness before the second and third waves emerged (Wipatayotin, 2021a). Moreover, the shortage of staff and beds also highlighted the structural limitations of the Thai healthcare system, which conflicted with a widespread perception of its often-hailed state-of-the-art condition. In fact, the eight million metropole Bangkok had only 200 ICU beds to offer during the first wave, increasing to 300 during the second wave and to 500 after the third wave began (Bangkok Post, 2021e).[12]

Another lacklustre aspect of the management of the pandemic has been the testing programme. Testing, as instrumental as it is to achieve any appropriate indication of the actual state and trajectory of the disease (Ritchie et al., n.d.),[13] seems to have been problematic, not because of the absolute numbers of tests conducted but because of how testing is carried out. First, tests are not easily and affordably available for many who would like to be tested. Second, testing seems often to be part of the follow-up measures after a cluster has been detected rather than a measure to obtain representative data by random testing in advance. Third, even in terms of detected clusters, testing seemed periodically to be being carried out more in poorer milieus than in upscale ones. Fourth, even when the third wave surged, testing was not required as a condition of entering public spaces such as shopping malls. Fifth, in July, the health ministry scaled back its testing programme for migrant workers because of a shortage of hospital beds, which meant not only effectively excluding migrant workers from treatment but also leading the government to bury its head in the sand regarding virus progression in one of the most vulnerable populations (Charoensuthipan, 2021b).

The single biggest failure in the government's handling of the pandemic, however, is its vaccination programme. In short, it can be described as "too late, too little, not diversified enough" and in favour of the "wrong product". As of the end of June, with the third wave in full swing, less than 10% of the population had received at least one dose of the COVID-19 vaccine, and less than 4% were fully vaccinated (Ritchie et al., n.d.). Moreover, the government's choice of the Chinese Sinovac vaccine was accompanied by widespread worries over side-effects after a number of people died following their vaccination (Bangkok Post, 2021d). The already sceptical sentiments were strongly reinforced when the Sinovac vaccine turned out to be far less effective against the delta variant than most other vaccines (Maneechote, 2021a; Parasuk, 2021c). The vaccination failure became evident when the government decided not to administer two doses of Sinovac, instead combining Sinovac with the AstraZeneca vaccine – despite the WHO voicing some concern about the uncertainties involved in such cross-dose policies in terms of immunogenicity and safety in some combinations (Bangprapa, 2021a). When the delivery of subsequent orders of 61 million doses of AstraZeneca vaccine that were supposed to substitute Sinovac were delayed until May 2021, the outlook for the government's vaccination programme became even bleaker (Chetchotiros, 2021).

What makes things worse in retrospect is the early decision-making process for the vaccination programme. After Pfizer and Moderna had approached the government to review and buy their vaccines in late 2020, to no avail (Satrusayang, 2021b), Thailand went on to be one of the very few countries worldwide and the only Southeast Asian one not to join the WHO's COVAX programme earlier in 2021 (Guild, 2021). Instead, the government based its vaccination programme on a local company, Siam Bioscience, producing both the AstraZeneca and the Chinese Sinovac vaccines. After Siam Bioscience, which is owned by the Crown Property Bureau, struggled to meet its production targets, the government decided at the end of May 2021 to additionally buy China's Sinopharm vaccine (Guild, 2021).

With the vaccination failure at the top of the list, all these mentioned shortcomings reflect a much less successful handling of the pandemic in 2021 than initially appeared to be the case in 2020. Telling is Thailand's rank in the Nikkei COVID-19 Recovery Index, which ranks more than 120 countries on their recovery chances as derived from data on infection management, vaccine rollout, and social mobility at the end of each month. As of July 7, 2021, Thailand ranked not only last in the whole of Asia but almost last of all recorded countries globally at a devastating position of 119, one rank after Zambia (118) and one before the two countries listed last, Namibia and South Africa (both 120) (Li, 2021).

Socio-economic and political consequences of the pandemic and the conditions for resilience and recovery

With the vaccination failure and the arrival of the third wave of infections, the socio-economic outlook darkened even further, compromising an already badly pressured economic system that it was hoped would start to recover in 2021. In 2020, Thailand, which had notably benefited from globalisation, had been hit hard by the pandemic and its ramifications. Due to the third wave, the pandemic's immediate economic havoc is set to continue throughout 2021. Disrupted supply chains, a shortage of labourers in various industries,[14] and the decision to seal off the country from the first quarter of 2020 have strongly affected key sectors of Southeast Asia's second-largest economy. This applies especially to import-export,[15] banking (Banchongduang, 2021),[16] manufacturing,[17] catering and entertainment, and tourism-related businesses.

Tourism especially, which accounted for roughly a fifth of the country's GDP and one out of six jobs before the pandemic struck,

has received another direct blow with the third wave. It has also impacted what is left of domestic travel and spending, while hotel occupancy dropped further from 20% in 2020 to 10% as of the end of June 2021, and joblessness in the tourism sector increased to two million (Bangkok Post, 2021f).[18]

This glimpse into the pandemic's ravaging effect on the tourism-related economy represents, however, only part of the picture of a national economy that is about to reach or has already passed a critical level in many crucial segments in a way that is exposing it increasingly to the danger of the ripple effects of default and devastation. Adding to a practically suspended tourism industry, these interconnected developments include contracting exports, declining investments, extended business closures, rising unemployment, mounting household debts, non-performing loans and rents, and sharply declining domestic consumption.

At the same time, net capital is flowing out of the country (Parasuk, 2021a), tax revenue collection is reducing (Ashburn, 2021),[19] and demand for liquidity is rising while liquidity supply is receding – for the government, banks, and private households alike (Parasuk, 2021b). Thus, the situation has changed markedly from 2020 to 2021. With financial stress on the budget continuing to mount at a time when new social and economic relief measures of a greater scale have to be financed, a liquidity crisis could eventually loom (Parasuk, 2021b).

Against this background, and with the aggressive advancement of the third wave in the third quarter of 2021 showing no sign of slowing down, an economic crisis of worrying dimensions could be in the making.[20] If it manifests, it will likely unfold with tectonic impact, including for the fundaments of the social and political system at large.

Regarding the long-term prospects of the pandemic's socio-economic situation, it should be noted that the country is experiencing this crisis at a time when it is already facing the challenges of a rapidly ageing population (Chudasri, 2021; Help Age International, n.d.) and a shrinking workforce against the backdrop of a still insufficient social security system. This, in turn, will affect the social system, exacerbated by the COVID-19 situation.

The effects of the pandemic on the economic system are worrying. Severe stress is being seen as a result of an ever-increasing economic pressure on households together with rising frustration, resignation, anxiety, and isolation in large parts of the population. These immediate effects of the pandemic are amplified by pre-existing societal conditions and structures that influence the extent of people's resilience and ability to mitigate. While some of these pre-existing conditions have been debated since long before the pandemic, the importance of others has been exposed by the COVID-19 situation. Others, such as the rampant inequality of Thai society, have been highlighted by this crisis once more.

An obvious and immediate social consequence of the pandemic is the continuing rise of unemployment and declining income for millions of people (Saengmanee, 2021). With household debts having already been comparatively high before the pandemic, an increasing number of households and small and medium enterprises have exhausted all available sources of financing, or are about to face the rapidly approaching end of the line in terms of their financial options (Thailand Business News, 2021).

Although this trend is hitting the economically weakest hardest, it is also encompassing many middle-class households, while the wealthy segments of the society have largely been able to avoid the pandemic's ramifications.[21] Beyond the society's ever widening gap between the rich and poor and the increase in number of those classified as poor, the pandemic situation is affecting almost all the traditionally more vulnerable groups

of Thai society. Many who belong to these groups are seeing their vulnerabilities, marginalisation, and exclusion aggravated and entrenched by the pandemic situation.[22] This applies especially to women, children, youth, elderly, people with disabilities, transgender, ethnic minorities, workers in the informal sector, and migrants.[23]

The pandemic's second direct impact on the personal condition of millions of people is on their psychological wellbeing.[24] Social distancing and a semi-withdrawal to the private sphere have had two major consequences. For many people, long periods of staying at home under rather crowded conditions have contributed to higher levels of stress that manifest in increased substance abuse and domestic violence. For others, social distancing has aggravated pre-existing experiences of isolation and loneliness. In addition, for many, a creeping sense of uncertainty about the future and resignation about the government's ability to handle the crisis has further contributed to feelings of anxiety and hopelessness. An indication of the pandemic's impact on the social system in this respect is a marked increase in the country's crime rate and a significant surge in suicides.[25]

As indicated above, the immediate societal effects of the pandemic often added to already existing conditions and trends that have affected the outlook of the Thai people in terms of resilience and recovery, during the protracted COVID-19 situation. However, it has not only been in negative terms.

An example of positive aspects are the numerous private charity initiatives whereby fellow citizens generously supported people in need at the neighbourhood level. As much as these initiatives make a difference with every meal or other good distributed, the scale of the actual needs requires other measures and mechanisms of mitigation.

Hence, Thailand's pandemic experience has to be seen in relation to its social structure in general, the state's social security system, and the acute measures taken by the state to mitigate the socio-economic effects of the crisis.

To start with the role of the state, the pandemic has exposed the lingering shortcomings of a social system that does not yet seem prepared to meet emerging material and mental needs in a situation like the present one. These structural limitations notwithstanding, the government launched a series of emergency measures to support both sections of society who are mentally and economically in need and a faltering economy. This included postponing the collection of official fees and charges, extended deadlines for tax submission, the reductions of taxes, the allocation of lower-interest loans, money handouts, and stimulus schemes financed by the state. At the time of writing, the government appears to be planning more state support for certain small and medium enterprises, aiming at a coverage of 50% to 80% of the business cost starting from 1 October 2021 (Bangkok Post, 2021i; Help Age International, n.d.). These measures have been enabled by a relative financial discipline as it traditionally characterises Thai governments' spending habits but might, however, not be enough to mitigate the effects of the third wave of the virus.

To help those psychologically suffering from the pandemic's consequences, different helplines were put in place, even if they were often reported to be understaffed and insufficient.[26] In sum, the state-induced relief measures reflect a willingness to help but often fail to sufficiently meet the demand. This highlights an interesting facet of the country's social aid system which is the traditionally semi-official function of the state-regulated Buddhist community in providing social services. While monasteries as traditional providers of social services are doing their best to mitigate the consequences of the crisis, many of them are reported to be struggling themselves given the scale of the problem and their own dependency on alms.

Thinking about possible lessons that can be learned from the crisis, the COVID-19 experience could encourage a re-evaluation of the actual impact of the organised Buddhist community on the provision of basic public services in relation to the state's performance, and related implications.

Regarding the impact of supportive social structures beyond the religious sphere, especially in terms of immaterial support, the acute impact of the pandemic has coincided with an undercurrent of long-term socio-cultural change that might negatively affect the country's resilience.

It has already been indicated that Thailand is a rapidly ageing society, in fact the third most rapidly ageing society in the world (Chudasri, 2021). This, however, only reflects that Thai family structures have to a significant degree transformed towards the increasing prioritisation of the individual alongside declining family cohesion across the social stratum.[27] This process results in high numbers of single-person households, children brought up not by their parents but in skipped-generation households, and, especially in lower-income households, a large group of single underage mothers.[28]

This overall development is, moreover, accompanied by a relative lack of a particular type of sustaining social formations, namely social associations that provide some security and support beyond family and friendship groups.[29] A central quality of such associations – traditionally religious associations and societies – is their ability to contribute to social cohesion and belonging in a way that is freely accessible to outsiders. Sport, leisure, and social and cultural activities in Thailand tend, however, to be predominantly experienced either in lifelong friendship groups or in the form of economic products which are sold to customers. Those who do not enjoy such membership – for instance because they have moved from the province to the capital or have no money to join costly activities – risk isolation.

Adding to and reinforcing these insufficiencies of the social structure is the *slow burning crisis of orientation and belonging* that has accompanied Thailand's deep political divide since 2006. Since then, it has become entrenched in the wake of the 2014 coup and the 2016 passing-away of the late and highly revered King Bhumipol, who had reigned for almost seven decades. This socio-political crisis has manifested in a cultural transformation if not revolution in large parts of the population. This has strongly affected the hegemonic societal consensus on core values and the resulting "social contract" that underlies the social and political system at large. This trend has led to shared collective identities, social trust, and a sense of confidence in the future being continuously put under stress, further contributing to deep-seated feelings of dissatisfaction and fear for the future among many Thais.[30]

These developments will arguably also affect Thai society's chances of resilience and recovery, which are themselves aggravated by the pandemic. Arguably, this impact of the COVID-19 experience has, for example, significantly eroded trust in one of the country's central narratives that contributes to the traditional construction of its collective identity.

This narrative, which is currently also under particular stress, is the belief in an ever-present rural utopia of self-sufficient subsistence in the countryside that is ultimately open to every Thai as a fallback option in times of setback.[31] Probably for the first time since Thailand's post-World War II recovery, the reassuring certainty of this self-sufficiency narrative seems to be eroding. Contrary to popular assumptions and despite a generous tropical climate and environment abundance, most people in the countryside have not actually been living in an agrarian self-sufficient paradise during the pandemic. To a significant degree they are dependent on non-agrarian sources of income for their expenses such as remittances from relatives

who are working in urban centres, especially Bangkok. With these remittances decreasing amid generally surging economic hardships for the countryside's often over-indebted households, many are experiencing a deep disenchantment with the countryside as an almost mythical fall-back option. Contributing to this disenchantment are the effects of a two-year drought and the return of many Thais to their rural home households during the crisis.

By adding to the described crisis of orientation and belonging the damage done to the narrative of an ever-present agrarian refuge based on environmental abundance and fertile farming should not be underestimated. In particular, one has to recognise the inherently political meaning of this narrative to understand how harmful its disillusionment by the pandemic experience could actually be. In fact, it is not only contributing to a constructed collective identity but is also linked to justifications of the socio-political status quo challenged by past and present protest movements.

After all, this narrative also forms a part of the sufficiency economy conception developed by King Rama IX and propagated by loyalist governments, monks and civil society groups. Often heralded as a basis for moderating the expectations of the poor and as an alternative to a hyper-capitalist debt economy, the pandemic experience has simply overwhelmed the actual potentials of a self-sufficient rural utopia and a sufficiency economy. Moreover, the disillusioned narrative construction of a shared Thai identity, also used to compensate the great inequality between centre and periphery at least symbolically by attributing a utopian value to the countryside.

Such conceptions and narratives are so important not only due to the scale of the much debated inequalities of Thai society as they are exposed and aggravated by the pandemic but also because the ambivalent notion of at least some of these inequalities from a traditionalist Thai perspective. In fact, as much as these inequalities are lamented as leading to dysfunctional socio-political dynamics as much do they also represent, from a conservative perspective, an inherent operational principle of Thai society, rooted in its fundamental values as derived from an orthodox interpretation of Theravada Buddhist ethics. According to the latter's central assumption of the life-defining consequences of past deeds and merits, inequality is just an inevitable consequence of the cosmic law of dharma, the distributive justice of the Buddhist political theology which is forming a core part of Thailand's national ideology.

Against this background, the creeping corrosion of collective identities and the socio-economic fallout of the pandemic resonate at a fundamental normative and ideological level with the latent volatility of the country's political system in a critical way.

Besides these tectonic movements in the socio-political fundament, whose outcome remains to be seen, Thailand's COVID-19 experience also develops some direct political impact.

For any government in a politically deeply divided society like the Thai one, maintaining sufficient legitimacy in difficult times is already a challenge. This is even more true if the government is still dominated by the key figures of the previous 5-year-long post-putsch military government such as the current Thai cabinet. For such a government, legitimacy derives very much from its performance in terms of the degree of stability and effectiveness it provides. In fact, the present government, which is led by the same people who were responsible for the 2014 Coup and the 2017 Constitution, rules on the basis of three claims, namely to maintain stability, to provide good governance, and to protect the monarchy-centred constitutional identity.

In all three dimensions of legitimacy – good governance, performance, and the protection

of the constitutional identity – the government's ability is increasingly questioned by a growing portion of the population across the ideological spectrum.

A critical development is the fact that many Thais, who did not initially oppose the government ideologically and who accepted its tough choice to put a prime focus on public health by sealing off the country in 2020 despite the high economic cost of this decision, have gradually changed their attitude during the course of 2021. The vaccination failure in particular, and the ongoing economic downturn, have undermined their trust in the leadership of their government. It would be interesting to see how far the accompanying disenchantment with the healthcare system's efficacy or the promised potential to take refuge in an agrarian-based self-sufficiency actually impact on this ongoing erosion of trust.

In any case, under the third wave, business and professional sectors that were once particularly supportive of the government seem to have become increasingly disillusioned with its performance in managing the COVID-19 situation (Macan-Markar, 2021). In addition, there are growing signs of defiance at new containment measures by a formerly highly compliant public, including segments that were initially also not politically opposed to the government.[32]

This erosion of faith in the government's performance is reinforced by the doubts expressed within an expanding constituency as to its record of good governance. This includes both citizens who once supported the government as well as those who were politically silent but already weary of it long before the third wave took off. Many among both groups now question the government and the standard of good governance they require in the present situation.

What has not been conducive for a good governance-related legitimacy was, for instance, political communication, specifically when the government blamed the public for the advent of the third wave without acknowledging its own failures and mistakes when they became apparent. This and the lack of any personal consequences for government mistakes only reinforced the impression of inadequate responsiveness and an absence of accountability.[33, 34]

Likewise, many feel that the level of transparency is low, for instance regarding the government's vaccination programme. There was criticism in this regard, surrounding the choice in favour of the Chinese vaccines, which were allegedly bought for the same price as other, better products that could have been purchased. There were also allegations of a lack of timely and clear communication on why and how such vaccines were ordered as well as criticism of their efficacy (Maneechote, 2021b; Parpart & Satrusayang, 2021).

While dissatisfaction, from significant segments of the population, with the government's performance and governance in handling the crisis is currently increasing, it remains to be seen how further damage to the socio-economic fabric due to the third wave will impact on the government's stability.

The described disillusionment and dissatisfaction could strongly exacerbate the existing political volatility if the damage caused by the pandemic reaches critical levels. There is already a fundamental opposition to the existing political system that took off as an organised movement after the first wave of the pandemic had ebbed away in July 2020. This movement, which is currently hampered, although not completely muted, by the imposed COVID-19 containment measures, is mainly carried by the youth. Organised in various groups, the movement's political demands and strategies deviate from those of former protest movements.

With their demands to "Resign, Rewrite, Reform", the largely peaceful protest movement shook the very foundations and pillars of the

country's socio-political system with unprecedented rigour.

The core demands were for the military-backed government to resign and the political establishment to agree to rewrite the very constitution that key figures of the same establishment had created to prevent the kind of reform the protesters demanded. This included a fundamental reform of the monarchy in particular, the very centre of the country's constitutional order. Effectively, the protesters required a change to the constitutional basic structure and the country's hegemonic social contract. With such demands and related activities at demonstrations, the protesters entered the uncharted, previously tabooed territory. From the perspective of the government and those supporting it, their aims reflected a mission with an outright revolutionary notion that no previous protest movement would have dared to announce in such a way.[35] The inability of the government to life up to its claim to protect the monarchy from any challenge and to effectively end the protesters' continuing reform campaign deeply disappointed conservative Thais who had formerly supported the government.

At the end of 2020, however, the protest movement eventually ran into some factional struggles over the limits of its programmatic radicalism in demanding a full Western-style constitutional system. Since then, and in the wake of the arrest of many of its leaders, its activity declined in relation to COVID-19-related restrictions. This seems to change at present with various anti-government groups once again becoming more articulate and publicly present during the third wave of the pandemic.

This leads to the question of how far pandemic-related legislation and rulemaking has affected the protest movement and the articulation of political rights in general. Although the COVID-19-related emergency regime had been kept conveniently in force even over the extended periods of almost full relaxation of the health situation in 2020, its impact on the protests has been mixed. While the related prohibition on demonstrations was frequently ignored, this prohibition proved to be a helpful legal tool to advance against single protest leaders and participants, probably deterring many others from joining further protests. Besides, the COVID-19 restrictions do not form the sole basis of "protest containment" rules. Instead, they are reinforced by an arsenal of other applicable legal restrictions that are often applied together with COVID-19 regulations.

In addition, a new decree based on the existing emergency regime bans "the distortion of information and news that cause misunderstanding in the emergency situation, the presentation and dissemination of news […] that contains messages that incite fear to the public, or intentionally distort information to create misunderstanding in [the] emergency situation that impacts state security, peace and [the] morality of the public" (Bangprapa, 2021b). Differing from previous regulations during the pandemic, the new one is far broader and does require law enforcement officials to first warn potential offenders to amend the information before legal action is taken (Bangprapa, 2021b). Whether such measures are conducive to relaxing the public pressure being exerted upon the government is questionable. Major media organisations and NGOs in Thailand have already condemned the move (Bangprapa, 2021b).

In general, the political volatility that built up over recent years and months will likely remain after the pandemic public health challenge recedes. Yet when public life returns to pre-pandemic conditions, the pandemic's socio-economic fallout will have reached a much larger level of devastation and political tension.

If the polity is further fragmenting and tensions are rising, the pandemic experience could eventually catalyse major political shifts in a country that has proven to have

a remarkable ability to deal with protracted volatility for some 15 years. The outcome could resemble the political instability of the 1970s or lead the concerned parties to forge a new compromise to reset the system before things become worse. However, the possibility and sustainability of such a compromise are less likely than a period of protracted unrest and violence or another coup.

Finally, an aspect of the country's COVID-19 situation pertains to its consequences in terms of foreign relations. In times of increasing geopolitical rivalry between the United States of America and the People's Republic of China in Southeast Asia, the COVID-19 experience has developed a distinct geopolitical edge in the region, which deserves some attention, especially in relation to Thailand. Here, several factors intertwine. First, it is noteworthy that Thailand initially decided not to join the COVAX programme to order Chinese vaccinations over other available products from Europe and America and, indeed, to sustain this policy even after the lesser efficacy of these Chinese products had become clear.

Second, and contrary to the often-claimed success of Chinese vaccine diplomacy (Huang, 2021), the outcome of the Thai government's vaccine orientation towards China turned out to be a veritable burden for Chinese soft power aspirations. The bottom line, despite all official advances to China, is that large portions of the Thai public associate the Chinese factor in Thailand's vaccination campaign with an intensive and profoundly negative learning experience. The bottom line, despite all official advances to China, is that large portions of the Thai public associate the Chinese factor in Thailand's vaccination campaign with an intensive and profoundly negative learning experience. Arguably, the bad and worsening reputation of the Sinovac vaccine significantly hampered Chinese soft power in Thailand. If this notion sustains, the initially successful Chinese vaccine diplomacy in Thailand became a major marketing disaster that reinforced almost forgotten stereotypes about the lower quality of Chinese products in general. Moreover, with fortuitous timing, the US donated 1.5 million doses of the Pfizer vaccine at the very point at which complete disenchantment with Sinovac was achieved, adding further to the debacle (U.S. Embassy & Consulate in Thailand, 7 July, 2021).

Conclusion

Thailand was affected early by the COVID-19 pandemic and managed the related public health risk initially with remarkable success although at high socio-economic cost. When the health situation changed drastically in spring 2021 with a devastating third wave of the pandemic, severe flaws in the government's handling of it became apparent. Reflecting insufficient awareness, planning and preparedness, the flaws included a failure to prepare medical equipment such as ICU beds, suboptimal testing practices, and, most of all, a vaccination programme that came too late with too few vaccine doses, a lack of diversification, and a focus on the wrong product.

When the health situation rapidly deteriorated since April 2021, this further increased the already high socio-economic cost of the pandemic, putting even more pressure on the government. As state and society faced exhausted financial resources after having had to navigate the already strained conditions of 2020, the outlook for recovery has become increasingly bleak. Having thus been particularly hard by the pandemic, Thailand is experiencing this challenge at a very unfavourable time.

First, the country is experiencing a protracted challenge to its social contract and political identity that is accompanied by a slow-burning crisis of orientation and belonging. While this socio-political condition negatively impacts the potentials of resilience and the chances for recovery in the pandemic situation, the pandemic's socio-economic fallout

reinforces and entrenches the indicated crisis of orientation and belonging.

At the same, Thailand, as a politically deeply divided society for about fifteen years, experiences a new form of political opposition driven by the youth, which is articulating an unprecedented challenge to the throne as the country's central institution. This challenge is aggravated by the severe disappointment of some of the government's own constituencies with its handling of both the pandemic and the protests of the opposition. An increasing number of people who are not belonging to the opposition is disillusioned by the government's lack of performance and good governance during the pandemic and in face of the protests.

It is unclear yet where this coincidence of a deep socio-economic crisis and a polity being disintegrated at its bones might lead to. It is to be hoped that Thailand will be able to use all its forces to respond to this double challenge and that it will eventually succeed in doing so.

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FOOTNOTES

1 The legal basis for these measures was the Price of Goods and Services Act, B.E. 2542 (1999).
2 These cases were related to several women who had returned from Myanmar, which was much worse affected by COVID-19 than Thailand. The women had informally crossed the border with Myanmar, where they had worked in the casino industry, and infected some of the people with whom they had contact back in Thailand.
3 Taking the perspective of the bi-weekly change in new infections as a good indicator for the actual development of the pandemic situation in terms the actual acceleration, stagnation, or decrease of its spread, the second wave peaked at the very end of 2020.
4 Taking the perspective of the bi-weekly *change* in new infections, this third wave peaked on April 20.
5 Tantrakarnapa & Bhopdhornangkul (2020); See also a Harvard study, which was still pending peer review when retrieved: Xu et al. (2020).
6 With such a preference as it is claimed here, the control and regulation of access to restaurants and sites of entertainment also promises to have a correspondingly increased effect on the prevention of transmissions.
7 Notably, these rules reflect an often-coinciding notion of Buddhist fatalism as it has been observed for other social contexts. See, for instance: Engel & Engel (2010).
8 It might be interesting to examine the extent to which Thai society displays a strong aversion to risk in terms of particular risks commonly attributed to a certain societal caution. While risk perception is always socially constructed, the level of related aversion varies and seems to be comparatively high in Thailand.
9 Bello explains that this basic trust lies behind the high degree of public compliance with current disease prevention measures, and he describes such trust as having built up over a decade-long history of cooperative public health campaigns. In that regard, he refers to "four landmarks in the country's history of cooperation between the public health authorities and civil society". These are: a family planning campaign starting in the 1970s; a counter HIV-AIDS campaign of the 1990s, which encouraged habitual condom use by prostitutes; the introduction of universal healthcare coverage by the Thaksin Shinawatra government in 2002; and, albeit not actually a health campaign, an anti-littering campaign in the capital. Concerning the latter two, it might be argued that in fact they reflect neither cooperative efforts of state and civil society nor a healthcare-related campaign respectively. Arguably, Bello's four "landmarks" might not constitute a sufficiently coherent and pervasive collective experience to actually constitute that state–civil society cooperation in public health to exert the degree of social disciplining and learning claimed by Bello. Rather than representing a specific development of state–civil society cooperation, some of Bello's "landmarks" seem to reflect two qualities that are currently relevant. First is the tendency of those in Thai society to comply with the kinds of normative frameworks that support public health-related compliance; and second is a history of continuous efforts towards creating and maintaining a certain public healthcare infrastructure that serves as a basis for the present COVID-19 response. This pre-existing infrastructure and experience pool comprised, for instance, the health volunteer system that became a central part of the government's crisis response. Trust in the medical profession derives also from a Buddhist appreciation for a profession mitigating suffering.
10 A question to ponder is how much the learning experience of the 2003 SARS epidemic added to these pre-existing structures and the potential of Thailand's healthcare system to deal with a pandemic. Although the SARS epidemic of 2003 was generally taken much more seriously in Asia than in Europe, Thailand in particular seemed to have been less concerned about it than Singapore and most East Asian societies.
11 See for instance: Pinitwong (2021).
12 According to the Bangkok Post, the Ministry of Health planned to increase the number of ICU beds during the first wave in 2020 from 120 to 187 by the end of April 2020, and to further increase them to 292 by the end of May 2020 (Wipatayotin, 2020). The insufficient medical infrastructure might in part also be responsible for a comparatively low public commitment to the testing of suspected cases to avoid to be quarantined in makeshift field hospitals.
13 As the counts of confirmed cases depend on how much a country actually tests, no adequate picture can be gained without sufficient testing. Only with enough data of confirmed cases can one extrapolate to actual cases in that country.
14 This shortage comes despite increased unemployment as some Thai workers have returned to their home towns while migrant workers who left Thailand have been unable to return.
15 An important export good are cars, whose exports plunged 30.19% last year. Due to a shortage of chips, aspects of production have even been brought to a halt, while domestic car sales fell more than 21% last year. See: Bangkok Post (2021b).
16 Ten listed Thai banks reported in their then unaudited financial statements on average a 32% decline in profits for 2020, largely attributed to higher loan-loss reserves. The country's largest bank, Bangkok Bank, reported the biggest decrease, of 52% year-on-year due to expected credit losses. At this time, the government might not be able to provide financial support to banks in a worsening situation due to its own fiscal and liquidity problems.
17 Especially due to labour shortages and disrupted supply chains. See also: Bangkok Post (2021h).
18 From April to September 2020, foreign tourist arrivals were driven back to zero. Although travel restrictions were moderately eased in October, the situation has not improved much since. See: Bangkok Post (2021a). A new bubble-seal strategy called the Phuket sandbox scheme

has just been implemented but will arguably not become a trend changer in 2021.

19 Thailand's Tax revenue collection ratio to GDP is relatively low compared to OECD countries, however.

20 For a far more optimistic account see: Bangkok Post (2021g).

21 The richest members of society are reported to have become significantly richer since the beginning of the pandemic in the country. See: Bangkok Post (2021j).

22 Regarding many members of typically marginalized groups, the success of official relief schemes was hampered by a lack of access to information and online application, and inaccessibility for those having no bank account. See the report of Global Call to Action Against Poverty: Malay & Baisakh (2020).

23 According to reports, many sick and elderly people cannot access COVID-19 tests with the consequence that many of them stay untreated at home where they frequently die. See: Bangkok Post (2021k). According to research by Deloitte Global, nearly 82% of women surveyed said their lives have been disrupted by the pandemic. See: Bangkok Post (2021c). Informal workers were for instance required to have monetary deposits in a bank account to be eligible for certain state-offered financial relief schemes, a condition many could not fulfil. See: Chantanusornsiri (2021). In early 2021, the labour ministry offered an estimated half million illegal migrants the chance to be registered in order to obtain the right to work but if this was not taken up within a couple of weeks, they would face deportation. Likewise, the government extended by six months the deadline for registered migrant workers to renew expired visas. See: Charoensuthipan (2021a).

24 See also: Goodwin et al. (2021).

25 Noteworthy, however, is that Thailand's suicide rate was already high before the pandemic, the highest in Southeast Asia. See: Chai Chin & Klimowicz (2021).

26 The pandemic's significant effect on the psychological wellbeing of many Thais highlights, moreover, the insufficiency of the existing psychological infrastructure. Instead of using therapeutical services from qualified psychiatrists or psychologists, many Thais suffering from mental illness are still seeking help from fortune tellers and monks.

27 This transformation might largely be explained as a consequence of globalization and entrenching modernization. To some degree, however, this condition reflects what was called a "loosely structured social system" as a cultural expression of the Thai society long before the forces of modernization and globalization kicked in. Notably, this "loose structure" is also responsible for the considerable freedom and tolerance the individual traditionally enjoys in Thai society when compared to other societies in the region. See: Embree (1950).

28 See: United Nations Population Fund (UNFPA) (2018). Affected by these long-term changes are also traditional family values and traditional cultural practices in general, which are currently contributing to a politically relevant generation gap.

29 On a cultural level this might be partly attributed to the dominance of Theravada Buddhism in Thai society, which stresses a strong sense of individualism. This is different, for instance, from Islamic groups in Thailand as well as in Muslim-dominated neighbouring countries where the concept of "ummah" provides strong incentives to maintain religiously defined social support groups and large religious associations with strong social functions.

30 A manifestation of these sentiments became obvious when hundreds of thousands of Thais, many of them students and young professionals, formed a Facebook group named "Migrate" to discuss possibilities for emigration. The dominant notion reflected by the discussions in this group were frustration, anger, and anxiety over the economic and political outlooks of the country under the guidance of the incumbent government.

31 Underlining the depth and importance of this mythos is the fact that the latter is reflected by Thailand's so-called "First Constitution", a 13th century stone inscription on behalf of "Father King" Ramkamhaeng, one of the iconic texts of classical Thai literature defining the dominating construction of Thai national identity. In this text, which has repeatedly been interpreted politically, the legendary founder-king praises the Land of the Thai where there is plenty of "fish in the water and rice in the fields", lines almost every Thai knows and used to learn as part of the official self-description of the country. See for instance: Seni Pramoj (1990).

32 When the government ordered restaurants to close for dine-ins and an early closing at 9 p.m., the hashtag "We're staying open. What are you going to do about it?" trended on Thai social media followed by another trending hashtag a few days later accusing the government of being "murderers".

33 In an official government order on new containment measures released in the Royal Gazette, the government used the following words: "… with the majority of citizens relaxing their attitudes towards the situation … without exercising caution, protecting themselves during the beginning of stages of the infections, has made the disease spread throughout the kingdom." See, also for the translation: Satrusayang (2021a).

34 A damaging rumour concerned a nightclub-related virus hotspot which was considered to have contributed to the virus's third wave at the beginning of April 2021. When a government minister contracted COVID-19 shortly after the club was identified as a hotspot, this reflected badly on the government's governance. See: Beech and Suhartono (2021).

35 See, for the challenge to constitutional basic structure and struggle over it: Glaser (2021).

This article was submitted on 20 June 2021

Tess Bacalla

Philippines' COVID-19 Containment Strategy: Weighed but Found Wanting

Like many other countries, the Philippines has suffered enormously from the outbreak of the novel coronavirus (2019-nCOV). From travel bans to community quarantine and one of the world's strictest and longest lockdowns, made possible by enhanced emergency measures, the Philippine government has enforced a series of dedicated measures targeted to contain the COVID-19 pandemic. The consequent and untold impacts of both the health crisis and specific policy measures are in part indicated by intensifying economic hardships that may be the undoing of a country that had been poised to overtake some of the biggest economies in Asia before the pandemic.

Keywords:
COVID-19 – lockdown – quarantine – emergency – human rights – militarized approach

Philippines' COVID-19 Containment Strategy: Weighed but Found Wanting

|| Tess Bacalla

Introduction

The novel coronavirus outbreak that began in Wuhan, China and soon spread across the globe in late 2020 has been invariably described as a crisis of unprecedented proportions. Initially called novel coronavirus or 2019-nCoV, and subsequently dubbed COVID-19 by the World Health Organization, which declared it a global pandemic on March 11, 2020, it sent countries across the globe reeling from its impact. A year on, it is far from contained, with new variants of the virus having emerged and intensifying concerns that containment has become an even bigger challenge. To date, deaths resulting from the pandemic already number 2.6 million (BBC News, 2021) as of mid-March 2021, with 118.6 million confirmed cases worldwide.

Global Status of Coronavirus

Total deaths	Total confirmed COVID-19 cases
2.6 million	118.6 million

As of March 12, 2021. Source: Johns Hopkins University, national public health agencies

The challenge is far vaster in developing countries with inadequate public health services and where public governance is beset by a host of challenges predating the COVID-19 pandemic. In the first few months of the pandemic, emerging and developing economies accounted for 60% of deaths and cases (Pazarbasioglu & Kose, 2020) worldwide.

More than a year since the spread of the coronavirus beyond China, there is yet no let-up in infections in many countries. On the contrary, the emergence of new variants is driving a spike in COVID-19 cases in many countries.

Conceptual framework for analysing the Philippines' COVID-19 strategy

Confronting a health crisis of unprecedented proportions poses enormous challenges to rich and poor countries alike. The experience of many nations, particularly in the West, which boast some of the highest GDP rates per capita, demonstrates this reality. A mere scan of the list of countries with significantly high numbers of cases relative to other countries – with the United States at the top of the list – bears this out.

An fundamental component of effective strategies in dealing with the pandemic is the ability of governments to act post-haste with a no-nonsense, well-thought-out, science- or evidence-based plan of action while marshalling the needed expertise and resources into a coordinated series of measures whose demonstrable impact is felt by and is visible to all.

The containment strategies of countries have shown varying degrees of success. It must also be acknowledged that the pandemic does not discriminate between rich and developing or poor countries in terms of its impact.

Policy issues and the state of public governance that goes beyond how healthcare systems are funded and managed underpin the effectiveness and, ultimately, the success – or lack of it – of overall coronavirus abatement strategies such as specific protocol measures, including mass testing, contact tracing, and quarantine.

In the Philippines, measures to quell the spread of the coronavirus have drawn mixed reactions, and are for the most part negative, highlighting what to policy experts and analysts are fundamental flaws in a number of state policies that reflect the country's capacity to step up to the challenge of dealing with a major crisis such as that which confronts the nation today.

A growing literature analysing government measures to flatten the curve has necessarily included an earnest examination of the country's governance system – with its concomitant challenges pre-pandemic. To be sure, further analysis will unfold in the weeks and months ahead as the current health crisis – and its complex dimensions – continue to play out. Yet, already, consensus has been building around the fact that the state response to COVID-19 has been wholly inadequate and fundamentally flawed. As the Philippine Institute for Development Studies (PIS), a government-funded research institute, has pointed out, "the pandemic has exposed important structural and governance issues" in the country (Tabuga et al., 2020).

From the initial steps taken by the government to the fraught policy and enforcement debates confronting its COVID-19 strategies, public policy think tanks and pundits alike have pointed to glaring inadequacies in the government's handling of the pandemic.

Based on existing literature, this paper looks into the government's initial response to the pandemic, the national plan of action, and the fallout from major policy measures.

Understanding the Philippine response to the COVID-19 pandemic

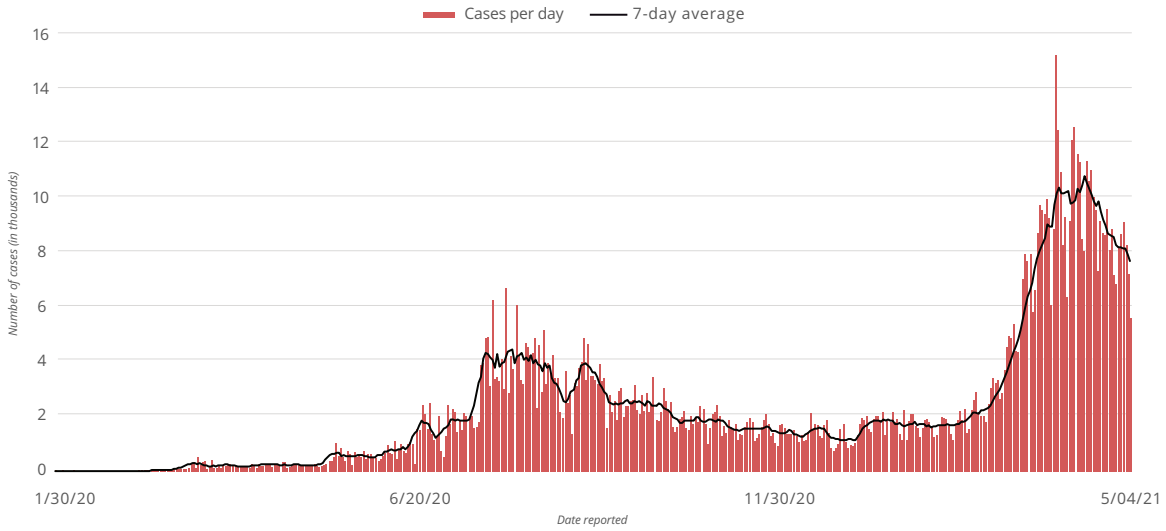
The Philippines, a Southeast Asian country with an estimated population of 108 million, reported its first confirmed case of the novel coronavirus (2019-nCOV) disease on January 30, 2020. This involved a 38-year-old female Chinese national from Wuhan, Hubei Province in China, who, together with her male companion, travelled to the Philippines on January 21, 2020 via Hong Kong.

Wuhan was the epicentre of the novel coronavirus. The Chinese government locked down Hubei on January 24, 3 days after it officially admitted (Davidson, 2020) that there had been a human-to-human transmission of the virus in Wuhan.

In the Philippines, the female's 44-year-old male companion soon tested positive for the coronavirus and died on February 1, thus becoming the first COVID-19 fatality outside of China. A third confirmed case involving another tourist from Wuhan was reported less than a week later. Contact-tracing assessments based on these confirmed cases yielded no additional cases.

It would take about a month before the first local case (Magsino, 2020) was identified and confirmed by the government through its health department. What followed was a steady uptick (see chart: COVID-19 Cases in the Philippines, by New Case per Day) in the number of confirmed cases within the country. For instance, in less than 2 months, confirmed novel coronavirus cases in the country were pegged at more than 5,000 – the highest number at the time in Southeast Asia. More measures were set in place to control the spread of nCOV. The weeks following showed a steady spike in the number of confirmed cases in the country. The first biggest daily rise (Cabico, 2020) emerged on March 31, 2020, when cases spiked to 2,084. In early April 2020, its fatality rate was logged at 6.6% (CNN

Figure 1: COVID-19 Cases in the Philippines, by New Case per Day



Source: Department of Health

Philippines, 2020), eclipsing the global average of 6.4%.

By August 2020, the Philippines posted the highest number of cases (Ranada, 2020) in Southeast Asia (see Figure 1), overtaking Indonesia as it breached the 100,000 mark for the first time.

On August 3, there were 106,330 confirmed cases and 2,104 deaths in the country. Based on data from WHO, 25% of these cases belonged to the 20–29 age bracket, and 23.9% were from the 30–39 age group. At least half (53%) of the cases were from the National Capital Region, with Metro Manila registering the most cases.

The Philippines was ahead of Indonesia in terms of COVID-19 cases until October 15, 2020, when it was overtaken by the latter in terms of confirmed cases among Southeast Asian countries. As of February 24, this year, these two countries have maintained their respective positions – first and second, respectively – in COVID-19 cases per million population (see Figure 2) (Bueza, 2020).

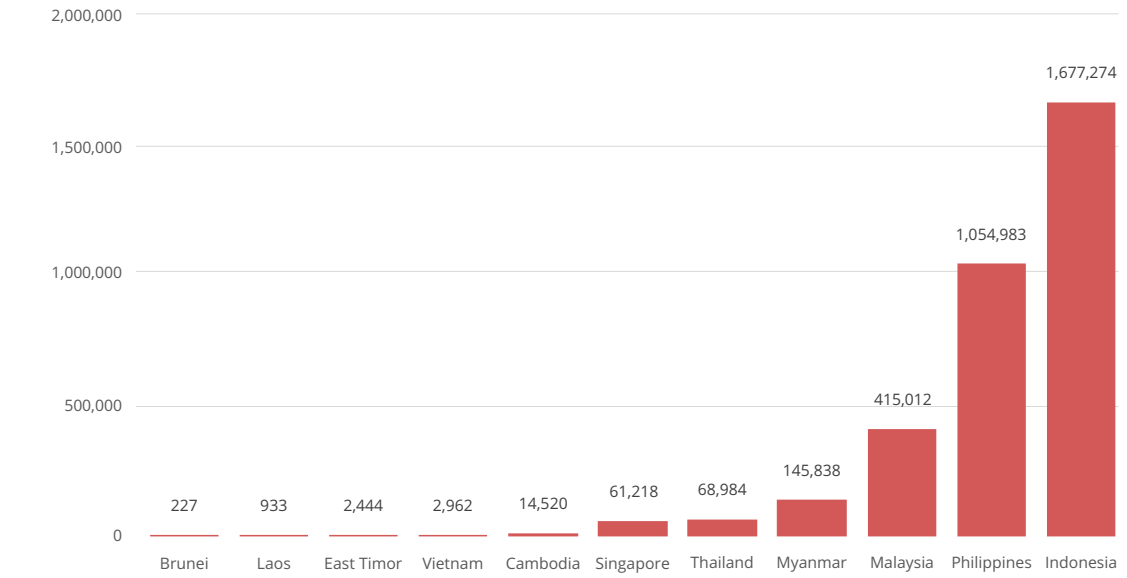
The sheer enormity of the situation overwhelmed the medical workforce, resulting in many of them contracting the dreaded coronavirus disease. By mid-December 2020, some 13,000 healthcare workers (Sabillo, 2020) had been infected with COVID-19, based on data from the Department of Health. Of this number, nurses made up the most number of cases (at 4,596), followed by doctors, who in turn accounted for the highest number of fatalities, at 31.

A year on since a Metro Manila-wide lockdown was imposed by the government, the country finds itself confronted by a surge of coronavirus cases, including variants. As of the end of February there were 576,352 confirmed COVID-19 cases. Over a period of 4 consecutive days, from February 24 to 28, the health department reported a daily tally of over 2,000 new cases. The total death toll as of February 2021 was 12,318.

Reports have indicated that emergency rooms in hospitals were being overwhelmed with patients. Emergent cases include "family clustering" of patients, including children, belonging to the same family.

This raises anew concerns about the capacity of hospitals to handle these cases, both in terms of availability of beds and other necessary facilities and the number and capa-

Figure 2: Confirmed COVID-19 Cases in Southeast Asia as of May 2



Source: Johns Hopkins University, WHO

city of healthcare workers to provide the required care and treatment.

A private research organization, called OCTA Research Group, said (Manila News, 2021): "The priority now is to contain or mitigate the spread of these more contagious and lethal variants apart from preventing the surge in the region from becoming full-blown."

In the meantime, hopes for vaccine procurement are hitting snags over unresolved issues such as the need for a law that will create an indemnity fund for individuals who experience adverse effects from anti-coronavirus inoculation. Such a law has since been passed and signed by President Rodrigo Duterte. The COVID-19 Vaccination Programme Act of 2021 allocates PHP500 million (US$10.3 million) for the COVID-19 National Vaccine Immunity Fund to compensate people who may experience adverse side effects or die after vaccination.

Amid growing concerns around the deadly coronavirus, on January 31, 2020, President Duterte imposed a ban on all travellers from Wuhan City and Hubei Province – a day after the World Health Organization declared the novel coronavirus (2019-nCOV) a "Public Health Emergency of International Concern". The Philippine president's call came almost a month after the Department of Health ordered tighter screening (CNN Philippines, 2020) in early January of all inbound travellers, particularly those who had come from or travelled to China. The ban was soon expanded to include travellers from the rest of China and its special administrative regions of Hong Kong and Macau.

In the face of confirmed cases of COVID-19 mounting in the Philippines, mirroring a global pattern, the Philippine government embarked on a series of more dedicated measures to curb the spread of the coronavirus. A national public health emergency, by dint of Presidential Proclamation No. 22, was declared on March 16, 2020, setting off a plethora of policies to contain the pandemic.

A major step in this direction was the convening of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), chaired by the Secretary of the Health Department, in early January 2020. The IATF, composed of government departments and retired military personnel, spearheaded efforts to fight the pandemic by making recommendations on the management of the coronavirus

health crisis. It created the National Task Force (NTF), headed by the Secretary of National Defence, to handle the operational aspects of the government's strategy in dealing with the COVID-19 pandemic.

National Action Plan

On March 25, 2020, the IATF unveiled the National Action Plan, the overarching goal of which was "to adopt measures for containment and mitigation of the spread of the virus to reduce the spread of new cases and to facilitate the detection, identification, and isolation of COVID-19 carriers". The IATF is the Plan's policymaking body while the NTF is its operational arm.

Among the essential components of the Plan were: the enforcement of a community quarantine in Metro Manila (and later the rest of the regional island of Luzon and other parts of the country); increasing the number of testing laboratories from one national reference laboratory under the Research Institute of Tropical Medicine; setting-up of quarantine facilities and financing of services and management of cases; and the provision of a social amelioration package to poor families, which is one of the major components of a comprehensive strategy to revive the economy.

The Philippine government crafted a Four-Pillar Socio-Economic Strategy COVID-19 (Department of Finance, 2020). On top of the above, the three other components are as follows: a) marshalling resources to fight COVID-19; b) monetary actions and other financing support; and an economic recovery programme to create jobs and sustain growth.

Such a strategy "covers the urgent need to boost the healthcare system and its frontliners in confronting the deadly virus, as well as cash assistance to citizens whose means of subsistence have vanished in the outbreak's fallout," says one analyst (Galang, 2020).

Emergency powers

In yet another effort to deal with the ongoing coronavirus crisis, President Duterte certified as urgent a legislative bill granting him emergency powers. On March 24, 2020, the bill, Republic Act 11469, otherwise known as "Bayanihan to Heal as One Act", was passed, coming into force the following day. Among its salient points (Manila Standard, 2020) were provisions granting the president the power to: control funds of at least PHP275 billion (US$5.6 billion) under the 2020 General Appropriations Act; "direct the operation" of certain privately owned facilities as well as deal with "wayward" local government officials; and reprogramme, reallocate, and realign any appropriation in the 2020 budget so it can be used in the fight against COVID-19.

Based on the newly passed law, a social amelioration programme (SAP) was to be carried out to alleviate the suffering of low-income families. Under the first tranche, the government pledged to grant a monthly subsidy of PHP5,000–8,000 (US$103–165), depending on the mandated minimum wage per region, to 18 million households for 2 months. Implementation of the programme was delegated to the Department of Social Welfare and Development (DSWD).

By April, only PHP26.3 billion (US$540 million) of the allocation (US$5.6 billion) had been utilized. On May 29, 2020, however, the DSWD Secretary reported that 97.64% (Nagtalon, 2020) of the target households had received the promised cash assistance. Other reports indicate that as of the end of June 2020, after near completion of the second tranche of SAP distribution, close to 13 million low-income families had received emergency cash assistance through the scheme. Overall, between March and June 2020, many target beneficiaries had still not received any SAP assistance.

But according to the IBON Foundation (IBON Foundation, 2021), a private think tank, a

total of only 14.1 million families received two SAP tranches from the social welfare department at an average of PHP5,803 (US$119) a month – "equivalent to just PHP12 [US$0.25] per person per day[1] for the 106 days of the first long lockdown."

Other forms of cash assistance, which were handled by other government agencies, were intended for farmers, public utility vehicle drivers, and displaced and disadvantaged workers, among others.

Government assurances notwithstanding, there were numerous complaints and reports of delayed distribution of cash assistance and other bureaucratic obstacles, allegations of corruption, and scores of families and sectors (such as indigent senior citizens and people with a disability) having been excluded from the list of target beneficiaries. Still other issues cited were the lack of a comprehensive list (Cuaton & Su, 2020) of potential beneficiaries, absence of clear guidelines and limited time in beneficiary selection, unreasonable quota of beneficiaries per barangay or village (the most basic political unit of the governance system in the Philippines); duplicate recipients, and absence of an updated information system that identifies poor and low-income households.

Lockdown in Metro Manila and rest of Luzon region – and ensuing recession

A month and a half after the World Health Organization's declaration on January 30, 2020, of a global health emergency, President Duterte placed the 12-million-strong Metro Manila under community quarantine, coming on the heels of the health department's announcement of the highest COVID-19 alert level in the country's economic and political hub. Earlier, on March 9, 2020, President Duterte had declared a nationwide public health emergency by signing Proclamation No. 225.

The first month-long quarantine was announced less than 24 hours before its onset, and included a raft of sweeping measures such as bans on mass gatherings, suspension of classes at all levels, restrictions on all modes of travel (with mobility limited to basic necessities), and imposition of a curfew. When the lockdown was announced, many labourers found themselves stranded in Metro Manila, and unable to go home (since many of them hail from outside the metropolis), in the absence of public modes of transportation and owing to tightly controlled checkpoints manned by police and the military.

The resulting mayhem from the sudden imposition of a lockdown in Metro Manila and the apparent lack of a clear plan detailing how it was to be carried out drew criticisms from various sectors as well as international observers, as evidenced by the spate of articles published locally and internationally pointing to the manifest gaps and loopholes in the government's initial handling of the pandemic.

The initial plan was for this measure to be in force from March 15 to April 14, but it was followed by a series of extensions, spanning almost a year, which in the process became one of the longest – and strictest – in the world.

The consequent impacts of the prolonged lockdown were severely felt by poor Filipinos as they struggled to survive the dire economic impacts of the crisis, with a record number (Palatino, 2020) of people losing their jobs, while countless others were unable to go to work because of lack of transportation, and therefore were left to contend with a no work-no pay policy. Businesses were forced to close either permanently or temporarily.

A study (Susantono et al., 2020) presented by the Asian Development Bank in a webinar held in September 2020 showed that 70.6% of business enterprises of varied sizes – from micro to medium – in the country were forced

to close temporarily. Such closures necessarily led to massive loss of livelihood.

Public sentiment towards the government's handling of the pandemic has for the most part been negative according to a survey (Ranada, 2021) conducted by the ASEAN Studies Centre, titled The State of Southeast Asia: 2021. More than half (53.7%) of the Filipino respondents expressed disapproval of the government's handling of the COVID-19 pandemic.

Such a sentiment, however, has hardly affected the popularity of President Duterte, who remains popular with Filipinos. In September 2020, a nationwide poll (Pulse Asia Research, 2020) conducted by Pulse Asia, a private social research institution, showed a 92% approval rating for the president and his administration in the face of the pandemic (Regino, 2020).

Pre-pandemic governance and structural issues

The global health crisis has magnified structural problems and manifest inadequacies in public governance across countries. The Philippines is no stranger to this reality; from public health systems to education, to lawmaking and enforcement, the pandemic has shone a spotlight on fundamental flaws in how the government runs the affairs of the country.

At a micro level, the Philippine Institute for Development Studies (PIDS) pointed out the structural flaws (Tabuga et al., 2020) besetting the country, especially when faced with a crisis of grave proportions: information systems are outdated, resulting in unintended delays in data gathering, which in turn could inform decision making. The pandemic has also magnified the inability of the government to provide basic services to its citizens such as water, which is so vital to maintaining health protocols. A water service interruption (Rey, 2020) that gripped parts of Metro Manila about a month into the lockdown throws this reality into sharp relief.

The urgent need need for access to basic services such as healthcare was also magnified by the pandemic as these facilities were inundated with COVID-19 patients needing immediate treatment while patients suffering from other ailments were left to fend for themselves, not knowing where or when they could avail themselves of equally urgent medical attention.

PIDS observed similar findings in 2009; the country's social protection programmes were already severely inadequate long before coronavirus reached Philippine shores. The schemes were hampered by "low coverage and inadequate benefits, poor targeting, and operational constraints due to lack of coordination among program implementers," notes (Yap et al., 2009) PIDS in its earlier study. "This is a microcosm of the institutional problems that have constrained economic development in the Philippines over many decades."

Fast-forward to 2020. With 30% of healthcare facilities having no access to clean toilets, sanitation became an even bigger concern among poor Filipinos during the pandemic. In addition, 26% of the Philippine population themselves have no access to safe and clean toilets, according to PIDS.

The sorry state of the country's basic education system was also magnified by the pandemic, namely, the lack of access to basic education for many poor school children, lack of infrastructure, and poor school performance. "The Philippines ranked lowest out of 79 countries in the OECD's Program for International Student Assessment in 2018," according to a report (Tadalan, 2021).

As digital solutions were adopted by schools, millions of families were caught flatfooted by the shift from on-site to online classes, with many households lacking the necessary gadgets and the access to and costs of internet connection. Poor internet connectivity in many parts of the country, including the

metropolis and even more so in remote areas, proved to be yet another major challenge for families already struggling to make ends meet. The inability of parents, many of them uneducated, to assist their children with their lessons while on remote learning was yet another concern voiced by the former.

As of February 2021, 2.6 million Filipino children (Tadalan, 2021) have been forced out of school due to poverty. The enrolment rate dipped 10% year-on-year to 24.6 million.

Militaristic approach

Compounding the nation's struggles was the overall militaristic approach taken by the government in enforcing emergency measures, notably the lockdown or what was initially dubbed community quarantine. This led to a raft of reported human rights violations as punitive measures were imposed upon people disproportionate to their purported offences.

Two pieces of legislation provided the basis for this approach, both of which were passed before the pandemic struck, one as far back as 11 years ago: the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act of 2018, which authorizes the president to declare a state of public health emergency; and the Philippine Disaster Risk Reduction and Management Act of 2010, which authorizes the president to declare a state of calamity. Based on the latter legislation, President Duterte issued Presidential Proclamation No. 929 in March 2020 to declare a nationwide state of calamity.

President Duterte was given additional "necessary special powers" to lead the country in dealing with the pandemic when the Bayanihan [meaning community spirit] to Heal as One Act of 2020 came into force on March 24, 2020, in response to the COVID-19 health crisis.

Use of these emergency powers entailed heightened visibility of uniformed personnel in strategic locations, notably checkpoints. The sight of President Duterte surrounded by military men in a public address last year on his administration's pandemic response drove home the reality of the government's militarized strategy to ward off the pandemic.

This approach harks back to the "the decades-long tactics of the military on border controls in its fight against armed groups". The stark difference this time, however, is that the government is "fighting a disease," (Dizon, 2020) says a former adviser to the National Task Force, a medical doctor.

The ensuing human rights violations reported by the media and shared widely on social media amid the raging pandemic were widely blamed on the martial-law like lockdown that was denounced by both local and international human rights groups such as Amnesty International.

According to Human Rights Watch:

> *Tens of thousands of people were arrested and often detained in crowded jails and holding centers where they were at increased risk of contracting the virus. Police and local officials targeted vulnerable populations, including lesbian, gay, bisexual, and transgender (LGBT) people and children, and in some cases using public humiliation and cruel treatment. (Roth, 2020)*

Seeing the flagrant breaches of human rights in the Philippines – a pattern that was not lost on the international community, which similarly issued a call to the government – the International Coalition for Human Rights in the Philippines issued an urgent appeal to "the Duterte government to end its repression of civil society to enable the Filipino people to maximise their capacity to deal with the crisis" (Scoop, 2020).

Economic fallout

Following severe restrictions imposed on labour and mobility, and the consequent impact

on domestic economic activity, the country's gross domestic product shrank 9.5% – considered the worst since 1946, (Vera, 2021) the end of World War II, when the country began to record its yearly output. Like many other countries in the world, the Philippines was clearly in recession, and had the worst GDP decline in Asia. Based on current prices, IBON assessed that the Philippines lost PHP1.45 trillion (US$29.9 billion) in 2020 or an average of PHP4.2 billion (US$86.6 million) per day.

According to IBON's estimates, there are now at least 5.8 million unemployed Filipinos, some 18 million vulnerable poor and low-income families, and at least 33 million going hungry (IBON Foundation, 2021).

Data generated by IBON also showed that in terms of unemployment, millions of Filipinos lost their jobs, with the number of employed Filipinos falling to 33.8 million in April 2020, the lowest since 2008, which witnessed a global financial crisis that did not spare countries like the Philippines. In October 2020, employment dropped by 2.7 million people in work, from 39.8 million in October 2019 – "the largest contraction in employment in the country's history."

Job losses occurred mainly "among those in full-time work (40 hours or more) with apparently very few finding alternatives in part-time work (less than 40 hours)," according to IBON.

In the past 5 years before the pandemic (2020), the Philippines' economic growth was averaging (Moss, 2020) at least 6% and was projected to grow 7% last year, poised to outpace some of the biggest economies in Asia, namely China, Indonesia, and India. The global pandemic – and its handling by the government – became the perfect foil for this rosy economic outlook in the Philippines.

What remained a bright spot in the Philippine economy was the only marginal decline in remittances from overseas Filipino workers (OFWs), which perennially have been the backbone of the Philippine economy, accounting for 8% of GDP in 2019. The slight decline defied expectations, with remittances falling only 0.08% in 2020.

Philippines' COVID-19 response: weighed and found wanting

Observers and analysts alike agree that the Philippines' coronavirus response has for the most part been inadequate. Travel restrictions were not imposed soon enough – when acting with dispatch would have been the best course. Such foot dragging – blamed largely on what is widely perceived as the state's constant appeasement of China – would have far-reaching repercussions in terms of efforts to curb the pandemic. This reality takes on greater significance now that there has been a sharp rise (Magsambol, 2021) again in coronavirus cases.

Prior to the initial travel ban, and against a backdrop of pressure being exerted by both the public and legislators, President Duterte announced that he would not ban or restrict travel from China, to avoid fanning the flames of "xenophobia". To many, this spoke volumes about his administration's priorities in dealing with an immense health crisis.

The lack of aggressive mass testing – dismissed as "unrealistic" (Esguerra, 2020) by an infectious disease expert advising the government – and contact tracing in the first 3 months of the outbreak in 2020 was likewise a fundamental flaw in the government's COVID-19 response.

The ensuing chaos and confusion among the public, once the first month of "community quarantine" had been announced also reflected poorly on the government's mitigation strategy and imposed an unnecessary burden on the people.

Poorly communicated and coordinated plans and strategies – with government

agencies issuing contradictory statements and demonstrating a lack of consistency in government policies – did nothing to help in guiding the public towards compliance and ensuring an efficient COVID-19 response.

More recently, officials appeared not to be able to decide conclusively whether a travel ban should be imposed on 20 countries. "The list went up on the airport's Facebook page, then was taken down, then put back up again within a few hours," reported the South China Morning Post (Robles & Robles, 2020).

Limited health funding, which had been cut in previous years under the Duterte administration, became all too apparent when government hospitals and frontline health workers had to appeal for personal protective equipment, worried that their supplies were running out and cases were on a steep rise.

Health budget cuts during Duterte's administration are a disturbing signal of the government's misaligned priorities, with funding for other basic services including education having been similarly slashed during annual budget allocations (Punongbayan, 2019).

The distressing plight of the country's frontline health workers amid surging COVID-19 cases, together with the sorely inadequate government response, prompted 80 medical societies comprising doctors and nurses to write to the government "to issue a distress signal … (that) our healthcare system has been overwhelmed …. We are waging a losing battle against COVID-19" (Fonbuena & Farrer, 2020).

According to the Asian Peoples' Movement on Debt and Development:

> *The Philippines has been in a vulnerable position since the beginning of the Covid-19 pandemic. This vulnerability can be explained by social, economic, health and financial factors. As a result of these pre-existing conditions, the crisis has been acutely felt by the population of the country. (Asian Peoples' Movement on Debt and Development [APMDD], 2020)*

That the government needed to reassess its priorities, in steering the country towards an effective response to the pandemic, also became disturbingly manifest when Congress, pressed by President Duterte, passed the controversial Anti-Terrorism Bill in July 2020.

The newly minted law, which replaced the Human Security Act of 2007, criminalizes vaguely defined offences, notably incitement of terrorism (Sobel, 2020).

The Carnegie Endowment for International Peace describes the Philippines' "Anti-Terrorism Act as the latest in a series of power grabs passed under the guise of national security amid the coronavirus pandemic, presenting a serious threat to Filipino democracy."

To local and foreign observers alike, the inability of the Philippine government to flatten the curve a year after the pandemic first emerged in the country is but a symptom of bigger structural challenges facing the country.

Conclusion

Various groups and individuals have time and again sounded the alarm on the Philippine government's policy and enforcement strategies in reversing the surging tide of coronavirus cases on the domestic front. Such serious calls have accompanied concrete proposals that, if heeded, may well spell the difference in terms of the kinds of impact that the Filipino public, already heavily burdened by the loss of jobs and other economic opportunities brought on by the pandemic, is yearning for.

Former adviser to the National Task Force on COVID-19, Dr Tony Leachon,[2] has proposed, for example, that the role of the Inter-Agency Task Force (IATF) on Emerging Infectious Diseases be redefined. As the country ramps up its vaccination programme, the IATF may

well be converted into a Vaccine Launch Team, with streamlined functions that will allow the Cabinet-rank officials making up the task force to focus on their immediate duties based on their respective mandates. This would then facilitate the delegating of local COVID operations at management level to the local chief executives.

The IATF's heterogenous composition (which includes economic experts whose voices, in the view of many people, often drown out those of health experts) must be revisited at the very least. Dr Leachon and other medical experts have highlighted the need for science to be the principal driver in the country's response to the pandemic, which many again see as having been political. "Medical experts are needed since you're dealing with a health crisis," not a war or an insurgency, he said.

Dr Leachon added that the government would do well to heed the lessons proffered by countries such as New Zealand, Germany, and the United States (under President Joe Biden's administration) in putting a premium on a strong healthcare team spearheading pandemic-related efforts.

Allowing the private sector to play a bigger role in the government's strategies would also ensure a more strategic and effective response to the crisis, Leachon says. This would go hand in hand with a measured communication strategy that promptly and clearly conveys to the public the messages that they need to hear.

To achieve long-term solutions, it is now time for the government to revisit its priorities and pass or amend legislation that will, among other laws, correct systemic and structural problems like poorly funded public healthcare systems and poorly paid healthcare workers, many of whom are forced to leave the country in search of the proverbial greener pasture. To this end, an omnibus health care law is required. A funnelling by the government of the necessary funds into health and relevant infrastructure would also correct some, if not most, of the ills identified in this paper, including ensuring an effective approach to disaster or crisis management.

To many Filipinos, however, what is far more urgent is addressing the widely perceived failure of leadership that has plunged the nation into its worst crisis yet. In this regard, Vice-President Leni Robredo's words couldn't be more apt:

> *A crisis of this magnitude calls for a massive, strategic response, and this can only be achieved by leadership that is able to pull everyone together towards a single direction. (Abad, 2020)*

|| Tess Bacalla

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FOOTNOTES

1 Assuming an average size of five persons per family, according to IBON.
2 Interviewed by the author on February 28, 2021.

This article was submitted on 3 May 2021

Happymon Jacob

India's cumbersome battle with COVID-19

COVID-19 has had a major impact on India's economy, society, politics, and foreign policy. As of now, India is nearing 14 million reported infections, more than 170,000 people have lost their lives, and it is the second-worst affected country in the world. India fumbled on more than one occasion while responding to the pandemic. Nevertheless, for a developing country with a poor health infrastructure, India's response has not been entirely unsatisfactory, and it may have learned crucial lessons from the epidemic. This paper seeks to examine and analyse India's response to the pandemic.

Keywords:
COVID-19 – diplomacy – economic impact – geopolitics – India – lockdown – vaccine

India's cumbersome battle with COVID-19

|| Happymon Jacob

Covid-19 in India

In late December 2019, China officially informed the World Health Organization's (WHO) local office that 27 cases of "pneumonia of unknown cause" had been detected in Wuhan. Around 10 days later, the country reported its first known death from coronavirus disease (COVID-19) caused by severe/acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (World Health Organization [WHO], n.d.–c). WHO's initial response was that the outbreak constitutes a public emergency. However, on January 30, 2020, it recognised the seriousness of the disease and declared the outbreak a public health emergency of international concern. Around the same time as the WHO statement, the first case of COVID-19 was reported in India; a student who had returned to Kerala's Thrissur district from Wuhan University was found to be infected. Later in February, more students tested positive for the virus, which led to the Indian state of Kerala declaring COVID-19 as a "state calamity". India recorded a steep rise in infections, with numbers touching 1,000 cases around the end of March. The WHO declared COVID-19 a "pandemic" on March 11, 2020, prompting the government of India to announce a 21-day lockdown from March 25, 2020. With the rise in cases, the national lockdown was further extended until May 3, then May 17, then May 31, before a phased unlock was announced. In June 2020, the country started a phased reopening of its economy (Bharali et al., 2020). Amid a record 75-day lockdown, India recorded more than 250,000 Covid-19 cases and 7,200 deaths (D. Kumar, n.d.). In India, from January 3, 2020, to March 30, 2021, there were 12,095,855 confirmed cases of COVID-19, with 162,144 deaths (WHO, n.d.–a).

Among other factors, elections in India contributed to the spread of the virus. During the October–November state assembly elections in the Indian state of Bihar, election rallies held by politicians were attended by the masses, even though the Election Commission of India had ordered that no more

Table 1: Worst affected Indian states (top 5)
 # Not included the UTs, only states.

State	Cases	Active	Cured/Discharged	Deaths
Maharashtra	1,823,896	91,623	1,685,122	47,151
Karnataka	884,897	23,298	849,821	11,778
Tamil Nadu	781,915	10,997	759,206	11,712
Kerala	602,982	62,025	538,713	2,244
Delhi	570,374	32,885	528,315	9,174

Table 2: Least affected Indian states (top 5)
 # Not included the UTs, only states.
Source: The Wire, 2021

State	Cases	Active	Cured/Discharged	Deaths
Mizoram	3,847	343	3,499	5
Sikkim	4,989	248	4,632	109
Nagaland	11,186	928	10,194	64
Meghalaya	11,810	763	10,936	111

Month-wise details of COVID-19 tests conducted (March to October)
Source: Parliament of India, 2020b.

Month	Tests
March	33,330
April	864,517
May	2,937,283
June	4,993,407
July	10,532,295
August	23,977,081
September	33,069,878
October	33,878,288

than 200 people could attend outdoor rallies (The New Indian Express, 2020, October 8). TV footage from Bihar showed massive rallies attended by people ignoring social distancing norms. Amid concerns of a fresh wave of the virus, India is going to hold assembly elections in five states, and reports show that political leaders are holding massive rallies flouting covid protocols (ET Bureau, 2020).

India's containment strategy

For a country as huge, diverse, and underdeveloped as India, fighting a major pandemic such as COVID-19 was not going to be easy. India's first instinct was to shut down the country, which it did for a considerable period of time – 75 days, from March 25 to June 7, 2020 (Daniyal, 2020). However, despite the shutdown, the pandemic continued to surge in certain pockets and through superspreader events. Moreover, the country's response to COVID-19 was not uniform, varying across states and between rural and urban settings.

India established robust disease surveillance measures by mid-January and issued a series of travel advisories and restrictions. International travel restrictions were imposed, and most types of existing visas were suspended, especially those travelling from countries that reported a high number of cases. Domestic flights were also restricted. Around the same time, all passengers arriving from mainland China and Hong Kong were subject to thermal screening at three major international airports (S. Sinha, 2020). Thermal screening was extended to all international flights by early March (Parliament of India, 2020a).

Equally importantly, the country decided to repatriate and quarantine Indian nationals arriving from abroad. As per the data released by the Ministry of External Affairs, "As of March 10, 2021, around five million people have returned to India under Vande Bharat Mission (VBM). Ministry of External Affairs has incurred Rs335 million (as of December 31, 2020) to assist Indian nationals in distress to bring them to India under VBM" (Times Now Digital, 2021).

Challenges faced by India in containing COVID-19

The imbalanced availability of healthcare infrastructure across different states was one of the criticisms of India's handling of the pandemic. For instance, a study by re-

searchers at the Center for Disease Dynamics, Economics & Policy concluded that India has approximately 1.9 million hospital beds, 95,000 ICU beds, and 48,000 ventilators. Most of the beds and ventilators in India are concentrated in seven states – Uttar Pradesh (14.8%), Karnataka (13.8%), Maharashtra (12.2%), Tamil Nadu (8.1%), West Bengal (5.9%), Telangana (5.2%) and Kerala (5.2%) (Kapoor et al., 2020).

A similar study by Brookings Institution highlights that some Indian states such as Bihar, Jharkhand, Gujarat, Uttar Pradesh, Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Haryana, Maharashtra, Odisha, Assam, and Manipur fall below the national level figure (0.55 beds per 1,000 population). These 12 states also account for 70% of India's population (Singh et al., 2020).

Given the country's poor health infrastructure, it became apparent as the fight began to contain COVID-19 that India's response to the virus was going to be tough. To begin with, the country simply did not have sufficient hospital beds and ICUs for its population. According to the Department-Related Parliamentary Standing Committee on Health and Family Welfare, "Data from National Health Profile – 2019 states that there are total 713,986 Government hospital beds available in India which amounts to 0.55 beds per 1,000 population. As per Reports, 12 States stand below the national level figure" (Parliament of India, 2020b).

The Committee's report, released at the end of 2020, further stated that "lack of hospital beds and the inadequate (too few) ventilators further complicated the efficacy of the containment plan against the pandemic". In May 2020, it was reported that India needed as many as 75,000 ventilators compared to the available number of 19,398 (The Economic Times, 2020). During the peak summer in 2020, some hospitals had to deal with the problem of unexpected electricity shortage, which affected the functioning of ventilators, thereby complication the circumstances of the COVID-19 patients (Raja, 2020).

While the numbers of cases were on the rise, searches for vacant hospital beds were both frantic and harrowing. Instances of patients being turned away from overburdened hospitals due to lack of vacant beds became the new normal. India witnessed unprecedented news stories wherein patients and their families were going door to door across various hospitals carrying oxygen cylinders in search of hospital beds (Parliament of India, 2020b).

India's effort to carry out contact tracing was implemented with some vigour during the early months of the spread of the disease, especially by states such as Kerala (Gopika, 2020), but it began to falter as the epidemic started spreading rapidly. India's COVID-19 containment rules require the states "to identify contacts as early as possible for preventing the spread of further transmission". However, the states simply did not have the wherewithal or personnel to do so (Farooqui, 2020).

The National Centre of Disease Control had instructed states: "Attempts should be made to identify all household members, social contacts, contacts at workplace and contacts in health care settings who have had contact with a confirmed case anytime between two days prior to the onset of symptoms and the date of isolation." However, this did not happen as people attempted to avoid contact tracing by officials owing to both the social stigma associated with COVID-19 infection and fear of unhygienic, government-run quarantine facilities (Saikia, 2020).

The epidemic began spreading through the country, concentrated in certain hotspots, especially in urban areas. In its report, the Parliamentary Standing Committee also observed this pattern, stating that "poor contact tracing and slow testing in the initial phase of pandemic led to the increased number of infections in the country." (Parliament of India, 2020b)

Early on, during the spread of the epidemic, the government also issued several confusing and contradictory guidelines, which led to ineffective control of the disease. The Parliamentary Standing Committee, for instance, observed "that plethora of guidelines issued by the Ministry in the course of the containment of an outbreak of pandemic Covid-19 also caused ambiguity in the interpretation of multiple guidelines. The contradiction in guidelines and the resultant chaos among the general masses could have been averted by making the public aware of the provision of guidelines and better implementation of the advisories. Needless to say, particularly the separate guidelines on the quarantine issue by different State Governments created more panic and confusion" (Parliament of India, 2020b)

One of the biggest mistakes that the government of India committed, however, was shutting down the country without notice, planning, or consultation with stakeholders. A recent report by the BBC reported that the government, headed by Prime Minister Modi, "did not consult key ministries and states" concerning the lockdown decision. The report further suggests that a lack of consultation was evident in the mismanagement of the migrant crisis that India witnessed due to the lockdown (BBC News, 2021).

When Prime Minister Modi announced the lockdown in late March 2020, he gave less than 14 hours' notice to the country. Several key decision-making ministries, including chief ministers, were taken by surprise, despite the fact that it was their responsibility to implement the prime minister's decision. This had the biggest impact on the country's inter-state migrant workers. Millions of these workers did not know how to address the sudden loss of income due to the shutdown of the economy. They had no way of getting to their homes in rural India since the railways, the country's lifeline, had been closed with only 3.5 hours' notice. Tens of thousands of migrant labourers had to walk hundreds of miles with their families to reach their native villages, with the government doing little to help them.

According to a Brookings Institution study, between 2 and 10 million migrants were impacted by the pandemic (Bharali et al., 2020).

The analysis also shows that the sudden lockdown had far-reaching implications for the health sector. "Between 100,000 and 200,000 children missed routine vaccinations during February and March. Treatment for tuberculosis also showed declines. Claims for cataract eye surgery and joint replacements fell by over 90 per cent, and significant declines were also seen in cardiovascular surgeries, child delivery, and oncology. These findings raise concerns about a potential resurgence of vaccine-preventable illnesses, infectious diseases, and chronic ailments" (Bharali et al., 2020).

Given India's complexity, the measures taken to address the COVID-19 challenge, however insufficient they may be, have to be appreciated. As Poonam Khetrapal Singh, the WHO's regional director for Southeast Asia, points out, "India took bold decisions such as screening people at ports of entries, tracing contacts, training health workers, scaling up testing capacities, preparing health facilities and engaging with communities" (Krishnan, 2020). Despite the various challenges, the central and state governments managed to raise awareness about the disease, impose lockdowns for the most part, produce vaccines at home, and contain the spread of the pandemic.

What was missing from the measures was a lack of prior planning before major announcements and coordination between state governments and central government.

India's vaccination efforts

At present, COVID-19 vaccination drives are in full swing in the country. As of March 24, 2021 India had vaccinated a cumulative total of 5,08,41,286 people (Awasthi, 2021).

India is a global vaccine manufacturing hub, with the capacity to mass-produce vaccines developed domestically and internationally. The infrastructure of India's Universal Immunization Programme (which inoculates about 55 million people a year) allows for an added advantage in a vaccine rollout.

An estimate suggests that the total expenditure on vaccine rollout would amount to Rs60 to Rs65 trillion (around €7.5 bn). India's approved vaccines include Serum Institute of India's locally made Oxford & AstraZeneca vaccine, 'Covishield', and the homegrown coronavirus vaccine, 'Covaxin', jointly developed by Bharat Biotech and Indian Council of Medical Research.

COVID-19 fallout

1. Social implications

India presents unique concerns in terms of fighting the pandemic due to its sheer size and the complexity of its diversity, beliefs, and practices. In addition, poor social indicators, like lower life expectancy, higher fertility, high child mortality, widespread illiteracy, poverty, poor sanitary conditions, and open defecation make for a deadly mix. These indicators highlight the gravity of the situation that can worsen conditions in the face of a massive community outbreak of the epidemic. More so, this also goes to show the sheer vulnerability of India and its people while faced with a deadly virus such as COVID-19 (Mufsin & Muhsin, 2020).

This unique complexity of India is also conducive to culturally rooted and domestically driven misinformation and misconceptions that add to the problem. One often finds political, religious, and other influential figures distributing ill-informed "truths" (Mufsin & Muhsin, 2020). This was especially evident during the pandemic.

Local "remedies" to treat Covid-19 were peddled by popular yoga gurus, as well as government agencies. The Indian government's Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), for instance, released an advisory on January 29 in which it claimed that Unani Medicines were useful in the symptomatic management of the coronavirus infection (Press Information Bureau [PIB], 2020). Then there were fringe Hindu groups who advocated the use of cow urine for treating COVID (The Hindu, 2020b). "Misguidance in the form of suggesting cow urine as a protection against the virus; religiously-oriented obligations that discourage social distancing; and mass disregard and refusal to adhere to rules restricting and in some cases prohibiting altogether cultural gatherings suggest that such behaviour escapes the particularity of any one religious, cultural and geographic identity" (Mufsin & Muhsin, 2020).

Communalization

Large religious gatherings have become common despite the real danger that they are superspreader events. Hundreds of thousands of Hindus attended the Kumbh Mela in Haridwar, Uttarakhand. This was not the first time religious gatherings had been held amid the pandemic. Given the religious nature of these functions, local authorities often find it difficult to cancel the event or screen and monitor tens of thousands of devotees. However, these religious gatherings, in the middle of a new wave of the pandemic, are worrying.

An international gathering of a Muslim missionary group, Tablighis, had brought in hundreds of foreign nationals from Thailand, Nepal, Myanmar, Indonesia, Bangladesh, Malaysia, Sri Lanka, and Kyrgyzstan. More than 4,500 people gathered together for a meeting despite a government order prohibiting large gatherings. Many of them had arrived in the city by early January itself, stranded in the Nizamuddin area of Delhi when the lockdown was announced (Trivedi, 2020). The situation, at best an offence against the government order, suddenly assumed a religious colour with "Tablighi virus" and "Corona Ji-

had" trending on social media and flashing on TV screens. In other words, even though they were not the only group to have flouted COVID guidelines, they were singled out due to their religious identity.

New-age racism

Yet another undesirable outcome of the pandemic was a spike in various forms of discrimination. Across the world, including India, societies were becoming more self-absorbed and inward-looking, leading to further push-back against liberal policies regarding migration and refugees. New questions are likely to be asked about the source of goods when trade resumes. A more stringent imposition of phytosanitary measures by advanced states on products emanating from the less developed countries might become the new normal. Lockdowns and travel restrictions could potentially legitimize the rhetoric around border walls in more conservative countries. Tragically, therefore, while one answer to global pandemics is political globalization, COVID-19 might further limit it. Within India, too, there could be a trend towards discrimination, with "social distancing" producing undesirable social practices. People with Mongoloid features being called "coronavirus" and gated communities have discriminated against those quarantined, indicate a new age of discrimination. COVID and the resultant lockdown also adversely affected the already marginalized sections of Indian society: the poor, lower castes and women. Those without sufficient means or savings to ride out the lockdown-induced economic stress were perhaps the worst affected. In a country where there is little social security for the underprivileged, they had to fend for themselves. Reports also indicate that domestic abuse has increased as a result of the lockdown (Seth, 2021).

Puritan claims based on birth and class and the associated declarations about hygiene could become even sharper. The more the virus persists, the deeper such practices will get.

2. Political implications

Centre–state relations

One visible impact of COVID-19 has been on the shifting of balance in centre–state relations in India. For instance, during the initial stage of the pandemic in March 2020, the central government implemented the central disaster management law and announced a national lockdown. The central government, through the Ministry of Home Affairs, issued a set of guidelines for states to follow thereafter. This arrangement eroded the decision-making power of Indian states and increased their financial dependency on the central government during the pandemic (Burman, 2020).

COVID-19 placed the already frayed centre–state relations under greater stress. There have been differences between the centre, ruled by Bharatiya Janata Party, and the opposition-ruled states on a range of issues such as "the management of the disease itself; the management of the lockdown; a roadmap for lifting restrictions so that normalcy returns; and allocation of financial resources to meet the health, social and economic challenges ahead" (The Hindu, 2020b).

Even though health is a state subject under the Indian Constitution, New Delhi's intervention in managing the pandemic is a result of the deadly nature of the virus. The government of India's intervention invoked the Epidemic Diseases Act 1897, and declared Covid-19 a "national epidemic", giving overarching powers to central government (The Hindu, 2020b). What made the states more concerned was "the use of the Disaster Management Act, 2005, to declare a national lockdown. This Act gives the Centre sweeping powers for administrative and financial control. Moreover, states are feeling the heat in the rules and regulations that have been framed for the lockdown" (The Hindu, 2020b).

One of the things states were unhappy with was the alcohol ban imposed by central government. Banning the sale of alcohol blocked a major source of income for states at a time when all economic activity was brought to a standstill. "The loss of liquor tax revenues an estimated seven billion rupees ($92 million) a day – has prompted calls from states like Punjab to lift the ban" (Chaudhary, 2020). It is important to note here that the central government had not consulted the states when announcing the lockdown – it made the grand announcement and left the responsibility of implementing the measures to state governments. This has contributed to fissures within the country's federal structure and further deepened the mistrust between the central government and the states.

Right to privacy

The pandemic has also led to privacy concerns and worries about state surveillance. Since May 4, 2020, the government of India has mandated the installation of a contact-tracing smartphone app called Aarogya Setu to monitor those with the disease. While this is not unique to India, what makes it more worrying in the country, according to critics, is that this contributes to the pre-existing tendency in the government to enhance the surveillance of citizens. As Dhar points out: "There is real danger that Aarogya Setu could be a gateway to nationwide surveillance. National security, personal safety, and dispersal of essential services, and now disease surveillance in the past few years, the Indian government has used all of these as pretexts to infringe more and more on privacy. The country has already seen an unbridled drive toward digitalization, automation, and surveillance, and the COVID-19 crisis has added a new layer to this, one that could have far-reaching humanitarian, social, and economic consequences" (Dhar, 2020).

So, from a conceptual point of view, while the state has failed in its ability to save citizens from the pandemic, notwithstanding its claims about national security preparedness, it has returned with more power, legitimacy, and surveillance technologies. Nevertheless, there is little resistance from the general public thanks to existential concerns about the pandemic and similar dangers. In fact, the nervous citizenry will want the state to be omnipresent and omnipotent, no matter the consequences. Nations around the world that we are losing influence to global economic forces have a chance now to return as the last resort of the people.

3. Economic implications

Covid-19 has derailed the Indian economy and sent the country into a serious recession. Industrial and manufacturing output is down, and unemployment has spiked. According to data from the Centre for Monitoring Indian Economy, the country's unemployment rates shot up from 8% in March 2020 to as much as 24% in April 2020 – an immediate impact of the lockdown. As people returned to formal and informal jobs in the following months, unemployment rates shrank once again, falling to 6.5% in November 2020. In December 2020, unemployment rates rose to 9%, with as many as nine million people losing jobs between September and December (Johari, 2021).

Even before the pandemic itself, the Indian economy had been facing a slowdown (The Hindu, 2020a). Real GDP growth, for instance, had declined from an average of 7.4% in FY16/19 to 4.2% in FY19/20. COVID-19 further accentuated the downturn, and real GDP contracted by 23.9% (year on year) in Q1 FY20/21 (The World Bank Group, n.d.).

Food inflation in the country went up to 11% in October 2020, and more Indians have fallen beneath the poverty line as a result of the pandemic (Inani, 2021).

Due to the return of Indians, especially from Gulf states, remittances to India are likely to drop by 23% from $83 billion last year to $64 billion this year, according to World Bank estimates (Bloomberg, 2020).

According to data from the Centre for Monitoring Indian Economy, India's unemployment rates rose steeply from 8% in March 2020 to as much as 24% in April 2020 – an immediate impact of the lockdown (Johari, 2021). However, the situation seems to be more optimistic in 2021. Reports show that India's unemployment rate in February 2021 stood at 6.9%, lower than the 7.8% in February 2020, which shows that the unemployment rate has recovered to pre-COVID levels (Sharma, 2021).

COVID-19, geopolitics, and emerging global order

One country that is likely to come out stronger from this crisis is China. Reports indicate that China has now managed the outbreak of COVID-19, and its industrial production is recovering even as that of every other country is taking a hit. The oil price slump will quicken its recovery. When the USA, under President Trump, found itself in denial mode and the EU members were looking after their own interests, China appeared to use its manufacturing power to its geopolitical advantage. Beijing offered medical aid and expertise to those in need; it has increased cooperation with its arch-rival Japan, and President Xi Jinping spoke to the UN Secretary-General on how the international community can fight the virus. These Chinese actions are a smart economic investment for geopolitical gains. They will aid Beijing's claims to global leadership, push Huawei 5G trials as a side bargain, and showcase how the Belt and Road initiative is the future of global connectivity. COVID-19 will further push the international system into a world with Chinese characteristics/overtones.

China is set to overtake the US as the world's largest economy by 2028, and the pandemic has further increased the GDP gap between India and China.

However, India and its allies/partners have now ramped up efforts to counter Chinese plans to use the pandemic as an opportunity to improve the country's standing in the region. In mid-March 2021, QUAD[1] countries, the US, Japan, Australia and India, stepped in to address the pandemic. In their first summit meeting, the QUAD leaders pledged to supply at least one billion doses of vaccines, including one developed by Johnson & Johnson, to Indo-Pacific nations by the end of next year. Under this arrangement, the US, Japan and Australia will fund the production and delivery of the vaccines by a private Indian firm, Biological E. Australia will use its regional logistics expertise to deliver the vaccines (Dhume, 2021).

Given the "anti-China" tone of the QUAD over the years, there is little doubt that the QUAD's efforts at addressing COVID-19 are to undercut Chinese efforts in this domain.

India's vaccine diplomacy

Being a global pharmaceutical giant, India made impressive strides locally manufacturing COVID-19 vaccines. India has been at the forefront of shipping vaccines to foreign nations, especially countries in need of supplies. Its "Vaccine Maitri" campaign has sent millions of locally made Covishield vaccines, manufactured under licence from Oxford-AstraZeneca, to over 60 countries so far. Indian vaccines have been delivered to countries such as Afghanistan, Bangladesh, Bhutan, Sri Lanka, the Maldives, Myanmar, Nepal, Seychelles, Cambodia, Mongolia, and Pacific Island, Caribbean, and African countries. One of the reasons why Indian-made vaccines are more welcome than those made in Western counties is because the former is way cheaper and affordable, especially for poorer nations in Asia and Africa.

New Delhi believes this would contribute to India's standing in the world. External Affairs Minister Jaishankar stated in the parliament: "Our reputation as the 'Pharmacy of the World' has been reinforced in that process. So indeed has faith in 'Make in India'. However, more than the vaccines themselves, our policies and conduct have emerged as a source of strength for the stressed and vulnerable nations of the world" (A. Kumar, 2021).

India's vaccine diplomacy, however, is not entirely its own doing. Its ability to produce the vaccines is contributed to by many outside forces. As Dhume points out: "In reality, India's vaccine prowess comes from collaboration, not self-reliance. Take Serum Institute, the firm that gives India much of its Covid-vaccine muscle by pumping out 2.5 million doses a day of the AstraZeneca vaccine and by collaborating with other Western firms, including Novovax. The 'Made in India' vaccine Indian diplomats tout was developed by AstraZeneca in collaboration with Oxford University and with financial assistance from the US Serum Institute, took a risk by commencing manufacture of the AstraZeneca vaccine before it was clear that it would be approved by the WHO, the UK or India. (US regulators are yet to approve it.) But that risk was underwritten in part by the Bill and Melinda Gates Foundation, which promised to offset potential losses" (Dhume, 2021). While this conflicts with the country's "atmanirbharbharat" (self-reliant India) narrative, it does show India's ability to respond to pandemics.

China has also promoted its own version of vaccine diplomacy. Back in March 2020, China had explicitly linked its decision to supply medical supplies overseas with its "Health Silk Road" initiative as part of the Belt and Road initiative. By early February 2021, three Chinese vaccine makers (Sinopharm, Sinovac, and CanSino) had received overseas orders for more than 572 million doses, accounting for nearly 8% of all doses under contract globally (Huang, 2021).

India's vaccine diplomacy is also viewed as a way to promote its soft power over that of China in the region. Keeping this in mind, India also revived the SAARC forum to address the challenge of COVID-19. In 2020, India had established an emergency fund for SAARC nations and contributed $10 million to that purpose. Subsequently, in March 2020, Prime Minister Narendra Modi held a SAARC meeting on the COVID-19 pandemic (Mohan, 2021). Regional efforts continued in 2021 with Modi addressing a workshop on "Covid-19 Management: Experience, Good Practices and Way Forward" with health leaders, experts and officials of 10 neighbouring countries – Afghanistan, Bangladesh, Bhutan, Maldives, Mauritius, Nepal, Pakistan, Seychelles, and Sri Lanka (Government of India/Ministry of External Affairs, 2021).

Conclusion

India's response to COVID-19 was swift but incoherent. It lacked coordination and consultation across various branches of the government and between the centre and the states. Nevertheless, India learned to deal with the disease over time. Despite the country's inadequate health infrastructure and poverty, it managed to address the pandemic relatively successfully. However, the pandemic will have a long-lasting effect on the Indian economy.

A worrying factor is that even a pandemic like COVID-19 has not prompted the country to increase spending on healthcare. The union health budget still remains at about 0.34% of GDP, which is only a slight increase from 0.31% in 2020. As economist Deepa Sinha points out, "if a globally debilitating pandemic could not prompt the government to prioritize health spending, it is difficult to imagine what will" (D. Sinha, 2021).

India needs to pandemic-proof its health security, boost public health expenditure, and create a coordinated national emergency plan that can take on a similar pandemic in the future. Much spending on health and vaccine research, along with innovation in health technologies, is required. There is an urgent need for a legislative upgrade in India's colonial-era Epidemic Diseases Act. India's fight against COVID-19 is far from over, but in the last month of the first quarter of 2021, the impression is that India may manage to overcome one of the worst epidemics in human history without too much damage.

Second wave of COVID-19 in India

A postscript (dated May 29, 2021)

The main report on the impact of COVID-19 and India's response to the pandemic was written in early 2021. However, in the succeeding months, the second wave of the pandemic started wreaking havoc in the country. I decided against revising the article even though much of the analysis of the first wave was dramatically changed by the second. Nevertheless, revising the report would not have served any purpose given that the COVID situation in the country continues to be dynamic, and any analysis at this point in time could be found wanting eventually.

What is fundamentally different about the second wave is the disease's infectiousness and its spread into India's rural landscape.

Latest data on infections and fatalities

According to the World Health Organization, from January 3, 2020 to June 2, 2021, there have been 28,307,832 confirmed cases of COVID-19 with 335,102 deaths (WHO, n.d.–b). The national capital New Delhi recorded 956 new cases and 122 fatalities on May 29, the lowest in over two months. The positivity rate slipped to 1.19%, according to health department data. For reference, the COVID test positivity rate in Delhi reached a peak of 36.2% on April 22 and stayed above 30% for another week (Rai, 2021). This is the first time that daily cases in Delhi have fallen below 1,000 since March 22, when 888 infections were recorded (The Times of India, 2021). This is clearly an improvement from early May, when India was reporting 400,000 new cases a day. Reports indicate that the second wave is impacting the younger population more than during the first wave: Youngsters between the ages of 26 and 44 account for about 40% of all cases and around 10% of deaths (Udwadia, 2021).

By the end of May 2021, India had administered 201,203,166 vaccine doses (Business Standard, 2021). However, as a New York Times report indicated, only 12% of the 1.3 billion Indians were fully vaccinated by May 28, with only 3.1% fully vaccinated.

Independent analysts believe that India's COVID data is highly underreported. As The Economist puts it: "In most states, deaths are not attributed to covid-19 without a recent positive test result. However, testing, especially outside big cities, is not widespread. Even with more than 1.5m Indians now getting tested each day, the rate of testing relative to population is still less than a tenth of that in Britain, for example. Furthermore, because of the surge in cases, labs even in Delhi, India's capital, are overwhelmed. They now take days to deliver results; many die without knowing they are positive, or after getting a false negative." (The Economist, 2021)

Writing in Foreign Affairs, Ramanan Laxminarayan, Founder and Director of the Center for Disease Dynamics, Economics and Policy in Washington, DC, made a shocking argument that the Indian government had suggested that reported cases reflected only one in 25 to 30 actual infections. If that were accurate, he argues, "India may have had as many as 700 million cases even though it has reported only 26 million cases. The number

of COVID-19 deaths is likely four times the official figure, reaching upward of roughly 1.2 million – by far the highest total in the world." (Laxminarayan, 2021)

Mayday calls of May!

The month of May was the most catastrophic month for Indians, especially for those in Delhi. For several weeks together, vaccines were running short, and hospitals had no medicine or oxygen for patients, let alone beds. Vehicles carrying COVID positive patients queued outside hospitals waiting for someone to recover or die so that a bed would become vacant for the waiting patients. There were also queues outside the city's cremation grounds, which were running out of slots to cremate the dead. Social media handles were dominated by SOS calls for medicine, oxygen cylinders, and hospital beds. Overcrowded hospitals and overworked doctors were unable to handle the emergency. Reports indicate that since March this year, COVID has killed over 500 doctors and sickened hundreds more in India. (Constable & Dutta, 2021) The emergency calls for help have ceased in the cities, but the spread of COVID to the rural heartland, especially Uttar Pradesh, is one of India's worst-hit states where its rural population has little access to medical care, is deeply concerning.

Reasons for the second wave

The most important reason why the second wave hit India hard is its poor preparedness. Just before the second wave of COVID-19, the Indian government was in a hurry to declare victory and move on – that seems to have cost the country dearly. An article in the Lancet journal castigated the government, saying: "Yet before the second wave of cases of COVID-19 began to mount in early March, Indian Minister of Health Harsh Vardhan declared that India was in the 'endgame' of the epidemic. … Modelling suggested falsely that India had reached herd immunity, encouraging complacency and insufficient preparation, but a serosurvey by the Indian Council of Medical Research in January suggested that only 21% of the population had antibodies against SARS-CoV-2." (Lancet, 2021)

On April 8, during an interaction with the chief ministers, Prime Minister Modi too claimed that "We defeated Covid without vaccines". (Chaturvedi, 2021) Modi declared victory over COVID even though several of the country's public health specialists and doctors were repeatedly arguing that the pandemic was far from over. (Padma, 2021) The fallouts of such political rhetoric were all evident in the second wave. The nonchalant politicos were not prepared for the second wave: health facilities had not been created, there were no stores of essential medicines, and oxygen was out of stock when the devastating second wave arrived.

The false triumphalism and lack of calibrated policy response based on scientific advice led to the second wave and the devastation that it has caused. Despite warnings from public health experts, the government allowed the Hindu festival Kumbh Mela to take place, where millions of Hindus turned up to bathe in the Ganges river. While around 9.1 million pilgrims took the holy dip in the Ganges from January 14 to April 27, on April 12 itself, 3.5 million thronged the river, (Rawat, 2021) with local authorities unable to impose COVID protocols. The New York Times reported: "At one point, officials dismissed warnings by scientists that India's population remained vulnerable and had not achieved 'herd immunity' as some in his administration were suggesting, said people familiar with those conversations." (Gettleman et al., 2021)

Through the month of April, when infections were spiking every day, the Election Commission of India decided to go ahead with elections to five state assemblies and to local bodies in UP. Modi's massive election rallies in West Bengal, often without mask-wearing, where tens of thousands of people turned up to listen to him even as COVID cases were spiralling in the country, did send the "wrong

message" to other political parties who followed suit, not wanting to be left behind.

Missing vaccines

As the COVID infections reduce in the country, the next big worry is finding vaccines for its close to 1.36 billion population. Even on the vaccine count, the Modi government dropped the ball in 2020 itself while most countries were frantically placing orders for the vaccines, which were still in the early stages of development. India did not start procurement of vaccines until January this year. By then, most vaccine manufacturers had already made commitments to sell vaccines to those who placed orders first. (Laxminarayan, 2021) As a result, India today is facing a severe vaccine shortage. While India has officially opened vaccination for all adults, the reality is that there are not enough vaccines, even for those above the age of 45. The central government has often argued that the state governments should place an order for vaccines independently, but the global vaccine manufacturers are reluctant to deal with individual Indian states. The central government stated that by the end of the year, all Indians would be vaccinated but provided no details as to how it plans to procure vaccines.

Conclusion

The first wave of COVID mainly affected the urban population in the country, with a marginal impact on its rural areas, where around 65% of the population live. The first wave severely hit the migrant worker population from rural India, but the impact was primarily economic. This time, however, the impact is more than just economic, although that too has been serious.

Despite only 12% of Indians having been partially vaccinated (and 3.1% fully vaccinated), India is vaccinating faster than its South Asian neighbours. Nevertheless, the sheer number to be vaccinated and the unavailability of vaccines will slow the country down. Given that the authorities are already warning of a potential third wave, the government's inability to vaccinate its population quickly could lead to another disaster.

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FOOTNOTES

1 Quadrilateral Security Dialogue (Quad) of the United States, Japan, Australia, and India

This article was submitted on 4 June 2021

Shairbek Dzhuraev

Kyrgyzstan's Fight Against COVID-19

COVID-19 posed a severe stress test for Kyrgyzstan. The pandemic claimed many lives but has also revealed critical issues in the country's politics, economics, and healthcare. The report takes stock of Kyrgyzstan's experience of fighting COVID-19 in 2020. It covers three broad issues, including the government's strategies to address the pandemic, key factors contributing to success or failure of policy measures, and the pandemic's socio-economic and political consequences.

Keywords:
Kyrgyzstan – COVID-19 – pandemic – resilience – containment – lockdown – economy – healthcare

Kyrgyzstan's Fight Against COVID-19

|| Shairbek Dzhuraev

Introduction

The novel coronavirus SARS-CoV-2 reached Kyrgyzstan relatively late. The country borders China, where the first COVID-19 cases were reported in December 2019. However, it was not until March 18, 2020 that Kyrgyzstan registered its first cases of the virus. By this time, the World Health Organization (WHO) had already declared the crisis a pandemic, with more than 200,000 cases reported in over 145 countries[1] (Roser et al., 2021). Following many other countries, Kyrgyzstan suspended travel to and from China on February 3. The first COVID-19 patients, thus, turned out to be Kyrgyz citizens returning from a pilgrimage to Saudi Arabia.

Despite the advantage of "prior notice", Kyrgyzstan has been hit hard by the pandemic. Within a year, by March 13, 2021, the total number of COVID-19 cases had reached 86,818. The figure includes 1,480 COVID-related deaths (World Health Organization, 2021). While relatively small in absolute terms, the number of COVID-19 related deaths per million was 230 (Statista, 2021). The figure is much higher than in neighbouring Kazakhstan (173 deaths per million) and Uzbekistan (18.5), though lower than most European states (Statista, 2021).[2] Moreover, it has been argued that the actual death rate is several times higher. Kyrgyzstan's State Registry Service reported that excess mortality in 2020 reached 6,684, about

Figure 1. COVID-19 Deaths and Excess Deaths in Kyrgyzstan in 2020, by Months
Source: Giattino et al., 2021

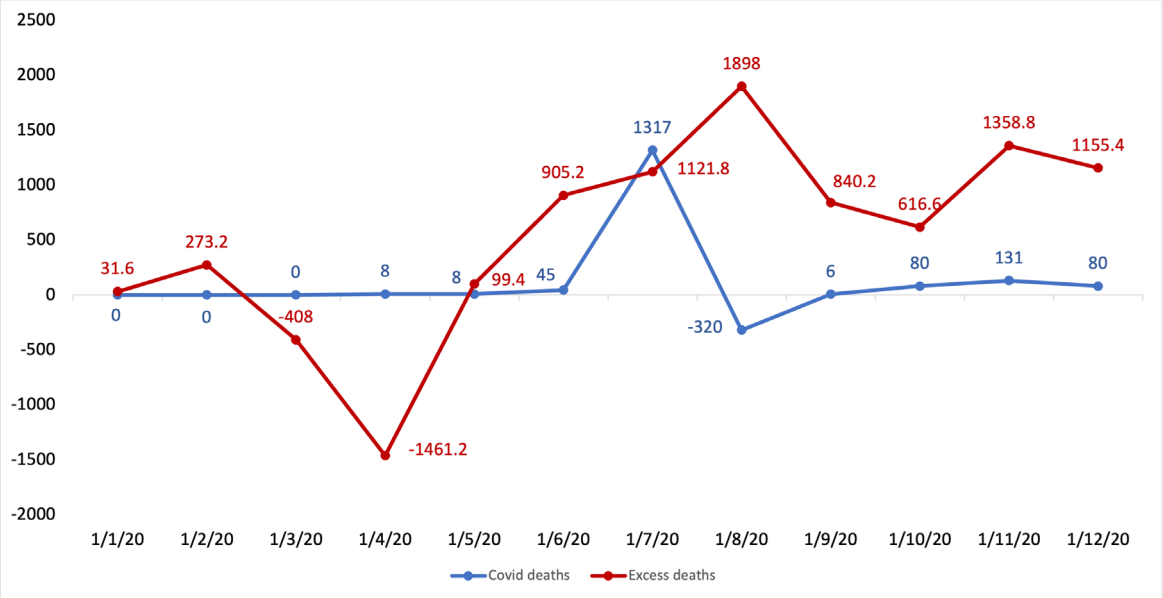
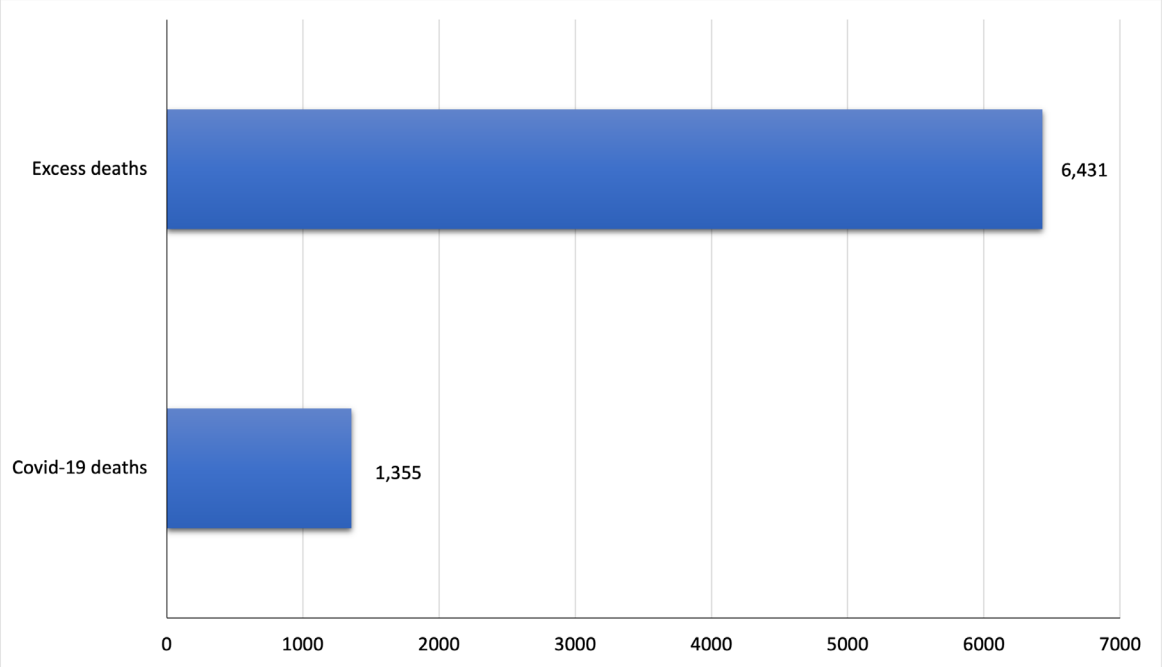


Figure 2. Total COVID-19 Deaths and Excess Deaths in Kyrgyzstan, 2020
Source: Giattino et al., 2021



five times higher than the 1,385 COVID-19 deaths reported by January 1, 2021 (Kozhobaeva, 2021). The Economist (2021) reports that Kyrgyzstan registered 127 excess deaths per 100,000 persons in the period after the first 50 COVID-19 deaths. In comparison, the figure is 58 for Uzbekistan and –2 for South Korea.[3]

During the first 12 months of the pandemic, Kyrgyzstan saw two periods of intensive growth of new cases, one in July 2020 and another in October–November 2020 (see Figure 3). The first surge occurred several weeks after the lockdown was lifted in the capital city Bishkek. Locally named "Black July", this period saw people unable to receive medical help as the hospitals ran out of workforce, beds, and equipment. Responding to public pressure, on July 16, 2020, the government decided to include in its statistics the number of suspected cases of COVID-19 that had not been confirmed by a test (U07.2).[4] This change also explains the drastic increase in reported cases and deaths in the middle of July 2020 (see Figure 4). The second surge occurred in October–November 2020, following an intensive 1-month nationwide electoral campaign in September and large-scale political turbulence in the early October.

The purpose of this report is to offer a comprehensive analysis of Kyrgyzstan's fight against COVID-19. It builds around three questions: a) what was the government's strategy to address the pandemic; b) what were the successes and failures in the country's fight against COVID-19; and c) what are the longer-term consequences of the pandemic for the future? The report looks at how key actors, including the government, civil society, private business, and international donors and partners, responded to the emergency. Specific attention is paid to revealing the nature of successes and failures that the country faced in addressing the pandemic in 2020.

The report draws on a combination of primary and secondary research. Official data from the government, reports by international organizations on COVID-19, and online news

Figure 3. Total Cases of COVID-19 in Kyrgyzstan by Days
Source: Roser et al., 2021

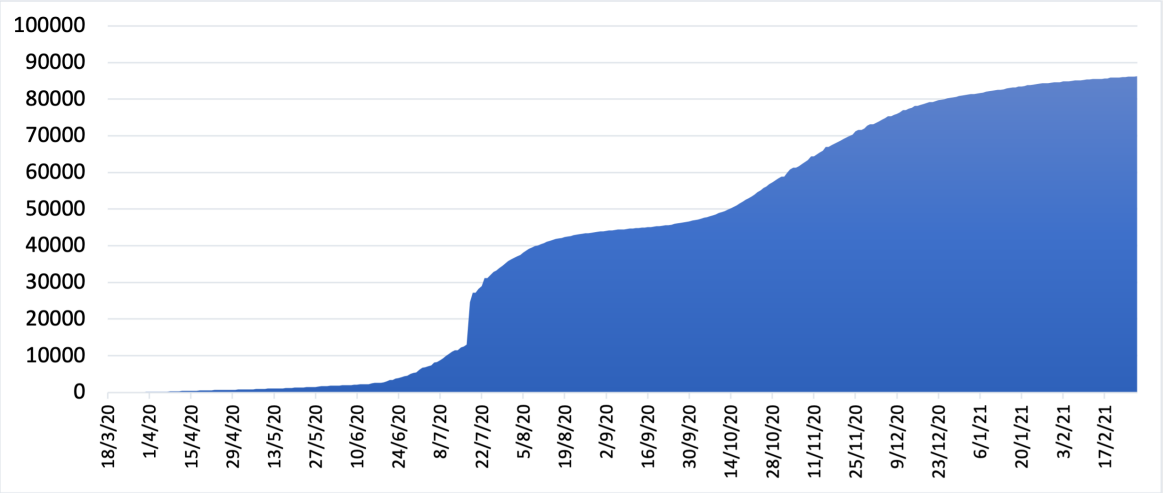
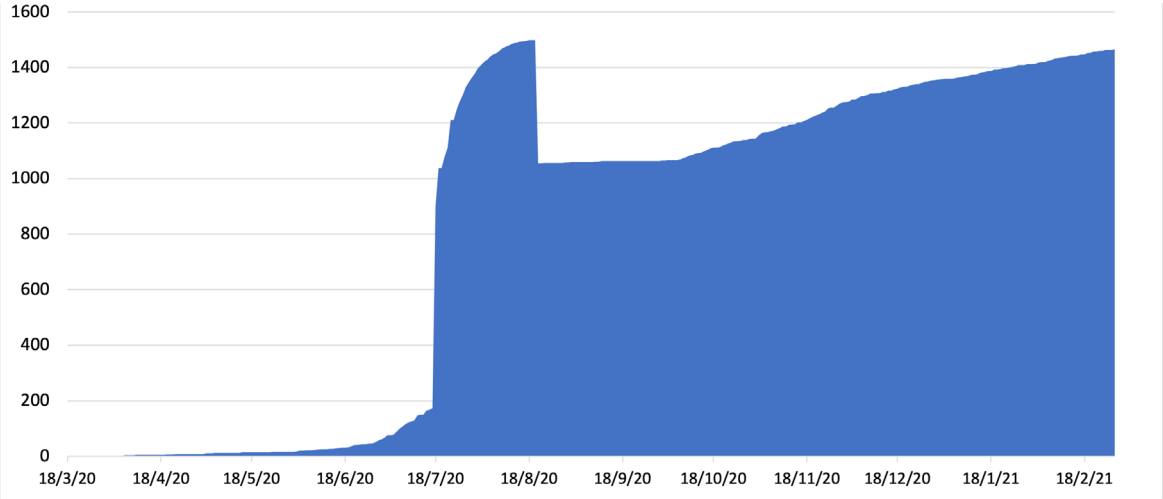


Figure 4. Total Cases of Deaths From COVID-19 in Kyrgyzstan, by Days
Source: Roser et al., 2021



reports make up most of the available information. Additionally, the author conducted 12 interviews, including with health workers, civil society activists, and people who had direct experience with COVID-19, either themselves or via a family member.

The remainder of the report consists of four parts. Following the introduction, the next section details the government's pandemic strategy and assesses its implementation. The third section elaborates on the consequences of the pandemic, focusing on socio-economic and political dimensions. The final section summarizes the findings and offers several recommendations.

Fighting the Pandemic: Strategies, Successes, and Challenges

What strategy has the government of Kyrgyzstan adopted to fight the pandemic? How effective were the decisions and their implementation in curbing the spread of the virus? Finally, what were the factors critical to the success, or failure, of the country's pandemic

Box 1. Kyrgyzstan: A Brief Background

Kyrgyzstan is one of five Central Asian Soviet republics that emerged as a newly independent state in 1991. It borders China and three other post-Soviet republics: Kazakhstan, Tajikistan and Uzbekistan.

With a population of 6.5 million and GDP of US$8.5 billion, Kyrgyzstan is a small country and a small economy. Remittances from labour migrants, mainly in Russia, account for 30% of the country's GDP, making it among the world's top remittance-dependent countries. The country's main export item is gold, which accounts for over 40% of exports (Mogilevskii et al., 2015, p. 13). Since the early 2000s, Kyrgyzstan has become a significant transit country for Chinese goods bound for Russia, Kazakhstan, and other Central Asian states.

Politically, Kyrgyzstan remains a weak democracy. Since the early 1990s, it stood out for reforms aimed at political and economic liberalization, earning it labels of an "island of democracy in Central Asia" and "baby of IMF". The incompleteness of political reforms, compounded by authoritarian tendencies and high-level corruption, pushed the country towards successive forceful regime turnovers. Street protests ousted sitting presidents in 2005, 2010, and, most recently, in October 2020.

strategy? These are the questions that this section addresses below.

There are three characteristics of the pandemic that determined the basic parameters for the responses of governments. First, there was neither effective medicine nor vaccine readily available against COVID-19 as the virus spread. Therefore, containment and mitigation emerged as necessary measures that nearly all governments adopted, albeit in different forms and scales. Second, given the high level of infectiousness, the government had to provide appropriate medical services, from medications to bed capacity, in hospitals. Third, mitigation measures such as lockdowns, travel restrictions, and business closures have had severe economic implications. Thus, governments' strategies had to account for the economic damage of the pandemic.

Reflecting the above tripartite nature of the pandemic, the present section reviews Kyrgyzstan's fight against COVID-19 in three aspects: a) measures to contain the spread of the virus, a) actions to offer medical support to patients with complications, and c) measures to alleviate economic damage of the pandemic-related restrictions. This section also discusses factors that posed obstacles to, or on the other hand, helped, the effective fight against the pandemic.

Containment and Mitigation

Although the first reports of a novel coronavirus emerged in late 2019, it was on January 24, 2020 that Kyrgyzstan's healthcare ministry set up an "operational headquarters" to monitor the situation (Orlova, 2020). A few days later, the government set up the Republican headquarters to prevent the spread of COVID-19 under the prime minister's chairmanship. The early measures included enhanced screening at the borders and preparing "observation sites" for incoming travellers. On February 3, the country closed its border with China, a measure that was extended to all countries on March 17 (Economist.Kg, 2020).

A series of strict restriction measures were introduced in the second half of March. On March 18, 2020, the first three COVID-19 cases were reported among citizens who had recently returned from a pilgrimage to Saudi Arabia. On March 24, 2020, President Sooronbay Jeenbekov declared a state of emergency in the cities of Bishkek, Osh, and Jalalabad, and several rural districts where new cases had been found. The measure effectively introduced a comprehensive and strict lockdown:

businesses were closed, public transport suspended, and residents were ordered to stay at home. Simultaneously, health workers continued putting newly arrived people (Kyrgyz citizens returning from other countries) under observation. People with confirmed infection were placed in the so-called "red zones" of hospitals, with high isolation levels. Contact tracing and testing for contact persons were underway. It is noteworthy that Kyrgyzstan has never attempted mass testing.

On May 10, 2020, the government lifted the strictest lockdown aspects though the state of emergency remained.[5] Checkpoints within the cities were removed, and small-scale businesses were gradually allowed to resume their work. Some restrictions lasted for longer, including the closure of public transport and restaurants. Most public schools remained closed until early 2021, but the authorities did not reintroduce any major restrictions after that point. The government continued calling on organizations, businesses, and individuals to respect social distancing, personal hygiene, and wearing of masks but retained no punitive measures to enforce these measures.

Overall, the containment and mitigation measures worked in the early phase. In March–May 2020, the number of new cases remained below 20 per day (e.g. Roser et al., 2021). While the numbers were increasing, the pace of change was slow compared to expectations of the exponential growth experienced by Italy and Spain during the same months. However, a few weeks after the government lifted restrictions, the number of new cases snowballed. The situation escalated sharply in the capital city Bishkek in July 2020 as the healthcare system could not cope with the influx of patients. The government refrained from reimposing the ban, leaving it all to the healthcare system.

Treating the Patients: The Health Dimension

The experience of other countries has demonstrated that containment measures might slow down but not prevent the spread of the virus. Therefore, preparing the healthcare system was part of each country's' strategy to ensure the necessary number of beds in hospitals, personal protective equipment (PPE), medications, and workforce. Records show that Kyrgyzstan did not manage to prepare hospitals for the post-lockdown surge.

Kyrgyzstan's healthcare system was poorly prepared for the pandemic. According to the National Statistics Committee (n.d.), the number of hospital beds in the country decreased from 41,939 to 26,560 between 1990 and 2019. The government declared that 2,000 beds had been reserved for COVID-19 patients, but those were quickly filled in the summer (Ryskulova, 2020a). In the early phase of the pandemic, all individuals who had tested positive were hospitalized until complete recovery. On June 16, as the number of cases grew, the government stopped hospitalizing asymptomatic patients. According to the updated protocol, the latter were to be kept under observation at home (Azattyk, 2020a).

In June 2020, reports emerged that people with COVID-19 symptoms would not be admitted to hospital unless they had tested positive. A particularly acute issue was the growth of pneumonia among patients whose PCR test had been negative. Under intense public pressure, on June 24, the healthcare ministry declared that patients with COVID-19 symptoms would no longer require a positive test result in order to be hospitalized (Azattyk, 2020b). The government soon merged statistics for confirmed COVID-19 cases (code U07.1) with cases revealing COVID-19 symptoms without a positive test result (code U07.2).

During the peak weeks of June–July 2020, the government mobilized doctors and nurses from other parts of the country, students of medical institutions, and volunteers at large. As emergency rooms were overrun, the government set up so-called daytime infusion sites (*dnevnoy statsionar*) in different parts of the city to provide advice and treatment to

patients on a drop-in basis. Manas airbase's premises, which had served NATO operations in Afghanistan in 2001–2014, was first transformed into an observation site and later into a temporary hospital. On July 22, 2020, the government announced a plan to construct two new hospitals with 100 beds in each. As discussed below, the measure was too little, too late.

Finally, a critical problem was the lack of clarity on a clinical protocol for the treatment of COVID-19. During the pandemic period, the healthcare administration changed treatment protocols four times, with the latest being adopted in September 2020. The early changes mainly focused on limiting the use of antibiotics and expanding the range of anticoagulants, a doctor said in an interview. However, two problems remained. First, due to the deficit of necessary equipment and medicines, the application of treatment protocols was not the same across hospitals. Second, treatment protocols were disregarded in cases of patients who were self-medicating. According to the respondents to this study, people often took antibiotics and other intravenous therapies with little information on whether the antibiotic was actually necessary or appropriate.

Alleviating the Burden: The Economic Dimension

Long before the first cases of COVID-19 were reported, it became clear that the pandemic would severely damage the country's economy. Governments faced an "excruciating trade-off between saving lives and saving livelihoods" (The Economist, 2020). The very early containment measure – the closure of the border with China in January – immediately hit trade and domestic manufacturing. At the time, both President Sooronbay Jeenbekov and Prime Minister Mukhammedkalyi Abylgaziev acknowledged the economic challenges but stressed the population's health would be a priority (e.g. Qırğız Respublikasının Prezidenti [President of the Kyrgyz Republic], 2020). In the subsequent months, the government struggled to balance public health and the economy, although there was no perfect solution.

The economic dimension of the government's pandemic response reflected the urgency of at least three problems. First, the lockdown within the country and closures of international borders shut down private business, negatively affecting both household and state budgets. Second, lockdowns in other countries (particularly Russia) led to a drastic drop in remittances, a critical issue for socioeconomic welfare in the country. Third, the overburdened healthcare system required immediate financial injections. These three issues have become even more pressing in the context of the economy's "pre-existing conditions", such as tight fiscal space and large external debt.

The economic relief efforts of the Kyrgyz government could be grouped into two categories. The first category concerned mitigating the damage of lockdown to businesses. The government's plan to "reduce the negative impact on economic and social stability" of the pandemic, adopted on March 30, 2020, offered deferrals for the payment of tax arrears and social security contributions (Ministerstvo Yustitsii Kyrgyzskoy Respubliki [The Ministry of Justice of Kyrgyzstan], 2020). Inspections of businesses by tax agencies were to be suspended, and the annual tax declaration was extended to one year. A few weeks later, the government announced an Anti-crisis Fund for concessional lending to small and medium-sized businesses (Sputnik, 2020b). In addition, the government committed to providing food packages to socially vulnerable groups of the population.

Second, because of limited domestic resources, the country's leadership launched an active mobilization of external support. Speaking on economic measures, Deputy Prime Minister Erkin Asrandiev acknowledged that the country's budget does not allow it to follow the

developed countries' practice of "providing gratuitous loans and tax write-offs". Even for basic measures, Kyrgyzstan ended up needing external funding. President Jeenbekov was among the first country leaders to contact by telephone the country's long-time partners and donors to seek support. As a result, Kyrgyzstan was the first country to receive an emergency loan from the International Monetary Fund on March 26, 2020 (International Monetary Fund, 2020). Other first respondents to Bishkek's plea for help included the Asian Development Bank, the World Bank, the Islamic Development Bank, and the European Bank for Reconstruction and Development.

Challenges and Mistakes

Following Black July, the government of Kyrgyzstan faced intense criticism of its handling of the crisis. Law enforcement agencies have even launched criminal cases, with the former healthcare minister arrested, reportedly for promoting business interests during the pandemic. Over time, more information may emerge on what went wrong and right in the country's pandemic performance. Due to the lightning-fast pace of the pandemic, few countries have indeed avoided significant troubles. However, in the case of Kyrgyzstan, one can conditionally indicate three issues that bear the most significant responsibility for the most catastrophic aspects of the fight against the pandemic. These are a) pervasive scarcity of economic resources, b) poor policy planning and implementation, and c) low level of public trust in public institutions. Most issues, as discussed below, stemmed from a combination of the above factors rather than a particular one.

The shortage of beds in hospitals was perhaps the most glaring reflection of both resource deficit and policymaking problems. During the early phases of the pandemic, the government routinely reported having sufficient beds for COVID-19 patients. However, during the surge of new cases in late June and July, the healthcare system quickly became overrun. As both doctors and volunteers report, their inability to respond to pleas for help was the pandemic's most heart-breaking aspect. A doctor interviewed for this study said that the rooms and hallways were packed with beds, but there were still newly arriving patients. The situation was well described by a video of two patients dying outside a hospital without receiving any medical help (Sputnik, 2020c). The government only announced plans to build new hospitals in the two biggest cities, Bishkek and Osh, on July 22, 2020, when the second wave started flattening (Biibosunov, 2020). As a local media agency illustrated, it took 129 days after the first COVID cases in the country for the government to take this decision, much longer compared to 8 and 21 days in neighbouring Uzbekistan and Kazakhstan (24.kg, 2020).

Second, the government failed to train a sufficient number of health workers in anticipation of the second wave. On June 25, 2020, when the number of new cases was rapidly growing, the head of the intensive care unit at Bishkek's Emergency Medicine Center, Egor Borisov, tweeted that his service was on the verge of collapse. As quoted in Ryskulova (2020b), he wrote "what is happening now is a disaster. […] Almost every hour we are setting new record in terms of the number of calls waiting in the queue. There was nothing like it before. Disaster." The authorities mobilized medical workers of all specializations. Thus, the traumatology clinic staff worked at the temporary hospital at Ganci airbase, which had the highest fatality among patients, according to a medical doctor. They had neither proper training nor an effective communication system for immediate advice. "I kept advising some of my former classmates, traumatologists, via WhatsApp, as they had little training relevant for the task," said a pulmonologist. To make matters worse, the government failed to procure essential medical equipment. While the shortage of oxygen generators was a known issue, some emergency hospitals lacked even the blood clotting tests necessary for doctors to decide on medication.[6]

Third, the government's decision to impose the strictest of lockdowns in the very early stage was dubious. As respondents noted, when the number of new cases was in single digits, strict isolation of patients, active testing, and contact tracing would be sufficient. Restrictions for the rest of the population at this stage could have been more forgiving, with emphasis on a mask regime, social distancing, and targeted closures. The lockdown in Bishkek and Osh, the country's biggest cities, quickly exhausted the material resources of households. At the end of the lockdown, the population was desperate to restart business and was frustrated given the low levels of contagion. This proved a fatal combination. With survival needs high and vigilance against the virus low, the city's residents rushed to catch up, paving the way for Black July a few weeks later.

Fourth, "COVID denial" proved to be fatal for many families and the healthcare system. The forms of such denial ranged from a simple disregard for the illness to outright rejection of the pandemic as a conspiracy theory. As respondents suggest, the relatively low level of new cases and deaths in the first 2 months of the pandemic convinced many that the disease was not as dangerous as the media was reporting it to be. The rule whereby asymptomatic patients were kept in the hospitals at the early stage also led to cynicism, with the treatment labelled "as nothing more than free food" in hospital. In addition, some categories of people, particularly among ethnic minorities, stood out for their reluctance to visit the hospital even when experiencing symptoms. As one doctor said, some recovered patients insisted on not publicizing their COVID-19 experience to avoid being ostracized by their communities. Such an attitude did change, but only when the healthcare system was already overwhelmed.

Fifth, some aspects of local culture, such as the importance of family gatherings and celebrations, helped the virus spread. Respondents to this study all confirmed that despite the ban on gatherings of all kinds, people continued hosting parties (e.g. funerals, end-of-fasting dinners during Ramadan, or wedding-related gatherings). In such cases, restaurants kept their front doors locked but let guests enter through back doors. Often, journalists spotted high-ranking politicians, including parliament members, in large events at restaurants during the lockdown.

Community Volunteers as a Rescue Force

If the pandemic has exposed the state's fragility in Kyrgyzstan, it has equally demonstrated society's resilience at large. As hospitals ran out of workforce, beds, medicines, equipment, and even food, thousands of volunteers showed up as a rescue force. The groups were diverse, including medical students, businessmen, singers, athletes, and, most importantly, ordinary citizens who rushed to help doctors and patients during the crisis.

The volunteers helped in a variety of ways, but three particular roles can be highlighted. First, in the early phase of the crisis, the volunteer movement grew to support the most vulnerable socio-economic groups. From late March onwards, when the COVID cases remained relatively low, the strict lockdown quickly pushed thousands of households dependent on daily income to the brink of survival (more details in Section 3). In this context, volunteers launched campaigns, small and large, to procure and deliver food packages to the neediest families.

Second, when the number of patients started pushing the healthcare system to its limits, volunteers came to support health workers by purchasing and delivering masks, PPE, and oxygen generators. During the peak weeks in summer 2020, both individuals and various groups rushed to procure and deliver the most urgent medicines, such as heparin or Clexane.[7] Several interviewees spoke of the delivery of mobile oxygen generators or the installation of oxygen stations in hospitals.

Third, in the most critical weeks, volunteers became directly involved in providing medical services. Those who were better prepared, such as students of medical institutions, were first mobilized to support doctors and nurses in hospitals. Later, other volunteer groups also became involved. Thus, Sofiya-Aidana Murzaeva, who worked in a restaurant before the pandemic and had no medical training, was part of a group helping patients with oxygen generators until medical brigades arrived (quoted in Ryskulova, 2020b).

The rise of the volunteer movement attracted different interpretations. On the one hand, the society at large stood up during the crisis because help was not coming from anywhere else. Lacking in resources and mired in corruption, the state in Kyrgyzstan has long lost the trust of its citizens. The pandemic exposed the government's unpreparedness to organize necessary work towards building hospitals, procuring medicines and equipment, or protecting the economically vulnerable households.

On the other hand, there is a cultural aspect that aligns with the above institutional explanation. As several interviewees argued, the practice of joining forces and offering mutual help is part of the Kyrgyz people's nomadic past. With the exception of the Soviet period, the Kyrgyz rarely lived under a centralized state. Thus, it is not only the present weakness of the state in Kyrgyzstan but a more profound disregard for the state as an institution that explains the rapid rise of volunteer movements in the country. One may also add that the drastic increase in social media consumption in the country proved crucial for mobilization and coordination of volunteers during the pandemic.

Taking Stock: Social and Political Consequences of the Pandemic

If the virus proved to be the most dangerous for people with pre-existing diseases, the pandemic likewise exposed and damaged the policy areas least equipped to deal with such a crisis. However, a thorough assessment of the pandemic's consequences is a daunting task. The pandemic is far from over. Moreover, the full extent of the damage already inflicted may yet be far from evident. With these caveats, the following three subsections discuss some critical consequences of the pandemic in Kyrgyzstan beyond the claimed lives and damaged health.

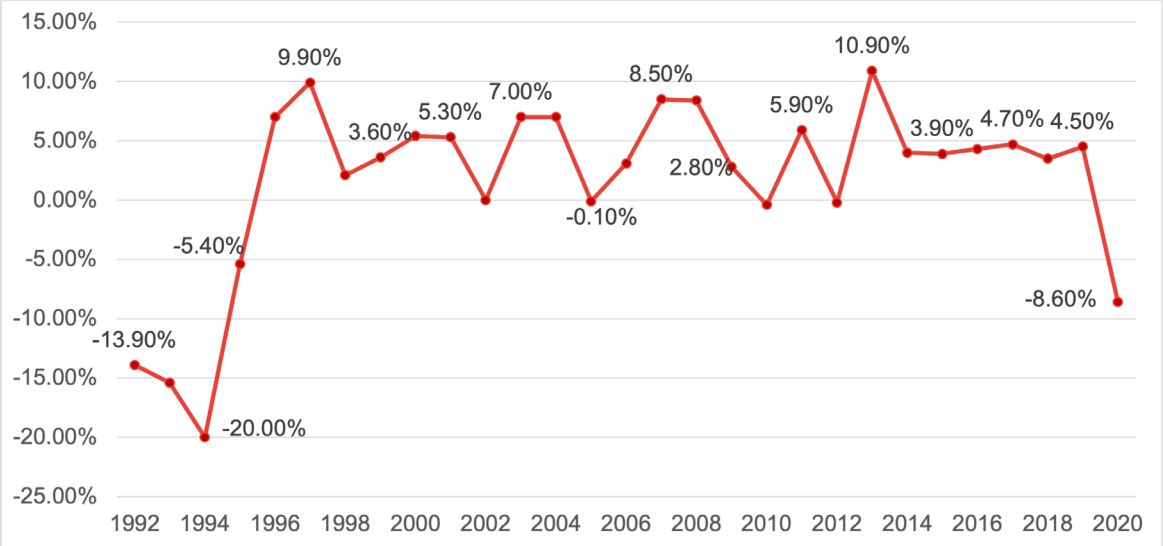
Socio-Economic Consequences

The early and most evident damage of the pandemic has been inflicted in the economy. Expenses directly related to containing the contagion and supporting patients were only part of the cost. Much bigger in scale were the losses incurred due to business closure within and between the countries. Small and weak economies such as Kyrgyzstan's have proven particularly vulnerable due to their dependence on foreign trade, remittances, and day-to-day work.

Drastic deterioration of the quality of life was an immediate economic consequence of the pandemic in Kyrgyzstan. The World Bank estimated Kyrgyzstan's poverty level to have risen from 20% to 31% in 2020 (24.kg, 2021). Other figures bolster this evidence. Thus, the country's GDP shrank by 8.6% in 2020 (Azattyk, 2021). This was the most profound economic contraction since the early 1990s. To compare, Russia's and Kazakhstan's economies shrank by 3.1% and 2.5% in 2020, respectively, while Uzbekistan's economy recorded a growth of 1.6%.

Three policy responses to the pandemic appear to bear the most responsibility for the above figures. The first is the disruption to international trade and travel. On March 13, 2020, before the first cases of COVID-19, the country's leaders spoke of the negative effect of the closure of the border with China. The garment industry, one of the largest employers in the country, depends on Chinese textile materials for production. The border

Figure 5. GDP Growth in Kyrgyzstan, 1992–2020
Source: Azattyk, 2021



closure starved the sector of raw materials and access to the Russian market for export. The pandemic suspended construction firms' work as cash stopped flowing overnight and supply chains were broken for critical materials such as pipes. Even worse times were to come for Kyrgyzstan's tourism sector, which "nearly vanished" with a 90% decline, as the OECD report suggests (2020, p. 18).

The second factor accounting for the immediate consequences was the shutdown of local business. Bishkek, with a population of over a million, was shut down on short notice for nearly 2 months. The measure left thousands of families without means for survival. People trading or working in local bazaars and taxi drivers all depend on their daily earnings, and they suffered the first and the most. The shutdown of business also affected budget revenues, limiting the state's already insufficient capacity to offer help to vulnerable groups.

Finally, the lockdown in Russia proved to have a crucial impact on families' wellbeing in Kyrgyzstan. While Kyrgyzstan's population is estimated at 6.5 million, the number of Kyrgyz citizens working in Russia is estimated to range from 700,000 to one million. Reflecting this figure, remittances account for about 30% of Kyrgyzstan's GDP, among the world's highest. Remittances fell by 47% in April 2020 (Akchabar, 2020). Even though the money transfers rebounded towards the end of the year, the total volume fell short of previous years.

The above problems aside, the pandemic will leave longer-term consequences as well. While they may not be evident in full scale at this point, we could mention two issues. First, the pandemic not only exposed but also exacerbated the extremely high external dependence of Kyrgyzstan's economy. For most of its post-independence period, Kyrgyzstan's economy had survived on the inflow of external aid and loans, re-exporting Chinese goods to Russia, and the inflow of remittances from Kyrgyz labour migrants in Russia and Kazakhstan. The year 2020 demonstrated that each of these could stop in a moment, exposing the full scale of the local economy's vulnerability.

Another longer-term impact of the pandemic is the worsening situation with social equality and development. One example is gender equality. As an OECD study (2020, pp. 5–6) reminds us, "sectors with higher shares of female employment have been hit particularly

hard". Tourism, textiles, and the garment industry are some examples. The pandemic has also pushed many businesses to move online. This change posed an advantage for some sectors of the economy but will likely widen the so-called "digital divide", hurting those sectors of the economy or groups and individuals less prepared for a digital world. Domestic abuse grew during the pandemic year, with women being the primary victims (Kulikova, 2021). Finally, there are serious concerns in the country about human development implications of an entire academic year spent in an online mode (e.g. Dzhamankulova, 2020).

Political Consequences

Like any significant crisis, the pandemic has affected politics worldwide. The exact impact, however, differed between countries. In some countries, such as South Korea, the ruling parties strengthened their position on the back of the successful handling of the crisis. In other countries, the leaders' failure to effectively address the pandemic cost them their seats (e.g. Brodeur et al., 2020). A recent study found that governments suffered politically if they let "COVID-19 infections accelerate, particularly in the absence of effective lockdown measures" (Herrera et al., 2020).

The pandemic year proved to be a politically eventful one for Kyrgyzstan. Between March 2020 and March 2021, the country has seen three different healthcare ministers, three deputy prime ministers overseeing the pandemic-related work and four prime ministers. More importantly, the parliamentary election in October 2020 led to protests that pushed the country's president to resign. A former parliament member, Sadyr Japarov, emerged as a new leader, first as an interim president and later as a newly elected leader (e.g. Dzhuraev, 2021). The pandemic year, thus, marked the third case of forceful regime turnover in Kyrgyzstan since 2005.

The pandemic's immediate and most apparent political impact was the sharp drop in popular support for the country's leadership. First, the government failed to offer tangible relief measures following the lockdown's catastrophic economic damage in March–May 2020. The drastic rise of COVID-19 cases and deaths in July only worsened the government's standing in terms of its failure to prepare for the onslaught. Second, accusations of corruption against the government intensified during the pandemic. As one doctor said, the embezzlement of funds allocated to fighting the pandemic was widespread and blatant. Responding to growing public demands, the State Service for Economic Crime opened a case on corruption and lobbying for pharmaceutical companies interests. Former healthcare minister Kosmosbek Cholponbaev was arrested for the investigation period, while investigators also interrogated two former prime ministers (Kozhobaeva, 2021).

It is noteworthy that the country's parliament actively pushed for two controversial bills during the pandemic's most brutal weeks. Thus, on June 18, 2020, the parliament approved the second reading of a bill requiring not-for-profit organizations to submit additional financial information (Torogeldi uulu, 2020a). A week later, on June 25, 2020, the parliament adopted the law called "On information manipulation" that sought to criminalize "false information" on the internet and grant the government power to punish those deemed responsible for "false" information (e.g. Article 19, 2020). None of the bills has been approved so far, but they do remain on the parliament's agenda.

The dwindling support for the government eventually led to the collapse of the ruling regime. In October 2020, following parliamentary elections, opposition supporters seized the government buildings. Sadyr Japarov, a former MP, freed from prison during the protests, emerged as the country's new leader. The protests were aimed at cancelling the election results, deemed unfair due to massive vote-buying by three pro-governmental parties. However, while elections trig-

gered the protests, it was "the combustible combination of COVID-19, systemic corruption, Kyrgyzstan's political culture and regional divisions", as a Chatham House report suggests, that explain the events of October 2020 (Mallinson, 2020).

Implications for Foreign Relations

COVID-19 has exposed the fragility of international cooperation at the global level. The world turned out to be less of a "global village" when it came to the pandemic. COVID-19 has become yet another arena of competition between the most powerful countries, whether in the form of mutual blame for the outbreak of a pandemic or in the form of vaccine competition (e.g. Montbrial, 2020; Usman, 2021). However, the health crisis at the same time demonstrated there was no alternative to closer and more effective international cooperation for situations such as COVID-19. If the pandemic proved a stern test for international cooperation at a global level, what was its impact on Kyrgyzstan's international relations?

The pandemic exposed the single biggest problem in terms of Kyrgyzstan's international relations: its external dependence. As previous sections described, the country had no choice but to appeal to its "development partners", a term for traditional donor countries and international organizations, for emergency help. The closure of trade with China was a reminder that the giant neighbour is critical to nearly every business sector. The pandemic also illustrated how precarious Kyrgyzstan's massive dependence on remittances from Russia had been.

The damage that COVID-19 inflicted upon Kyrgyzstan's economy suggests the country's external dependence will deepen, at least in the near future. One illustration is Kyrgyzstan's substantial external debt to China. Starting in 2010, China began to actively lend capital to Central Asian states. As a result, nearly half of Kyrgyzstan's sovereign debt is owned by China. President Jeenbekov appealed to Chinese leaders at least twice to provide debt relief (e.g. Asanov, 2020; Torogeldi uulu, 2020b). Beijing has not responded to any of those thus far.

Another example of a deepening external dependence is the way in which Kyrgyzstan's neighbours, Kazakhstan and Uzbekistan, emerged as donors during the pandemic. Although these energy-rich countries have always had more robust economies, the relations between Central Asian neighbouring states were mostly partner-like. Kyrgyzstan's donors and lenders were mainly to be found in Western capitals, Moscow, Ankara, or Beijing. In view of the obviously desperate situation in Kyrgyzstan during the pandemic, Kazakhstan and Uzbekistan each sent rounds of aid, from masks to medicines to construction materials for mobile hospitals (e.g. Forbes.kz, 2020; The Tashkent Times, 2020). During the recent visit of Kyrgyz president Sadyr Japarov to Tashkent, Uzbekistan announced a donation of 20 ambulance vehicles (Gazeta.uz, 2021). Thus, this trend appears likely to continue in post-pandemic times.

Conclusion

COVID-19 has become a severe stress test for the entire governance system of Kyrgyzstan. No policy area has been left untouched by the impact of the global health crisis. The country's healthcare system, underfunded for many years, had reached the point that calls were left unanswered and patients were left unattended. Many lives were lost, and even more families ended up on the brink of survival. The full scale of the pandemic's economic damage has yet to be realized, while the pandemic is far from being over. The country's leadership was ousted in street protests, for its hapless handling of the pandemic and its implications.

The fragility of the Kyrgyz economy has been at the heart of the country's suffering under the coronavirus. The pandemic quickly exposed and exacerbated the pre-existing

weaknesses, including the country's empty coffers and households' reliance on remittances from abroad and daily earnings. The situation worsened due to the lack of timely policy measures to prevent overburdening the health sector. Finally, serious allegations against high-ranking officials of embezzling pandemic aid remind us that corruption, together with incompetence, remains the most prominent factor undermining government capacity from within.

The crisis that overwhelmed state institutions revealed the resilience of society in Kyrgyzstan. Thousands of volunteers showed up to deliver food to starving families during the lockdown, raise funds to procure masks and oxygen systems, and eventually help doctors and nurses to handle the influx of patients in makeshift hospitals. The show of solidarity was reassuring at the moment of a crisis. Yet it was also a reminder that the same solidarity remains necessary to build a more effective, resilient, and accountable state.

In January 2021, Kyrgyzstan elected a new president and voted in favour of a constitutional change. In April, people will vote on the new draft of the constitution, and later in the autumn, they will elect a new parliament. The country's top political leadership transition and the overhaul of the constitution have raised heated debates, both on the substance and procedure dimensions. That said, if the new leaders plan to learn from the past, they should start from the immediate past, the pandemic's first year. While wreaking havoc on the country, COVID-19 has also helped clarify the most critical reform areas. The list may be long, but the following five seem to be the most important aspects.

First and foremost, Kyrgyzstan's leaders will have to rebuild people's trust in the state and public institutions. The country's population has long learned to survive irrespective of the state's actions. However, the year 2020 demonstrated that solid public institutions benefiting from the trust of the people would be critical for a successful fight against crises such as COVID-19. Fighting corruption and enhancing the competence of the government will be only the first of the required steps.

Second, the pandemic must push Kyrgyzstan to build up the resilience of its economy. The size and location of the country impose severe limitations. However, there is little alternative to expanding the scope of economic activities and revenue sources. The pandemic demonstrated that the global international cooperation regime should not be taken for granted. An unexpected emergency can disrupt well-established supply chains, cut remittances overnight, and suspend budget revenues. Maintaining robust fiscal space is necessary for shocks such as COVID-19.

Finally, Kyrgyzstan will have to reassess its approach to building relations with the world. For too long, international relations, for the country's leadership, meant nothing more than extracting resources without upsetting certain geopolitical balance. The challenges that Kyrgyzstan faced during the pandemic, and will likely face in securing adequate vaccination, require the country to build proactive engagement with all of its potential friends. Leaving the obscure geopolitics and ever-tempting donor-recipient relations aside, such engagement should prioritize business, research, and culture. Multifaceted and multidimensional international partnerships, together with a resilient economy and effective political institutions, will be critical for Kyrgyzstan to face the next crisis better prepared.

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FOOTNOTES

1 Based on Covid-19 timeline across the world (Roser et al., 2021).
2 The total number of deaths at the time of writing per one million is 899 in Germany and 1,354 in France, for instance.
3 Excess deaths for 2020 refers to the difference between (a) average number of deaths in the previous five years (2015–2019) and b) number of deaths in 2020. In the context of the pandemic, the figure is useful to assess how many "more" deaths occurred in 2020 – mainly because of Covid-19 given that no other extraordinary causes of death occurred in the same year (e.g. earthquake). Excess deaths would include cases directly related to Covid-19 and deaths from other causes that could be prevented if there had been no Covid-19 (e.g. people who could not receive timely advice or treatment for other illnesses).
4 These cases mainly included pneumonia accompanied by other symptoms of Covid-19 such as fever and coughing, but with PCR tests either not conducted or returning negative results.
5 There are two different words for the state of emergency, ozgocho abal and ozgocho kyrdaal. Both translate as a state of emergency. Ozgocho abal allows the government more extraordinary powers to enforce strict measures compared to ozgocho kyrdaal (Sputnik, 2020a).
6 Author's interview with a doctor in Bishkek, March 10, 2020.
7 For some details, see Imanaliyeva (2020).

This article was submitted on 3 may 2021

El Eunyoung Lee and Jennifer Pampolina

South Korea's COVID-19 Response: Prepared Up to a Point

Asia was the first continent hit by what quickly evolved into a global pandemic. In its Online Series, Hanns Seidel Foundation traces the spread of COVID-19 in different Asian Countries and highlights its political and social consequences of the virus. Coming up next, El Eunyoung Lee will discuss the impact of COVID-19 in Korea.

Keywords:
South Korea – COVID-19 – pandemic – resilience – containment – lockdown – economy – health-care

South Korea's COVID-19 Response: Prepared Up to a Point

|| El Eunyoung Lee and Jennifer Pampolina

Introduction

When the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – later referred to as COVID-19 – was first detected in Wuhan, China in 2019, it did not take long for the virus to reach South Korea. The country announced its first case on January 20, 2020 (Ministry of Health and Welfare [MOHW], 2020). There are several aspects about South Korea that could have spelled disaster for the country during this global pandemic: its proximity to China, the densely populated urban cities, the decision to leave borders open, and the lack of strict lockdown measures seen in other countries, to name a few. Despite this, one and half years after the first case, South Korea moved from being the second most infected country after China, to today having one of the lowest numbers of cumulative cases and deaths, when compared to other countries seriously hit by the pandemic. As of July 13, 2021, with a population of around 51 million, South Korea has registered a total of 169,146 confirmed COVID-19 cases and 2,044 deaths (World Health Organization [WHO], 2021a). Compare this with the UK – with a population of around 66 million, and similarly isolated geographically – which has, as of July 13, 2021, registered a total of 5.1 million confirmed cases and 128,425 deaths (WHO, 2021b).

South Korea experienced its first wave of infections following the positive test result on February 18, 2020 of a woman in Daegu, the country's third most populous city. The Daegu outbreak, associated in large part with gatherings of the Shincheonji Church, resulted in a steep incline in cases for the country. Just 40 days after the first confirmed case, the daily number of cases reached its peak of 909 cases, up nearly 500 cases from the previous day, making it at the time the second worst hit country after China (Cha, 2020). In response, the government undertook massive measures to contain the spread of the virus as much as possible, utilizing past pandemic experience and the latest technology, and eliciting major public and private efforts. The results of these measures have been largely positive when compared to other regions. Between January 3, 2020 and July 8, 2021, the country exceeded 1,000 daily new cases 16 times, and for the same period the country averaged 296 daily new cases (WHO, 2021a). While early in the pandemic, the government's efforts to contain the spread were successful – due in large part to its preparedness and forward-thinking – it seems to have become a victim of its own success. Following the discovery of a vaccine for COVID-19, the government dragged its feet in procuring the doses for its population, resulting in the country falling behind in vaccinating its population. The consequences of this are now being observed with recent increases in daily new cases and new social distancing measures being put in place that go beyond the previously defined highest tier.

How did South Korea manage to respond so effectively in containing COVID-19? What caused its hesitation to procure the newly

discovered vaccine – the only truly effective way to end the pandemic? One argument is that the South Korean society's recent and traumatic memories of the Middle East Respiratory Syndrome (MERS) outbreaks in 2015 along with experience from the 2003 outbreak of SARS, led both the people and government to respond astutely toward the disease. We posit that in addition to South Korea's past experience of viral outbreaks, certain cultural tendencies, and the country's particular history have culminated in the comparatively successful results of the country's containment strategy – and delay in vaccination procurement.

Containing COVID-19: lessons from the past

The strategies deployed and the implementation process executed by the South Korean government to fight the pandemic were largely shaped by the country's previous experiences with other outbreaks such as the pandemic influenza A/H1N1 in 2009 and, more recently and significantly, MERS in 2015. This meant that well before the COVID-19 pandemic reached South Korea, the government had policies and plans in place to respond to such an event and relevant experience in dealing with similar situations. Overall, South Korea's strategies and implementation can be characterized as: early and quick, strong and coordinated, technology driven, and balanced. While it is beyond the purview of this report to describe in detail every policy put in place during the pandemic, the following section aims to present an overview of the range of strategies implemented to demonstrate these characteristics.

Early and quick

When the first cases of COVID-19 were detected in China in December 2019, South Korea – like several other Asian countries – responded almost immediately to the potential public health threat (Cheung, 2020). Before COVID-19 had even reached its borders, quarantine, and screening measures were enhanced for individuals entering South Korea from Wuhan, China (Cha, 2020). Anticipating the need to rapidly increase detection capacity, the government quickly coordinated with diagnostic kit manufacturers and fast-tracked the emergency use approval of COVID-19 diagnostic kits (Ministry of Economy and Finance [MOEF], 2020, p. 73). Hundreds of screening centres – including drive-through ones – were swiftly set up, enabling the country to ramp up testing capacity. Between February 2020 and April 2020, the capacity for daily COVID-19 tests increased from 3,000 to 20,000. Finally, from an early stage, separate diagnosis and treatment centres were established to mitigate the risk of transmission from suspected cases to other patients in medical facilities (MOEF, 2020, p. 70).

Strong and coordinated

Early on in the pandemic, South Korea took a high-level and government-wide coordinated approach. Chaired by the prime minister, daily meetings of the Central Disaster and Safety Countermeasure Headquarters took place. These meetings were attended by high-level representatives of national ministries and city and provincial governments, and they facilitated the identification of problems and efficient decision-making (Ministry of Foreign Affairs [MOFA], 2020, October 7, p. 30). For example, in response to the face mask shortage in the country, the government took the decision to ban exports and manage the entire process of production, logistics, and distribution of face masks, stabilizing the supply (Min-kyung, 2020). Six regional medical clusters were formed from the country's 17 provinces to effectively pool medical resources, staff, beds, and reduce bureaucratic hurdles (MOFA, 2020, October 7, p. 31). Coordination with the private sector also took place in response to the pandemic. To effectively implement the track and trace policy, data held by mobile providers, credit card companies, and transportation companies were used to track the movements of certain patients to control the spread of COVID-19 (MOEF, 2020, p. viii).

Technology driven

South Korea, already known for being at the forefront of various technologies, utilized IT innovations to implement key aspects of its strategies to contain COVID-19. For example, to implement the test and trace aspects of its containment policy, the country quickly established drive-through screening stations, developed QR codes for tracking mobility, and started using ICT and AI to distribute information about confirmed patients' movements and infection routes. Several additional apps were developed to facilitate self-quarantine and self-diagnostics both for people in the country and for those arriving from abroad. Other technologies were used to facilitate changes in society which occurred because of the pandemic. Some examples are social distancing through video conferencing, reading medical images using AI and recreating drugs, diagnosing using ICT, epidemiological surveys, patient management, and gene amplification test methods to reduce the time needed to obtain diagnostic results (MOEF, 2020, pp. 85–90).

Balanced

With regards to social restrictions put in place to contain COVID-19, the South Korean government tried to strike a balance between control and prevention measures, minimizing damage to the economy, and easing people's daily lives. On June 28, 2020, the country introduced its five-tier Social Distancing System, based on the rate of COVID-19 cases (MOFA, 2020, October 7, p. 19). Each level had varying degrees of social restrictions associated with it. For a majority of the time the Social Distance Level has stayed around Level 2 in the Seoul area (the part of the country with the strictest measures). Mask wearing in public transport was implemented by May 2020 (Park, 2020). Events seen as high-risk, including protests, mass gatherings, concerts, and stadium games with spectators, were prohibited early on. The closing hours for restaurants and cafés were also restricted to varying degrees depending on the severity of cases at the time. At the same time, companies were able to decide for themselves which policies to implement with regards to working from home (most utilized a mixed scheme), bars and restaurants were never fully closed, and while the number of people allowed to gather was restricted, it was never fully prohibited. This meant people in South Korea could lead relatively normal lives, when compared to social restrictions imposed on societies in Europe or the United States. Many people still went to work at their offices regularly (though over fewer days, choosing to work from home for some of the week), people could eat at restaurants or meet at cafés with friends and family (both indoors and outdoors), and people could travel both within the country and abroad (though when they returned to South Korea they would have to undergo a two-week quarantine). Despite the comparatively loose restrictions, small businesses and insecure workers still suffered heightened financial pressure. In response, throughout the pandemic the government passed several financial stimulus packages as support, US$12.2 billion in the spring of 2020 and approving an additional US$6.5 billion in September 2020 (Larsen, 2020).

Politics, public health awareness, and K-pop: factors supporting COVID-19 measures

Both institutional and cultural factors in South Korea contributed to the government's implementation of COVID-19 measures and to slowing the progression of the virus in the country. One critical factor was the well-established National Health Insurance System (NHI), which enabled the government's 3T (Test-Track-Treat) Strategy. The NHI ensures universal access to testing and treatment (MOEF, 2020). Without the threat of a financial burden for visiting a testing facility, the people responded well to calls to be tested. South Korea accomplished a universal health coverage system in 1989 and combined it into a single-payer system in 2000. Additionally, the NHI system utilized exceptional informa-

tion and communications technology (ICT) to secure transparency and liability (Shin et al., 2015). This ICT-based NHI system enabled the government to efficiently trace confirmed cases and monitor the population.

In addition to institutional characteristics, there are cultural traits and societal tendencies, resulting from the country's particular history, that have also contributed to supporting government measures. One major factor is the ongoing war on the Korean Peninsula, which has led people to be largely obedient towards authority. People often disregard the state of war which has become an inherent aspect of South Korea's reality, in part due to the country's rapid economic growth and the absence of active military conflict for the last 70 years or so. However, the fact is the Korean Peninsula is still at war with itself, and this reality is a driving factor behind people's behaviour towards the government – whether they themselves are aware of it or not.

Despite an armistice being signed on July 27, 1953, there have been hundreds of ceasefire violations, and tensions between the two Koreas have remained high. Add this to North Korea's nuclear weapons programme and Kim Jong-Un's often aggressive rhetoric towards South Korea, and it is not hard to see why generations of Korean families still to this day persistently worry about escalation to war. Thus, the mindset of Korean people is different from the mindset of those living in a country without conflict. Just as European citizens have in the past had to give up certain freedoms and rights to the government in exchange for protection during war, people in South Korea have done the same. The main difference is that the country has been in a perpetual state of war for over 70 years. This duration has caused people in this country to be more accustomed to relinquishing certain freedoms in return for protection when under threat – even threats that go beyond war. That can be seen in the current pandemic, which – like in most countries – is seen as a national threat.

Historically, under national threats, South Korean people have responded obediently to requests by the authorities and willingly sacrificed basic certain rights. During this pandemic, the South Korean population did not hesitate to give up their personal information to restaurants and institutions. There was little to no resistance to government requests to install QR codes and tracking apps on their mobile devices, despite the incursions into the right to privacy these would entail. One historical example illustrating South Korea's social characteristic of individual sacrifice to save the country is the gold-collecting campaign in 1998. This unique episode in South Korea's history demonstrates the country's experience in terms of overcoming a national crisis – this one financial in nature – through the efforts of ordinary civilians. During Asia's 1998 financial crisis, South Korea was unable to escape becoming indebted to the International Monetary Fund. The 1998 gold-collecting campaign was a national sacrificial movement, in which regular citizens willingly donated their gold (a traditional present celebrating a child's first year) to help repay South Korea's debt to the IMF. This shows South Koreans' experience in sacrificing themselves to save the country and pull the country out of crisis (Gun, 2007). Scholars have likened this cultural tendency to South Korea's Confucian tradition, which encourages a submissive attitude towards authority. For over 500 years, Korea was ruled as a Confucianism-based monarchy – the Joseon Dynasty. This strongly influenced family, education, philosophy, religion, social and political systems, and daily life (K.-O. Kim, 1996). A popular Korean proverb, "the nail that sticks out gets hammered down", helps demonstrate the country's collective social characteristics.

Contributing both to institutional changes and societal shifts, the recent trauma of the 2015 MERS outbreak led people to be highly compliant regarding government public health policies and significantly increased the government's capacity to tackle future outbreaks. The MERS outbreak here was the largest one

outside the Middle East and took the country by surprise, because South Korea is not a developing country, and it had a well-established health infrastructure. The MERS outbreak served as a horrifying teaching tool, raising awareness among the general population that unknown contagious diseases (like MERS) can spread out even without symptoms, and can have deadly consequences that can threaten lives. Before the outbreak, people had little knowledge about infectious diseases. In South Korea, 38 people died and 180 clinical cases were found (WHO, n.d.–a). Following the outbreak, there was greater public awareness of the threat of infectious disease outbreaks in the country. In the government, new policies and laws were passed to increase preparedness for future health risk. Most notably, the wake of the MERS outbreak brought about the development of South Korea's contact-tracing infrastructure, today one of the world's most advanced systems and an integral part of the success of the 3T strategy (Kuhn, 2020).

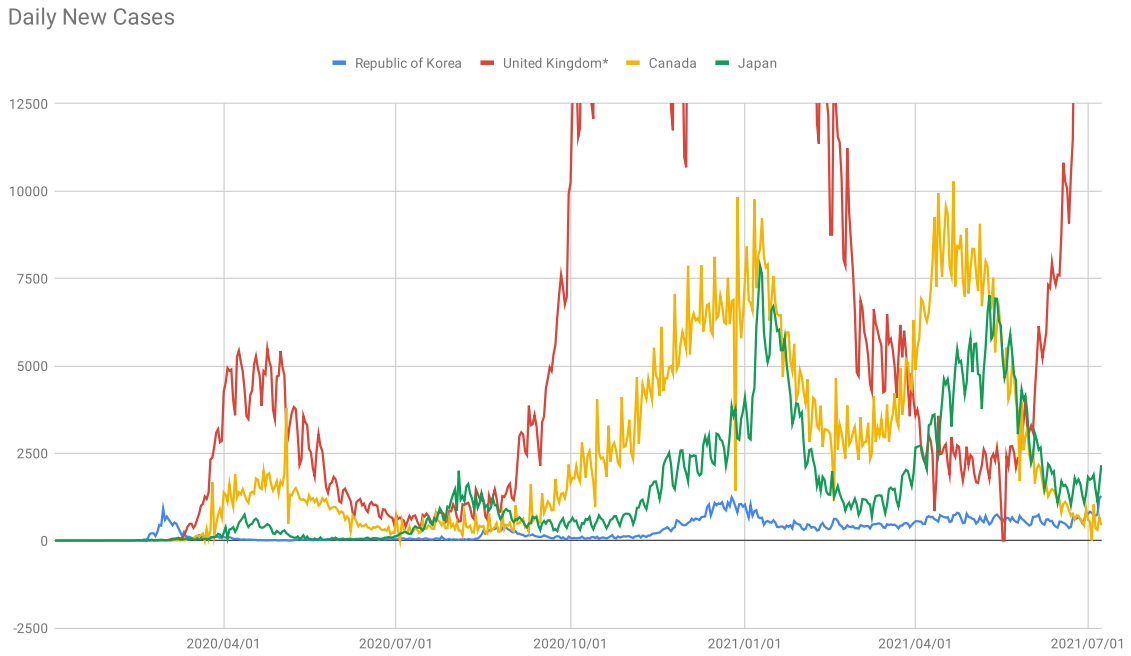
In addition to the public awareness of the nature and danger of infectious diseases, people in South Korea also (somewhat serendipitously) show less resistance to wearing face masks. This is because of air pollution problems the country has been experiencing in recent years. The increase of yellow dust in the air on certain days has led people here to wear face masks out of habit, to protect their upper respiratory system from the micro dust. In the wake of the COVID-19 pandemic, when the government first provided guidelines around wearing face masks on public transportation (and later in all public places), people quickly and near-ubiquitously complied. In addition, face masks have even become a fashionable item here. K-pop stars have often worn them in public to escape from the public eye, making younger generations open to wearing face masks to imitate the celebrities.

These traits and historical experiences contributed towards society's cooperation with and minimal resistance to the measures put in place. When the Korean government announced that people should wear face masks and use hand sanitizer, Korean people cooperated. These preventive behaviours in public (advised social distancing), and non-pharmaceutical public health interventions (hand sanitizer, washing hands, and wearing masks) have helped to inhibit human-to-human transmission of respiratory infectious diseases (Aledort et al., 2007). In South Korea, wearing a face mask in public has been considered one of the most efficient preventive measures and seems to have been one of the major contributing factors in containing the spread of COVID-19 (S. Lim et al., 2020).

Assessment of the measures

Public compliance with the measures put in place were relatively high throughout the pandemic. While a months-long debate was taking place in Europe and North America over the efficacy of face masks, in South Korea the shift to wearing face masks seemed to occur overnight. Despite the government only issuing mandatory face masks in all public spaces in August 2020 (The Korea Times, 2020), by May 2020, according to one article, an estimated 63% of the population were already wearing masks outdoors; another international survey reported that 94% of respondents were already wearing face masks outdoors (S. Lim et al., 2020). The country's previous experience with MERS and good public awareness of how transmission of respiratory disease can occur, coupled with the familiarity of wearing face masks due to the air pollution problems of recent years, likely contributed to the quick uptake of mask wearing throughout society. In addition to face masks, it was clear to see the differences in a society heeding government advice to stay at home as much as possible and limit social gatherings. Anyone who had visited Seoul before the pandemic would have found the city unrecognizable had they returned during the pandemic. At the time of the second wave, around August 2020, the hustle and bustle of famous shopping streets and neigh-

Figure 1: Daily number of new COVID-19 cases.
***United Kingdom data goes beyond the scope of the chart.**
Source: WHO, n.d.–b

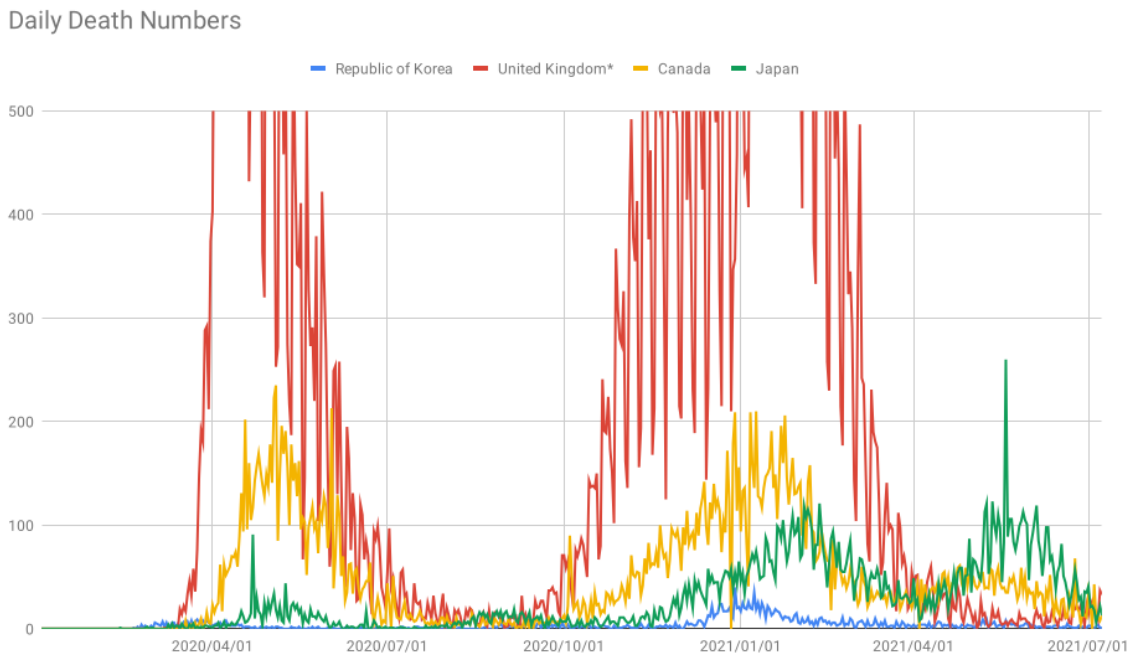


bourhoods had all but disappeared in Seoul, the capital that housed around half the population. To this day, previously busy streets and neighbourhoods popular with the youth are seemingly operating at a quarter or half of their capacity – not because of government regulations, but because people are simply not showing up.

The compliance of the South Korean people with measures put in place, in addition to the government's aggressive pursuit of their 3T (Test-Track-Trace) containment strategy, was largely hailed as a success, both domestically and abroad. Throughout the pandemic, numbers of daily new cases stayed comparatively low, even during periodic waves that hit the country. Following the end of the initial wave, from April 2020 to August 2020, daily new cases almost never surpassed 100 (WHO, 2020). From August 2020 to June 2021, there have been three additional waves, during which daily new cases – at the peak – hovered near or well below 1,000. The United Kingdom – a somewhat comparable country with a population of around 66 million and mostly separated from neighbouring countries – in comparison, during its first wave recorded daily new cases ranging from 3,000 to 5,000, and during its worst wave had daily new cases reaching as high as 81,000 (see Figure 1 and Figure 2).

The government's efforts to balance the needs of the economy and public health requirements were also comparatively successful. Throughout the entire pandemic, society was never fully locked down. Up until June 2021, of the government's five-tier Social Distancing System, the highest level (Level 3) was never implemented. This level would have included, among other measures, restrictions in operations for all facilities other than essential industries, and mandatory work-from-home orders for all non-essential workers (Central Disaster Manager Headquarters [CDMH] & Central Disease Control Headquarters [CDCH], n.d.). It was often reported that the government was hesitant to implement this strict level because of concerns over the

Figure 2: Daily number of COVID-19 associated deaths.
***United Kingdom data goes beyond the scope of the chart.**
Source: WHO, n.d.–b



impact such measures would have on the economy. This concern seems to have paid off; compared with other OECD countries – referred to by The Economist as a group of mostly rich countries – South Korea had the smallest drop in GDP when comparing 2020 to 2019 – only 1% (Stangarone, 2021).

Social and political consequences of the pandemic in South Korea

While the negative impact on the economy – heavily based on high-tech export industries – was mitigated to an extent, industries inside the country, particularly the service and tourism sectors, have been suffering from prolonged economic losses. Unemployment rates have shown clear disparities between different groups of the population. Overall, younger workers in their twenties, and women (across all age ranges), have experienced higher rates of increase in unemployment throughout the pandemic (Y. Kim, 2021b). In response, the government passed a series of financial stimulus packages aimed at supporting small businesses and financially vulnerable individuals.

Despite the financial support provided by the government, the long duration of the pandemic, paired with growing criticism of the government's late actions in procuring vaccines, has resulted in some growing discontent with President Moon Jae-in and the Democratic Party. Elections that took place in April 2021 saw President's Moon's Democratic Party expelled from mayoral positions in two of the country's largest cities (Seoul and Busan), forecasting a potential loss for the party in the upcoming 2022 election. Interestingly, the most cited reason for this loss was not COVID-19 but other issues in the country, including the government's failure to sufficiently improve housing and real estate policies, and corruption and scandals associated with the party (Borowiec, 2021, May 7). This is indicative of the comparatively smaller consequences COVID-19 has had thus far on South Korean society. While young workers (in their twenties and thirties) were the hard-

est hit by unemployment during this period, this trend predates the COVID-19 pandemic; similarly, South Korean women have long suffered some of the lowest employment rates among the OECD countries (Y. Kim, 2021a).

Social distancing in society

There have, however, been several other changes in society that were direct consequences of the pandemic. One such change was the decrease in protests that occurred throughout this time. "Walking the streets of Seoul on any given day, it is impossible to avoid scenes of protest," one journalist reported in a 2019 article describing the country's protest culture (Rohimone & Wyeth, 2019); in 2018 alone, there were an estimated 68,000 demonstrations (Overseas Security Advisory Council [OSAC], 2020). The social distancing measures, which restricted large gatherings, have resulted in a noticeable decrease in protests throughout the country. Like several other countries, there was also a rapid spread of the working-from-home culture throughout South Korea. While the government never made working from home mandatory, advice to minimize the number of people in offices was strongly followed by companies. One survey showed that 88% of companies had implemented partial or full work-from-home policies, and more than half of the firms polled reported plans to continue some form of work-from-home policy even after the pandemic ends (Lee, 2020). Another tangible shift was the decrease – or disappearance – of hoesik, a common Korean workplace tradition of late-night binge drinking with managers and subordinates. Whether or not hoesik comes back after the pandemic is yet to be seen, though nearly half of workers recently surveyed said they would not want them to start again (Nam, 2021).

Elevated on the world stage

Another potential consequence of the pandemic is the elevation, on the world stage, of South Korea in terms of its performance. Its early success in containing the spread of the virus has earned the country praise from around the globe. During the February 2020 wave of cases, the world looked at South Korea as a warning, with articles titled, "How South Korea's Coronavirus Outbreak Got so Quickly out of Control" (Borowiec, 2020, February 24). Fast forward just a few months and articles started being published looking to the country and its policies as an example, with articles with titles such as: "How South Korea Triumphed, and the US Floundered Over the Pandemic" (Shorrock, 2020) and "COVID-19 Has Crushed Everybody's Economy – Except for South Korea's" (Larsen, 2020). In 2021, for the first time, South Korea attended the G7 Summit as an observer (Smith, 2021). South Korea's presence at the meeting was described by observers as signalling the country's growing role in international affairs.

Policy shifts on vaccines

Perhaps most significantly for the country's own preparedness for future pandemics, a shift in vaccine strategy has also occurred because of the pandemic. One thing that has been made painfully clear for countries around the globe is the importance of vaccines – and vaccine sovereignty – in addressing public health crises. Amid growing disappointment at the government dragging its feet in vaccine procurement – now causing the country to lag in its vaccination rollout – the government is pursuing policies and programmes aimed at increasing the country's capability to domestically produce vaccines, specifically mRNA vaccines (MOHW, 2021). In June 2021, a special government-sponsored consortium to develop mRNA vaccines was launched (C. Lim, 2021). In May 2021, following a bilateral summit between the two countries, President Moon and President Biden announced a US–South Korea Vaccine Partnership. Soon afterwards, American vaccine producers Moderna and Novavak announced plans to manufacture vaccines in South Korea thanks to a government deal that was struck (Widakuswara, 2021). The private sector in the country also seems to be responding to

this call; as of June 2021, 17 companies had reached out to the government for support on developments of mRNA industry, four have reported they will be starting mRNA clinical trials in 2022 (C. Lim, 2021), and companies such as Hanmi Science are reportedly aiming to grow into a global vaccine hub under a WHO vaccine hub scheme (Choi, 2021). Despite the growing interest both in the government and the country's biopharmaceutical sector for mRNA vaccine development and production, South Korea still lacks key technology and has yet to receive end-to-end RNA vaccine production technical transfer from the original RNA vaccine developers, indicating the need for further actions to progress in this field.

What COVID-19 means for South Korea: moving forward

South Korea is a nation that grew from overcoming crises, from the Korean war, authoritarianism, financial downturns, man-made industrial disasters, and several public health emergencies. These crises have continually strengthened the country's capacity and enhanced the level of the nation. Most relevant to the current pandemic is the painful social expenditure that MERS caused both the people and the government of South Korea but which led them to exhibit the strength and self-sacrifice required to contain COVID-19 better than in other parts of the world. However, as a victim of its own experience, the government's underestimation of the current pandemic caused its slow-moving action in purchasing vaccines at an early stage. As has been shown with the most recent outbreak and quick spread of the delta variant, without reaching herd immunity in a population through vaccine, the COVID-19 pandemic cannot end. The COVID-19 pandemic has put South Korea's ready-made public health crisis plans to the test, and they have emerged as effective in respect of its stated aims: containment of the spread of the virus. The pandemic has also shown the direction in which the country should head, to further enhance its pandemic preparedness. As a country reputed to be on the cutting edge of technologies, it seems only natural that it would aim to take advantage of the newest developed technology such as RNA vaccines. As this current COVID-19 pandemic has shown, vaccines are necessary for epidemic preparedness for future pandemics.

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FOOTNOTES

1 The Shincheonji Church has been characterized as an eccentric and secretive religious sect whose members often deny affiliation. The secretive nature of membership may have made it more difficult for authorities to track and trace attendees of the Church's gatherings.

This article was submitted on 16 July 2021

Dr Dao Quang Vinh

COVID-19 in Vietnam: Containment Measures and Socio-political Impacts

In response to the COVID-19 pandemic, the Government of Vietnam (GoV) imposed various effective and timely policy measures. As a result, the country has been remarkably successful in controlling the spread of the virus. However, the global situation and the imposed containment measures have had grave impacts on society, the economy, and the political arena. This report aims to provide an overview of the GoV's policies and containment measures while also presenting the impacts, respectively.

Keywords:
Vietnam – COVID-19 – containment measures – policy response – socio-political impacts

COVID-19 in Vietnam: Containment Measures and Socio-political Impacts[1]

|| Dr Dao Quang Vinh

Introduction[2]

Vietnam detected its first COVID-19 case on January 23, 2020. By May 2020, it had managed to bring its first COVID-19 wave under control, keeping the number of confirmed cases to around 300 people, with zero deaths. The country experienced its second wave towards the end of July 2020, with a cluster of confirmed cases in Da Nang City, which broke out in the most vulnerable place – hospitals. The highest number of confirmed cases on one day was 50 at that time. On July 31, 2020, COVID-19 claimed the first life in Vietnam. By August 25, 2020 – a month after the detection of the COVID-19 cluster in Da Nang, Vietnam exceeded 1,000 total confirmed cases. However, from mid-September 2020 to mid-January 2021, the country reported only a few new community cases, in December 2020. The COVID-19 containment measures had been effective, leading to a three-month period of zero community transmissions. From January 27, 2021, Vietnam experienced its third and to date (March 31, 2021), worst wave of infections across 13 provinces and cities nationwide, with Hai Duong Province, approximately 50 km east of Hanoi, being the national infection hotspot – followed by Quang Ninh Province, Ha Noi and Ho Chi Minh City. The maximum number of cases recorded in a day reached 77. In this third wave from January 25, 2021, onwards, Vietnam has so far recorded around 800 cases (Figure 1).

Figure 1: Timeline of confirmed COVID-19 cases in Vietnam / Source: Our World in Data (2021d)

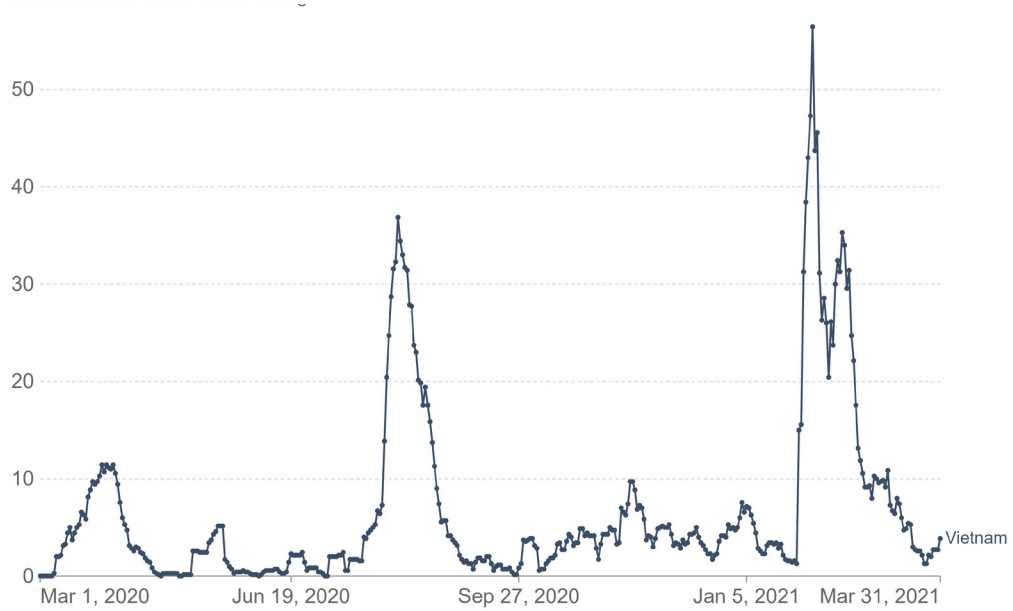
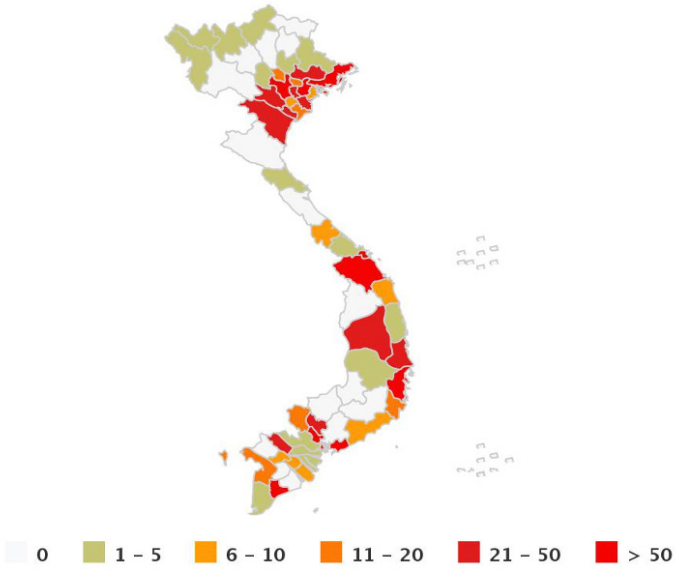


Figure 2: Map of confirmed cases in Vietnam / Source: Ministry of Health (2021a)



This third wave included highly contagious variants such as the so-called "UK-variant" but the virus was nevertheless contained again in March 2021. Up to the date of writing this report (March 25, 2021), 14 months after Vietnam's first COVID-19 case, there have been 2,576 infected cases and 35 fatalities (Figure 2). In relation to the country's population of approximately 95 million and the 1,200 km shared border with China, being the initial epicentre of the pandemic, this figure of COVID-19 cases is a remarkable testament to the country's achievement. Behind this successful response to the pandemic is a combination of stringent policy measures put in place to contain the virus decisively and provide timely treatment to those infected.

This report aims to provide insights into the strategies employed by the Government of Vietnam (GoV) to contain the pandemic domestically. In addition, it addresses socio-political impacts of the pandemic and provides a brief outlook for further social protection and economic growth in the context of an uncertain future caused by COVID-19. The report draws on secondary data and key evidence from various academic and official sources published by UN agencies, research institutes, and the GoV.

Fighting COVID-19 in Vietnam: prevention before protection

The strategies used to fight COVID-19 worldwide have varied among countries since the beginning of the pandemic. To assess the policies of each country when dealing with COVID-19, researchers worldwide have developed several measures. One of the most popular measures has been developed and led by the Blavatnik School of Government at the University of Oxford: Government Stringency Index, GSI (Cross et al., 2020; Le et al., 2021). The index is based on specific indicators that can be used to compare countries' policy measures regarding containment, closure, income support, and healthcare. Data from 180 countries have been collected and updated on a daily basis. According to the GSI, Vietnam is one of the countries in the world with the strictest response to the pandemic, applying rigorous preventive and protective policies (the country achieved 97/100 points in March 2020 on this index). Figure 3 shows Vietnam's overall policy response to COVID-19 across the various employed indicators. Those GSI-indicators serve as the basis for the discussion of Vietnam's containment policies in the following paragraphs of this paper.

From its experience with SARS prevention back in 2003 and the A-influenza (H1N1) in 2009, Vietnam implemented early and decisive responses to COVID-19. In December 2019, the Ministry of Health (MoH) had already consulted with international organizations to develop a prevention plan in response to the pandemic. On January 15, 2020, the National Steering Committee (NSC) chaired by Deputy Prime Minister Vu Duc Dam was established. The National COVID-19 Response Plan was issued on January 20, 2020, and further updated on January 31. The aim of the plan was to detect and contain COVID-19 infections to minimize the incidence of illness and death from the pandemic. Steering committees for pandemic prevention were set up in every locality. On a general scale, pandemic prevention has been structurally organized via thorough preparation, presenting the state's approach to prevention to its citizens.

School and workplace closures

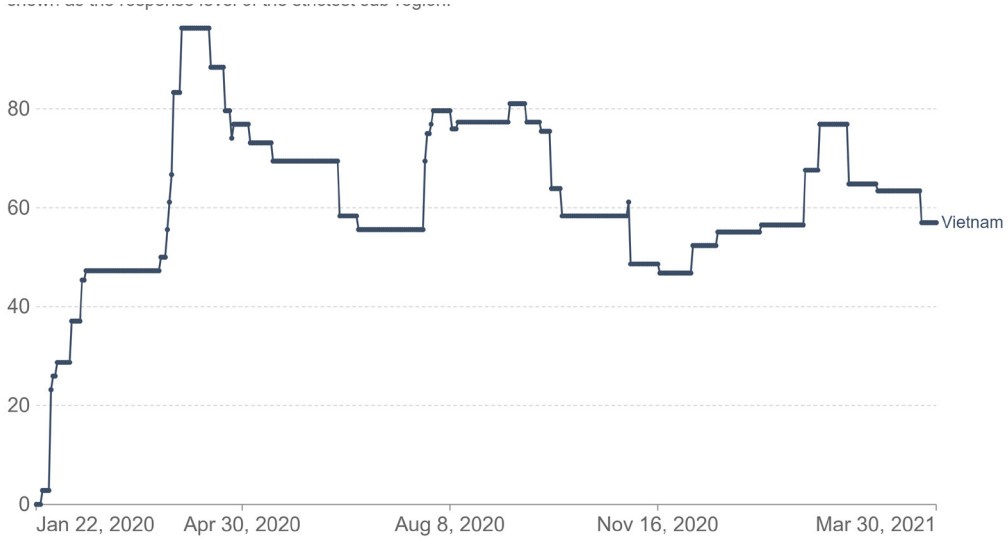
School closures started at the end of January 2020. At that time, there were only three countries in the world that required school closures. While e-learning took place nationwide, businesses remained open with no restrictions. However, the situation changed swiftly during the last week of March, from required closures in some workplaces to a complete economic shutdown within a short period of time (with the exception of key workers, including health staff, border defence, etc.). The closures of workplaces and schools were kept in place until the end of April and the beginning of May, respectively. Eventually, Vietnam was the second country in Asia, after Taiwan, to reopen schools after the first COVID-19 wave.

Nationwide school shutdowns and workplace closures were ordered again in August 2020 and January 2021 amid the second and third waves of COVID-19 outbreaks. At the beginning of February 2021, 52 out of 63 provinces and cities closed schools, just before the longest holidays of the country, the Lunar New Year celebration (Lao Dong, 2021). Whereas business was disrupted mainly in the areas where there had been an outbreak, the parts of the country without confirmed cases kept the public and business life open.

Cancellation of public events and stay-at-home restrictions

All public events were cancelled less than three weeks after the first confirmed case in Vietnam on January 23, 2020. Vietnam was

Figure 3: Vietnam stringency index – COVID-19 / Source: Our World in Data (2021c)



Source: Hale, Angrist, Goldszmidt, Kira, Petherick, Phillips, Webster, Cameron-Blake, Hallas, Majumdar, and Tatlow (2021). "A global panel

the third country in Asia, after China and Mongolia, to move quickly to restrict the transmission of the virus via public events (Our World in Data, 2021c). Public gatherings were restricted to groups of less than 1,000 people in March 2020, but further restrictions led to the ban of gatherings of more than 10 people in April, according to Directive No.16/2020/CT-TTg and 447/QD-TTg issued by the prime minister (Vietnam Laws Repository [Thu Vien Phap Luat], 2020b). During this time, strict social distancing methods were applied nationwide for 15 days, in which all non-essential businesses were ordered to close. During the second and third waves of COVID-19 infections, lockdowns and strict social distancing measures were limited to hotspot infection areas while other provinces kept in place various levels of preventive measures.

Wearing of face masks

Wearing of face masks was encouraged by the GoV after China locked down its epicentre in Wuhan. From March 16, 2020, wearing masks in public was strictly required and implemented. Throughout the pandemic, face covering measures have been required in most public spaces. While initial fines for non-compliance with mask-wearing requirements were modest, at an equivalent of about €4, this increased significantly in September 2020 with fines ranging between €35 and approximately €100 depending on severity and location (Vietnam Laws Repository [Thu Vien Phap Luat], 2020a). Although fines for not wearing masks were issued to individuals from time to time, face covering is encouraged and generally accepted by the society in Vietnam. The widespread acceptance of compulsory face coverings can partly be explained by the cultural and personal experiences of Vietnamese people. People have been wearing masks daily prior to the pandemic to protect themselves from severe environmental conditions such as air pollution, sun damage, and heat.

Public information campaigns

Communication and information campaigns on COVID-19 prevention and control have been conducted widely and continuously since the emergence of the pandemic. The GoV issued Directive No. 5/CT-BTTTT on February 2, 2020, to utilize all means of communications, including TV channels, broadcasting stations, news and magazines, SMS, social networks, and internet-based platforms, as well as through interactions among the communities and the country's mass organizations. The GoV has been providing daily press conferences and updates on the pandemic development via social media platforms to raise awareness of the pandemic within the community. From February 1 to May 31, 2020, there have been 560,048 pieces of news on COVID-19, utilizing all kinds of media outreach. Within the first 5 months of 2020, nearly 17 million status updates and comments on COVID-19 had been posted in Vietnam's cyber space (Ministry of Health, 2020a). According to Mekong Development Research Institute (n.d.), almost 90% of the population has been listening to or watching COVID-19 news updates daily. Furthermore, leaflets and posters containing COVID-19 information such as explanations of symptoms and appropriate preventive measures were also created and distributed in public. Communication technologies were applied to develop applications that are user-friendly, such as the "Bluezone" app or the "Vietnam Health Declaration" (website) which has been made compulsory for any form of domestic travel.

Through communication activities, the GoV has demonstrated a sense of transparency in giving timely updates on confirmed cases. The widespread communication campaign as briefly outlined above has helped citizens to stay informed about the potential risks and mitigation strategies. This transparency has contributed to the increase in the general trust and popular approval that the public have been showing towards the GoV. The cooperation of local communities and grassroots organizations in tracing

infections has been a clear sign of approval in this context.

International travel

Vietnam was one of the first countries to close its border first to China and subsequently to the rest of the world. The prime minister issued Directive No.358/CT-CHK on January 23 to suspend all flights to Wuhan and other outbreak areas in China on January 29 (Civil Aviation Authority of Vietnam [CVA], 2020). As COVID-19 spread in the region and globally, Vietnam banned entries from any third countries while only allowing people to enter its territory on special flights and with a mandatory 14-day quarantine. From the end of March 2020 until now, Vietnam has only allowed its own citizens stranded in third countries to re-enter the country, while all non-Vietnamese nationals must apply for special approval with the authorities. Such special permissions are reserved for international experts and essential workers only. Health declarations, epidemiological examinations, various tests at departure and after arrival and strict individual quarantine measures in designated quarantine hotels or military facilities apply to both Vietnamese citizens and international arrivals with special permission to enter Vietnam. Such strictly enforced measures have arguably been the most effective tool in preventing a large-scale outbreak in the country.

Zoning, contact tracing, and testing

Quick zoning, thorough tracing of people in contact with infected cases, and timely testing have been deployed in a rigorous manner by the GoV. The Ministry of Health has developed and introduced concise instructions for the measures from an early stage (T. P. T. Tran et al., 2020). On February 13, 2020, upon the detection of the first case, a pandemic area in Son Loi Commune in a province just north of Hanoi was urgently sealed off and isolated for 3 weeks. Quick zoning, irrespective of the time of day or other factors, has been considered extremely effective to prevent the spread of the virus.

Tracing has been thorough so that no case is missed. Once a patient with a confirmed COVID-19 infection is identified, he or she is labelled as an F0 case. Subsequently, local public health officials, with support from health professionals, security officers, the military, and other civil servants, work with the patient to identify everyone who has been in contact with the F0 case in the previous 14 days. Everyone who had been in contact with an F0 case is considered an F1 case and once located must prepare for self-isolation in a dedicated facility or hospital. F2 cases are those who have been in contact with F1 cases and are required to self-isolate at home or a centralized facility. This contact-tracing method is an ideal example of a pandemic protocol and has been strictly implemented by the authorities. For example, in the case of Patient No. 1,440, 15 F1 and 129 F2 have been identified, and actions were taken accordingly (Ministry of Health, 2020b). Mandatory health declarations for domestic travel and smartphone applications have contributed greatly to the tracing of suspected cases.

Suspected cases are tested immediately and at various intervals to decide upon the appropriate treatment or quarantine approach. Widespread testing has been possible in Vietnam as domestic testing capacity was increased by cost-saving test kit production, and continuous improvement of testing methodologies such as rapid test expansion, or sample pooling. As of October 2020, 137 laboratories were capable of testing by RT-PCR, with a maximum daily capacity of 51,000 tests (Our World in Data, 2021a). A remarkable example in this context is Patient No. 1,979, a worker at Tan Son Nhat Airport in Ho Chi Minh City. Once he tested positive for COVID-19, the medical authorities immediately sprang into action and tested all 1,000 workers present at the airport on the same night (Ministry of Health, 2021c).

While many countries have adopted a high-cost strategy of mass testing, Vietnam has

only screened out suspected cases, and those prone to infection, for testing. This is a relatively small part of the whole population. However, with the average of about 1,000 contacts in each of the confirmed cases, the ratio proves to be one of the highest in the world. According to (S. Nguyen, 2020), Vietnam has had the highest test ratio per confirmed case in the world. The IMF (2020, June 29) stated that "early containment and use of existing public and military facilities proved to be cost effective" while also outlining that "the government estimated the budgetary cost of fighting the pandemic at about 0.2 percent of GDP, with about 60 percent spent on equipment, and the rest on containment activities".

Quick zoning, thorough tracing and timely testing have altogether proven to be essential factors in keeping Vietnam's number of cases at a low level. At of the time of writing (March 2021), the total number of infected cases remains at 26 in one million (Ourworldindata, 2021e), while deaths remain at 35 in total (Ourworldindata, 2021f).

Vaccination policy

The GoV has planned a free vaccination campaign, in which frontline workers, security forces, diplomats, teachers, vulnerable people in the outbreak areas, and elderly people of 65 and older are the first groups to be inoculated (Nikkei Asia, 2021). Hai Duong Province, as the biggest outbreak zone since the beginning of the pandemic, has been prioritized in the vaccine programme. Hung Yen, Bac Ninh, and Bac Giang provinces have also been prioritized. This decision might be explained by the fact that important industrialized zones exist in these provinces, with extensive manufacturing operations.

The GoV has so far approved the vaccines produced by AstraZeneca and Russia's Sputnik V while Moderna's mRNA vaccine awaits emergency approval. In late February 2021, Vietnam received 117,600 doses of AstraZeneca while the government estimates that 150 million jabs would be needed for the national COVID-19 vaccination programme (V. Tran, 2021). For the year 2021, the vaccines in Vietnam will come from various sources, including government purchases and support from the COVAX vaccine-sharing scheme. However, Vietnam is also researching and producing its own COVID-19 vaccines, of which two out of four domestic vaccine developments have so far been tested on humans (see Table 1). While each of the pharmaceutical companies and agencies have different approaches to developing vaccines, the Nanocovax vaccine seems to be the most promising one for domestic mass production (Ministry of Science and Technology [MOST], 2021). Nanogen, the private company that is developing Nanocovax, aims to distribute the vaccine to the population in September 2021 (Ministry of Health, 2021b).

Vietnam launched its vaccination campaign on March 8, 2021. By the end of March, over 45,000 people had been vaccinated (Our World in Data, 2021b). In comparison with other countries in the region like China and Indonesia, the number of vaccinated people is relatively small. One factor behind Vietnam's careful and unhasty vaccine rollout might be its relatively mild pandemic situation. Table 1 outlines the tentative timeline and sources of Vietnam's COVID-19 vaccine campaign.

Income support and tax relief

In response to COVID-19, containment of the virus would not be the only concern of the GoV. Securing people's livelihoods, safeguarding the national economy and support for domestic industries is also at the top of the agenda. A range of policy documents were issued during the first and second quarters of 2020, outlining financial support and fiscal packages of VND280 trillion (€10.2 billion) to boost the economy and provide greater social protection. Workers who lost their jobs due to COVID-19 could apply for financial support up to VND1.8 million (approx. €66) per month for up to 3 months. Employers facing possible insolvency during the pandemic could apply

Table 1: Vaccine supplies and timeline in Vietnam (as per end of March 2021)

Distributor	COVID 19 vaccine	Country of origin	Tentative doses	Timeline
COVAX Facility/UNICEF	AstraZeneca	UK/Sweden	4,177,000	April 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	1,480,000	April 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	2,760,000	May 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	5,040,000	June 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	7,320,000	July 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	13,270,000	August 2021
POLYVAC/MoH	Sputnik V	Russia	40,000,000	Under negotiation
VINAPHARM/MoH	BioNTech/Pfizer	Germany/USA	31,000,000	Under negotiation
Vietnam MoH	Johnson & Johnson	USA	–	Under negotiation
Vietnam MoH	Moderna	USA	–	Under negotiation
Nanogen	Nanocovax	Vietnam	–	Phase 2 human trials – Mid 2022 (Community distribution)
IVAC	COVIVAC	Vietnam	–	Phase 1 human trials
VABIOTECH	Not Available	Vietnam	–	Animal trials
POLYVAC	Not Available	Vietnam	–	Animal trials

Table created by the author, based on sources from Expanded Program on Immunization (n.d.) and Chi Le (2021, March 15)

for tax breaks, postponed tax payments, or reductions in land lease fees (KPMG, 2020, 18 November).

Socio-political impacts of COVID-19 in Vietnam

What has been described in this report refers to Vietnam's policy measures to contain COVID-19. Despite Vietnam's successful pandemic management so far, the pandemic has nevertheless had severe socio-political impacts. In a globalized and integrated world, short-term and long-term impacts in various sectors are inevitable. The main ones will be discussed below.

The health sector

The past months have shown a complex picture of various impacts on the health sector. The health system and medical care facilities have been under pressure from the very outset of the pandemic. The Ministry of Health states that the health system has been hit hard by a dual burden of infectious diseases and non-communicable diseases (Agency of Health Examination and Treatment, 2020). There has been a notable decline in the volume of services provided in hospital facilities from the early months of the pandemic, and full utilization of hospital operation is weak. Meanwhile, some medical care facilities are overloaded due to the efforts to control COVID-19.

Another reason for the decline in the volume of services provided in hospitals lies in the fact that operational costs for hospitals have increased significantly as a result of testing and protection of health workers, as well as due to deploying sanitary and epidemiology measures, and screening and building of quarantine facilities. There has emerged a trend of reduced demand for and willingness to seek healthcare services, and to access essential healthcare services (United Nations Viet Nam, 2020). There are many reasons for this, among which is the fear of becoming infected while visiting medical facilities. Other reasons include overloaded healthcare facilities as resources have been mobilized for COVID-19 prevention at the expense of other routine healthcare services, and reduced household income leading to the inability to pay for certain treatments or services. During lockdowns, transport restrictions and the fear of using public transport might also have played a role in the reduced demand for routine health check-ups. For example, from April 1 to 22, 2020, around 100,000 pregnant/nursing women and new-borns were not examined in accordance with their monthly pre- and post-birth health-check schedule (UNICEF, 2020). The number of children aged under 5 visiting communal healthcare facilities has decreased by 47.8%, while even more alarmingly the number of vaccinated children in healthcare facilities has dropped 74.7% (United Nations Viet Nam, 2020). This trend of reduced utilization of existing healthcare services may lead to fatal consequences and may have multiple effects, especially on women, children, the elderly, and those suffering from chronic diseases (UNICEF, 2020).

The labour market

In 2020, approximately 31.8 million people aged 15 or older were negatively affected by COVID-19 due to job losses, furlough, or reduced working hours, leading to a reduction in income. Disadvantaged groups of workers have been hit even more severely (H. Nguyen, 2020). Job losses have been particularly observed among workers in the service industry, unskilled workers, the self-employed in non-agriculture sectors, and workers from poor and near-poor households. Migrant workers, both domestically and abroad, have been encountering difficulties amid increasing lay-offs from workplaces, border closures, and international trade restrictions. According to a study commissioned by the Hanns Seidel Foundation (HSF) together with the Institute of Labour Science and Social Affairs (Bui et al., 2020),[3] COVID-19 caused 2.6 million workers to lose their jobs in the formal sector while having negatively affected 30 million workers nationwide by mid-2020. The pandemic impact has also increased the share of the informal sector[4] in the labour market, from 55.3% in Quarter I in 2020 up to 57% in Quarter III (United Nations Viet Nam, 2020).

For the first time, after decades of continuous growth, monthly household income in 2020 has decreased: in comparison to December 2019, such income in April 2020 and May 2020 had decreased by over 70% and 49% respectively (United Nations Viet Nam, 2020). This, coupled with social distancing measures and travel restrictions, has created a serious employment crisis. Despite this, there are positive perspectives with regards to the mid- and long-term future. The World Bank and the Asian Development Bank forecast a partial recovery of Vietnam's economy in 2021 (Delteil et al., 2020; Jennings, 2020; The World Bank, 2020). However, given high levels of uncertainty under the current circumstances, the continuous spread of the pandemic across the globe, and the slow global and national rollout of the vaccine campaigns, such growth forecast should be treated with caution (UN Vietnam 2020).

Solidarity and opportunistic behaviour in times of global crisis

Societal solidarity, which is deeply rooted in Vietnam's traditions and ethical code, can be seen in the country's response to the pandemic (Ivic, 2020). In an attempt to mitigate the difficulties faced by disadvantaged or

particularly affected societal groups, local authorities, businesses, communities, volunteers, and philanthropists have organized events to distribute food for people in need, as well as "rescue" campaigns to boost consumption of agricultural products and crops in stock due to constraints in trade activities (Hien, 2021, 21 February). On the other hand, the authorities have also discovered attempts to maximize profits via the manufacture of flawed medical protective goods, masks, gloves, and antiseptic solutions of low quality in various localities (Pham, 2020). The pandemic has caused an unprecedented increase in the demand for medical equipment procurement, leading to bribery and opportunities for misappropriation.

Abuses of government support packages have also been uncovered. Acts of taking unjustified advantage of financial support or bail-out packages or other misconduct were discovered by way of monitoring missions carried out by officials from the responsible Ministry of Labour, Invalids and Social Affairs (MoLISA). In addition, the private sector and business owners harbour suspicion that local governments have delayed support policies for personal benefit (Vietnam Laws Repository [Thu Vien Phap Luat], 2020c).

Another societal challenge in the context of the pandemic is related to the concern within communities about COVID-19 cases and accompanying stigmatization or hate speech. Suspected or confirmed COVID-19 cases are subject to discrimination and prejudice. Aggressive contact tracing has contributed to this by posting people's personal data, travel histories, and other private information on social media networks simply because someone has been in contact with a COVID-19 positive case. Even if the "traced" person ultimately tests negative, such practices profoundly affect the mental wellbeing and social life of individuals and their affected families.

Regional differences and disparities

The pandemic has disproportionally increased the divide between the urban middle class and rural disadvantaged groups. Disruptions in transport services and value chains made it impossible for farmers in mountainous and rural areas to sell their agricultural produce. For instance, orange-growing households in the northern province of Ha Giang suffered the loss of almost an entire annual income due to shutdowns and fear of virus transmission during harvesting season. During the pandemic, people living in rural and mountainous areas have found it even more challenging than in normal times to access education or healthcare and other social services. While online learning and remote teaching worked in the cities, the lack of the necessary infrastructure and devices in the countryside will leave a significant group of young students gravely disadvantaged in the mid and long term (United Nations Viet Nam, 2020).

As handwashing and hygiene was promoted as a major instrument to counter COVID-19, accessibility to clean water remains a hurdle across many provinces in Vietnam. The Mekong Delta in the south of the country has been suffering from dual impacts: the impact from COVID-19 and the worsening impacts of seasonal draughts and saltwater intrusion (United Nations Viet Nam, 2020). In over 35% of public healthcare facilities in four surveyed provinces, safe and clean drinking water was scarce, forcing people to resort to unsafe drinking water. Despite nationwide campaigns to boost handwashing and the use of antiseptic hand sanitizers, clean water and the availability of disinfectants have been beyond the reach of many rural communities.

Political considerations

The COVID-19 pandemic has placed a burden on the government to take decisive and prompt action. In the crisis, public attention in Vietnam has focused on health outcomes rather than economic ones. The government

hence had to choose between "health" and "economic growth". From the very beginning of the pandemic, the GoV consequently set the protection of its people's health as its top priority while accepting the subsequent economic consequences. While initially, this trade-off seemed to reflect the main motivation of other countries around the world in their decision to keep their economies open, more recent research has concluded that soft pandemic protocols and policies are politically and economically costly in the longer run, while governments that prioritize health over short-term economic outcomes gained political support (Herrera et al., 2020, 6 November). This also seems to be the case in Vietnam, as a YouGov study in May 2020 showed that up to 97% of the Vietnamese population believed at the time that the government was tackling COVID-19 effectively. Another 90% fully trusted the information disseminated on the pandemic situation by the government, which seems remarkable during a global trend of populist conspiracy theories (Fukuyama, 2020).

This overall satisfaction with the GoV's pandemic management has also translated into the acceptance by and support of strict measures from the populace, which from the outside sometimes seems disproportionate. In stark contrast to societies in the Western world, 88% of Vietnamese respondents agreed that self-isolation and lockdowns were the right measure at the right time, "neither too soon nor too late" (MDRI, n.d.).

In the international arena, the GoV has also increased its profile as a political player to be reckoned with – not only by its successful domestic pandemic management but also by supporting other countries with medical supplies and equipment. Vietnam has circulated protective clothes, face masks, testing toolkits, and systems to Lao PDR and Cambodia while also exporting personal protective equipment (PPE) to Japan, Russia, France, Germany, Italy, Spain, the UK, the US, Sweden, and others (Center for Strategic & International Studies [CSIS], n.d.).

Conclusion

Early in the pandemic, the GoV vowed to "wage war" against COVID-19 in Directive 05/CT-TTg issued on January 28, 2020 (Socialist Republic of Vietnam – Governmental Portal, 2020). As outlined in this report, Vietnamese authorities not only responded in a timely manner and mobilized significant public resources to fight this war but they were also able to build a high level of acceptance and consensus among the population to support the pandemic policies. While the fight against the pandemic is far from over and future outbreaks will almost inevitably occur, all eyes are already on the next big challenges: the vaccination campaign and economic recovery. In this sense, the GoV has won various battles by defeating at least three infection waves to date, but to win the overall war it must also prevail in the upcoming challenges.

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FOOTNOTES

1 Note by the editor: this report includes data and information that were available at the time of writing in February and March 2021. Due to the dynamic developments in the context of the Covid-19 Pandemic in Vietnam since April 2021, some information and analyses in this report might be outdated by the time of publication.
2 Le Anh Vu of the Hanns Seidel Foundation's Vietnam Office contributed significantly to the final version of this report and duly deserves to be acknowledged here.
3 HSF has worked with ILSSA to conduct the following research study: "Assessing the impact of COVID-19 pandemic and policy recommendations on labour and employment policies for post-pandemic recovery". This research contributed to the amendment of Decision No.1326/QD-LTDBXH TTHC, in which the narrowly defined criteria for financial support for COVID-19-affected workers were redefined. The study is available in Vietnamese only.
4 The formal sector generally refers to the share of the workforce that has a written employment contract that provides a certain level of protection and access to government social security schemes, whereas the informal sector describes those workers that are not registered or regulated by any formal agreement and therefore are not protected by labour market institutions.

This article was submitted on 3 May 2021

Prof. Dr Sebastian Bersick

EU–Asia Relations in Times of COVID-19

In Europe, the COVID-19 pandemic triggered a process of re-evaluation of the risks attached to globalization, interdependence, and dependence, especially with regard to Asia and China. The EU's role in Asia and the Indo-Pacific in particular needs to be understood in terms of a new-found assertiveness on behalf of the EU in relation to China's regional and global strategic ambitions within a post-pandemic environment. In the evolving new strategic context, the EU and its Member States have the opportunity to provide a new rationale for EU–Asia relations in order to meet global and transregional challenges.

Keywords:
EU–Asia – COVID-19 – China – connectivity – EU Indo-Pacific Strategy – economic integration

EU–Asia Relations in Times of COVID-19

|| Prof. Dr Sebastian Bersick

The EU in a Changing Global Strategic Context

Europe and the international system are currently experiencing a fundamental transition. The social order of the international system with its liberal tenets is being challenged and undergoing change. The international role of the USA is in flux, the multilateral system is under threat, and the rise of other global players – in particular the People's Republic of China (China) – and the impact of the related changes on the structure and nature of power relations in the evolving new international political economy, both in regional contexts and at the global level, can be observed. Three recent developments exemplify this ongoing trend: the new military and technological alliance between Australia, the UK, and the USA (AUKUS); the Quad's pledge to provide the COVID-19 vaccine to the Indo-Pacific; and China's application to accede to the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP). A further and perhaps most striking example is the new Indo-Pacific Strategy of the EU and the geopolitical drama that overshadowed its launch on September 15, 2021, when the leaders of Australia, the United Kingdom, and the USA informed the world that they intended to establish a new strategic alliance for the Indo-Pacific, AUKUS. The new alliance will arguably co-shape, if not transform, regional and global politics as it symbolizes the decline of the transatlantic world of the 20th century and the rise of the Indo-Pacific and Asia-centred world of the 21st century, as a new political and economic centre of gravity. Yet a geopolitical reading of Asian affairs oversimplifies the international relations and the political economy of the region, which is characterized by processes of political divergence and economic convergence. The former are structurally reinforced by a missing regional security system. The latter is characterized by processes of regional economic integration such as the Regional Comprehensive Economic Partnership (RCEP) and CPTPP, which demonstrate that multilateral regional economic integration is a model chosen by Asian governments to counter the unilateral policies of the USA and the dysfunctionality of the World Trade Organization (WTO). China's membership of the RCEP and its application to join the CPTPP are also examples of Beijing's strong interest in participating in regional economic integration. The economic dimension also highlights the EU's lack of a role in the ongoing processes of regional economic integration in Asia, both in the context of RCEP and CPTPP.

Within an uncertain global landscape where there exists not only fierce and sometimes unfair competition but also stealth protectionism, exerted in part in reaction to COVID-19, vital questions of global and regional governance as well as security are raised. We are moving at a rapid pace towards largely uncharted territory when it comes to the related implication for the EU's international role in the face of the increasingly proactive behaviour on the part of Asian actors, and especially China. A case in point is the

Chinese Belt and Road Initiative (BRI), which is accompanied by a much more assertive foreign policy and power projection not only in China's immediate neighbourhood but in Europe as well as globally. In 2016, in its Global Strategy, the EU had already declared that it would "pursue a coherent approach to China's connectivity drives westwards" and "also develop a more politically rounded approach to Asia" (European External Action Service [EEAS], 2016). Two years later in September 2018, Brussels presented the EU–Asia Connectivity Strategy: "Connecting Europe and Asia. Building blocks for an EU Strategy".

According to this document, the EU is promoting an approach to connectivity that is "sustainable, comprehensive, and rules based". This means that connectivity "has to be economically, fiscally, environmentally and socially sustainable in the long run […]. Connectivity is about networks, and the flow of people, goods, services and capital […]", and "internationally agreed practices, rules, conventions and technical standards, supported by international organizations and institutions, enable interoperability of networks and trade across borders" (European Commission, 2018). The Connectivity Strategy is a crucial starting point in strengthening the EU's actions in the region and creating a relevant framework for action. Yet, since its drafting and publication, the world has changed quite dramatically, especially due to the advent of the Trump administration, SARS-CoV-2, and an ever more assertive China. The COVID-19 crisis in particular has clearly highlighted the challenges of a global, interconnected world – from the disruption of supply chains to digital and economic security. The ways in which the EU supports multilateralism and a rules-based international order through norms of good governance and liberal values, and the rationale in relation to which the EU promotes its role in the global agenda are being tested, to various degrees, by great powers, such as the USA, Russia, and China.

With regard to China, the ongoing changes are the most profound. Arguably the most important change is the impact that the COVID-19 pandemic has had on China's international role, because the structural differences between the political systems of China and, for example, Europe increase the propensity for conflict in international affairs. In March 2019, the EU started to characterize China as an actor that is "simultaneously" "a cooperation partner", an "economic competitor", and a "systemic rival promoting alternative models of governance" (European Commission, 2019, p. 1). The EU's perception of China as a "systemic rival" constitutes a major change in EU–China relations, and the deterioration of those relations has progressed further since then. This ongoing development may cast doubt on the fundamentals of the EU–China comprehensive strategic partnership and even raises the question as to whether it is still accurate to argue that the EU and China do not pose a strategic threat to each other. Meanwhile, the contestations between the EU and its now 27 Member States and China are increasing in number and scope: market access, wolf warrior diplomacy, mask diplomacy, 5G technology, the South China Sea, respect for international law, Taiwan, Hong Kong, Xinjiang – to mention just a few examples from the growing list of contentious issues. A further area of competition and contestation is technology and digitalization and the newly emerging field of cyberdiplomacy where cooperation exists, but alongside competition and conflict, for example, in relation to what the internet is, how it should be governed and by whom. A case in point relates to regional economic integration. On the occasion of the 17th China-ASEAN Expo in Nanning in late 2020, Chinese President Xi Jinping broached to ASEAN the concept of a "China–ASEAN digital port to promote digital connectivity and build a digital silk road" (Zhou, 2020).

All these developments add complexity to EU–Asia relations. In addition to the already challenging need to deal with the global

power shift from the transatlantic to the Indo-Pacific, it must be recognized that the EU possesses only limited agency, limited actorness; it is neither a nation nor a federal state, and too often does not speak with "one voice". But the more complex EU–Asia relations become, the more the EU is challenged to adopt policies vis-à-vis Beijing and Asia. This is mainly because the deepening of strategic uncertainty is occurring not only in relation to the question of China's behaviour, now that China has risen, but also in relation to US behaviour. The EU is currently refraining from bandwagoning in terms of Washington DC's China policy, as demonstrated by its beginning the ratification process for the Comprehensive Agreement on Investment (CAI) in December 2020 without coordinating with the incoming Biden administration. However, the EU lacks the military capabilities to safeguard its interests in a stable Indo-Pacific. Europeans are relying on the hard power capabilities of the USA in the region for their own economic security and prosperity.

When the new US administration took office in January 2021, European expectations that the USA and Europe could team up were high; it was hoped they would coordinate their China policies within a strategic context impacted by non-traditional security threats like pandemics and climate change as well as competition for technological leadership between the USA, China and Europe. France and Germany called for a transatlantic "New Deal" in order to adopt the European–American partnership "to global upheavals". According to the foreign ministers Jean-Yves Le Drian and Heiko Mass: "We must work together to deal effectively with China's growing assertiveness, and also to maintain necessary avenues of cooperation with Beijing to face global challenges such as the COVID-19 pandemic and climate change" (Le Drian & Maas, 2020).

However, European and in particular the French expectations for a rejuvenation of EU–US relations and Europe's role in Asia after the Trump years were brutally disappointed when Australia, the UK, and the USA decided to establish the AUKUS alliance in the Indo-Pacific without involving Paris and Brussels. In light of recent decisions by the Biden administration with regard to Afghanistan and the Indo-Pacific region, it might very well turn out to be a strategic miscalculation to expect that the USA and the transatlantic relationship can deliver on the challenges and opportunities that the EU is facing with regard to Asia. Such outcomes in the Indo-Pacific in the 21st century should not overly depend on Washington DC intensifying coordination across the Atlantic. In many ways, the principle of self-help, as Realism calls it, has regained practical relevance in global affairs. For the EU to play a role according to its interests and norms, more agency is needed. Within the changing strategic context, connectivity needs to be understood as a tool for the shaping of the international order, especially in a post-pandemic environment and with like-minded partners. An example on the bilateral level is the EU–Japan "Partnership on Sustainable Connectivity and Quality Infrastructure" that was signed in September 2019 and the EU–India Connectivity Partnership of May 2021.

COVID-19 and increasing regional and global uncertainties

Nearly two years after the COVID-19 pandemic started to spread in China in late 2019, countries all over the world are still fighting the virus and its impact on the social, economic, and political structure and overall fabric of their societies. Although tremendous scientific progress resulted in the form of fast development of vaccines, the immediate threat to global public health is far from over. In early September 2021, a global total of 222,596,491 cases and 4,596,869 deaths have been officially recorded by Johns Hopkins University (International Monetary Fund [IMF], 2021). No country, whether so-called developed or developing, has yet managed to fully escape the virus. In the case of Germany,

for example, a fourth wave is unfolding that is described as a "pandemic of the non-vaccinated" (Winter, 2021), while countries applying a "zero covid strategy" like Australia and China are struggling with the economic costs that the related strict measures entail.

While the reasons for failure and success in the fight against COVID-19 vary depending on time and place, the mutating nature of the virus as well as a combination of political, economic, social, and cultural factors are important elements within any explanation, as this project demonstrates, with its publications of eight individual country studies on the fight against COVID-19 in China, Viet Nam, Thailand, South Korea, India, the Philippines, Mongolia, and Kyrgyzstan. Meanwhile, the virus is still circulating and it is not only countries in Asia but also those in Europe that are dealing with its impact and ongoing related uncertainties.

The year 2020 and the impact caused by the coronavirus pandemic on world affairs has been described "as a comprehensive crisis of the neoliberal era" that comprises the environmental dimension, the domestic social, economic, and political as well as the international order and which resulted in "by far the sharpest economic recession experienced since World War II" (Tooze, 2021, p. 22). Yet in mid-September 2021, the fight against COVID-19 might have reached a potential turning point, at least in Europe, with 61% of the adult population in the European Union being fully vaccinated. An increasing number of countries like the UK, Denmark, Sweden, the Netherlands, and Germany are ending or easing pandemic-related restrictions. In Germany, the government expects that in spring 2022 the pandemic could be overcome (tagesschau.de, 2021). At the time of writing, in the autumn of 2021, the European "vaccination-led model" is considered "the most successful amid delta's onslaught and one that is likely to be increasingly followed across the world" (Tam, 28. September 2021). This is a remarkable achievement considering that in the EU, health was a Member State competence, and an "unprepared" European Commission initially "treated vaccines as a trade matter rather than an emergency negotiation, preferring lower prices over timely deliverables" (Maio, 2021), resulting in a too-slow procurement of COVID-19 vaccines. Overall, the EU's fight against the pandemic is framed within a global and multidimensional context, in line with the European Green Deal, based on values that pertain to human rights, gender equality, democracy, good governance, and the rule of law, and relates to health, social, economic, humanitarian, security, and political impacts. The EU makes use of the "Team Europe" approach, which brings in the EU, its Member States, and diplomatic networks as well as financial institutions like the European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD) (Council of the EU, 2021).

However, the expectation that the fight against COVID-19 in Europe will be won with the help of vaccines might ultimately be self-defeating, given the fact that vaccination rates in other parts of the world are worryingly low. In Africa, only 3.8% of the adult population is fully vaccinated, in Asia 34%, in Latin America 36% and in the USA 45% (EEAS, 2021). According to the United Nations Development Programme (UNDP), 60.18% of high-income countries but only 3.07% of low-income countries have been vaccinated with at least one dose as of September 15, 2021. The resulting vaccination gap signifies what Josep Borrell, the High Representative of the European Union for Foreign Affairs and Security Policy/Vice-President of the European Commission, describes as a global situation of "widening inequalities and increasing poverty" (EEAS, 2021). On a global level, the health situation remains precarious and life threatening. According to the International Monetary Fund (IMF), "vaccine access has emerged as the principal fault line along which the global recovery splits into two blocks: those that can look forward to further normalization of activity later this year (al-

most all advanced economies) and those that will still face resurgent infections and rising COVID death tolls" (IMF, 2021). No less worryingly, the risk that the virus mutates further is linked to a far too slow global vaccination rollout.

COVID-19 and the role of the EU in Asia

The COVID-19 pandemic has also had a decisive impact on the area of diplomacy and international relations, especially in the case of the European Union and its international role. One of the biggest challenges faced by the EU in terms of its role in Asia and beyond involves successfully readjusting its relations with China. The reasons for such challenges are found not only in the EU's own approach, but also in the US's approach to China and the considerable deterioration of US–China relations since the Trump administration took office in 2017.

According to Josep Borrell, "[…] Europeans have to deal with the world like it is, not as they want it to be. Therefore, we have 'to learn to speak the language of power'. […] The Covid-19 pandemic has made our environment more challenging and this learning process more necessary and urgent" (Borrell Fontelles, 2021, p. 13). Most importantly, COVID-19 made apparent the dependence on foreign markets and entities and the related security risks. In Europe the COVID-19 pandemic triggered a process of re-evaluation of the risks attached to globalization, interdependence, and dependence, especially with regard to Asia and China. In the 2021 State of the Union Address by Ursula von der Leyen, President of the European Commission, she described a situation where "autocratic regimes" use the increasing importance of the Indo-Pacific for Europe's prosperity and security "to try to expand their influence" (von der Leyen, 2021), meaning that a more assertive EU policy is needed to emphasize Europe's interests and values and to defend them against China. This sets EU–Asia relations on a new trajectory. The necessity for increased European agency, strategic autonomy, and new instruments is forming part of a newly evolving narrative of the EU's global role that aims to "deepen trade links, strengthen global supply chains and develop new investment projects on green and digital technologies" in the Indo-Pacific (von der Leyen, 2021). The evolving new role of the EU in the Indo-Pacific and Asia is regarded as a model for the EU's future global role. According to von der Leyen, it is "a template for how Europe can redesign its model to connect the world" that will be augmented by a soon-to-be-published new EU connectivity strategy called "Global Gateway". The launch of this strategy needs to be understood in terms of a new-found assertiveness on the part of the EU in view of China's regional and global strategic ambitions within a post-pandemic environment.

From the very beginning of the COVID-19 health crisis and pandemic, China was at the centre of developments. It was here that the new coronavirus was first detected in November 2019, and it was because the virus could not be contained that it spread across the globe. Some of the related virological and epidemiological causal chains are still unknown, because no conclusive scientific explanation of the origin of COVID-19 has been presented so far. The resulting opacity led to a situation that became increasingly politicized. In the case of the USA, President Trump harnessed the pandemic politically, calling COVID-19 the "China virus" and accusing the Chinese government of not doing "more to stop the spread of the disease" (Karp & Davidson, 2020). In the case of Australia, with Prime Minister Scott Morrison calling for an "independent assessment of how this all occurred" (Karp & Davidson, 2020), the political fallout of the pandemic contributed to further serious deterioration, not only to China–Australia relations but also to the evolving geopolitical and strategic architecture of the Indo-Pacific.

In the case of the EU, the pandemic reached Europe at a time when the EU had already

started a process of re-evaluating and redefining its relations with China. This process accelerated in the changing strategic context of a global economy hit by COVID-19. In the course of the pandemic, relations between the EU and Asia have changed. China is increasingly regarded not merely as an economic partner and competitor but as a systemic rival and even a threat to the EU's economic security and values, as the EU's new Indo-Pacific Strategy makes apparent. This is a remarkable qualitative change in the EU's approach to China, with important implications for the EU's relations with the region overall.

EU–China relations have come a long way since the establishment of a strategic partnership in 2003 and what was then regarded as an "emerging new axis" (Shambaugh, 2004) in the early 2000s to the application of sanctions by the EU and counter-sanctions by China in March 2021. In 2019, the EU developed a China policy based on the three-sided approach of cooperation, competition, and rivalry. In 2021 the new Indo-Pacific puts the EU's China policy into a broader perspective, emphasizing the EU's strategic assertiveness by formulating what can be called a "3P" policy that aims to "protect its essential interests and promote its values while pushing back where fundamental disagreements exist with China, such as on human rights" (European Commission, 2021). The explicit emphasis on the need to push back against China is indicative of the EU's changing perception of threat and the new-found assertiveness on the part of the EU in its approach to China.

In addition, the EU has started to categorize state actors in the region according to their appropriateness in terms of forming so-called connectivity partnerships, a new process that aims at strengthening relations with so-called like-minded partners. What the two groups of "like-minded partners" and "connectivity partners" have in common is that they exclude China. This development clearly shows how EU diplomacy is developing new tools to strengthen EU–Asia relations well beyond the already existing strategic partnerships in Asia, which include China, India, Japan, the Republic of Korea, and, since December 2020, the ASEAN.

Whereas the 2018 EU strategy on Europe–Asia connectivity understands international relations as mainly a function of economic interdependencies and the associated interest in a global liberal world order, the new Indo-Pacific Strategy is a function of the new perception of a threat from China and the related policy shift that regards China as a partner, competitor, and systemic rival. In a broader strategic perspective, it is part of the role change that the EU Commission is performing under the leadership of Ursula von der Leyen, that is, to play the role of a geopolitical actor. The EU Indo-Pacific Strategy offers a strategic re-evaluation and compared to the pre-COVID-19 understanding of the strategic environment, a rather radically new outlook of EU–Asia relations: the strategy is based on a new post-pandemic understanding of the EU's more assertive role in global affairs and in the Indo-Pacific in particular.

The COVID-19 pandemic is changing the fundamentals of EU–Asia relations because it continues to influence how China is perceived by the EU. In many respects, China's so-called rise is no longer considered only as an economic opportunity but is increasingly perceived as a threat that needs to be countered. COVID-19 has accelerated this development. The pandemic has effectively become a catalyst in a process that is leading to fundamental changes in the perception of China as a threat by Brussels and most EU Member States, for four main reasons: (1) China's strong economic rebound may result in more Chinese economic and political clout internationally while a post-pandemic economic downturn in Europe could lead to Chinese acquisitions in critical sectors of the economy; (2) the apparent Chinese victory in the "war against COVID-19" has strengthened the legitimacy of Xi Jinping and that of

the Chinese Communist Party (CCP) domestically; (3) China's increasingly comprehensive global outreach and goal for global leadership in key industrial and technological sectors is no longer framed in Europe as mere competition but is understood as a "systemic rivalry" between political systems with democratic value systems on the one hand and authoritarian value systems on the other; (4) the Chinese government's COVID-19 pandemic-related "wolf warrior diplomacy", "vaccination diplomacy", "mask diplomacy", and "disinformation efforts" also contributed to a re-evaluation of China–EU relations and the need for a readjustment of EU–Asia relations. In terms of their threat potential, these factors can be mutually reinforcing "as the Chinese leadership argues that its country's rapid recovery from [COVID-19] proves the advantages of its system over Western democracies" (Reiterer, 2021, p. 2). Thus the systemic rivalry becomes reinforced.

Towards a new rationale for EU–Asia relations

In the wake of the COVID-19 pandemic, the quality of EU–Asia relations is undergoing a process of change. The pandemic has functioned as a catalyst to accelerate and reinforce a transformation of the EU's approach towards Asia, namely the securitization of EU–Asia relations. The resulting new quality of the EU's policy vis-à-vis the region is defined by a change of geographic focus (Indo-Pacific), a new distinction between the partners in the region (so-called "connectivity partners") as "core Indo-Pacific partners" (EEAS, 2021, p. 12), and a broader agenda that is no longer driven mainly by the prospect of cooperation and competition with China but also by the risks and perceived threats attached to cooperation and competition and the systemic rivalry which ultimately results from the actors' different political systems.

In the evolving new strategic context of a post-pandemic global environment, the EU has the opportunity to provide a new rationale for EU–Asia relations in order to meet global and transregional challenges. The rationale would be based on the EU's need to strengthen and deepen relations with Asian economies relative to its relations with China. Such a new rationale would aim at engaging all economies in Europe and Asia and take the form of a political project: to jointly work towards a future Comprehensive Asia–Europe Free Trade Agreement. Such a political project would, inter alia, entail (1) multilateralizing existing bilateral Free Trade Agreements (FTA) between the EU and Asia (EU–South Korea, EU–Japan, EU–Singapore, EU–Viet Nam), (2) facilitating ongoing negotiations in the areas of trade with like-minded countries such as Australia, India, and Indonesia, (3) providing new momentum for ASEAN and the EU to move towards a region-to-region FTA, and (4) providing economic incentives to all economies interested in joining the project.

In order to start the political project of multilateral economic integration between Europe and Asia, the Asia–Europe Meeting (ASEM) could provide practical utility. ASEM has the advantage that cooperation between its now 53 members has already been practised for 25 years, and it includes not only the EU and its Member States but also the ASEAN Secretariat, all ASEAN countries, and, among others, Australia, China, India, Japan, and Russia. ASEM could thus provide an institutional environment for an inclusive multilateral dialogue about the project's objectives and political purpose. The informal character of ASEM would serve as an advantage as it facilitates frank discussions among the leaders. However, if ASEM was to take up such a new function, strong political leadership by the EU would be needed. Otherwise the old stereotype of ASEM being a mere "talk shop" would be proven, because previous cooperation within ASEM has so far hardly resulted in tangible results, for instance with regard to the issues of trade liberalization and investment facilitation. Because of the problems inherent in collective action and the lack of political will, ASEM still remains a rather

low-key forum in comparison to other international fora such as the Asia-Pacific Economic Cooperation (APEC), the BRICS, the Shanghai Cooperation Organization (SCO), and the G20. Indicative of ASEM's perceived bounded utility was the postponement of the ASEM summit in 2020 because of the COVID-19 pandemic, while leaders' meetings of APEC, BRICS, SCO, and G20 all took place online.

By offering a new rationale for engagement and integration in the area of trade and investment, the EU would thus follow a policy of re-multilateralization as opposed to its current rather bilateral approach to EU–Asia affairs. Such an overall policy approach should send a strong signal to China and Xi Jinping's signature foreign policy project, that is, the Belt and Road Initiative, as Europe would present a new narrative, a new story of its role in Asia and beyond, namely that of a co-leader in multilateral connectivity – in contrast to China's conception of bilateral connectivity in the framework of the BRI under the leadership of Beijing.

The COVID-19 pandemic brings to the fore the need and opportunity for the EU to develop a new narrative of trade and a new rationale in its approach to Asia and China in particular. A political project that aims at gradually integrating Asian and European economies could serve that purpose by creating new markets and enabling development for all based on rules and norms jointly agreed on between all participating economies within the framework of a Comprehensive Asia–Europe Free Trade Agreement.

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This article was submitted on 18 October 2021

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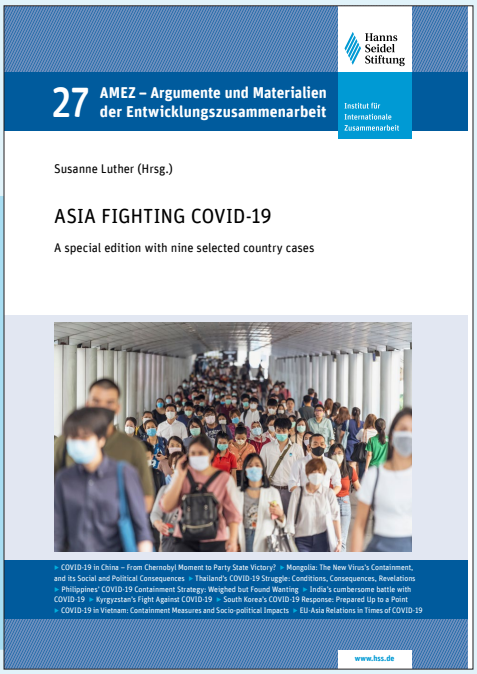

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