

MEKONG CONNECT

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COVID 19 IN THE MEKONG: IMPACT AND RESPONSE

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CONTACT

The Asian Vision Institute

Address: #24 Street 566, Boeng Kok 2,
Toul Kork, Phnom Penh

Tel: (+855) 99 841 445
(+855) 99 929 323

Email: admin@asianvision.org

Website: www.asianvision.org

Editorial Foreword

The outbreak of the novel Coronavirus, which was later given an official name as COVID-19, started one year ago and has since spread like wildfire wreaking havoc across the world. It has inflicted damage and caused disruption on an unprecedented scale and magnitude to the global economy, health security, society, as well as international tourism and trade. According to the World Health Organisation's Covid-19 Weekly Epidemiological Update, as of 27 December 2020, there have been over 79.2 million reported Covid-19 cases and over 1.7 million deaths globally. According to data from the same source, countries in the Mekong region have also been affected by the pandemic. There have been 364 reported cases and zero deaths in Cambodia, 41 cases and zero deaths in Laos, 121,280 cases and 2,579 deaths in Myanmar, 6,020 cases and 60 deaths in Thailand, and 1,440 cases and 35 deaths in Vietnam.

When the first cases of Coronavirus infection were found in mainland Southeast Asia, some pundits were quick to suggest that countries in the region would be among the hardest hit by the pandemic due to their poor healthcare systems and limited resources. However, one year into the pandemic most countries in the region have shown resilience and capability in mitigating the effects of Covid-19. So how could the developing countries in the Mekong region overcome the pandemic despite having limited resources?

Therefore, this volume of the Mekong Connect Magazine put together seven short analytical articles examining the impact of Covid-19 and how state and non-state actors in the region have responded to the pandemic. The articles illustrate that Cambodia, Thailand, and Vietnam have so far been successful in fighting against Covid-19 due to some similar underpinning factors, including vigilance, informed decision-making and quality of crisis leadership, clear and effective communications, effective coordination of responses and mitigation measures, and combating fake news. Public trust in the governments and their cooperation is also vitally important.

The absence of these factors would make a country overwhelmed by the pandemic. As the articles about Myanmar showed, the country has been relatively less successful in controlling Covid-19 because Myanmar is so politically and ethnically divided, causing ongoing ethnic conflict and war. Therefore, the mounting of effective coordination, communication and response strategies is difficult. The Myanmar state has been less capable of mobilising resources and popular support to fight against the pandemic. In the absence of state capacity to protect, people responded to Covid-19 through their own resilient strategies and mobilised resources through their local support networks such as neighbours, relatives and religious communities.

Taken together, the seven articles provide rich data and analyses about impacts and responses to the pandemic in the Mekong region. They highlight both top-down and bottom-up approaches to Covid-19. The editorial team hope that this volume of the magazine contributes knowledge, data, and policy recommendations about Covid-19, which may be useful to policymakers, NGOs, researchers and the general readers. Lessons from the Mekong region may be useful to other countries and regions of the world in preparing themselves to respond to Covid-19 and future pandemics.

MEKONG CONNECT

Volume 02, Issue 02

Covid 19 in the Mekong: Impact and Response

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Cambodia's COVID-19 Response: An Institutional Approach towards "Saving Lives, Saving Livelihoods"

Sim Vireak

Cambodia's response to Covid-19 can be seen through the simultaneous implementation of two major approaches, "saving lives, saving livelihoods".

Saving lives

The first approach focuses on health security and is managed by the National Committee to Fight COVID-19 established on 18 March 2020. The committee is responsible for formulating policies and national strategies; leading the implementation of those strategies; managing impacts on political, economic and social aspects at the national and international levels; and leading as well as coordinating the execution of inter-sectoral and inter-institutional measures at the national and sub-national levels.

Headed by Prime Minister Hun Sen, the Ministry of Health (MoH) is the core actor in this committee dealing mainly with technical health response, resource mobilisation as well as public relations. Having the prime minister at the top helps enforce an effective coordination across the country and avoid possible delays by inter-institutional bureaucracy in times of emergencies.

Strong cooperation of international partners in terms of equipment provision, dispatching of experts, and technical as well as financial assistance has also contributed to Cambodia's fight against the pandemic. In the country, good cooperation of the World Health Organization (WHO), the US Centers for Disease Control and

Prevention, and the Pasteur Institute in Cambodia is commendable for supporting MoH's efforts.

The Cambodian government, with supports from WHO and those partners, has developed and implemented the 'National Master Plan for COVID-19'. WHO provides policy advice and technical support to each of the plan's nine priority areas in order to respond to the pandemic, while at the same time preparing for the possibility of widespread community transmission.

The government's core public health responses including case detection, isolation, contact tracing and quarantine have been central to Cambodia's overall response strategy in preventing community transmission and controlling the spread of Covid-19. In addition to the universal preventive measures such as hand hygiene and cough etiquette, the government has also been implementing a number of physical distancing measures. Schools were closed in mid-March; international travel restrictions were imposed in late March and gatherings at entertainment venues were restricted in early April. The prime minister also ordered the cancellation of Khmer New Year holiday in mid-April and placed restrictions on travel between provinces during that time. Screening and quarantine measures were introduced to respond to a large number of Cambodian migrant workers returning from Thailand. The quarantine measure was also implemented to deal with some garment workers and company employees who had violated the

Sim Vireak is a Strategic Advisor to the Asian Vision Institute based in Phnom Penh. He is also a career diplomat covering issues related to multilateral cooperation. He has written articles on a variety of topics pertaining to Cambodia's political economy, development and foreign affairs.

government's order by taking leave to visit their villages during Khmer New Year.

The early vigilant approach to the outbreak is an effective way in curbing the danger through the '5Es' mantra: Early detection, Early tracing, Early isolation, Early treatment, and Early prevention. As of November 2020, Cambodia has recorded zero death and had no community transmission.

Cambodia can tell a humble story of how a small country has been effective in controlling the Covid-19 pandemic based on real efforts, leadership, good cooperation and carefully-planned approaches, not based on luck. Mindful of its limited capacity and resources, Cambodia cannot afford to be careless, and such a mindset has underscored the vigilant mentality of Cambodia's healthcare providers and recipients alike.

Taking firm measures against fake news is also important. In fighting against the unknown disease, preventing public fear is paramount. Fake news can obstruct the government's efforts and reduce public confidence in dealing with the outbreak and impact of Covid-19. Swift provision of facts, reliable information and scientific data has helped keep the public informed and manage fear in a rational manner.

Saving livelihoods

This approach is coordinated by the Committee on Economic and Financial Policies headed by the Ministry of Economy and Finance. This inter-ministerial institution is mandated to formulate, coordinate and monitor the implementation of economic and financial policies of the government.

For the Covid-19 related actions, the committee is responsible for designing comprehensive fiscal, financial and social security measures. As of early November 2020, six rounds of measures have been unleashed by the government.

Fiscal measures include, among others, the exemption of monthly taxes for the hospitality sector in Phnom Penh, Siem Reap, Preah Sihanouk, Kep, Kampot, Bavet and Poi Pet for 11 months starting from February to the end of 2020. Income taxes in 2020 have been relieved or waived for one year for factories producing garments and bags. Garment factories have been relieved from paying social security. The minimum tax has been waived for 10 months until the end of 2020 for aviation companies.

Financial measures include, among others, co-financing and risk-sharing of up to USD100 million through SME Bank. The scope for credit provision has been extended to cover companies that produce medical equipment and medicine. A credit guarantee fund has been allocated in the amount of USD200 million. Another USD300 million has been earmarked for growth stimulus during and after the pandemic crisis. Through the Agriculture and Rural Development Bank (ARDB), a USD50 million worth of funding has been set up to provide low-interest loans for SMEs.

Social security measures include, among others, Cash for Work Programme, which hires labour for small infrastructure development. This programme is supported by USD100 million funds. A cash handout programme for poor and vulnerable households has also been implemented, targeting 560,000 families. The programme spends USD25 million per month out of the total USD300 million reserved for this purpose.

Supporting workers' livelihoods has also been considered. Those whose jobs have been suspended in the garment and tourism sectors receive an allowance of USD40 per month. Those workers can also have access to reskilling and upskilling training programmes while receiving a monthly stipend of USD120 for up to six months. The National Employment Agency (NEA)

has also been assisting them in finding new jobs.

Other important measures

The above-mentioned measures are not exhaustive. There are other long-term measures for economic recovery such as infrastructure development and negotiations for free trade agreements, just to name a few.

Large scale infrastructure development has not been noticeably hampered by the Covid-19 pandemic. The Cambodian government has disbursed USD350 million to build road infrastructure in Preah Sihanouk province with a goal to transform the coastal city into a multi-purpose special economic zone, international financial centre and potentially the industrial hub of Cambodia. Sihanoukville Airport is being refurbished with an extended runway up to 3,800 metres and will be put into operation later this year. The renovation of the passenger arrival terminal will be completed by 2022.

In Siem Reap province, a budget of USD150 million has been earmarked for the development of 38 roads. Once completed, the roads will highly ease people's livelihoods and boost national economic growth in the post Covid-19 era.

The construction of a second airport in Phnom Penh has been ongoing despite the recent flood caused by tropical storms in October. The government is developing the new Phnom Penh International Airport on a 2,600 hectares piece of land stretching between Kandal and Takeo provinces. The new airport will be a 4F-class type, which means it will be able to accommodate large aircrafts such as Airbus A380-800s and Boeing 747-800s. A total investment of USD1.5 billion comes from loans from foreign banks and local investment.

The Ministry of Commerce has made a tremendous endeavour in negotiating Free Trade Agreements (FTAs) with China and

the Republic of Korea to substitute job losses and diversify market access for Cambodia's export goods after the EU withdrew partially the Everything-But-Arms (EBA) trade preferences from Cambodia, affecting many garment workers. FTA with China was signed on 12 October 2020, making it the first FTA Cambodia has with external partners. The negotiation of FTA with the ROK is on-going.

Conclusion

Both in the immediate and long term, it is observed that the government has managed the situation well in terms of protecting health security and mitigating the socio-economic impacts caused by the pandemic. However, while the health impact is not severe, the scale of socio-economic impact is relatively huge and widespread, and no one really knows when this crisis is going to end. The gradual reopening of their countries is being pondered by many states at the risk of a possible re-emergence of infected cases. Countries cannot be over-optimistic; preventive measures should be consistently in place while awaiting mass production of vaccines that will help restore normality in international travel. A vaccine is possibly the only hope for countries to reopen their borders, but it will take a while to realise the hope.

Cambodia's COVID-19 Response: Measures and Concern

Kimkong Heng

As of 17 November 2020, Cambodia confirmed a total of 303 COVID-19 cases, 291 (96%) of which have recovered. Since June, all the confirmed cases have been imported, except for four cases reported in November that were linked to a visit by the Hungarian foreign minister who was [tested](#) positive for Coronavirus after he arrived in Thailand.

Remarkably, there have been no deaths caused by COVID-19 in Cambodia although one Cambodian man [died](#) during quarantine in late July in Tboung Khmum province. The number of COVID-19 infections in Cambodia is relatively low compared with that of countries in the region, prompting some analysts to [speculate](#) that the Cambodian government might have underreported the infected cases. This speculation appears to be misinformed as far as the real situation in Cambodia is concerned. There are various [measures](#) taken by the Cambodian government to contain the spread of the virus and mitigate its impact. Despite some [concerns](#) regarding the response measures adopted by the government, Cambodia has emerged as one among a small number of countries in the Southeast Asian region that can get COVID-19 under control.

COVID-19 Response Measures

A number of response measures can be attributed to Cambodia's relative [COVID-19 success](#). They include, among others, thermal screening of incoming passengers, extensive testing and contact tracing, mandatory quarantine and isolation, temporary suspension of foreign visas, temporary domestic travel restrictions, closure of educational institutions and

entertainment venues, cancellation of key national celebrations, and regular provision of accurate and official information.

There are other contributing [factors](#) as well, including the government's crackdown on COVID-19 fake news; official and informed advice on preventive measures such as mask-wearing, frequent handwashing, and social distancing; technical and financial support from development partners, international organisations, and local donors; leadership factor (quick decision); cooperation of the citizens; and demographic factor (80% of Cambodia's population lives in provinces).

Despite [initially downplaying](#) the severity of the Coronavirus, Cambodia has later consistently taken pre-emptive measures to prevent the spread of the disease. The country confirmed its first COVID-19 case in late January, and in mid-March cases rose to 12, prompting the government to [shut down](#) all educational institutions across the country. By the end of March, there were around 100 confirmed cases. The government decided to [cancel](#) Khmer New Year celebrations scheduled for 13–16 April and banned travels between districts and provinces for one week. There were only three cases reported in May, but the number of confirmed cases soared since June when Cambodia [lifted](#) its entry ban imposed in March on six countries, including France and the United States. As a result, between June and October, around [160 new cases](#) were confirmed, and they were all imported cases.

Most of the key measures, including the closure of schools and entertainment venues, were introduced in March when

Kimkong Heng is an Australia Awards scholar pursuing a PhD in education at the University of Queensland. He is a co-founder of Cambodian Education Forum and a former visiting senior fellow at the Cambodian Institute for Cooperation and Peace.

Cambodia saw a sharp increase in new cases. Meanwhile, in its efforts to combat the pandemic, in late April the government [passed](#) a controversial state of emergency law, called Law on National Administration in the State of Emergency. Since May, emergency relief funds in the form of [monthly wages](#) (US\$70 per month) were distributed to garment workers and those in the hospitality sector who lost jobs. The government's IDPoor aid scheme costing US\$25 million a month has been [provided](#) to almost 700,000 poor and vulnerable families since June. There are other measures, including temporary [suspension of flights](#) from Indonesia, Malaysia, and the Philippines.

Key Concern

Despite the government's efforts to combat COVID-19 and mitigate its impact on the economy and livelihoods, government critics and human rights groups have raised concerns. One key concern is related to the government's crackdown on COVID-19 fake news. According to Human Rights Watch, at least 30 people were arbitrarily [arrested](#) on charges of incitement and spreading fake news about COVID-19. Among those arrested, 12 were linked to the now-dissolved opposition Cambodia National Rescue Party. Thus, the arrests were perceived as part of the government's broader crackdown on dissent and opposition.

Another concern is linked to the passage of the state of emergency law, which could have social and political [ramifications](#). Critics and rights groups [argued](#) that the Cambodian government used the COVID-19 pandemic as a pretext to pass the law in order to consolidate power and legitimise repressive measures against critics. Some maintained that the law could be a powerful [legal tool](#) that may come in handy for the ruling party if there is a strong opposition to the regime in the future.

They also criticised the proposed Public Order Law and the draft sub-degree on the National Internet Gateway, [believed](#) to stifle freedom of expression and silence dissent if passed. The proposed laws and the passing of the state of emergency law all came in the midst of the pandemic. Therefore, these concerns may be, to some extent, reasonable.

Meanwhile, there is a more fundamental concern regarding economic fallout. Cambodia's economy in 2020 has been projected by both the [World Bank](#) and the [Asian Development Bank](#) to contract somewhere between 1 and 5.5 per cent. The economic slowdown, largely caused by COVID-19, is the worst since 1994. This is deeply worrisome while more than [2.6 million Cambodians](#) have turned to microfinance institutions for loans to fulfil their needs or repay private lenders. As many have lost their jobs due to the pandemic, they and their families are being [strangled by debts](#).

Overall, the COVID-19 containment measures adopted by the Cambodian government have turned out effective, allowing Cambodia to have so far [successfully weathered](#) the pandemic although its economy has been hard hit. Perhaps, despite some concerns expressed chiefly by rights groups, some sacrifices in terms of citizens' rights and freedom may be justified to some extent, particularly at times of a severe crisis such as the COVID-19 pandemic. The Cambodian government, however, should not take advantage of the pandemic to pave the way for the legitimisation of the expansion of the state's repressive capacity. Instead, it should make greater efforts to promote human rights, democracy, social justice, and the rule of law while endeavouring to maintain peace and accelerate socio-economic development.

How Small Businesses Have Coped with the Impact of COVID-19: Case Studies of Young Women Entrepreneurs in Phnom Penh City, Cambodia

Seng Sopheak

Introduction

As of October 2020, COVID-19 has affected 215 countries and over 40 million people around the globe. Besides the adverse health effects and human tragedy, it is widely recognised that the pandemic has caused the most severe economic crisis in a century. The crisis has created great anxiety, with more than half of the world's population experiencing lockdowns due to strong containment measures. The Organisation for Economic Cooperation and Development (OECD) predicts global economic activity to fall between 6% and 7.6% in 2020, depending on whether the second wave of infections hits before year-end.

Cambodia has enjoyed rapid economic growth in the last two decades. In 2015, Cambodia became a lower-middle-income economy. According to official statistics of the Cambodian government, the country's gross domestic product (GDP) per capita had increased from US\$288 in 2000 to more than US\$1500 in 2018, making Cambodia one of the best performers in poverty reduction. Cambodia's economy is predominantly private. The majority of private businesses are small and medium, and many of them are family-run. 65% of all small and medium-sized businesses in the country are owned by women.

While the growth was strong at 7.1% in 2019, the COVID-19 pandemic is severely affecting most economic activities in Cambodia, including micro, small and medium-sized enterprises (MSMEs) run by

women. According to a survey of Cambodia Women Entrepreneurs Association (CWEA) conducted with 107 women entrepreneurs around the country in April, 59% of women-owned businesses were affected by the pandemic, in which 17% of the businesses were closed. However, 41% of women-owned businesses were reported still running as normal during the pandemic crisis.

In this article, I examine how the Covid-19 pandemic has affected small enterprises run by women, and how they tried to reinvent themselves, finding innovative ways to keep their businesses afloat during the pandemic crisis. Based on in-depth interviews, the article presents case studies of two women entrepreneurs in Phnom Penh city. To protect the interviewees' identities, I use name codes: "WE01" for the informant in case study 1 and "WE02" for the informant in case study 2.

Case Study 1

WE01 is a founder of a local enterprise that creates employment for rural women by producing handmade natural health and beauty products using traditional techniques. She started her business in 2018 in Siem Reap province with a small retail shop. Thanks to the growth of sales, she opened another shop in Phnom Penh in 2019. After opening the new shop in the capital city, her business started to gain popularity amongst tourists and local people who love natural products and support local products.

Seng Sopheak is a Policy Analyst at Cambodia Women Entrepreneurs Association. He holds a Master Degree in Development Studies from Victoria University of Wellington, New Zealand.

Impact of Covid-19 on business

In March 2020, the Cambodian government imposed travel restrictions to prevent the spread of Covid-19 in the country. Due to the travel restrictions and fear of the virus, the number of visitors to Siem Reap province had declined dramatically. As a result, WE01 was forced to close her shop in this province. Then, WE01's two staff at her shop in Phnom Penh were also laid off because of the sharp decline in profit. WE01 was struggling to save her business from falling for three months, from March to June 2020.

Response to the impact of Covid-19

Having encountered such an adverse impact on her business, WE01 thought of re-arranging her sales strategy to help her business survive. She talked to her business coach who assisted her in re-planning a business strategy and encouraged her to explore a new method of doing business. Having seen a huge rise of Facebook users in the country, WE01 started to promote her products via social media platforms. She used a mixed method of posting good quality pictures of her products and doing live streams. This method helped her products reach the target customers instantly. WE01 also built customers' trust by asking her customers who had bought her products to share their thoughts and feedback regarding her products and services on her Facebook page. By doing so, other new customers could see positive comments about the products, so they have trust in the products. Besides, she worked with Tuk Tuk drivers to ensure that her products could be delivered to customers as soon as possible.

After a while, WE01 noticed a significant rise in product sales via the Facebook page. She even mentioned that the volume of products sold via this social media platform was 50% bigger than previous sales before Covid-19 happened. The new sale strategy via media platform has not only helped her

business survive but also thrive during the pandemic.

Case Study 2

WE02 is a CEO of a technology company that developed an e-commerce platform to help local businesses such as restaurants, salons, and spas to sell promotional and discounted services and products online so that people with an average income can afford the services and products. WE02 started running her business in 2019. Before the Covid-19 pandemic happened, the company had dozens of business partners.

Impact of Covid-19 on business

In late January and early February 2020, all business partners of WE02's company closed down. There were zero sales of both partners and the company. WE02 described that her company was small and did not have enough budget to sustain operation while the company could not make any profit. Meanwhile, the company had to pay tax as normal. Facing such a severe financial crisis, WE02 and her team members had a terrible shock and did not know how to deal with such a desperate situation.

Response to the impact of Covid-19

Due to the spread of Covid-19, all international borders of Cambodia were closed, resulting in a high price and limited supply of all food and agricultural products. Having observed the situation, WE02's business partners and some farmers asked her to help sell local food and agricultural products on her e-commerce platform. WE02 then posted pictures of local food and fruits on her personal Facebook to test whether selling those local products online was commercially viable. Surprisingly, many of her Facebook friends were interested and ordered the products from her.

Thanks to the boost in sales of local products on her personal Facebook page, WE02 decided to officially sell local food

and agricultural products on her e-commerce platform. She soon noticed a quick huge sale of the products on her online platform. She emphasised that the sale was even higher than her previous sale business of promotional and discounted products and services before Covid. She described what made customers want to buy the local food and agricultural products on her e-commerce platform as below:

- The price of products was set by farmers. The company did not increase the price for profits;
- The price must be competitive with that of the market;
- Good online presentation of products, including good photo quality of products, description of products, and stories behind them; and
- Good customer service – The company dealt with all complaints and feedback from customers. The customers could even return the products if they were not satisfied with them.

Although the sale of the new products was quicker and better than the previous products and services, her company did not make a good profit from it. However, the reputation of WE02 and her company has become widely known. Many non-

governmental organisations (NGOs) running projects related to women, business, technology and entrepreneurship hired WE02 and her team to provide coaching and training to other women entrepreneurs across the country. WE02 stated that the profit that her company made from providing services to NGOs was enough for the company to survive and thrive during the Covid-19 pandemic.

Conclusion

Covid-19 has great adverse impact on both human health and the economy of every country in the world. SMEs are seen as most vulnerable to the impact of the pandemic, particularly small businesses run by women. Some businesses were shut down because of the pandemic. Nevertheless, some businesses are able to cope well during the crisis. The owners of these business have something in common. They are active and change their business strategies in order to respond to the crisis. Consequently, their businesses remain resilient and are even thriving during the pandemic, as the two case studies showed. The case studies provide good lessons learnt for other women entrepreneurs to reinvent themselves and find other alternative ways to turn the desperate situation into an opportunity for growth.

Thailand's Fighting Against COVID-19

Kavi Chongkittavorn

As of 9 November 2020, Thailand has 3,837 infected persons with 60 casualties. The low number of cases and victims testified to something quite unique in the country's public health security. Truth be told when the first infection of Coronavirus was announced on 13 January 2020, it was doom and gloom that Thailand would be the hardest hit by the pandemic.

The country might not survive due to the onslaughts unleashed by a faceless enemy. Indeed, the 69-million *sabai-sabai-khon-tai* (easy-going Thais) were in a panic mood. Relevant government agencies were seen scrambling what would be their next moves. Elected politicians were on the rampage trying to capitalise on the crisis, which they did not have any knowledge of. The younger generation of politicians wanted to kick out the government for good. The trust level was very low that the coalition government would be able to do the job.

But there was one exception. The public health care professionals are not paranoid or complaining; they are ready to battle yet another contagious disease with a different name and repercussions. They have gone through this drill before when the country was hit by SARs in 2003 and other tropical diseases that went rampant seasonally.

With the 14-day quarantine still in place, the fight against the virus has been stabilised. The Thai government is still reluctant to open up the country for tourism. Up until now, a few countries such as Japan, China, and South Korea have established special agreements with Thailand for their visitors. A special long-term visa has been granted to small groups of foreign visitors

who have been tested negative for the virus and intended to stay in the country for more than three months.

The infected cases have been stabilised with small numbers of imported cases, mainly Thai returnees from abroad. As the pandemic enters its twelfth month, applause and praising are coming from abroad about the effectiveness of Thailand's health care system. The World Health Organization has already ranked the Thai current efforts as one of the world's best.

There are seven crucial factors that contribute to Thailand's success in mitigating the spreading of Covid-19.

1. *Multitasking village health volunteers:* All over the country, 1,040,000 health volunteers are working in 75,032 villages near and far. They are mainly women who know their communities very well. Each of them, depending on the locations and communities, has to take care of up to 10 families. They visit various households, keeping villagers up to date on the pandemic. Furthermore, the health volunteers also check on the villagers' health, especially the elders. Anyone coming in or leaving the communities does not escape their watching eyes, especially during outbreaks. On top of that, these volunteers are working closely with health officials at all district and provincial levels. For the record, all 77 provinces have a communicable diseases control unit. Precisely, this strong health system at all levels helps to mitigate the outbreak. Indeed, if one of these volunteers enters politics and subsequently becomes a Thai prime minister, she could replicate her successful foreign counterparts in New

Kavi Chongkittavorn is a Senior Fellow at the Institute of Security and International Studies, Thailand.

Zealand, Germany or Finland, all of whom have efficiently managed the pandemic.

2. *Deploying universal precaution:* Thailand is the only country in ASEAN to have deployed the "universal precaution" in fighting against Covid-19. The public health officials urged everyone to wear a face mask at all times and take care of personal hygiene almost as soon as the first case was announced. Such an approach allowed most people to prevent the virus from spreading. So, random testing is not needed. Instead, testing has been carried out only for those confirmed cases. According to the World Health Organization, Thailand is conducting 150 tests for every confirmed positive case, which is considered a high ratio. The WHO acknowledged that face-mask wearing can help prevent the spread of the virus. Thailand also used the universal precaution approach with the HIV/Aids campaign two decades ago. Lest we forgot, before the pandemic, Thais were wearing face masks to prevent breathing air pollutants, the deadly PM2.5 particles.

3. *Resilient Thai public:* Obviously, without public participation and cooperation, the outcome of the anti-virus measures would be different. It must be noted that the Thais tend to follow guidelines from professional people, especially doctors. If the daily briefing was conducted by the government's spokesperson without medical knowledge and optimism, it would not have been effective. Such was the case during the first eight weeks after the outbreak. For nearly six months, the jury has been out on whether the public could face the fear of viruses and the restrictions in their daily lives. As it turns out, they are very nimble when it comes to the overall sense of survivability. There is a Thai saying, *Au tua rod pen yod dee* (to save oneself is a great task). Notably, during the curfew, there were several hundred violators every night, mostly those who still wanted to party and drink with friends and who live for gambling. Alcohol was banned during the

curfew amid fears that group-drinking could lead to the spread of the virus.

4. *Leadership quality:* Government officials have given full credit to the government of Prime Minister Prayut Chan-o-cha for overall decisiveness. Others have entertained different views. Provincial and local authorities have also displayed their unique capacities in managing the pandemic in their localities and communities. However, to be fair, Gen Prayut should be praised for his decision to allow public health professionals to take charge. He could have opted for a different route if he had so wanted. Indeed, local and foreign media have been reluctant to give this prime minister credit because of his five-year authoritarian legacy following the 2014 coup. Before setting up the Centre for Covid-19 Situation Administration (CCSA), there was no leadership in directing the fight against the virus. Each agency was doing its own thing, without coordination. The CCSA has centralised the entire anti-virus campaign to fight the virus.

5. *Good timing for measures:* Judging from the timelines of each ASEAN member's lockdown and quarantine system, Thailand has pursued the middle path, which was neither too stringent nor too loose. Even when the government declared the emergency on March 24, it was careful as the public at large were still suspicious of its real intentions. They feared the government could abuse its power during emergencies. The four-phase easing scheme has worked well for a period of 33 days. The government has been cautious as well with the repatriation of overseas Thais as mounting criticism was heard of the so-called imported cases following intensified efforts to bring home the Thais stranded in more than 95 countries. At present, more than 50,000 Thais have been repatriated.

6. *Fact-based communication:* On March 23, when the CCSA appointed a spokesperson, Dr Taweetilp Visanuyothin,

the whole dynamic of discourse on the pandemic situation changed dramatically. This charismatic spokesperson has been able to generate public trust in his daily briefings. His official but raw data has generated acute awareness of what must be done to prevent the spread of the virus. Dr Taweetilp was able to communicate directly with the public and this resulted in growing awareness, which subsequently translated into solid understanding and cooperation. For a few weeks, media questions were focused on the low numbers of infections and deaths as if he was hiding the actual figures. Through his plain language and optimistic, forward-looking answers, he has created a bond with the audience, much to the chagrin of politicians, who would love to be in his position. Today, the CCSA continues to provide updates.

7. *Thai exceptionalism*: Anything or any force that enables the Thai society and its people to perform some extraordinary work

must be attributed to the so-called Thai exceptionalism. Some would say it is *Siam Devadhiraj* or a deity that keeps on protecting the country to overcome all crises and emergencies. However, others also have alluded to the spirit of Bang Rachan villagers that brought in unifying forces to accomplish unusual things. However, what is noticeable is the superstitious belief that bad people often die of contagious diseases, which is the worst curse in Thai belief. The fear of dying from the virus has scared the socks off the common folk. Nobody wants to face such a taboo. In contrast, Thais are fearless when it comes to driving and crossing streets. According to the WHO, in 2016, 32.7 out of every 100,000 Thais died on the country's roads, the world's second-highest fatalities after Libya. But nobody seems to care and that is the reason why the number of deaths on the roads continues to climb.

How Has Vietnam been Flattening the Curve of COVID-19?

Lena Le

As the Covid-19 pandemic continues to be a silent catastrophe causing havoc and panic across the globe, Vietnamese people are getting their daily life back to normal. Vietnam's long border and extensive trade with China, close proximity with the Chinese city of Wuhan where the new Coronavirus was first identified, and its densely populated urban areas as well as limited healthcare infrastructure made it a highly vulnerable country. So how could Vietnam become one of the most successful nations in the world in tackling Covid-19? It is its swift, proactive, low-cost, transparent, and no-nonsense containment strategies, which are variously called "sledgehammer policies" (Boudreau and Nguyen 2020), "aggressive prevention strategies" (Minh and Bich 2020) or "extreme but sensible" (Abraham 2020). The measures made the miracle happen.

Timelines and responses

As of November 2020, Vietnam has been coping with two waves of Covid-19 infections. The first wave started right after the Tet holiday with the first virus case confirmed on 23 January – a man who had travelled from Wuhan to visit his son in Ho Chi Minh city. As of April 29, Vietnam had recorded zero Coronavirus deaths for the 270 reported cases.

During the first wave of Covid-19, besides treating the patients, the government decided to adopt an aggressive 3-pronged approach: containment, testing, and communication. In fact, Vietnam had proactively prepared for the outbreak well before it recorded the first case. It

conducted risk assessment exercise and scenario planning in mid-December 2019 – soon after cases in China started being reported (Thu Ba 2020). When the number of confirmed cases in Vietnam was only six, the government signed a decision declaring a national epidemic of what was then known as the novel Coronavirus. The Ministry of Health organised an online conference with the World Health Organization (WHO) and national hospitals to disseminate information on Covid-19 prevention. Vietnam was also one of the first countries to require all people living in the country and international travelers to fill in the health declaration form and update their health status. To prevent the flow of infections, Vietnam even suspended all flights from China since February 1 and international flights since late March. By mid-February, Vietnam had sent people who entered the country and anyone in the country who had contacted with a confirmed case to quarantine centres for 14 days. All costs were covered by the government.

As the pandemic got worse, the government gradually adopted stricter measures, including social distancing, mass quarantine in suspected hotspots, screening at ports of entry, school closure, and cancellation of public events. From mid-March, wearing masks at public venues was strictly enforced. On April 1, the National Epidemic status was announced after Bach Mai hospital, one of the country's top referral hospitals, became the largest hotbed of Covid-19 in Vietnam. As a result, social isolation on a national scale was adopted. Initially, the lockdown was set for

Dr Lena Le, University of Social Sciences and Humanities, Vietnam National University, Hanoi (VNU).

15 days but was later extended to 21 days in 28 out of 63 provinces.

Besides the containment strategies, testing was another pivotal step the country took to fight against Covid-19. Since Vietnam's medical system is limited and the country is not able to carry out a high-cost, mass-testing strategy to combat the pandemic, it focused on high-risk and suspected cases. Along with a thorough tracing of infected people, groups of people with direct contacts were swiftly tested and placed in quarantine. At the end of April, the affordable made-in-Vietnam test kits allowed the government to adopt an extensive testing strategy. Since then, mass testing was conducted all over the country with testing stations set up across cities.

In parallel, the third approach adopted was communication. Since the early stage, the mass media, government websites and social networks have become crucial channels connecting the government with local authorities and the population. Necessary pieces of information regarding details about symptoms, protective measures and testing sites were disseminated widely. In return, those channels also helped the government collect information about suspected cases. Besides, the government launched a contact tracing app in big cities. Apart from controlling the flow of information, the Vietnamese government enforced strict punishments for all types of fake news that could create fear in the society.

The second wave began on July 25. The tourism heaven city of Da Nang became the centre of the new wave. From there, the virus followed travellers spreading to more provinces and cities, including Hoi An, Quang Nam, Dong Nai, Hai Duong, Hanoi and Ho Chi Minh. This resurgence ended Vietnam's 99 days of no single case of community transmission and no-deaths streak. Hundreds of new cases were detected and the death toll quickly reached 35, most of whom were patients with poor

health conditions of three hospitals in Da Nang.

Vietnamese authorities once again took an aggressive approach to the viral outbreak. The government mounted all-out efforts to help Da Nang. A 500-bed field hospital was installed. Doctors from Hanoi, Hai Phong, Binh Dinh, and Ho Chi Minh cities were sent to Da Nang, and 400 students from Da Nang University of Medicine and Pharmacy volunteered working at the front line to support the doctors. Containment, mass testing for people in Da Nang plus anyone returning from Da Nang, and communication continued to be the three main approaches implemented by the government. However, instead of applying a nationwide social isolation, mass quarantine was implemented only in Da Nang and some localities. According to Minister-cum-Chairman of Government Office Mai Tien Dung, drastic measures were being applied to fight the pandemic, but at the same time the government tried to mitigate economic impacts (*VNexpress*, August 3, 2020).

As of November 7, Vietnam has gone more than two months without community transmission of Covid-19. Once again, the country can now "take pride" in defeating the second wave (Tatarski 2020).

Explaining successful factors

There are several factors enabling Vietnam to flatten the Covid-19 curve. The first important attribution is definitely the decisive adoption of the 3-pronged approach, which went very well for Vietnam in controlling the situation.

The second important factor is the government's transparency in providing relevant information regarding the danger of the Coronavirus and the condition of Vietnam's health care system. Authorities were frank about the lack of medical and clinical resources if a large outbreak were to take hold. Nguyen Thanh Phong, Ho Chi Minh city Mayor, said that the city's

hospitals had a total of 900 intensive care beds. An epidemic in the city would easily overwhelm this capacity (*Vietnam Times*, March 27, 2020). The clear communication from the government convinced people that Covid-19 was a real danger, of which they had to be cautious. It also paved the way for proactive measures taken by the government.

The third factor contributing to Vietnam's success in coping with the two waves of Covid-19 is the government's mobilisation of nationalism, heroism and media resources to combat the virus (Lena 2020). The government mobilised nationalism through the use of patriotic language and the evocation of community spirit since the initial stages of the Coronavirus outbreak. Slogans such as "fighting the epidemic is like fighting the enemy" and "everyone is a soldier" quickly became the main discourse in Vietnam's response to Covid-19 (Kim 2020). Dealing with the pandemic thus became a whole-of-society fight, with the involvements of government agencies, the military, and all segments of the society.

Vietnam's response to Covid-19 was initially considered an "overreaction" (Jones 2020). Nevertheless, what the country has been doing so far in fighting against the pandemic appears to have paid off. After having coped with two waves of Covid-19, Vietnam could be a model for countries and territories on how to overcome Covid-19 despite limited resources.

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Myanmar's COVID Second Wave, the Ongoing War, and the Elections

Khin Zaw Win

The first wave of the Covid-19 pandemic had let off Myanmar lightly. The first case was officially announced in March although the news of the outbreak elsewhere had been around since January. A little after that, people started returning from Thailand, China and other countries. Thus, the quarantine began. There were minimal checks on returnees from across the border.

It is a very daunting task to begin with. There were disruptions to livelihoods, travel, education and socialisation. Wage earners, like garment workers, were badly affected.

A survey report by the International Food Policy Research Institute (2020) showed the following findings.

The hardest-hit segments of the agri-food system are 1) smallholder farmers and 2) low-income households in both rural and urban areas who depend on selling their labor. Low-income families with new-born children are especially at risk for food and nutrition insecurity.

Among a sample of 2,000 households, equally split between rural (Dry Zone) and urban (Yangon) areas:

- 75 percent of rural and 84 percent of urban households reported the loss of employment and income in the past six months;
- The median decline in rural incomes was 38 percent, and half of the rural households were income-poor in June. The corresponding decline in urban incomes was 31 percent, with 28 percent of urban households being income poor in June.
- The highest increase in rural income poverty rates occurred among farming

households, from 20 percent being poor in January to 55 percent in June. Those most at risk of falling into poverty are smallholders farming five acres or less. Such households directly support more than 5 million individuals nationally.

- The most common coping strategies used by households to manage the economic shocks associated with COVID-19 involve borrowing (48 percent of households) or using savings (31 percent). Smaller shares of households reported cutting both food and non-food expenditures or selling assets.

Raising public awareness and hygiene practices were widely disseminated. Just last year, there was a near-epidemic of Chikungunya virus infection. Its common name is the “elephant flu”. Many people were infected and suffered miserably. The number of fatalities is not known.

While the pandemic has caused havoc, conflict zones like in Rakhine have the war to worry about, not Covid-19.

For the medium term, Myanmar needs a vaccination programme. Besides the health benefits, this will reassure people.

For the long term, the government has unveiled the Covid-19 Economic Recovery Plan (CERP), and the most recent count is that five donor organisations shall be putting in US\$5 billion – which is a tidy sum. It points to a more plural and inclusive recovery plan and exit strategy.

Now comes the real test – for the government and leadership. To bring about economic recovery – not in words but in real actions. With the Myanmar government's track record, a lot remains to

Professor Khin Zaw Win is based at Tampadipa Institute, Yangon, Myanmar.

be seen and to be done. If carried out well and with wide public and ethnic buy-in, the CERP could become a foundation to address not only the economy but also other looming challenges like climate change. This is not to mention the persistent conflict. On the other hand, it could also turn out to be another government programme mired in inefficiency, corruption and plain disconnect.

The second wave and Covid vaccine

The second wave hit in August, with the first cases emerging in Rakhine state. Isolation and quarantine followed, with most of the cases occurring in the city of Yangon. As of 6 November 2020, Myanmar had 57,935 Coronavirus cases and 1,352 deaths. 42,178 patients had recovered.

The high number of cases and deaths have increased a sense of fear over Covid-19 in Myanmar. Only (I repeat only) a Covid-19 vaccine can allay the fear.

The global race for a vaccine coincided with the lead-up to the Myanmar elections in November this year. The availability of an effective vaccine, or the credible promise of one, can be decisive. Timing is of the utmost importance. It is a national and a political issue that overrides all else.

China would very much want to be 'first' with the vaccine in Myanmar. However, beyond some of the border areas, people will not have much trust in it.

An Indian delegation visited Myanmar on 4–5 October 2020. Among other areas of cooperation, it offered joint development of

a Covid-19 vaccine. Right now, India is suffering a great deal from the pandemic and has asked for a large number of vaccines from Russia. That is why a home-grown vaccine being jointly developed with Myanmar makes sense.

The delegation brought the drug Remdesivir for the treatment of Covid-19 (it is only for the treatment of serious cases). Later the Myanmar government spokesman said Myanmar would buy all it could get of the drug from India.

A paper published by the International Growth Centre in October 2020 gave the following recommendation.

The Government of Myanmar (GoM) is quite constrained in the extent to which it can provide effective and well-targeted economic support to workers, households, and businesses. Therefore, GoM should be very cautious of introducing health measures that have a large negative impact on economic activity, employment, and incomes. (IGC 2020).

That generally is what the government is doing – finding a balance between the economy and the pandemic and hoping for the best in tiding over the crisis.

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In the Absence of the State: Responding to the COVID-19 Pandemic in Myanmar

Justine Chambers

On 11th March 2020, the World Health Organization (WHO) declared that COVID-19 was a global pandemic. Neighbouring the world's two most populous countries, many feared what might happen to a country like Myanmar with its limited public resources, health infrastructure and hospitals. With high levels of poverty and associated inequality, political commentators also raised concerns about the economic impact of the crisis on ordinary people. Initially, there was some cautious optimism, as the country was able to avoid the high case-positive loads seen in nearby India, Indonesia and the Philippines. However, an outbreak in August saw Myanmar's infection rates soaring, with medical authorities struggling to cope with between 1000–2000 new cases per day.

Amidst the surge in cases, Myanmar's people were also gearing up for a general election, the third held since 2010 when the military junta began to see in a period of rapid social and political change (see Egretau and Robinne 2015). While the country's State Counsellor Aung San Suu Kyi campaigned on her unique ability to see the country through the pandemic and its economic recovery, many people did not view the election or the government as playing a significant role in influencing their everyday survival. The government's COVID-19 Economic Relief Plan (CERP) has been widely criticised for its inability to reach the most vulnerable households, especially those in conflict areas and the growing number of people who work in the

informal sector (see Mi Chan 2020). However, for the majority of people in Myanmar, they do not view the state as an institution which they turn to in times of crisis. Rather, people are responding to the various insecurities they are facing as a result of COVID-19, like they always have, by relying on their own ingenuity and self-enhancing 'coping strategies' (Thawngmung 2019, xvi).

The crisis narrative embedded in the COVID-19 pandemic conjures up an oppositional state of normality. And yet, life for many in Myanmar continues on in very much the same way. While social and political reforms in the last ten years have resulted in significant changes, the legacies of military rule (1962–2010) and civil conflict remain a constant feature of most people's lives. Indeed, the COVID-19 pandemic is not a bounded period of instability, which can be contrasted with 'normal life'. As Mehta (2020) argues in a recent article on quotidian care in the Sundarbans of Bangladesh, state of crises are never objective but are intimately shaped by one's social emplacement and the intersection of multiple identities. In Myanmar, deeply rooted systems of structural and symbolic violence mean that for many people, a crisis is an everyday state of reality – a situation which is only amplified by one's ethnic and religious identity.

The very ordinariness of the pandemic and its impact has been evident in numerous conversations I have had over 2020 with people in rural and urban areas of

Dr Justine Chambers is a Research Scholar at the School of Culture, History and Languages, College of Asia and the Pacific, Australian National University.

southeastern Karen State, where I have conducted research over the last five years. Since independence in 1948, this area of Myanmar has been host to one of the world's longest-running civil conflicts. Social disintegration, unemployment, impoverishment and a range of economic and physical insecurities have long been features of daily life there. In conversations about the pandemic, other concerns have often been highlighted to me, including people's high levels of debt, land disputes and concerns about the monsoon rains impacting their rice paddy crops. Indeed, for many Karen people, the pandemic is not simply a single crisis, but a part of a series of intersecting crises, within which their lives have always been defined.

So in the absence of a state social welfare system, how do people in Myanmar respond to COVID-19 and the multiple other crises that they face? From walking the streets to sell boiled eggs to working as a motorcycle taxi, people have often described to me a variety of adaptive strategies to deal with their daily economic challenges and make their meager incomes stretch. However, despite their individual tenacity, central to understanding how people in Myanmar get by is the role played by community and local, self-organised systems of reciprocity (see Thawnghmung 2019). In 2015, this was explained to me by one Karen grandmother as the 'Karen way': "We Karen, we share everything. If we make a curry, we invite our friends and neighbours to come and eat. We are like a family. If they need something. We can give it. If they have a problem. We always try to help. Like we are a family." Part of these bonds is built around relational norms, everyday 'gift' relationships and the importance of a shared communal identity, such as being Karen, as this grandmother described. However, this shared sense of duty to one another is also deeply embedded in 'place' and evident across different ethnic and religious groups (see Thawnghmung 2019; Griffiths 2019).

A deep sense of mutual obligation and reciprocity plays a significant role in insuring families against economic crises across the whole country. As other scholars have shown, community and social welfare organisations are crucial for ordinary people not only during times of climatic and health-related crisis but also for everyday life and needs (see Griffiths 2019; Thawnghmung 2019). Community infrastructure, for example, heavily relies on social bonds and networks, with many roads, schools and religious buildings built off both the economic and labour of ordinary people. Equally, ordinary justice matters, disputes and crimes are viewed as something that should be resolved at the local level, through local authorities and institutions (Kyed 2020). In response to the global pandemic this year, many communities have formed their own Covid-19 Emergency Response Committees to protect themselves from the virus. There has also been a growth in informal lending and rice distribution programmes to support those most in need. Indeed, for many people, while the state's repressive role is inherent, its social welfare continues to be fairly absent in their lives.

Religion also figures strongly in people's responses to the pandemic and the mobilisation of community groups. As a Theravada Buddhist majority nation, many of my friends and interlocutors view the COVID-19 pandemic as part of the cycle of suffering, an inevitable consequence of one's *karma*, which must be personally endured. In Myanmar, Buddhism, however, not only provides psychological coping mechanisms to assist people in enduring hardships, but it also provides a strong moral foundation for supporting those in need. In Hpa-an, monks are active in encouraging lay people to revitalise Buddhism through social works of *parahita* - a Pāli term which describes an attitude of altruism and places an emphasis on the importance of enacting the Buddhist virtues of 'loving kindness' (P. *metta*) and

‘compassion’ (P. *karunā*) for others. The cultivation of these values through everyday social acts, such as collecting donations for the poor, is seen as an embodied form of merit-making par excellence and thus a means of breaking the cycle of suffering. In somewhere like Hpa-an, many Buddhist monasteries have mobilised in response to the pandemic to provide food and shelter to those people facing economic hardship. Similarly, Christian churches and Muslim mosques have been going around collecting funds for nursing homes, orphanages and other members of the community that face particular vulnerabilities, such as widows.

What I have learnt from my research and from this year is that people in Myanmar are resilient and continue to find new and innovative ways to adapt in the face of adversity (see also Chu May Paing 2020). The COVID-19 pandemic has highlighted the significance of these informal social support mechanisms and the important role they play for ordinary people in their everyday lives. While Suu Kyi has used the platform of State Counsellor to promote her image as ‘the mother of the nation’ in what has been a global period of adversity, people in Myanmar continue to survive, largely in the absence of the state.

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The Asian Vision Institute

Address: #24 Street 566, Boeng Kok 2,
Toul Kork, Phnom Penh
Tel: (+855) 99 841 445 / (+855) 99 929 323
Email: admin@asianvision.org
Website: www.asianvision.org