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Responding to COVID-19 in Southeast Asia

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KEY TAKEAWAYS

Southeast Asia has a broad spectrum of responses to the coronavirus, from the well-prepared in Singapore to the woefully inadequate in Cambodia.

The U.S. should examine its current aid portfolios—especially for poorer countries—and consider whether it can give more aid to its friends in Southeast Asia.

The U.S. should support the most vulnerable countries, condemn political weaponization of the virus, and promote freedom of information and strong civil societies.

Southeast Asia has a broad spectrum of responses to the novel coronavirus, officially named COVID-19—from the well-prepared in Singapore to the woefully inadequate in Cambodia.

The coronavirus has shone a spotlight on discrepancies in the region's wealth, rule of law, and governance structures. Although the region is grouped together through the Association of Southeast Asian Nations (ASEAN), the region is, in reality, a conglomeration of different types of government. This has made organizing a collective response to transnational crises of various stripes—natural disasters, human trafficking, or global health threats—extremely difficult, if not impossible.

In the face of the current pandemic, countries in Southeast Asia should look to the better-prepared in the region[1] and around the globe to develop responses, or else risk a severe outbreak.[2] This is especially true

in Cambodia, Burma, or Laos, which lack the infrastructure, health care systems, and resources to respond to a rapidly spreading disease.[3]

The U.S. should examine its current aid portfolios—especially for poorer countries in the region—and consider whether it can offer additional assistance to its friends in Southeast Asia. It should also seek to safeguard liberty in the midst of a crisis that some countries could see as a carte blanche to expand government power.

COVID-19 in Southeast Asia

Singapore: The Outlier. Singapore was one of the first countries in the world, and the first country in Southeast Asia, to report cases of COVID-19 on January 23.[4] Singapore's response has been hailed as a success story for flattening the curve. So far, the city-state has a little over 2,500 cases and only eight deaths.[5]

After the first case was reported, the Singaporean government sprung into action. By instituting social distancing policies and making ample use of its vast network of surveillance technology to track confirmed and would-be cases of coronavirus, authorities responded with agility. These measures, combined with a strong public awareness campaign and robust rule of law, made Singapore's containment of the virus relatively successful.[6]

Unlike some of the other countries in the region, Singapore has hard-earned experience in responding to major health crises and was equipped with lessons from the 2002–2003 severe acute respiratory syndrome (SARS) outbreak; 238 people were infected and 33 died of SARS in Singapore.[7] During that time, Singapore learned the importance of early detection and testing, of separating the sick from the healthy, and how to use surveillance to track the ill.[8]

Singapore's response is not without its critics. While the city-state is known for its wealth, it is also known for its liberal authoritarianism. It has been run by a single party with very limited alternative party participation since its inception in 1965. On March 26, it rolled out new regulations, including jail time of up to six months and steep fines up to $10,000 (SGD), approximately $7,000 U.S., for violating social distancing rules.[9] The government even revoked the permanent-resident status of a non-citizen for violating a "stay-home notice" for people who had previously traveled to China.[10]

While the government's response to the virus has been successful in containing the virus, it has, no doubt, come at a cost to civil liberties—civil liberties that, to some extent, Singaporeans already sacrifice through their general acceptance of surveillance in daily life.[11]

Some countries in Southeast Asia (and around the globe, for that matter) may be encouraged to enact their own version of the Singapore model in responding to COVID-19. But, there are some notable differences between Singapore and the rest of the region that might make replicating the model a challenge.

First, Singapore is smaller than most countries in Southeast Asia—both in terms of land mass and population. That makes containing the coronavirus a more manageable task.

Second, Singapore is magnitudes wealthier than most of the countries in Southeast Asia, where the World Bank classifies Singapore as one of only two high-income countries in the region versus the vast majority which are either lower-middle or upper-middle income countries.[12] With that comes a robust health care system equipped to respond to SARS and COVID-19.

Third, and perhaps most important, Singapore has a strong tradition of rule of law. Therefore, while other countries might be tempted to roll out a new suite of surveillance technology in the name of COVID-19, those advanced technologies will not be coupled with a culture of accountability that helps the government to focus on the task at hand, as opposed to using it for unassociated political purposes.

Cambodia: The Denier. Cambodia's leadership was in denial about the threat of the coronavirus from the start. When early reports of COVID-19 first emerged from China, most countries in the region began closing their borders to stop the spread of coronavirus. This was not the case in Cambodia where Prime Minister Hun Sen refused to stop flights between Cambodia and China, even as of this writing.[13] In fact, Hun Sen committed to visiting Hubei province (a trip that was later cancelled);[14] instead of traveling to Hubei province, Hun Sen met with Chinese President Xi Jinping in Beijing.[15] Hun Sen's response, and denial of the threat posed by COVID-19, is seen as largely political—a hat tip to Cambodia's deep friendship with China.

Cambodia made international news when it allowed the cruise ship *Westerdam* to dock in Phnom Penh.[16] Hun Sen himself greeted passengers as they disembarked.[17] Passengers were permitted to leave the ship after receiving only minimal health checks. Within days a female passenger from the U.S. who traveled on from Cambodia to Malaysia was found to have COVID-19.[18] Her situation heightened fears that other passengers may have also contracted the coronavirus.

While Cambodia has since tightened restrictions on travel,[19] cancelled school,[20] and acknowledged the existence of the virus, its initial lack of response put the country at a disadvantage—likely endangering its own citizens. As in other countries, the rate of infection is picking up; despite limited testing, there

are now more than 100 confirmed cases.[21] This number seems low, especially given that neighboring nations, Thailand and the Philippines, have more than 2,500 and nearly 5,000 cases, respectively.[22] And, watching the virus's rapid spread in both Malaysia and Indonesia (which has the highest death toll in Southeast Asia) should serve as a warning sign to Cambodia's leadership.[23]

Given Cambodia's dilapidated infrastructure, health care system, and deteriorating safeguards of liberty and the rule of law, COVID-19 poses a major challenge. There are already indications that Cambodia's leadership is taking advantage of the virus to crack down on dissenters.[24] Seventeen people were arrested, either for speaking out and spreading alleged "fake news" about COVID-19, or because they align with the former opposition Cambodia National Rescue Party, which Cambodia's Supreme Court dissolved in September 2017 in an attempt to eliminate a viable threat to Hun Sen's decades-long control over the country.[25]

Cambodia is a country to watch as COVID-19 continues to take the world by storm.

Burma and Burmese Refugees in Bangladesh: The Most Vulnerable. Long pre-dating COVID-19, Burma has been among the most troubled countries in the region. Hopes that Burma was making a turn for the better after elections in 2015 were dashed after the Burmese military committed genocide against Muslim minority Rohingya in August 2017.[26]

The atrocities resulted in the displacement of more than 900,000 predominately Rohingya to the world's largest refugee camp in Cox's Bazar, Bangladesh.[27] Reports indicate that the coronavirus has already broken out in the camps where keeping a physical distance is a near impossibility, there is a lack of testing kits, and limited access to qualified medical care.[28] The situation there is already dire, and likely only to get worse once the coronavirus wreaks havoc. The outbreak is further exacerbated by a lack of access to information inside the camps due to an Internet blackout and restrictions placed on phone usage by the government of Bangladesh.[29]

The nongovernmental organization ACAPS warned in a recent humanitarian risk assessment of the Rohingya that "the potential mortality and morbidity risk associated with COVID-19 is likely to surpass global averages."[30]

The U.S. is the top donor in the midst of the Rohingya refugee crisis and has given approximately $820 million since August 2017 to alleviate suffering.[31] Part of this funding is earmarked for health care, and the U.S. government should consider how this funding can be best used in the midst of COVID-19, as well as how it can be used to galvanize further support from other countries with the capacity to pitch in during the midst of the pandemic.[32]

Beyond the concerns about the refugee camps, Burma has approximately 400,000 internally displaced persons (IDPs) inside the country that could prove a breeding ground for the coronavirus.[33] The infrastructure for providing medical services in IDP camps is on par with refugee camps. Conditions inside these camps are already grim; IDPs' access to education and health care is limited, and freedom of movement severely restricted.[34]

This is to say nothing of the rest of Burma, which as of April 13, reported only 41 cases, the low number likely attributable to a lack of testing.[35] A shortage of doctors is a real challenge in Burma where there are only 6.1 doctors per every 10,000 people.[36] (There are 24 doctors per every 10,000 people in Singapore.)[37] The likelihood of an average Burmese, much less the most vulnerable, having access to proper medical care is low. The international community, especially the U.S., should provide medical assistance where possible.

The U.S. Response

While the U.S. is dealing with a health crisis of its own, there are some cost-effective ways the U.S. can support its partners and friends in the region. The U.S. should:

- **Continuously re-evaluate the need for aid in the midst of the crisis and consider creative ways to repurpose existing aid portfolios to assist the most vulnerable.**[38] Since the start of the outbreak, the U.S. has provided $18.3 million in assistance to ASEAN member states for a range of activities, including training and assistance for responders, funding for the development of test kits, and emergency response preparedness efforts.[39] Part of this aid includes training to certain ASEAN member states for "case-finding and event-based surveillance for influenza-like illnesses."[40] The U.S. should be careful to ensure that any assistance during COVID-19 does not perpetuate improper uses of surveillance technology, especially in some of the more authoritarian-leaning countries in Southeast Asia.[41] In addition to this aid and training, the U.S. has aid packages that pre-date COVID-19 to countries in Southeast Asia. The U.S. government should consider whether this funding can be redirected to coronavirus preventions while still advancing other U.S. priorities in the region. In distributing aid, the U.S. should ensure that the most vulnerable are prioritized—this likely means actively seeking to ensure that the first fruits of aid are going to those in refugee or IDP camps and to the countries whose medical systems are least equipped to handle an outbreak.

- **Condemn countries' weaponization of COVID-19 to crack down on political dissent.** Several countries in the region have used COVID-19 as an excuse to crack down on political opposition, limit free speech, and restrict the activities of civil society. The world has witnessed the pitfalls of such a strategy to contain COVID-19 in China's response to the coronavirus.[42] Now the same is playing out in Cambodia, where at least 17 people have been arrested or detained for questioning, and civil society leaders are being threatened by name by Hun Sen for their awareness-raising activities related to COVID-19.[43] In Vietnam, at least 800 individuals have been fined for so-called spreading of false information on COVID-19.[44] Thailand is similarly clamping down on freedom of speech by arresting people for inciting fear through ostensibly false information.[45] The U.S. government should unequivocally condemn such heavy-handed responses.

- **Promote freedom of information in the midst of the crisis.** Refugees in Cox's Bazar are being denied access to the Internet due to the Internet blackout instituted by the government of Bangladesh. The U.S. should press the Bangladeshi government to lift this ban.[46] Similarly, the U.S. should encourage all governments in Southeast Asia to promote access to information, as well as a free press and freedom of speech during the crisis.

- **Galvanize civil society support in Southeast Asia in the midst of the crisis.** In its own response, China took great pains to sideline civil society and make its response almost exclusively government led. While a global pandemic necessitates government leadership as the primary driver and shaper of policy, there is an important role for civil society in providing medical support, funding, and expertise in the midst of the crisis.[47] U.S. civil society actors, such as Samaritan's Purse, provided some of the first shipments of much-needed medical supplies to Hubei province when the virus first broke out.[48] The U.S. should mobilize its own civil society while also encouraging local civil society in Southeast Asia to respond. This will be especially helpful in countries whose governments and health care systems are ill-equipped to handle COVID-19.

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