EUROPEAN

POLICYBRIEF

AGAINST ALL ODDS: MYANMAR'S COVID-19 RESPONSE

Susanne Prager Nyein, November 2020

INTRODUCTION

Over several months, Myanmar successfully controlled local transmissions of Covid-19 and recorded fewer than 400 infections and six deaths. After an outbreak in the Western state of Rakhine in mid-August, the disease incidence surged with Yangon at its epicenter and reached a peak in October. As of 14 November a total of 68,011 cases and 1,552 deaths have been reported, though government measures could significantly slow down the rate of new infections.[i] In spite of these efforts, the Myanmar's Covid-response was poorly received in international commentaries. Particularly its early achievement was downplayed as the result of under-testing or ascribed to fuzzy factors such as religion, culture or luck. The actual response of the political leadership on the ground and with regard to its existing capacities was not appreciated.

The brief describes Myanmar's approach to the health emergency and what accounts for its relative success in preventing an uncontrolled Covid-19 community spread notwithstanding its weak state infrastructure, poor health care system and inhibiting civil-military relations. It argues that the civilian government could strengthen its hand during the ongoing crisis vis-à-vis the military. It secured wide civic support for its response measures, avoided an "authoritarian creep" noted for other Southeast Asian countries and demonstrated political and technocratic leadership that deserves recognition and support from the international community.[ii]

EVIDENCE AND ANALYSIS

About flying blind and walking the ground

Myanmar was fortunate in the sense that, unlike Thailand or Malaysia, it had no early super-spreader event. Testing began in early February but no positive cases were found until 23 March. International analysts and think-tanks painted a bleak picture about the country's capabilities to tackle the health emergency. Anticipating catastrophic death rates and social unrest due to weak

state institutions, some urged Myanmar to focus on social and economic mitigation.[iii] Others dismissed the government's efforts altogether and ignored Myanmar's strategic response despite its open access to relevant data. The director of a German NGO in Yangon reported in May, that "Myanmar [was] flying blind through the Covid-19 crisis".[iv]

Yet, ten days after the first Covid-19 cases were detected public health teams had already traced and isolated over 1,000 contacts. By then, nearly 60,000 persons had gone through a 14-day quarantine in one of the over 5,000 facilities set up in the country, including students evacuated from Wuhan and over 45,000 migrant workers who had returned from Thailand via border crossing at Myawaddy. The approach followed a common sense "shoe-leather epidemiology" that Myanmar health personnel were well-acquainted with combatting infectious disease outbreaks for decades. While it sounds unassuming, the approach requires an enormous amount of organizational effort and a large contingent of health workers, civil officials and volunteers on the ground.

Other measures were put in place including a ban on big gatherings, the closing of land borders, restrictions on international flights, lockdowns and stay-at-home orders. What mattered most was the early and systematic tracing of primary and secondary contacts plus quarantining. In the second week of April, local transmissions were already peaking. Starting mid-May, Myanmar could increase its testing capacities but positive cases were mostly detected among migrant workers and persons returning from abroad and staying in quarantine facilities. In August, after weeks of nearly zero local transmissions, an outbreak of Covid-19 occurred in Rakhine state. Approximately 2,000 of over 5,000 persons who had travelled by plane between Rakhine's capital Sittwe and Yangon couldn't be traced, which ultimately amounted to a super-spreader event. Cases rose quickly with the highest number of 2,158 new infections in a single day reported on 10 October. With stay-at home orders and increased testing, contact tracing and isolation measures, new infections declined and are currently hovering around 1,200 cases a day.

What capacity?

In a preliminary study on country variations in Covid-responses, Sofia Fenner argues that political leadership, state capacity, and "societal buy-in" matter more than regime-type.[v] Myanmar's response confirms her findings while challenging also common assumptions about state capacity. The country has a poor health care system, low tax revenue, a weak state infrastructure, and, according to the World Health Organization (WHO), a low Covid-19-country-preparedness capacity compared to countries in the Global North. However, the government countervailed these shortcomings by a coordinated political-technocratic leadership, the mobilization of a large number of public health workers, officials and volunteers and by securing broad civic support.

Notably, the administration of Aung San Suu Kyi acted upon the advice of health ministry professionals led by Minister Dr. Myint Htwe, himself an epidemiologist and public health expert who had determined to prevent and control the virus and not settle for mitigation. Its risk assessment obviously matched that of those risk analysts who saw the pandemic as an extreme, "fat tailed" event that had to be stopped at the onset. The health ministry began preparations in early January implementing a preparedness regime for airports, hospitals, health workers, doctors and clinics across the country with cooperation from other ministries. A central command structure was put in place in mid-March, and the National Central Committee to Prevent, Control and Treat Covid-19, headed by Aung San Suu Kyi, synchronized the cooperation and communication between key ministries and across different sectors down to state and regional governments.

Civic involvement in the response, the "societal buy-in", was and remains high. Individuals, charities and civil society organizations volunteered in donating food, distributing masks and money to hospitals, quarantine sites, and poor neighborhoods. When 200 doctors were needed to help out in special fever clinics, 2,000 applied. In September, a local businessman built a temporary treatment-center for Covid-19 patients. A clear crisis communication from the government entailing daily updates from the health ministry on Facebook, TV and in newspapers may have contributed to a sense of urgency and collective responsibility. In early April, Aung San Suu Kyi set up a Facebook account conducting live-video talks with frontline personnel such as nurses, volunteers at quarantine facilities, doctors, and recovered Covid-19 patients, reaching between 300,000 and 800,000 viewers.

The crisis revealed that Myanmar's administrative behemoth, the General Administration Department (GAD), recently placed under civilian control, became more decentralized and responsive. Matthew Arnold, an expert on Myanmar's governance system, highlighted that township officials and local administrators were empowered and played an essential role in the Covid-19 response. They communicated public health instructions down to ward and village-tract level, organized volunteers and used discretionary power to adjust the response to the needs and situation of the respective community when setting up quarantine facilities and enforcing lockdown rules.[vi]

A response with and despite the military

Nonetheless, initially, there was palpable fear that the pandemic could lead to a state of emergency, possibly bringing in the military using emergency powers. In early March, civilian lawmakers belonging to the NLD, the ruling party, had just failed to pass significant constitutional amendments that would have pushed democratization up a notch by limiting the veto power and political privileges of the military. Their failure highlighted once more that the military-devised constitution was keeping the political system in a state of perpetual dysfunction with the military and civilian government interlocked in a passive-aggressive twist.

When the first positive Covid-19 cases were detected, a military-backed USDP lawmaker proposed that the military-dominated National Defense and Security Council (NDSC) be put in charge of the response. Constitutionally, the NDSC is the highest executive organ, modeled after former military councils. Due to constitutional loopholes, the civilian government was able to circumvent the NDSC, much to the chagrin of the military leadership. For a few days the political situation appeared even unclear as the military performed highly publicized public health measures such as disinfecting streets and public places. When a separate Emergency Response Committee headed by the First Vice President, a military appointee, was set up with representation from every military-controlled ministry, some analysts believed that the military had taken control.

The new committee was however a reconstituted, former inter-ministerial coordination group tasked with helping to implement response measures. A spokesperson of the military maintained later that the military had supported the response from the start, for instance with a contingent of military nurses and doctors, ICU units in military hospitals, testing machines, setting up quarantine sites, etc. Interestingly enough, the establishment of a second response committee with a preponderance of the military going to work in tandem with the main committee gives some insight into the complex dynamics of the civil-military relations in Myanmar today.

Regarding the country's ongoing domestic armed conflicts, the military reacted late and declared a unilateral ceasefire only in May. Yet, civilian and military authorities were cooperating—though separately—with ethnic armed groups to contain the virus in territories held by these organizations. They provided testing equipment or supported quarantine measures for returnees at the border with China and Thailand. However, the military didn't include Rakhine and parts of Chin state in its unilateral ceasefire, where it remains engaged in ongoing confrontations with the Arakan Army (AA). The conflict makes it particularly difficult for public health workers to reach certain parts of that region and provide support for hundreds of thousands of displaced Rakhine and Rohingyas. An outbreak of Covid-19 in Rakhine was therefore not a question of if but when.

Eventually, the civilian government kept the initiative in the health crisis. The military tried to keep a high profile but followed nonetheless—at some distance—the civilian lead and the guidelines of the health ministry. While fragile, the pragmatic arrangement contributed to the successful response in the first months of the crisis. The lack of a similar arrangement in Rakhine State with its porous borders with Bangladesh and India—both beset with uncontrolled community transmission-has conceivably jeopardized an effective response in that region, which eventually led to the current surge in the rest of the country.

Policy Implications and Recommendations

For several months, Myanmar's civilian government could contain the novel coronavirus with what it called a "whole-of-government" approach.[vii] The WHO country director described the achievement as "amazing" but wondered "how long can [Myanmar] keep up this excellent effort?"[viii] In the meantime, the frail health care system has indeed reached its limits, and the government tries to find a balance between public health and economic concerns. While it does not strictly enforce stay-at home orders and social distancing rules, it decreased the numbers of daily new infections and kept local transmissions in check by stepping up the proven measures of testing, tracing and isolation.

This begs the question why the international community has overlooked and even dismissed the government's efforts. One wonders if it is due to the country's negative image on account of the Rohingya crisis which has narrowed the discourse on the country and its government to a punitive mode. The EU ambassador noted recently that "the West and Europe need to understand that not all of the country's problems are linked to the Rohingya issue."[ix] But Nicholas Farrelly, a regional expert, ominously commented that "State Counsellor Aung San Suu Kyi and many other figures in the fusion democratic-military government will never recover their previous reformist credentials or the generosity they could expect from friendly foreign backers".[x]

The Covid-19 response has strengthened the hand of the "novice" civilian government vis-à-vis the military, which was confirmed by the landslide-win of the ruling civilian party in the elections of November 8 demonstrating that the country is democratizing incrementally. The international community and policy makers should seize this opportunity to recognize the civilian achievement and underpin their ongoing support for Myanmar's transition to democracy. The EU in particular should still pay heed to the fact that Myanmar and its civilian government are undergoing a precarious democratization process circumscribed by tenuous civil-military relations and recognize that a democratic deficit is at the root of Myanmar's humanitarian problems.

Research Parameters

Competing Regional Integrations in Southeast Asia (CRISEA) is an interdisciplinary research project that studies multiple forces affecting regional integration in Southeast Asia and the challenges they present to the peoples of Southeast Asia and its regional institutional framework, ASEAN.

CRISEA innovates by encouraging 'macro-micro' dialogue between disciplines: global level analyses in international relations and political economy alongside socio-cultural insights from the grassroots methodologies of social sciences and the humanities.

Coordinated by the Ecole française d'Extrême-Orient (EFEO) with its unique network of ten field centres in Southeast Asia, the project brings together researchers from seven European and six Southeast Asian institutions, with three objectives:

1. Research on regional integration
Multiple internal and external forces drive regional integration in Southeast Asia and compete for resources and legitimacy. CRISEA has identified five 'arenas of competition' for the interplay of these forces, investigated in the project's five research Work Packages. It further aims to assess the extent to which they call into question the centrality of ASEAN's regional model.

2. Policy relevance
CRISEA reaches beyond academia to engage in public debate and impact on practitioners in government and non-government spheres. By establishing mechanisms for dialogue with targeted

audiences of policymakers, stakeholders and the public, the project furthers European science diplomacy in Southeast Asia and promotes evidence-based policymaking.

3. Networking and capacity-building
CRISEA reinforces the European Research Area (ERA) in the field of Asian Studies through coordinated EU-ASEAN academic exchange and network development. It connects major research hubs with emerging expertise across Europe and Southeast Asia. CRISEA also promotes participation of younger generation academics in all its activities, notably policy dialogues.

PROJECT IDENTITY

PROJECT NAME	Competing Integrations in Southeast Asia (CRISEA)
COORDINATOR	Andrew Hardy, EFEO, Paris, France, hardyvn25@yahoo.com.
CONSORTIUM	Ecole française d'Extrême-Orient – EFEO – Paris, France University of Hamburg – UHAM – Hamburg, Germany University of Naples l'Orientale – UNO – Naples, Italy Institute of Social and Political Sciences – ISCSP - Lisbon, Portugal University of Lodz - UL – Lodz, Poland University of Oslo – UiO – Oslo, Norway University of Cambridge – Cam – Cambridge, UK Chiang Mai University – CMU – Chiang Mai, Thailand The Centre for Strategic and International Studies - CSIS – Jakarta, Indonesia Ateneo de Manila University – ADMU – Quezon City, Philippines University of Malaya – UM – Kuala Lumpur, Malaysia Vietnamese Academy of Social Sciences – VASS – Hanoi, Vietnam The University of Mandalay – MU – Mandalay, Myanmar
FUNDING SCHEME	H2020 Framework Programme for Research and Innovation of the European Union – Research Innovation Action (RIA) – Europe in a changing world, Engaging together globally
DURATION	November 2017 – February 2021 (40 months).
BUDGET	EU contribution: €2,500,000.00
WEBSITE	www.crisea.eu
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[i] For data on Myanmar's Covid-19-response, see publications from the Ministry of Health and Sports (Myanmar) Department of Health and Central Epidemiology Unit, https://www.mohs.gov.mm. Information on the response strategy was derived from interviews with Dr. Myint Htwe, Minister of Health and Sports (2 August 2020) as well as Prof. Dr. Htin Aung Saw (24 July 2020) and Prof. Dr. Rai Mra (24 July & 14 November 2020), the current and former president of the Myanmar Medical Association, Yangon, who were directly involved in the implementation of the Covid-19 response. The interpretations are all mine, SPN.

[ii] J. Kingston, Introduction. COVID-19 and Authoritarian Creep in South and Southeast Asia, *The Asia Pacific Journal/Japan Focus*, August 1, 2020, Vol.18/15, No.2, pp.1-9, https://apjjf.org/2020/15/Kingston.html

[iii]Aung Hein & Minoletti, P., Covid-19 Policy Response Needs and Options for Myanmar, International Growth Center (IGC), Policy Brief, London, April 2020 https://www.theigc.org/publication/coronavirus-policy-response-needs-and-options-for-myanmar/; Thant Myint-U, Covid-19 and Three Possibilities (Burmese), 16 April 2020, *ISP-Myanmar Special Series (COVID 19 & Myanmar)*, https://ispmyanmarspecialseries.com/drtmo/

[iv]Axel Harnett-Sievers, Flying Blind. Myanmar in the Covid-19 Crisis, *Heinrich Böll Stiftung Yangon, Myanmar*, https://mm.boell.org/en/2020/05/05/flying-blind-myanmar-covid-19-crisis/

[v] Fenner, S., State, Regime, Government, and Society in Covid-19 Response. Establishing Baseline Expectations, *Duck of Minerva*, 17 March 2020, https://duckofminerva.com/2020/03/state-regime-government-and-society-in-covid-19-response-establishing-baseline-expectations.html https://duckofminerva.com

[vi]Arnold, M., COVID-19 highlights the importance of local governance, Myanmar Times, 9 June 2020 https://www.mmtimes.com/; Liu, J., Decentralise budget powers to improve governance, urges ex-Asia Foundation chief, 24 July 2020, https://www.mmtimes.com/

[vii] It included an economic relief plan (CERP) launched in April and amended in August to mitigate the impact of the crisis on the economy https://eurocham-myanmar.org/uploads/7a892-cerp---final-report-(1)5713756333092471786.pdf

[viii] Kyaw Phyo Tha, WHO Country Chief Urges Myanmar to Sustain 'Amazing' COVID-19 Response, *The Irrawaddy*, 1 July 2020, https://www.irrawaddy.com/

[ix] Nation Building in Myanmar an 'Ongoing Process'. Outgoing EU Ambassador, *The Irrawaddy*, 10 July 2020, https://www.irrawaddy.com

[x] Nicholas Farrelly, Reflections on the Future of Myanmar Studies, *New Mandala*, 23 March 2020, https://newmandala.org