



Southeast Asia Under Stress: COVID-19, Geopolitics and Domestic Challenges

Edited by
Wen Pin Lin, Khai Leong Ho
and Samuel C.Y. Ku

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Southeast Asia, like the rest of the world, is still in the grips of the COVID-19 pandemic in 2022. Given the virus's propensity to mutate and spread rapidly and the disruptions it has wrecked on global supply chains, Southeast Asia is under stress. This stress is further compounded by the tense geopolitical competition between the United States and China in the region. In addition, Southeast Asian countries are also facing domestic challenges vis-a-vis COVID-19 and the socio-economic problems it has engendered. They are also in a quandary as to the measures that must be undertaken to recover from the pandemic as lockdowns and isolationism are not feasible long-term solutions. This volume seeks to examine how the countries in the region are coping with the impact of the COVID-19 pandemic, the great power competition between the US and China, and the socio-political turbulence within their own borders.



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Wenzao Ursuline University Press

Wenzao Ursuline University of Languages was founded by the sisters of the Roman Union of the Order of St. Ursula in 1966. It was named in honor of Wenzao Lo, the first Chinese Bishop. Wenzao is known for its commitment to excellence in foreign languages teaching and research. On these academic foundations, the Master Program in Southeast Asian Studies (MSEAS) and the Department of Southeast Asian Studies (DSEAS) which offers bachelor degree program, were launched in 2018 and 2019 respectively. Both programs feature dual specialties and interdisciplinary curriculum design. The SEAS emphasizes language and professional academic specialties simultaneously. It provides language courses in Vietnamese, Indonesian, and Thai, and instructive courses/ seminars in Southeast Asian Studies. Students are provided with the most diverse foreign language course option in Taiwan, a dynamic learning environment, an interdisciplinary international faculty. The DSEAS hosts the annual Wenzao Ursuline International Conference in Southeast Asian Studies (Wenzao ICSEAS) since 2017. It has published two edited books, *Southeast Asia: Beyond Borders and Boundaries* (2018), *Southeast Asia: Transitions and Transformations* (2019), and edited an issue in *Bandung: Journal of the Global South* (Vol. 7, 2020). The DSEAS is determined to be the hub and platform for scholars around the world who study Southeast Asia.

C

ONTENTS

01

Introduction

Khai Leong HO

006

02

**ASEAN Policies towards the US-China
Relationship during the COVID-19 Pandemic**

Asih PURWANTI

015

03

**Public Health and Human Security in
Southeast Asia: The COVID-19 pandemic**

Siriprapha JITANUGOON and Pittinun PUNTHA

034

04

**Vaccine Discourse as Elucidating Global
Alignment**

Ariel BLENKITNI and Jordan Alexander FOREHAND

068

05

**Intramuros Heritage Tourism: A Culture-
Oriented Economic Development Paradigm
for Post-COVID-19 Economic Recovery**

Geoffrey Rhoel CRUZ

107

06

**Authoritarian Empowerment: Vietnam's
Effective Control of COVID-19 in 2020**

NGUYEN Thanh Trung and LE Ngoc Khanh Ngan

128

07

**Changes in Foreign Direct Investment
Flows into Vietnam during the COVID-19
Pandemic: Case Studies of Manufacturing
and Real Estate Sectors**

Huong Thanh VU and Linh Thuc LE

172

08

**Emerging Roles of Community Health
Cadres in Health Service Provision towards
Pregnant Women during COVID-19 in
Malang City, Indonesia**

Ratnaningsih DAMAYANTI, Tia SUBEKTI and Restu Karlina
RAHAYU

209

09

**Chinese-Indonesians in Indonesia's
Intentional Community**

Yufita NG

242

10

Contributors and Editors

Contributors

267

01 Introduction

Khai Leong HO

Southeast Asia, like the rest of the world, is still in the grips of the COVID-19 pandemic in 2022. Given the virus's propensity to mutate and spread rapidly and the disruptions it has wrecked on global supply chains, Southeast Asia is under stress. This stress is further compounded by the tense geopolitical competition between the United States and China in the region. Southeast Asian states seem to be caught between a wall and a hard place. On the one side, there is China's growing economic relevance and its ever-increasing political and military assertiveness in the South China Sea (Dunst 2020). On the other side, there are the United States' attempts to check the growing might of China in Southeast Asia despite its declining soft power in the region (Valencia 2019). In addition to toeing the line between China and the US in their great power rivalry in the region so as to offend neither, Southeast Asian countries are also facing domestic challenges vis-à-vis COVID-19 and the socio-economic problems it has engendered. They are also in a quandary as to the measures that must be undertaken to recover from the pandemic as lockdowns and isolationism are not feasible long-term solutions.

Preliminary analyses not only show that the pandemic has left deep economic scars on Southeast Asia but also that it has negatively affected democracies in the region (Crouch 2020; Rajah 2021). Thus, it can be said that Southeast Asia is facing many challenges

domestically. This volume seeks to examine how the countries in the region are coping with the impact of the COVID-19 pandemic, the great power competition between the US and China, and the socio-political turbulence within their own borders.

Chapter Summaries

Ashi Purwanti considers the effects of both the COVID-19 pandemic as well as the strategic competition between the US and China in the region. She shows how the pandemic has brought the US-China rivalry to the forefront by focusing on ASEAN's place in the relationship between these two great powers. While Southeast Asia is reliant on China for trade and the US for security, ASEAN is torn between wanting to access Chinese investments and financial aid on the one hand and fears that the US would implement policies unfavorable to the region for its gravitation towards China. While some ASEAN member states are in favor of engaging more actively with China due to their similar historical and cultural backgrounds and close geographical proximity, other Southeast Asian countries are wary of China's unbridled ambitions in the region and want to foster deeper ties with the US to keep China in check. Despite these opposing views, ASEAN, as a whole, has remained neutral to the US-China rivalry. Thus, it continues to regard the US as a key security partner in the region, while embracing China's vaccine diplomacy and utilizing COVID-19 vaccines from China rather than from the West. This does not mean ASEAN has accepted the status quo, however, as the region's continued reliance on both the American and Chinese superpowers and studiously maintained

neutral stance towards the US and China can be interpreted as the Southeast Asian way of hedging against Sino-US rivalry.

The region does not only have to strike a balance between the two great powers to avoid antagonizing either; it also has to ensure that there is a balance between regional economic security and public health. If the people are unwell and unable to work, the economy would suffer. Thus, public health is essential to governments not only for survival and livelihoods but also for social cohesion and stability. It forms part of the human security paradigm that recognizes the people-centered view of security is essential for national, regional and global stability (Periago 2012). Mindful of the importance of public health and its role to security and stability, the governments of the Southeast Asian countries have, like the rest of the world, adopted extensive control measures to slow and control the spread of COVID-19 within their borders. Due to Southeast Asia's geographical proximity to China, where the disease is believed to have originated, measures to curb the disease are particularly strict. Siriprapha Jitanugoon and Pittinun Puntha use content analysis to study the pandemic responses of each Southeast Asian country to determine how information sharing and cooperation can go a long way in improving public health and human security in the region. They consequently recommend the sharing of information on online platforms, coordinated efforts and collective action, and investment in public health systems and technology. As countries learn from each other's management of COVID-19, they would be better placed to handle other health and environmental crises in the future.

Given the ongoing nature of the COVID-19 pandemic and the virus's ability to mutate and spread rapidly, the issue of vaccine development and distribution is a timely one. Ariel Blenkitni and Jordan Alexander Forehand postulate that the competitive sale and deployment of COVID-19 vaccines largely reflects the existing international order, and that the behavior of the vaccine-manufacturing states falls squarely within what has been termed “vaccine diplomacy” and employed as part of traditional international relations. In order to delve into the way that vaccine-producing governments influence public opinion on their own vaccines and the ones produced by other nations, Blenkitni and Forehand analyze the internationally-facing state media of these countries. In doing so, they discovered that the state media of vaccine-developing countries and their allies played up the positive attributes of their vaccines while displaying more hostility and negative stances towards rival vaccines, when attention was paid to them at all.

Domestic and foreign tourism have also suffered from the COVID-19 pandemic, as seen in Geoffrey Rhoel Cruz's study on Intramuros in the City of Manila. As tourism drives a large portion of the Philippine economy, this industry was particularly hard hit by the pandemic and its constant lockdowns. Cruz compares the visitor statistics to Intramuros before the outbreak of COVID-19 as well as after lockdowns had been eased, and notes that visitors remained interested in culture and heritage tourism. He subsequently concludes that cultural and heritage tourism can serve as agents of development and part of post-COVID-19 economic recovery efforts. As lockdowns have eased in Southeast Asia and the region is moving

towards living with COVID-19 as an endemic disease, interest in domestic and foreign tourism has been revitalized. It is, therefore, not unfeasible that tourism could be one of the ways through which the countries in Southeast Asia can revitalize their pandemic-battered economies.

While lockdowns were par for the course for countries as they sought to slow the spread of COVID-19, the other policies undertaken by the individual countries in Southeast Asia against the virus varied. This resulted in the countries in the region having different pandemic responses, with some measures by some countries being more successful than others. Nguyen Thanh Trung and Le Ngoc Khanh Ngan examine how and why a single-party state like Vietnam was largely successful in containing the spread of COVID-19 in its initial stages. By investigating the policies of the authoritarian Vietnamese government in the first two outbreaks of COVID-19 in 2020, Nguyen and Le explore the advantages and disadvantages of the official responses vis-à-vis the pandemic. The rigid health-related policy which had initially been successful in the first waves of the pandemic did not contain the subsequent variants of the virus, thus demonstrating that a more transparent and flexible healthcare policy may be more effective.

Regardless as to the transparency of a country's healthcare policies towards the pandemic, it cannot be denied that the global spread of COVID-19 has disrupted trade and negatively impacted imports and exports owing to the on-and-off lockdowns imposed by countries, including Southeast Asian ones. This also means that

the flows of foreign direct investment (FDI) to countries have been similarly affected. Huong Thanh Vu and Linh Thuc Le analyze the changes in FDI inflows to Vietnam throughout the pandemic by concentrating on the manufacturing and real estate sectors as case studies. They discovered that while FDI did decline in 2020-2021, Vietnam still managed to attract FDI. More specifically, FDI to the manufacturing and real estate sectors continued to attract investors. Due to disrupted supply chains and lockdowns, FDI to Vietnam's manufacturing sector was not as robust as it had been pre-pandemic. In contrast, the pandemic appears to have brought new opportunities for the real estate sector as FDI to this segment of the Vietnamese economy increased. The decline in FDI in manufacturing notwithstanding, investment in this sector is expected to pick up once the pandemic winds down in the future. Additionally, FDI in real estate is projected to grow in 2021 and 2022. These facts show that as Vietnam recovers from the pandemic, it would still be able to attract FDI in manufacturing and real estate. As a result, Vu and Le posit that Vietnam will continue to be a promising FDI recipient and grow to become a strategic link in global FDI in the future.

The consequences of the spread of COVID-19 are not restricted to the economic sphere. Governments' intense focus on COVID-19 cases has not only overtaxed the healthcare systems of many countries in Southeast Asia but also resulted in the neglect of other health conditions. Ratnaningsih Damayanti, Tia Subekti, Restu Karlina Rahayu consider this aspect of the pandemic and its impact in their case study of pregnant women in Malang, Indonesia. Despite some effort at accommodating pregnant women through

online doctors' consultations, overwhelming focus on the spread of the pandemic meant that the COVID-19 mortality rate for expectant mothers was much higher than the COVID-19 death rate for people above the age of 60. To ensure that the survival rate of pregnant women improves during the pandemic, Malang has implemented a system whereby local healthcare professionals, community health cadres and midwives perform telemedicine healthcare services outside established medical facilities. Damayanti, Subekti and Rahayu conclude that this form of medical care outreach and collaboration with community healthcare cadres can help to localize the provision of health services without reducing the quality or efficacy of the care. This demonstrates that it is possible to minimize the spread of COVID-19 and decentralize healthcare services at the local level to ensure that no one in need gets left behind during the pandemic.

Exclusive focus on any issue results in the neglect of other issues and other groups of people, as illustrated by Damayanti, Subekti and Rahayu in their chapter on COVID-19 and the way in which it had led to the neglect of expectant mothers. Yufita Ng extends upon this theme of extreme focus on one issue to the detriment of other important factors on the societal level. She explores the challenges faced by a country when the government has established a narrow concept of national identity in her chapter on the ethnic Chinese in Indonesia. While Indonesia has a very diverse ethnic and cultural plurality, the narrow definition of acceptable national identity set down by the government has created division within the country where there is the Muslim majority on the one

hand and everyone else on the other. This has resulted in a situation where there is mistrust between the majority and the minorities. Even though the reformasi movement in 1998 and the enactment of the Decentralization Law led to the Indonesian government granting people from minorities—like the ethnic Chinese—the opportunity to have careers as politicians, these measures have not eroded the prevailing mindset of minority individuals as “others”. Ng uses social identity theory to discuss how the ethnic Chinese have developed their political careers as part of Indonesia’s intentional community that strongly upholds the value of togetherness. As she does so, she also considers the challenges faced by the ethnic Chinese in the country as they straddle their identities as Indonesians and a minority within the space of Indonesian communality.

Conclusion

It is undeniable that domestic challenges in regard to the COVID-19 pandemic and depressed economies due to disruptions in trade have added to the stresses of Southeast Asian countries. Through the implementation of measures to slow the spread of the virus and through concerted efforts at vaccine rollouts, public health can be improved and economic damage can be limited. This, however, should be done through economic, social and political collaboration with other countries in the region. Not only will such partnerships strengthen ties among the Southeast Asian nations, they would also aid in the post-pandemic recovery prospects of the region.

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02 ASEAN Policies towards the US-China Relationship during the COVID-19 Pandemic

Asih PURWANTI

Introduction

The establishment of the Association of Southeast Asian Nations (ASEAN) in 1967 was closely related to the Cold War. At the time, the six countries of Indonesia, Malaysia, Singapore, Thailand and the Philippines agreed to stand against the rivalry between the United States (US) and the Soviet Union during the Cold War. After witnessing the devastation of the Korean War and the Vietnam War, the leaders of these countries saw the importance of regional cooperation. Due to the confluence of the Cold War, Korean War and Vietnam War in that period, the US was able to extend its influence in the Southeast Asian region as well as ASEAN. Indeed, US influence in the region and ASEAN can still be felt today. The strong influence of the US in the region continued when ASEAN membership expanded to include Brunei Darussalam, Vietnam, Myanmar, the Lao People's Democratic Republic (Lao PDR) and Cambodia. Although ASEAN remained neutral in the Cold War rivalry between the US and the Soviet Union, the US kept a close watch on the region. This is because the US regarded Southeast Asia as an important and strategic region in the fight against communism during the Cold War.

When ASEAN was formed, the People's Republic of China (hereafter, China) had not achieved its status as a great power. At the height of the Cold War, there were two superpowers: the US and the Soviet Union. As ASEAN did not want the region to fall into the grips of communism, it gravitated towards the US as a military and economic partner. ASEAN-US relations remained strong even when some countries in the Indochinese Peninsula with traditionally close geographical and cultural ties to China joined the regional grouping in the 1990s. Despite the communist-centric governments in some of these Indochinese countries, ASEAN, as an organization, continued to view the US as a crucial strategic partner. This paper focuses on ASEAN's relations with the US and China, and the ways in which the regional grouping has attempted to strike a balance between the two great powers. This focus on the ASEAN-US-China relationship is deliberate, as delving into the individual Southeast Asian states' relations with the US and China would require in-depth analyses of their national interests and preferences. It is beyond the scope of this paper to cover the ten ASEAN member states' individual relations with the US and China, as my focus is the Southeast Asian region as a whole.

ASEAN's relations with the US and China mirror the political and economic issues that are most important to its member states, namely the South China Sea disputes, the Regional Comprehensive Economic Partnership (RCEP) and the Trans-Pacific Partnership (TPP). Another issue of concern to ASEAN and its member states is the US-China trade war that began under US President Donald Trump and Chinese President Xi Jinping. The trade war not only exposed the vulnerabilities of the ASEAN economies but also

opened up opportunities for the region (Buszynski 2019). While many Southeast Asian nations share the US's concerns over China, they continue to eye the uneasy US-China relationship at askance. This is because their economies are heavily dependent on China, and they are uncertain as to whether US foreign policy towards ASEAN will remain positive when the countries in the region rely on Chinese trade and investments. Over the years, ASEAN has grown to become an important trading partner for China, with a trade volume that surpasses that of the US and the European Union (EU). China still ranks third behind the United States and Japan in terms of annual foreign direct investment (FDI) in ASEAN, but its FDI in the region comes close to that of the US if FDI from Hong Kong is included. Moreover, China issues billions in loans to the region as part of its Belt and Road Initiative (BRI) and other economic-centric schemes. This is a considerably larger amount than the US\$800 million given annually by the US as part of its foreign assistance packages to the ASEAN countries (Tankel, Curtis, Fitt and Goldberg 2021b).

While the US presence in the Southeast Asian region (SEA) can be traced back to its colonization of the Philippines, US influence came to be firmly entrenched in SEA during the Cold War. From that point on, most countries in SEA and the US established close ties of cooperation, particularly in the areas of security and the economy. China, on the other hand, has a different historical relationship with the Southeast Asian countries. China and the Chinese diaspora have long been a historical part of SEA. Most SEA countries have a large ethnic Chinese community. This is especially true in the Indochinese countries of Vietnam, Myanmar and Lao PDR that share many

cultural similarities with the Chinese. China also has had a different historical impact in SEA. This relationship can be traced back to the distant past, before the establishment of the PRC. Countries in SEA had different experiences with the Republic of China (ROC, better known as Taiwan) under the nationalist Kuomintang and the PRC under the Chinese Communist Party. Even though countries in SEA do trade with Taiwan, most of the governments in the region adhere to the “One China” policy and thus officially acknowledge the PRC and regard the ROC as a political afterthought.

The main feature of China-ASEAN relations in recent decades centers on China’s ongoing military modernization and its activities in the South China Sea. China-ASEAN relations have also been affected by the US’s post-Cold War strategic focus on the region (Ba 2003). The Southeast Asian countries’ attempts to foster an agreement between China and the other claimant states in the South China Sea through a binding Code of Conduct is a critical test for ASEAN centrality in the global political arena (Rivera 2018). This willingness to engage with China instead of taking it to task for its territorial claims in the South China Sea indicates ASEAN’s acceptance of China’s growing influence in the world as well as its might as an emerging great power in international politics (Ba 2007). There are three ways in which ASEAN will be significantly affected by the ongoing US-China tensions: first, the two major powers will engage with ASEAN so as to exert their influence on the regional grouping and its member states; second, the Biden administration in the US will take a different approach from the Trump administration vis-à-vis its engagement with ASEAN on the issue of China; third,

the aims of the ASEAN Outlook on the Indo-Pacific (AOIP) will impact ASEAN's stance towards the US and China (Daniel 2021).

Where does ASEAN stand in the US-China contest for influence in the region? The US has been a crucial partner of ASEAN and its member states, but there are indications in recent decades that show ASEAN's growing preference for China. The historical, cultural and geographical proximity of the SEA countries to China have resulted in some ASEAN members gravitating towards Beijing. Furthermore, Chinese investments and financial aid are more accessible than investments and aid from the Western world, including the US. ASEAN is keen to embrace Chinese influence in the region because China closes an eye to human rights issues – an area in which the governments of the ASEAN member states are reluctant to engage with. ASEAN-China relations were boosted when the economic ministers of the respective ASEAN member countries represented the regional organization in the signing of the Agreement on Investment of the Framework Agreement on Comprehensive Economic Cooperation with the People's Republic of China on 15 August 2009 in Bangkok, Thailand. The Investment Agreement is significant because it is the last of the ASEAN-China free trade agreements (ACFTA).

ASEAN has been beset by problems on all sides as it is simultaneously facing the political and economic ramifications of Sino-US rivalry, the COVID-19 pandemic, as well as the domestic problems of its individual member states. What can ASEAN do to navigate these problems? How will the pandemic affect the US-

China-ASEAN relationship? This study examines ASEAN's policies vis-à-vis the Sino-US rivalry during the COVID-19 pandemic. I argue that ASEAN will continue to remain neutral, and apply its non-interference policy to its member states as they conduct their bilateral relations with the US and China. The policies of the ASEAN member states also influence their policies on COVID-19 vaccines, as seen in the fact that most of them have chosen to buy their vaccines from China. This study limits its examination only to the perspectives of ASEAN as a regional cooperative grouping and the ASEAN member states' perceptions of the US-China dynamics relations during the pandemic.

US-China Relations and ASEAN

Why is the US-China relationship a critical matter for ASEAN? To answer the question, we need to look at the timeline of their three-way dynamics, particularly in the years prior to the COVID-19 pandemic. Before the global outbreak of the COVID-19 pandemic, Chinese influence in the Indo-Pacific had already been increasing (Thayer 2011). A study conducted by the Center for a New American Security (CNAS) in 2021 shows that 79% of Southeast Asian elites consider China to be the most influential economic player in 2020, 52% of these same elites saw China as the most influential political-strategic player and 26% of Southeast Asian elites deemed the US to be the most influential political-strategic player (Tankel, Curtis, Fitt and Goldberg 2021b). Following the ACFTA agreement in 2009, China promoted a global network of partnerships through the ASEAN-China Strategic Partnership Vision 2030 unveiled at the

21st China-ASEAN Summit in November 2018, where Beijing laid out a medium- and long-term blueprint for cooperation. In contrast, the US administration under former President Donald J. Trump opted to alienate its close allies, Japan and South Korea. The Trump administration also stated that it would not be prioritizing ASEAN and Southeast Asia (Tankel, Curtis, Fitt and Goldberg 2021b).

The relationship between China and Southeast Asian countries is growing due to their geographical proximity, cultural ties and historical experience. This relationship intensified in the early 1990s when China was undergoing rapid economic development. China's vision for an ASEAN-China Community of Common Destiny (ASEAN-China CCD) was launched by Chinese President Xi Jinping in 2013, and has since been actively promoted by Beijing to enhance ASEAN-China cooperation (Hoang 2019).

Security and economic issues are the main dimensions in the relationship between the US, China and ASEAN. While ASEAN does regard the US as its largest security and trading partner, ASEAN is now facing a dilemma as China has emerged as another economic giant (Yuan 2006). ASEAN is caught between the US and the China because it is simultaneously reliant on US support in regional security and economic development, and unable to ignore the political and economic might of a rising China (Ba 2007). Even as ASEAN acknowledges the benefits of engaging with China, its member states cannot forget that China had been a historical threat to their domestic security (Ba 2007).

Security in SEA is important to ASEAN and its member

states. The US policy on China has affected the ASEAN member countries' stance towards China. This was most clearly seen when the US established a formal diplomatic relationship with the PRC on 1 January 1979 and terminated its recognition of the ROC/Taipei. As soon as the US promulgated this policy, the Southeast Asian countries followed suit. The change in US policy towards China is significant. This is because the US had hitherto acknowledged the ROC/Taiwan as the legitimate government of China. The US had done so because it had been in the midst of the Cold War when the PRC regime was established in China. However, Washington's attitude to Beijing differs from its attitude to Moscow. Washington is also carefully treading on the Taiwan issue in its dealings with Beijing. As the Cold War is over, Washington is prepared to view the PRC as its strategic partner. Although many Chinese citizens are skeptical of the US, the US has demonstrated support for China. When China opened up to the rest of the world in 1978, the US was the sole actor supporting China's economic development. That did not mean the US was not wary of China. The US continued to express concern over China's military development, particularly after the Tiananmen Square incident in June 1989 (Christensen 2020).

During the Cold War, ASEAN and its member states would mirror the US's policies towards China. However, US-China relations readjusted along economic and security lines at the end of the Cold War. When China began showing itself as an emerging power, most political commentators interpreted it as a sign that China intended to vie for influence with the US. Things took a turn for the interesting when Donald Trump won the 2016 US presidential

election. The National Security Strategy Report (NSSR), which the Trump administration released on 18 December 2017, had serious ramifications for the security of the Asia-Pacific region. The NSSR is notable because it marked the first time that the US officially characterized China as a strategic competitor and international revisionist since the two countries established diplomatic relations in 1979 (Teng 2020). Even though the NSSR was released in 2017, it focused on the policy of strategic rebalancing to Asia that had been pursued by President Barack Obama, Trump's predecessor, in 2011-2016. This policy, as enacted by Obama was "a shift that has reflected both Asia's growing strategic and economic importance to the US and growing US concerns over China's regional ambitions" (Cordesman and Kendall 2016). One of the challenges in analyzing China's strategy in global politics lies in the difficulty of pinning down the exact nature of Beijing's strategy. Indeed, the ruling Chinese Communist Party had never referenced a grand Chinese strategy in global politics (Mladenov 2021). The trade war between the US-China may prove to be a boon for the ASEAN countries as transnational companies may try to avoid American tariffs by moving production from China to Southeast Asia and elsewhere. (Buszynski 2019).

Influence of the COVID-19 Pandemic on the US-China-ASEAN Relationship

How has the pandemic affected the US-China-ASEAN relationship? By the end of August 2021, there were 220 million cases of the coronavirus around the world and COVID-19 had taken almost 5 million lives. When compared the First and Second World

Wars, the casualty rate of pandemic is very high. The COVID-19 pandemic is arguably the greatest disaster to have struck humanity in the 21st century, as it is very difficult to contain in the globalized world of the present. The pandemic has also affected international relations. Many scholars have predicted that the world would face another type of war, and the fight against COVID-19 is a war against a virus that can kill the weak and vulnerable.

The pandemic has significantly influenced the attitudes of international relations actors, most notably the relationships among the major powers. Today, the US and China are considered the most powerful countries in the world, militarily and economically. The pandemic has impacted the dynamics of US-China relations. Indeed, the COVID-19 pandemic occurred during a very interesting time in US-China relations. The pandemic has affected the US-China strategic contest for technological supremacy, in which the winner would lead the world in the Fourth Industrial Revolution. At the same time, the Europe Union had been destabilizing before the pandemic, and was experiencing de-globalization and a crumbling economic governance architecture (Basu 2020; Yuan 2020). ASEAN, as a regional organization centered on cooperation, has existing health cooperation frameworks and programs on epidemic preparedness since the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 and H1N1 in 2009 (Djalante et al. 2020). While ASEAN has regional security coordination and cooperation mechanisms, each individual member state has its own system of pandemic management.

The pandemic has wrought economic turmoil in the ASEAN member states and the Southeast Asian region as a whole. Before

the outbreak of COVID-19 had ushered in a global recession in the second quarter of 2020, Southeast Asia ranked among the most rapidly developing, industrializing, and urbanizing regions. But during the pandemic (that is still ongoing as of March 2022), the Southeast Asian economies fell into recession because of the pandemic and sank into unprecedented low economic growth and high unemployment (Djalante et al. 2020). The Asia-Pacific region, including China and the ASEAN member states, are no strangers to pandemics. China and the Southeast Asian countries had undergone the SARS epidemic in 2002-2004 SARS and the H1N1 epidemic in 2009. However, the COVID-19 pandemic was more far-reaching than the SARS and H1N1 outbreaks as it affected all dimensions of life, and not just the health sector.

Despite their great power rivalry, it is extremely unlikely that the US will enact another Cold War with China. Most analysts argue that strategic competition will be the hallmark of the US-China relationship. The competition is mostly based on key factors such as ideological disagreements, changes of mutual perceptions, and conflicts on policy agenda (Zhao 2019). At present, this competition is on the economic and technological fronts, but the Western Pacific and Indo-Pacific will be the sites of US-China strategic geopolitical competition in the future (Zhao 2019). However, despite these forms of competitions, most scholars agree that US-China relations will not shift towards a military contestation (Zhao 2019).

ASEAN's top priority during the COVID-19 pandemic is to secure vaccine access and distribution for its member states. As soon as the spread of COVID-19 became a full-blown pandemic, China began developing vaccines. Since February 2020, China has

produced Sinovac, Sinopharm, and CanSino that are authorized and approved for use in China and over 60 other countries. Many countries, including many ASEAN member states, either signed up to use a Chinese vaccine or competed for access to them. Consequently, China took this opportunity to pursue “vaccine diplomacy” with the Southeast Asian countries (Tankel, Curtis, Fitt and Goldberg 2021a). Right after they successfully developed vaccines against COVID-19, China promised vaccines to more than 80 countries, including ASEAN ones, under its Health Silk Road policy that had been launched as an innovative diplomatic initiative (Modak 2021). Figure 2.1 below shows the ASEAN countries that have availed themselves to China’s Sinovac and Sinopharm vaccines.

South-East Asia

Country	Grant	Commercial	Total Supplies	Manufacturers
Myanmar	5	0	5	Sinopharm
Thailand	5	55	60	Sinovac
Malaysia	0	5	5	Sinopharm
Laos	14.02	0	14.02	Sinopharm
Cambodia	17	40	57	Sinovac, Sinopharm
Malaysia	0	5	5	Sinovac
Singapore	0	2	2	Sinovac
Indonesia	770	5	775	Sinovac, Sinopharm
Philippines	10	45	55	Sinovac
Timor-Leste	15	0	0	Sinovac
Papua New Guinea	2	0	0	Undisclosed
Solomon Islands	0.5	0	0.5	Sinopharm
12 countries	838.52	157	995.52	Major provider - Sinovac

Source: CPPR

Figure 2.1: Southeast Asian Countries’ use of Chinese COVID-19 Vaccines

Source: (Modak 2021)

For a country like Indonesia that has a total population of 280 million, vaccines from China was the most feasible approach to tackling the pandemic. Indonesia is unable to choose vaccines produced in the US or UK as the country fell into severe financial straits due to the pandemic. Thus, China's Sinovac and Sinopharm made up 50% of vaccine doses in Indonesia. Because the US was struggling to overcome the pandemic at home in 2020-2021, Washington did not prioritize the provision of vaccine-related aid to other countries, including those in Southeast Asia. While there was a U-turn in this policy when President Biden pledged to donate vaccines to other countries, the doses donated by the US are insufficient to meet global needs.

The ASEAN perspectives on China and the US were compiled in a 2021 survey conducted by the ISEAS-Yusof Ishak Institute (formerly the Institute of Southeast Asian Studies). The respondents of this survey came from various fields such as academia/research, business/finance, government, civil society/non-governmental organizations, the mass media, and regional/international organizations. This survey shows how the societies in the ASEAN member states perceive China, the US and the US-China rivalry. Of all the individuals polled, 61.5% of respondents favored the US, whereas approval for China fell from 46.4% in 2020 to 38.5% in 2021 (Seah, Hoang, Martinus and Pham 2021). Although China was intensively enacting COVID-19 vaccine diplomacy in the region during the survey, 76.3% of respondents perceived China as the undisputed influential economic power in Southeast Asia (Seah, Hoang, Martinus and Pham 2021). Interestingly, 63.1%

of respondents still welcomed Washington's strategic influence in the region in 2021, which is an increase from 52.7% in 2020 (Seah, Hoang, Martinus and Pham 2021). Respondents' confidence in the US as a strategic partner and provider of regional security increased from 34.9% to 55.4% in 2021 (Seah, Hoang, Martinus and Pham 2021). This positive view of the US may be attributed to the anticipation of 68.6% of respondents that the Biden administration will elevate American engagement with the region. When respondents were asked which actors would best assist Southeast Asia in hedging against the rivalry between the US and China, 67.1% chose Japan as a trusted strategic partner and 51% chose the US as the most trusted power in the region (Seah, Hoang, Martinus and Pham 2021). The respondents' selection of the EU may be due to the fact that the EU is perceived to be a reliable champion of issues such as the rule of law, global governance, free trade, sustainability and climate change. Meanwhile, the US made a surprising turn-around with a 18.0% jump in positive ratings from 30.3% in 2020 to 48.3% in 2021, whereas the trust deficit in China increased from 60.4% in 2020 to 63.0% in 2021 (Seah, Hoang, Martinus and Pham 2021). This survey shows that the COVID-19 pandemic has affected the ASEAN people's perceptions of the region's relations with the US and China. Despite China's growing presence as an economic power, ASEAN still relies on its partnership with the US.

Conclusion

The great power rivalry between the US and China has now become entrenched in the arena of international politics. ASEAN and

its member states can play a role in deciding which of these powers secures greater influence in the region. Thus, the Southeast Asian countries have to decide which great power is more strategic for ASEAN. During the COVID-19 pandemic, the US-China relationship had grown in importance because the two countries struggled to salvage the state of their domestic politics while pursuing global acknowledgement as the most prominent country in the fight against the virus. The US and China have always been the most important partners for ASEAN. This is still true in the present-day. Both the US and China have contributed to the historical development of ASEAN. This unique legacy from both powers is now affecting how ASEAN perceives the relations between the US and China. At present, it seems as though China has the advantage because of its geographical and cultural proximity to the ASEAN member states. However, some other ASEAN member states may not hold positive views of China owing to the historical image they have of this great power. Despite the misgivings of some member states, it cannot be denied that the sizeable Chinese diaspora in the ASEAN countries has contributed to their development. While the US and China are important to ASEAN, the association should not ignore other important regional powers, such as Japan and Australia, as a means of hedging the US-China rivalry.

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03 Public Health and Human Security in Southeast Asia: The COVID-19 pandemic

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Introduction

The World Health Organization (WHO) defined the outbreak of the new coronavirus (COVID-19) as a global pandemic on 20 March 2020. On 27 February 2021, the Southeast Asian countries collectively confirmed at least 2,432,915 cases and 52,740 deaths; and cases continued to increase rapidly in Europe and the United States (WHO 2021). Although the figures are not as high as the infection rate and death toll in other regions, there are still many unreported or undiagnosed cases, especially in countries with inadequate healthcare systems. From this issue began the main threat to public health in Southeast Asia and the world. The governments in Southeast Asia have paid attention to this crisis from a public health perspective by closing their borders to neighboring nations in a bid to control the disease and prevent it from spreading too rapidly in their own countries. Governments do this to ensure the security of their citizens. The rationale is simple: if their citizens are not safe, then the country is not safe.

Because each Southeast Asian country has its own political

system and socio-cultural norms, they each have different ways of dealing with the problems associated with the COVID-19 pandemic (Malik et al. 2018). For instance, Singapore and Vietnam use several preventive and control measures, such as testing, tracking and tracing methods (OECD 2020). Thailand and Malaysia use border controls as one of their main preventive measures to limit the spread of the pandemic. Due to negative economic and social effects of the pandemic on the population, Southeast Asia needs to do more to tackle this crisis. This chapter will cover how major public health issues have evolved into security threats. In so doing, we will look at the pandemic from the perspective of human security. We will discuss the actions taken by the different Southeast Asia countries against COVID-19. The different measures should be shared within the region so as to help each country to develop strategies that will be suitable to their own political and socio-cultural contexts (Fauzi 2019). This chapter will conclude with an analysis on the lessons learnt from the pandemic and how measures taken against COVID-19 have informed the way that countries deal with human security threats.

Public Health

The Institute of Medicine (IOM) defines public health as “what we as a society, do collectively to assure the conditions for people to be healthy” (IOM 1988, 1). In general, public health is a dynamic field that uniquely addresses the health differences between marginalized populations (Wexler et al. 2009). In addition, public health is defined as “the science and art of disease prevention”,

i.e., it is about extending life and improving health quality through the efforts of public and private organizations, communities, and individuals (Hanson et al. 2012). Public health responses are needed to cope with the outbreak of new diseases and changing demographic patterns that may threaten public health (Rothstein 2002).

Before the 1970s, public health education centered on the social determinants of health and community organization skills (Glanz et al. 2008). The health educator focused on individual factors such as a person's beliefs, knowledge and skills (Kok et al. 2008). On the other hand, effective public health and health-promotion interventions came from an ecological perspective (McLeroy et al. 1988). Thus, public health workers should work with various governmental and non-governmental agencies and departments to respond to various challenges (Beaglehole et al. 2003).

Globalization and the Southeast Asia's diverse population characteristics have presented new challenges to the public health of the peoples in the region, especially since the cost of modern medical technology is higher than most of the region's population can afford (Chongsuvivatwong et al. 2011). Consequently, some countries like Malaysia, Thailand and Indonesia have established public health programs for poor people, and introduced universal medical coverage to ensure that healthcare is available and affordable to as many as possible. These are prudent moves, as low and middle-income populations in the industrial sector have increasingly demanded better access to medical care (Lee 2014).

The health policy in Southeast Asia has shifted from

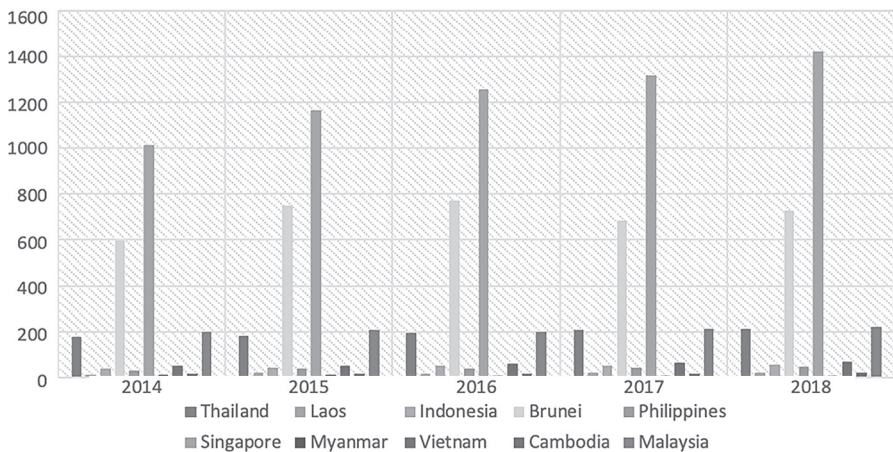
centralized planning to decentralized planning, i.e., the central government now allocates resources to the healthcare sector (Hashim et al. 2012). For example, Singapore and Malaysia began to rely on market-oriented healthcare plans through their respective Central Provident Funds in the 1990s (Hashim et al. 2012). The Southeast Asian governments' expenditures on public health also vary. Table 3.1 presents descriptive statistics showing each Southeast Asian government's health spending per capita from 2014 to 2018. Singapore, Brunei and Malaysia have the highest public health spending per capita. Meanwhile, Myanmar, Cambodia and Laos have the lowest public health spending per capita. The government's health spending in Thailand, Vietnam and the Philippines have increased sharply over the years. The chart in Figure 3.1 shows detailed information on the healthcare expenditures of each Southeast Asian country. It can be seen that Singapore, Thailand and Malaysia have increased their expenditure on public health, while Myanmar, Brunei and Cambodia seem to be reducing public health spending over the years.

Public health has become one of the most important social sectors in Southeast Asia and has been expanding over the decades. Laiprakobsup (2019) argued that the proliferation of democracy and economic growth have contributed to the increased government spending on public health in Southeast Asia. To win the support of people, elected politicians will enhance the rights of people (especially low-income voters) in public health programs. Moreover, GDP growth in each country also leads to more government spending on public health.

Table 3.1: Southeast Asian Governments' Health Spending per Capita (constant US\$, 2018)

Country	2014	2015	2016	2017	2018
Thailand	178.21	180.44	193.22	205.65	210.45
Laos	14.18	18.93	17.65	21.58	22.1
Indonesia	36.09	42.99	50.97	49.91	55.09
Brunei	596.4	750.11	771.88	686	726.07
Philippines	29.18	36.4	39.36	42.02	44.58
Singapore	1,014.52	1,163.80	1,254.92	1,317.21	1,421.57
Myanmar	10.51	12.71	7.87	8.76	8.78
Vietnam	50	51.41	61.38	66.05	69.11
Cambodia	15.06	17.2	17.95	15.47	19.26
Malaysia	200.56	208.31	199.41	211.9	218.65

Source: WHO (2020)

**Figure 3.2: Southeast Asian Governments' Health Spending Trends, 2014-2018**

Human Security

The United Nations (UN) Commission for Human Security used the term “human security” and adopted it as a counterpoint to

state, national and territorial conceptualizations of security (Gasper 2010). Human Security is “a set of necessary conditions: protection of individuals and their basic human rights and freedoms, access to material well-being, equality and freedom from fear” (Owen 2004; Adger et al. 2014). Therefore, human security is a condition for the interdependence of subjective and objective elements, which can only be achieved when human freedom and rights are recognized and protected (Alkire 2003; O’Brien and Barnett 2013). Scholars and international organizations—such as the WHO—regard health and well-being as part of health security relations because they are important causal variables in conflict situations. The advantage of focusing on human security lies in the holistic, all-encompassing, stable and risk-free thinking nature of the phenomenon, which is expressed as freedom from fear (Gasper 2010).

Many scholars have explored the causal relationship between public health and conflict, especially the impact of various conflicts (intrastate, race, civil war) and their duration on the public health of the civilian population (Gutlove and Thompson 2003; King and Murray 2001; Leaning and Arie 2001). How and why do health issues develop into human security threats? There are two complex answers to these questions. Firstly, it is related to the specific disease or virus being investigated (Curley and Thomas 2004). Although it has yet to be confirmed, it is broadly speculated that COVID-19 is a “cross-over” virus. This is because the people who had initially gone to the Huanan wet market in Wuhan (in China) were the first to be diagnosed with the disease. Similar to the two previous outbreaks, severe acute respiratory syndrome coronavirus [SARS-CoV] and Middle East respiratory syndrome coronavirus [MERS-CoV], COVID-19 also causes respiratory diseases (Huang et al. 2020). Secondly, health issues can become human security threats if there is

a failure at some level of the host country which cannot be checked and it spills over into other countries. Colebatch and Larmour (1993) suggest that failures in the host country can occur in one of three sectors: the bureaucracy, the market, or the community.

First, when time constraints and information requirements cannot meet the needs of a particular case, bureaucratic failure occurs. Second, when there are information gaps or externalities, market failures will occur. It can also fail when goods (in this case, public health) are controlled by a smaller population than the immediately threatened population. Third, when the overlapping needs and identities of individuals cause them not to “pull in the same direction”, the failure of the community may dissipate and the stability of the nation-state will be undermined (Colebatch and Larmour 1993). As we now have a better understanding of how COVID-19 is spread, we can analyze and review the events and issues surrounding the pandemic in Southeast Asia, and explore the effectiveness of the regional response to this outbreak.

An Overview of the Epidemiology of COVID-19

The first known COVID-19 case was detected in December 2019 in Wuhan, Hubei province, mainland China (Xu et al. 2020; Sohrabi et al. 2020; Zhu et al. 2020). The WHO declared COVID-19 to be a pandemic on 21 March 2020, when 183,112 cases and 11,890 deaths were reported in 163 countries/regions (OECD 2020). By the end of 2020, the WHO emphasized the need to take immediate proactive and preventive measures to slow the spread of COVID-19 in Southeast Asia (Asim et al. 2020).

As of 26 February 2021, there have been 112,649,371

confirmed cases of COVID-19 and 2,501,229 deaths around the world (WHO 2021). Figure 3.3 shows the COVID-19 situation by region, following the WHO’s declaration that it was a global pandemic. It can be seen that the Americas has the most confirmed cases at 50,056,801 infections and Southeast Asia has the third highest number of infections at 13,466,857 cases.

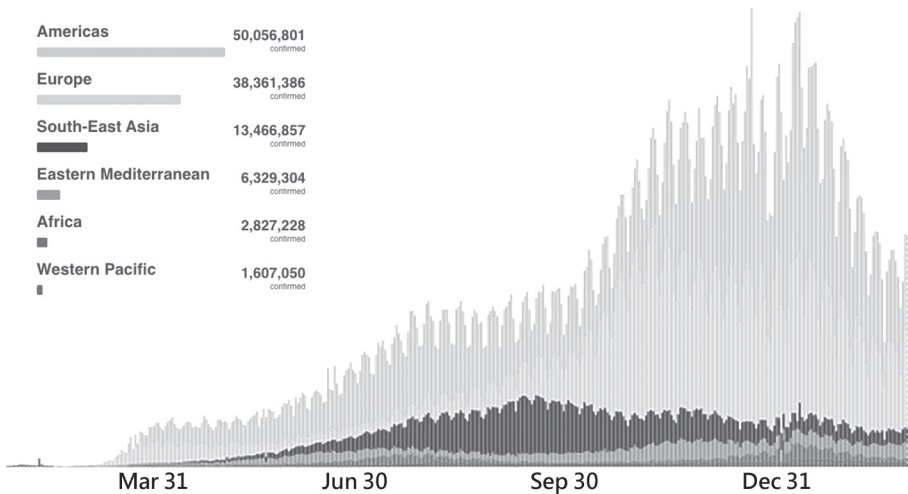


Figure 3.3: Global Situation of Confirmed COVID-19 Cases
Source: World Health Organization

As a result, the disease quickly spread to other countries through infected travelers. The severity of COVID-19 follows three trajectories: (1) mild illness with symptoms of upper respiratory tract infection; (2) non-life-threatening pneumonia; and (3) severe pneumonia manifesting as acute respiratory distress syndrome and requiring long-term life support. The most common symptoms of the disease are fever, cough and shortness of breath. Current evidence indicates that the incubation period after exposure to the virus is two

weeks, and symptoms generally manifest 5 days after exposure (Chan et al. 2020; Li et al. 2020; Alhazzani et al. 2020). Therefore, with a better understanding of the characteristics of COVID-19, researchers were able to develop rapid and highly sensitive diagnostic tests and promote the invention of new vaccines and antiviral therapies.

In addition, epidemiology has shown that infectious diseases affecting nation-states have crossed borders, and this has caught the interest of human security researchers (Curley and Thomas 2004). Due to differences in economic, social and demographic trends, Southeast Asia has overcome this critical stage. The countries in Southeast Asia were able to do this because they practiced knowledge sharing, which ultimately allowed each nation-state to develop their own strategies against the disease (Fauzi 2019).

Incidence of COVID-19: Country Case Studies

Southeast Asia is composed of 10 countries. The top five countries in this region in terms of GDP growth are Singapore, Indonesia, Malaysia, Thailand and Brunei (Munir et al. 2020). As in other parts of the world, COVID-19 has impacted businesses and daily activities in this region. People had to stay indoors and maintain social distancing when outdoors (Fauzi 2021). To control the spread of COVID-19 and mitigate its negative health and economic effects, every government needs to pay attention to this pandemic from a public health perspective. For example, the main preventive measure adopted by Thailand and Malaysia was to control their borders. Singapore and Vietnam enforced many strict control

measures, such as using testing, tracking and tracing (OECD 2020). All of these methods served to guide other countries in the region as to the different ways of slowing the spread of the disease.

Thailand

On 14 January 2020, Thailand became the first country outside China to report a laboratory-confirmed case of COVID-19. The first case in Thailand was a woman from Wuhan, China. She landed at Suvarnabhumi Airport on 13 January 2020 with a tour group. She had a fever of 38.0°C, which was confirmed by a tympanic thermometer at the airport, and was also found to have had a cough for an undetermined period (Thailand Emergency Operation Center, Department of Disease Control 2020; WHO 2020b). This patient's conventional nested RT-PCR test was positive for the CoV virus (Thai Department of Medical Sciences, Ministry of Public Health 2020). This first case of COVID-19 left Thailand after testing negative and she returned to her country on 17 January 2020.

In mid-March, Thailand declared a state of emergency and initiated a partial lockdown in Bangkok and nearby cities. The government prepared support for industries, gave soft loan packages to people and provided a safety net for corporate bonds. About 190 million baht (US\$58 billion) was allocated to these support measures, accounting for 10% of the country's GDP (Thongnoi 2020). However, the Thai government later tightened the state of emergency and imposed a curfew, and restricted travel and movement in early April by suspending all incoming international commercial flights (Janyam et al. 2020).

Thailand has universal health coverage (UHC), meaning that more than 99% of the Thai population is already covered by one of the three public health insurance schemes. During the COVID-19 outbreak, the Ministry of Public Health announced that anyone residing in Thailand could access COVID-19 services free of charge at both public and private facilities. The cost of the laboratory test for everyone and related PPE for specimen collection were reimbursed by the National Health Security Office (NHSO), while admission costs were reimbursed by the respective insurance schemes (Kang, Kwon and Kim 2020).

Singapore

The first case of COVID-19 was detected in Singapore on 23 January 2020. Afterwards, the first three local clusters of COVID-19 were identified as four groups from China, company conferences, and church gatherings (Pung et al. 2020). As a result, the Singapore government imposed a country-wide partial lockdown on 17 April 2020 that prohibited people from leaving their homes unless they had a clear reason. If people flouted COVID-19 rules, they would be fined up to 10,000 SGD and/or imprisoned for up to six months (Tan 2020; Utomo 2020).

Singapore's Ministry of Health, the National Centre for Infectious Disease (NCID), and Tan Tock Seng Hospital (TTSH) developed long-term plans for pandemic prevention (Ahmed et al. 2020; Manuis et al. 2021). For example, they simulated the possibility of a pandemic and formulated a corresponding outbreak management plan (Lum et al. 2016). They also formed a task force

comprising several government ministers to coordinate actions between clinical and non-clinical stakeholders, concentrate efforts and disseminate information (Singapore Ministry of Health 2020a). Moreover, Mr. Gan Kim Yong, then Minister of Health announced that “Singapore [has] adopted a three-pronged approach to contain COVID-19: reducing spread from imported cases; detecting and isolating cases early; and emphasizing and supporting social responsibility” (Singapore Ministry of Health 2020b).

Malaysia

The COVID-19 pandemic in Malaysia was first reported in January 2020 (Sipalan and Holmes 2020). However, due to a large-scale religious gathering near Kuala Lumpur in late February, localized clusters began to appear in March. Since mid-March 2020, active COVID-19 cases have increased significantly (WHO 2020a). Consequently, Malaysia imposed a curfew known as “movement control order” (MCO) starting from 18 March 2020. It was implemented in phases and gradually extended over two weeks from 18 March to 31 March 2020 in phase 1, 1 April to 14 April in phase 2, and 15 April to 28 April in phase 3 (Fauzi 2021).

When the MCO was in effect from 18 March to 9 June 2020, public transport, educational institutes, central parks, and other social interaction points were shut down so as to curtail the transmission of COVID-19 (Azlan et al. 2020). Prime Minister at the time, Muhyiddin Yassin, said that “the purpose of the gradual expansion [of the MCO] is to provide medical staff with a space to fight the disease and prevent it from spreading to the public”. In terms of financial

support, Malaysia has provided three stimulus plans to cushion the negative economic impact of COVID-19 in the country. The first plan gave out US\$4.8 billion, and the second plan gave out US\$57 billion. The third set of programs focused on providing support for small and medium-sized enterprises (SMEs) and totaled US\$1 billion (Medina 2020b; Medina 2020c).

Indonesia

Indonesia is the Southeast Asian country that has been hardest hit by COVID-19 due to a lack of resources and a heavily indebted poor population (Fauzi 2021). Moreover, Indonesian medical institutions were not prepared for COVID-19. As soon as it was revealed that disease was spreading in the People's Republic of China, large-scale preparations should have taken place (Horton 2020). However, Indonesia did not do so. According to the latest data from the Indonesian Ministry of Health, there were only 309,100 hospital beds in Indonesia and most of them were located on the island of Java (Phua et al. 2020).

By 31 March 2020, there have been 1,528 confirmed COVID-19 cases in Indonesia and 136 deaths related to the disease. The nation's case fatality rate (CFR) was 8.9%, much higher than the 4% in the People's Republic of China (Kementerian Kesehatan Republik Indonesia 2020). Indonesia also only has only 2.7 ICU beds per 100,000 people, which increases its COVID-19 death toll. Additionally, in many areas, mechanical ventilators are not widely available and healthcare workers lacked adequate protective equipment (Phua et al. 2020).

The first plan that the country announced to offset the negative impact of COVID-19 was a financial support package of around US\$725 million in February for the tourism sector, especially aviation and property. The total amount allocated to low-income families was US\$324 million (Medina 2020a). The second plan was a stimulus package of US\$8.725 billion that the government announced on 13 March 2020 to ease the economic burden on the country (Jennings 2020). Furthermore, the capital city initially prepared to impose a lockdown in Jakarta and West Java in March 2020. However, the plan was canceled because the Central Government and the Greater Jakarta Transportation Authority refused to participate (Setiati and Azwar 2020).

Philippines

The Philippines investigated its first suspected COVID-19 case on 22 January 2020, and reported 633 suspected cases on 1 March. Most of the 183 confirmed cases were in Manila and admitted to San Lazaro Hospital (Republic of the Philippines, Department of Health 2020). The first case was traced to Chinese travelers from Wuhan who visited several locations in the Philippines (Edrada et al. 2020). The first COVID-19 policy implemented by the Philippine government was selective segregation. It came into effect on 2 February 2020 when Overseas Filipino Workers (OFWs) returned to the country. However, at this point, international air travel was still permissible. The Philippines' Department of Health reported the first case of local transmission on 7 March 2020. The patient had no travel history and had comorbidities. Thereafter, the Ministry of

Health raised the alert level to “Red Level 1” in anticipation of the increase in local COVID-19 cases (Mendez and Crisostomo 2020).

In addition, the President of the Philippines, Rodrigo Duterte, imposed at-home quarantine in Luzon in Manila. Quarantine lasted from 16 March to the end of April, and affected half of the country’s population of 101 million people (Fauzi 2021). The epidemiology informs all aspects of the COVID 19 response, even on the economic side. Although the Philippine economy will not fall into recession, the GDP growth rate in 2020 was expected to be at 2% (ADB 2020).

As universal healthcare is not fully implemented in the Philippines, the government had to step in and offer health-based financial aid through the Philippine Health Insurance Corporation in 2020. Members of the public were relieved to learn that the Philippine Health Insurance Corporation would cover the full cost of COVID-19 hospitalization for its members (Tee et al. 2020).

Vietnam

Vietnam has a border with China where COVID-19 first emerged (Huang et al. 2020; Zhao et al. 2020; Zhu et al. 2020). Even though Vietnam usually attracted a large number of Chinese tourists, it swiftly managed to curb the spread of COVID-19 (Vietnamese Ministry of Culture Sport and Tourism 2020). Since the first confirmed COVID-19 case was reported on 23 January 2020, an additional 268 COVID-19 cases were confirmed in 2021 (Nguyen et al. 2021). Despite limited economic and technological progress, Vietnam has taken many preventive and control measures since the beginning of the epidemic, such as restrictions on international

flights, movement restrictions, contact tracing, isolation, and increasing public health awareness. (Nguyen et al. 2021).

In particular, 6 billion text messages related to hygiene, self-protection, and self-isolation were sent to mobile users to raise awareness of COVID-19 (Huynh 2020). Vietnamese authorities recognized that COVID-19 was a deadly infectious disease and not a seasonal flu. Thus, they were able to act decisively through “chống dịch như chống giặc”, which can be translated into English as “fighting the COVID-19 pandemic like fighting the enemy”. This motto helped to shape the community’s perception of COVID-19 (Nguyen et al. 2021).

Myanmar

On 24 March 2020, the Ministry of Health and Sports announced that there were two confirmed cases in Myanmar, making it the last country in Southeast Asia, other than Laos, to be infected with COVID-19 (Myanmar Ministry of Health and Sports 2020). Probability was high that COVID-19 would make inroads in Myanmar because it is neighbors with China; people from China and Myanmar travel to and fro each other’s country frequently for trade and work; and people from other countries like Thailand, India, Malaysia and Singapore that had COVID-19 were also entering the country (Valitutto et al. 2020).

Cambodia

Between late January and early March 2020, Cambodia reported one case of COVID-19. This person was a Chinese traveler

who was subsequently quarantined in the city of Sihanoukville—a busy casino and travel site that is popular with tourists from mainland China (Huang et al. 2020; Vireak 2019). COVID-19 testing capacity is extremely limited because the country has a relatively underdeveloped healthcare system owing to affluent Cambodians preferring to seek medical care in hospitals in Thailand or Vietnam, and the Prime Minister preferring to visit Singapore for his medical issues (Asante et al. 2019; Handley 2017).

Laos

Laos continued as normal in the early stages of the pandemic (Corwin et al. 2021). Once the WHO declared COVID-19 to be a global pandemic, Laos closed its borders on 28 January and suspended “visa entry” of visitors to the country on 2 February (Kiernan and DeVita 2020). Laos had fewer COVID-19 cases than the other Southeast Asian countries in 2020, especially in April when its growth curve remains unchanged and did not display any obvious upward trajectory (Corwin et al. 2021). Moreover, Laos used the Field Epidemiology Training Program (FETP) model that was adopted by Thailand in 1980, and coordinated a response to the COVID-29 crisis by calling on an impressive alumni network with 87 medical graduates across the country (Phommasack et al. 2012). Like other countries in the region that distributed stimulus packages during the pandemic, Laos allocated a budget of 10 bnkp or US\$1.12 million to offset the damage to the economy (IMF 2020).

Brunei

To cope with the pandemic, Brunei has not only been conducting large-scale COVID-19 tests since January 2020; it also imposed a travel ban on people entering and leaving the country since 15 March (Djalante et al. 2020). All Bruneians returning from abroad must be quarantined in facilities that are located across the country. To offset the negative effects of COVID-19, Brunei announced a stimulus package that totaled 250 million reals or US\$172.6 million (IMF 2020).

Lessons Learned

When a country is trying to cope with a pandemic, it can gain insights from past experiences of dealing with previous epidemics and learn from the measures implemented by neighboring countries. Coming up with measures against a pandemic is seldom a case of an “intersection between politics, economic development, and public health” (Breiman et al. 2003). All countries have to strengthen their responses to the pandemic and prepare for similar coronavirus outbreaks in the future. Firstly, governments should quickly establish a high-level institution that can coordinate information and policies horizontally among all government departments. They should also prepare for the surge of infection rates by improving healthcare capacity and increasing awareness of infection prevention. To lower the rates of infection, the Ministries of Health in all countries need to follow Singapore’s example by swiftly adopting a three-pronged approach to contain COVID-19. In order to improve healthcare capacity, every country in Southeast Asia has unveiled stimulus packages to support national healthcare spending. The World Bank

and Asian Development Bank have also agreed to support Cambodia, Indonesia and Laos to purchase medical supplies. Secondly, good channels of communication between the government, healthcare staff and people are needed in times of crisis. For example, there was clear and effective communication of the situation in Thailand, as the government and healthcare officials would release information on online platforms and television at about 2 pm almost every day. These communication channels can also provide support to the domestic private sector.

All countries must take action during a pandemic or times of crisis to ensure that their governance procedures do not fail. As the governments do so, they must also ensure that the procedures implemented are sufficiently transparent to enable neighboring countries to assess and adapt to their own political and socio-cultural contexts as they, too, struggle to take preventive measures against similar potential threats. For example, before COVID-19 spread outside China, China neglected to ensure that its public was protected. Instead of providing information related to the virus in a timely manner, the Wuhan authorities detained and silenced physicians who warned Chinese authorities that a SARS-like illness was spreading amongst patients. This tragedy highlights the key significance of governance procedures. If the authorities had taken action even a few days prior to the outbreak, the subsequent spread of the virus may have been greatly restricted. At this point, China's internal deficiencies have inadvertently created threats to human security on a regional and global scale. Therefore, one of the main lessons that can be learned from the pandemic is that enhanced

public health and human security will benefit not only the population of a given government's country but also the peoples of other countries.

Conclusion

As the impact of COVID-19 threatens the human health and social security of the entire region, the Association of Southeast Asian Nations (ASEAN), as a regional agency, has come to play an important role in coordinating member states' responses against the spread of the virus and in building awareness of the virus, its symptoms and its potential negative effects for both people and the economy. Through ASEAN, the Southeast Asian countries have been sharing information via online platforms. This cooperation is timely because the pandemic is a cross-border issue that cannot be resolved by any single country. Coordinated efforts and collective action are required to prevent and eliminate the spread of future waves of the virus, and supply financial and technical aid to member states that lack adequate sanitation facilities, services and expertise. It also reminds all countries to invest more in public health systems and technology. Thus, governments must continue to learn from each other's management of COVID-19 and adapt the measures taken during the pandemic to other health and environmental crises in the future.

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04 Vaccine Discourse as Elucidating Global Alignment

**Ariel BLENKITNI and Jordan Alexander
FOREHAND**

Introduction

In the more than two years since the outbreak of the virus now known as COVID-19, the world's great powers developed domestic vaccines and negotiated their distribution to those states with which they had better relations. As such, their competitive sale and deployment has largely reflected the existing international order, and much of this state behavior falls squarely within what has been termed "vaccine diplomacy", that is, utilizing vaccines as an extension of traditional international relations.

As all major states maintain internationally-facing English-language media designed to convey the positions of that state to an external audience, this international relations space now includes the media's discursive depiction of these vaccines and their distribution. This paper argues that governments, through their internationally-facing state media, which have become increasingly competent tools for influencing public opinion, act on their foreign relations with vaccine-supplying states through the selective promotion of the vaccines chosen by the domestic government, all while disparaging those produced and distributed by rivals, and states with which relations were poorer. Thus, sentiments expressed towards domestic

and foreign vaccines should reflect the existing divides in prevailing relations between the media producing state and their competitors.

This research includes an in-depth discourse analysis performed on internationally-directed state media by manually coding written articles disseminated through those foreign-facing media outlets. The time frame is from the initial vaccine rollout and full approval applications in the summer of 2021 in the following countries: China, Russia, Japan, Qatar, Singapore, Australia, the US, the UK and Germany. The expectation is that in countries that had developed their own vaccines, there was markedly more hostility and publications of negative stances towards rival vaccines, when attention was paid to them at all, but positive coverage of domestically produced vaccines, and that outside-bloc firms tended to mirror the bloc with which they were closest.

Background and Theory

Of the four major vaccine-developing blocs which have been focused on vaccine export, the largest includes the US, which for the purposes of media identification will include the Moderna vaccine; the Pfizer-identified vaccine developed by the German BioNtech which partnered with the American firm Pfizer for clinical trials, distribution and manufacture; the vaccine developed in Belgium by Janssen which is a subsidiary of the American firm Johnson and Johnson; and Novavax. The second is the UK, whose vaccine was then produced by the Anglo-Swedish firm, AstraZeneca. Third is China, most notably producing the Sinovac and Sinopharm firms' vaccines. Finally is Russia, most known for the Sputnik V vaccine.

Initial clinical testing, and then purchasing and distribution of

each of the respective bloc's vaccines have been primarily within the states that are diplomatically closest to the producing country. Rather than operating neutrally in a fully open market, subsequent vaccine approval, purchases and distribution have been heavily politicized and depend to a large extent on both state relations between the two, and the domestic politics within both the producing and consuming countries. Evidence of these two factors can be found in several incidents surrounding vaccine purchases, such as the scandal around Taiwan's purchase of Pfizer/BioNtech's vaccine that was initially cancelled for political reasons, and the EU enforcing export restrictions on the AstraZeneca vaccine.

Regardless as to whether there has been explicit political bloc formation in the years leading up to and immediately following the COVID-19 pandemic, it cannot be denied that there has been a restructuring of relations over the past several years between the largest powers. Some of this power displacement took place naturally as a result of demographic and economic shifts, but others have been a direct result of the pandemic itself. Regardless as to whether COVID fundamentally rearranged the distribution of power, it shifted the tone of international relations, particularly towards China (Drezner 2020, 28; Maher 2018). Prior to the pandemic, China enjoyed stronger political relations with the West because its economic growth was nearly untouchable. In time, however, those ties were frayed by suspicion over both the Chinese role in the spread of the virus and its position in the international world order. China's economic growth and aggressiveness has begun to threaten the US, the UK, and Australia in the past several years, while its role as the

geographic source of the pandemic, and its defensiveness regarding Asian security issues have become a further source of tension (Christensen 2020, 2; Hala 2018; Medcalf 2018; Medeiros 2019; Schweller 2018; Summers et al. 2020). Europe, as a multinational suprabate, maintains far more complex outward relations, but the EU has also been developing general fears regarding encroachment from China and Russia (Bencivelli and Tonelli 2020; Vangeli 2018). China has formed its own bloc and sphere of influence in its own region, having a mixed relationship consisting of both strategic rivalry and opportunistic cooperation with other superpowers such as Russia (Bencivelli and Tonelli 2020). As far as Russia is concerned, its actions in Crimea and greater Ukraine over the past decade turned the US and the EU increasingly into hostile foes towards its interests, and the pandemic did little to change this (Gardner 2016). Russian relations with the UK are particularly strained due to the recent poisoning of Sergei Skripal on British soil (David 2018).

This international tension has affected markets and public health, and there are clear cases where receptivity of both parties towards the purchase or sale of vaccines is based on the health of the relationship between two states (Hotez 2021; Lee 2021). It is posited that this conflict space is reflected in the media environment of those respective states, and we attempt to identify the phenomenon that media representations of the vaccine, whether viability, efficacy, safety, or otherwise, are integrally biased and normally reflect the underlying health of the relationship between those two states. The discourse, in aggregate, is seen as reflective of the existing divide in the international relations space, and that rather than reflecting a

neutral and objective truth, interpretations and level of coverage reflect the positions of states in their alignment amongst the respective poles.

Thus, state media can be identified as one vector for demonstrating state commitment towards a vaccine and reflecting norms and receptivity towards it and alternatives. This includes internationally-facing media, which is used to convey messages from the state to audiences abroad and increase understanding of that nation's perspective, portrayed as an "information war" (Zhang 2013, 82) and a method to frame narratives (Maziad 2021). In this space, "rival powers work to undermine each other and further their own interests at others' expense" (Hutchings and Szoztek 2015, 184). State media has been described as functioning to "discredit alternatives", so it is expected that a bloc's domestic vaccines will experience more positive portrayals than a rival power's – a fact that is true of authoritarian states and democracies alike (Walker and Orttung 2014, 72). Consistent with Migdal's state as society model, the state need not be monolithic to influence the quantity and quality of coverage directed to rivals, both through bureaucratic directive and through diffuse societal norms regarding a state's intersubjective identity (Maziad 2021; Migdal 2001).

State media now operates in an increasingly competitive space, as many post-Soviet, globally-connected, internet-era states now fight over the international media market and discourse space, with the introduction of English-language internationalized media outlets. Other analyses of such internationally-facing state media and their discourse include those of Zhang (2013, 84), who carried out sentiment analysis on Chinese internationally-facing news, finding

that China overwhelmingly portrayed Africa and the US negatively and its own efforts positively. Other analyses include the effects of labeling state-funded media as influencing engagement, and using manual coding, found minimal effects except for Russia's RT, suggesting that users who consume the media are largely aware of the biases (Bradshaw et al. 2021, 15). Bailard (2016) examines Chinese internationally-facing media as influencing public opinion abroad. Marsh (2016 and 2017) compares internationally-facing media from the UK and China in terms of their content. While comparative analysis of internationally-facing media is methodologically mature, this is less true regarding media's relationship with disease and vaccine coverage.

Both qualitative analysis (Li 2017) and quantitative analysis (Zhang and Matingwina 2016) have been used to cover internationally-facing media's coverage of Ebola. Li (2016) found that China's coverage had more political influence than Al Jazeera's, and that it omitted important aspects of the crisis. Zhang and Matingwina (2016) tested theories that Western media tended to be more sensationalist and focused on negative content than Chinese media. They found that Chinese stories tended to be more "constructive", i.e., focusing on the positive developing elements of a story rather than negative ones, and focusing on "hero narratives" rather than "meaningful narratives" (Zhang and Matingwina 2016, 28). There is also some existing research covering the relationship between media discourse and vaccines. Analysis of the relationship between media, partisanship, and views towards the swine flu and its vaccine by Baum (2011) found that such divisions influenced

views towards the vaccines and affected actual vaccination rates, though it focused on the divisions between partisan media in a single case, the US. Maziad (2021) tracked the relationship between state and state media analyzing Al Jazeera. Walter, Ophir and Jamieson (2020) tracked Russian discourse and its effect on the polarization of vaccines in the US. This analysis attempts to fill a hole in this literature by linking media discourse to interstate vaccine diplomacy, building on traditional international relations analysis regarding China's efforts to use vaccines to improve international relations (Hotez 2021; Lee 2021). To date, many of these analyses on the effects of state media have compared coverage and examined news sentiments, but have often been focused on a primarily qualitative critical discourse analysis, as well as on evaluating media theories and the discourse itself. This paper is, instead, firmly grounded in tracking the relationships reflected in international relations, and aims to build on the tools analyzing the media environment to map the discourse tone onto the international relationship space. It will compare the raw quantity of sentiments and mentions between sources to comparatively examine these state media sources. The expectation is that not only will large blocs clearly illustrate the dividing lines of the rivalries between them, but that the alignment of states that exist outside these blocs will manifest the health of their ties through the aggregate coverage of the vaccines.

It follows the process of “comparing media content by treating them as discourses with embedded ideological judgments”, as mediated by the interests of their host states (Li 2017, 5). Under the well-established assumption that state interests, broadly conceived,

drive the tone and coverage of international stories, including internationally-facing media organs, this paper aims to link interstate relations with their positive, negative, or neutral coverage of rival states' efforts. This paper relies on those state media firms that produce internet-based news articles because of the clarity of stance formation with textual media. Baum (2011, 1026) referred to the increasing reliance of Americans on internet-based news, and noted that renewed global connectedness has enabled these platforms to reach a global audience. Online news provides the clearest tool for stance assessment. For these reasons, it was deemed prudent to examine the internationally-facing media organizations from the major blocs, including China, the UK, the US and Russia. Intermediate states that are both producing and purchasing vaccines, and have contentious relationships with the blocs include Japan, Germany, Singapore and Australia. Qatar was also included as a relatively neutral control state, which not only maintains good relations with the West and has primarily purchased American vaccines, but is also distant from much of the Western geopolitical space and remains committed to neutrality.

By establishing that each of these states has an interest in protecting its own reputations and firms, and providing positive comparisons between its own developed vaccines and rivals, it is expected that states will take significantly more negative stances towards its rivals, and more positive ones towards its own vaccines. States outside the four primary vaccine-developing blocs ought to take a more neutral approach and cover the vaccines with an intensity and sentiment ratios that reflect the international media market rather than

the blocs with which they are most closely aligned.

Methodology and Research Design

The states and internationally-facing news outlets analyzed include China and the Global Times, Russia and RT, Japan and NHK, Australia and the Australian Broadcasting Corporation (ABC), the United States and the Voice of America (VOA), Qatar and Al Jazeera, the UK and the British Broadcasting Corporation (BBC), Singapore and Channel NewsAsia (CAN), and Germany and Deutsche Welle. These represent the primary state-directed media sources in the aforementioned countries; each with the intention and capacity of attracting a large international audience, as demonstrated through their distribution networks. One exception is ABC, which represents a state-directed media firm with an international audience that is comparable to its domestic audience; but because it is primarily produced for local audiences, it acts as a control (ABC 2020; ABC 2021). Another exception is Channel NewsAsia (CNA), which appears externally like private corporate media, but is actually one of the two firms in the duopoly of firms—both under public control—with CNA held by Temasek, Singapore’s sovereign wealth fund. The diversity of states and firms represent a spectrum, which allows for examination of regime type.

Following a methodology similar to Zhang (2013), Zhang and Matingwina (2016), and Bradshaw et al. (2021), sampling was conducted every tenth day at the snapshot closest to noon during the period of analysis. This was meant to standardize the times and days of article publication, and minimize article overlap. Sampling included

all coronavirus-related articles present on snapshots of archival homepages or news pages for each service. Each state's media group was analyzed through manual coding and detailed analysis of the articles' full text as performed. This time frame began after the initial month of formal vaccine rollouts, spanning from 8 January to 28 June 2021, the month when the last major American vaccines applied for full Food and Drug Administration (FDA) approval.

Because the American, Russian and Chinese blocs each produced multiple vaccines, and because the international relations of the states themselves are the explanatory variable, vaccines from each single bloc are grouped together in the analysis. Each article had its contents manually coded based on their favorable, unfavorable, or neutral stances according to the following set of criteria. Titles were not included or evaluated, as it was assumed that the points made were expounded and elaborated upon in the full text. Each statement regarding a specific vaccine or vaccines from a specific country is a stance taken, which is then assigned a score based on its structure and content. Besides explicitly subjective stances, the selection and wording of objective statements also constitute stances. Therefore, objective, fact-based, and neutral mentions were also coded to measure the exposure that was given to specific vaccines, and the ratios of each were quantified by comparing the number of positive and negative stances taken relative to overall mentions. Quoted statements that reflected an existing statement were not counted, unless they made a distinct point or used substantially different language. Mentions of the names when they refer to the companies themselves, and not the respective vaccines, such as in reference to legal disputes, were not coded. Statements that included mentions of a specific risk or negative aspect to the vaccines or their

rollout were considered negative. Statements that negated a given risk were considered neutral because they were judged to have only removed a negative sentiment and brought the stance to baseline. These statements are deemed “safe” because they did not present an explicitly positive stance. If a statement is explicitly designed to positively contrast one vaccine with another, then it was coded as a positive stance, and the same coding was applied for negative contrasts. If more than one of the vaccines were mentioned in those instances, then comparative stances constitute stances taken towards multiple vaccines and were all recorded. However, statements that were interpreted to refer to a set of vaccines from a bloc, for instance, “American-made vaccines from Pfizer and Moderna”, were taken to represent a set of national vaccines, even though they listed the individual brands, and were coded just once. Statements that were interpreted to reference each vaccine as distinct, such as “the Pfizer/BioNTech, Moderna, and AstraZeneca/Oxford vaccines”, appear to make qualified statements about each of the listed vaccines with each having some distinct quality, and thus were coded separately. Statements designed, even if not explicitly, to underscore the popularity, universality, or a positive trait of a vaccine may be taken as a positive stance, and the same rule was applied for underscoring negative aspects. If a separate line or paragraph simply implied a connection to a specific vaccine without mentioning it by name, if there was insufficient separation to make the identification unclear, then the stance cannot be said to clearly apply to that specific vaccine and remained uncoded. The word choice and connotations given within a statement affected sentiment score for stances, even if the material meaning was the same. For example, the words “endorsed” or “approved” were given positive scores because they carry the meaning of acceptance. The term “authorized”, which in this case

carried the same outcome, if deemed more similar to permitted and was used in the same article as the other words to imply contrast, was given a neutral score, as the difference is the deliberate choice of the authors and editors.

The valuation of the emotional connotation follows Koschut (2017) in that “emotions involve value judgments that allow international political actors to participate in world politics using specific meaning structures ... [and] serve as categorising systems of simplification” and that “connotation which, in addition to their descriptive meaning (denotation), assigns them an emotional value and an affective meaning”. This “creates an emotional impact on the listener” (Koschut 2017).

The differences between the media outlets in terms of the frequency or lengths of articles, may have generated disproportionate sentiment ratios. Therefore, as a check, we followed the methodology and data display performed by Zhang (2013), and countries’ statistical charts were also weighted based on the proportion of positive, neutral, and negative statements to illustrate outlying cases. Finally, Chi-square homogeneity tests were performed on stance-sentiments for each firm to measure variance between samples.

Results

The sampled media outlets displayed significant variation in the proportions of their coverage given to specific vaccines, as well as sentiment proportions in their stance taking. Vaccine-developing states displayed clear in-bloc bias, including disproportionate shares of coverage, especially positive, to vaccines produced within their own political blocs. Despite the efforts of both Russia and China to market their vaccines globally, regardless of the extent of their actual

distribution and coverage, media coverage of those vaccines was minimal outside of those two states. Particularly for Western states, because an open media environment does not exist in other blocs like the PRC, higher public demand for news and data regarding the vaccines means that the constant production of news within those states also generates increased potential for coverage of their vaccines on all international networks. For this reason, or perhaps also out of disinterest, coverage of the Chinese and Russian vaccines represented only a small fraction of total coverage in all other states, even ostensibly politically neutral ones such as Qatar, or ones that expressed interest in importing them such as Germany. Thus, rather than observing a large proportion of negative stance-taking by the US and UK towards Russian and Chinese vaccines, there was virtually no coverage of them whatsoever, which itself might be seen as a means to delegitimize them.

Coverage largely followed the hypothesized state-to-state relationships. All three major blocs with their respective outlets, RT, VOA and Global Times leveled virtually no criticism whatsoever at their own vaccines, while frequently questioning the efficacy, safety and tactics of rivals. Members of vaccine blocs, including producers but not developers, such as Australia, were significantly more critical of the flaws with nearly all the vaccines, though they barely mentioned the Russian or Chinese vaccines as they had little presence there and had little relevance to Australian interests. The level of criticism pointed by some of these blocs, relative to deflection of criticism of their own developed vaccines, suggests these state media firms are interested in discrediting rival states.

The American VOA and Russian RT services were also likely self-aware of these practices, with VOA making explicit reference to a “Sputnik diplomatic offensive” and “Russian disinformation

campaigns” (Dettmer 2021). RT referred to the American vaccines “getting a much easier ride in the [American] press” than rivals who “rediscover their critical faculties when they write about vaccines developed in countries like China [and] Russia” (Blankenship 2021). The Global Times (GT) bemoaned that the West was “putting our vaccines under scrutiny so as to catch their weaknesses for sensational hype... [with their vaccines] facing completely different public scrutiny” (Hu 2021). Their mentions, despite the reluctance of their own news services to criticize domestically developed vaccines, may serve not only to deflect attention to their coverage biases, but also to further discredit rival media.

There were also instances of outside-bloc media such as Deutsche Welle (DW) that made reference to critical articles in rival sources, referring to the disproportionate focus of “both Russian and Chinese state media [to] have heavily reported” on deaths in nursing homes after vaccinations with the Pfizer drug (Wilton and Weber 2021). This suggests that in journalistic reference to competing media outlets, there is wide awareness of such zero-sum practices from state-directed media. Such references also reinforce the potential that the limited internal media markets in Russia and China subsequently influenced the scale of coverage of foreign vaccines in external media.

Nearly all networks freely covered the negative aspects of vaccines, primarily regarding linkages between the vaccines and side effects, including the clotting issues experienced by the AstraZeneca vaccine, and myocarditis and clotting with the mRNA vaccines. This was nearly universal across all media outlets, which Russian and Chinese media also used to their advantage. The lack of news regarding efficacy, side effects, or any other substantial developments meant that the Russian and Chinese vaccines received little criticism,

but also little attention from all other external media outlets. There was also criticism over distribution issues, including developing firms failing to meet contractual obligations to supply a specific vaccine.

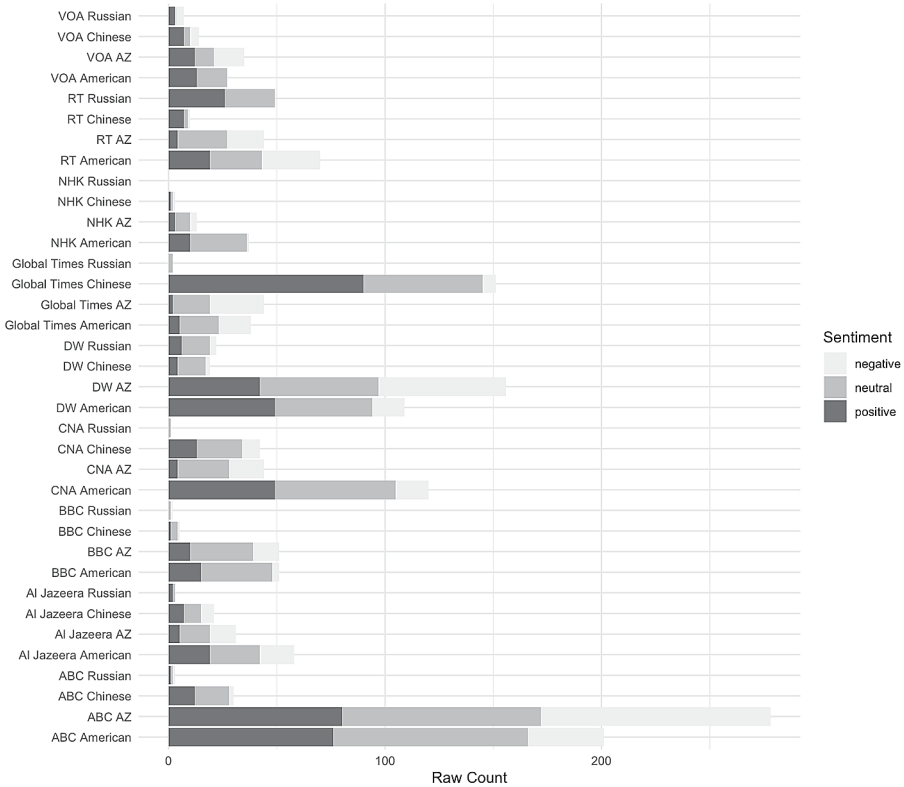


Figure 4.1: Raw Number of Stances Taken on the Vaccines

There was significant variation between the firms in terms of overall coverage of the different vaccines, both proportionally and in terms of raw numbers as well as in stance-taking sentiments. ABC (which is also largely targeted towards domestic audiences), DW and GT were the most prolific, with ABC and GT offering substantial criticism. Most firms profusely criticized the AstraZeneca vaccine, the variant that was actually locally produced in both Australia and

in Europe. The Global Times increased its negative coverage of the AstraZeneca vaccine after Taiwan began acquiring supplies of it. RT was the only news service that was mostly critical of the American vaccines, ironically providing more coverage to that bloc than even its own vaccines. BBC in the UK, where the AstraZeneca was developed, was less prolific and less critical of the AstraZeneca vaccine.

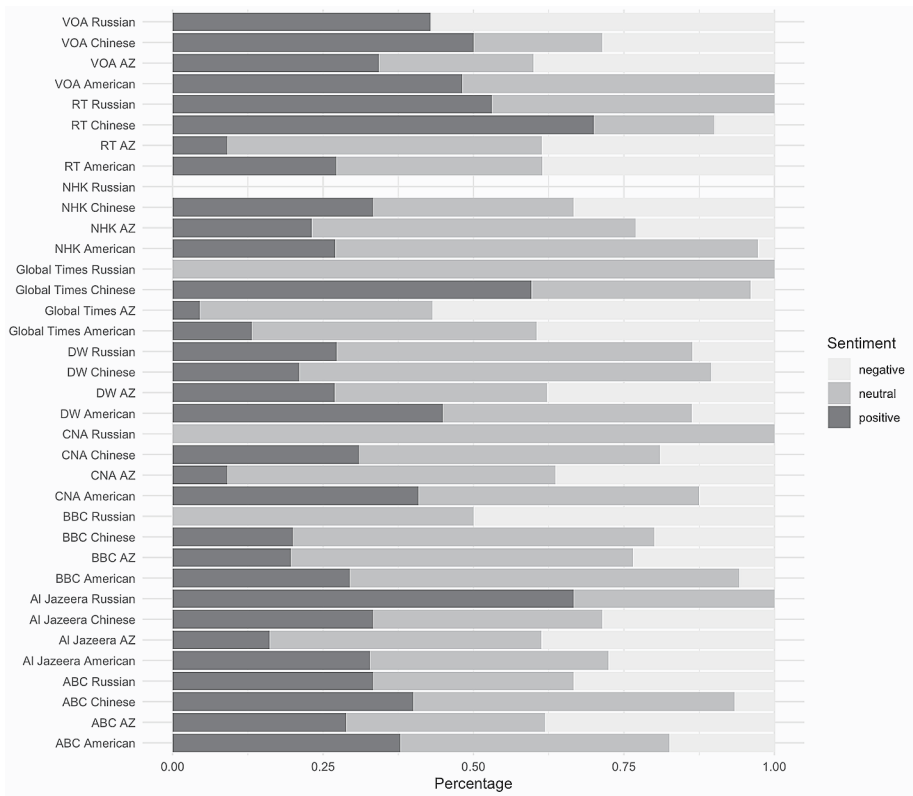


Figure 4.2: Normalized Percentages of Stances taken on the Vaccines

As a matter of raw proportion, VOA and BBC’s coverage of the Russian vaccine appear to be highly negative. However, their coverage of the Russian vaccine represented only 8.4% and 1.8%, respectively, of their total coverage, with only 4 and 1 raw negative

stances. GT's coverage of AstraZeneca represented 18.7% of its total coverage, with 44 negative stances taken towards it, showing much sharper vitriol.

Individual Country Results

Qatar

Qatar is relatively politically neutral, as it is neither a vaccine developer nor producer. The population speaks Arabic, and therefore Al-Jazeera is primarily an internationally-facing news outlet meant for foreign audiences. Coverage proportions are uneven, but provide a relatively balanced proportion of stance-sentiments. The American vaccines, the largest bloc, have the highest proportion of coverage, followed by the AstraZeneca vaccine, which is negatively covered because of its distribution and safety issues. The Chinese and Russian vaccines received proportionately less coverage.

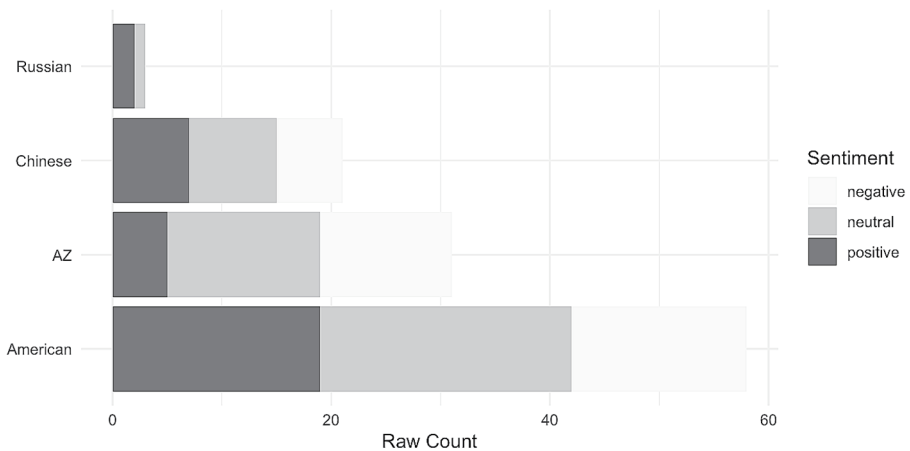


Figure 4.3: Baseline – Qatar’s Al Jazeera Raw Number of Stances taken on the Vaccines

Reflecting the political neutrality of Qatar, the overall quantity

of coverage and stances taken towards each set are fairly even, even if total coverage differs significantly.

Australia

Australia's alignment in the international order is closest with the United States (which is a major security and trade partner) and with the UK as they share a long historical, cultural and linguistic heritage. Australia's media, unlike many of the alternatives, represents a unique case as the ABC network itself is partially geared towards a local Australian audience, but because of its broadcast language and position, it is also aimed at and consumed on the international media market. Therefore, much of its content and stances represent Australian journalists addressing the local market, making it a unique case. As such, the vast majority of the content covers the vaccines domestically produced and distributed, specifically the Pfizer and AstraZeneca variants. The disparity is striking; the sample included 278 stances taken towards the AstraZeneca vaccine, 201 towards the various American vaccines, but only 30 and 4 stances taken towards the Chinese and Russian vaccines, respectively. This potentially reflects that the Australian media market or the perceived market by journalists during this period was mostly interested in only coverage of the vaccines that they had access to. The vast majority of coverage was over the clotting issues experienced by AstraZeneca, and access and distribution of the two vaccines distributed within Australia. Coverage did not seem negatively biased against either of the two foreign vaccines with moderate sentiment ratios, but frankly limited coverage. Most of the

negative coverage focused on the clotting issues, despite Australia's large-scale purchases and then production of the vaccine. This reflects that ABC had mixed interests in protecting its own vaccine market and production, and the limited stake of the government or journalists in using ABC as a means of projecting their stances towards the international order.

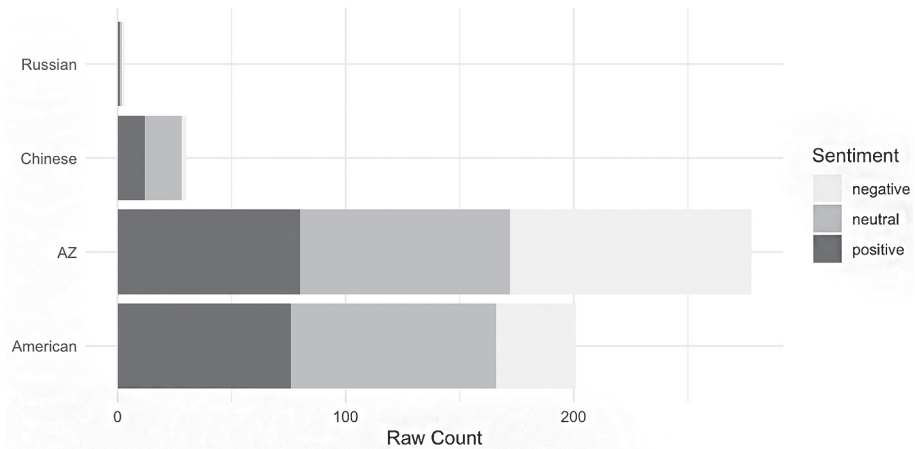


Figure 4.4: Australian ABC's Raw Number of Stances taken on the Vaccines

The AstraZeneca vaccine had been on the market for the longest time and thus was the most covered; but because of the issues with blood clots, it experienced highly negative coverage, despite positive relations between Australia and the UK. Australia has had particularly strained relations with China and did not systematically import any Chinese vaccines. Thus, coverage of the Chinese vaccines was absolutely minimal.

China

The Global Times represented perhaps the most opinionated

and vitriolic of the internationally-facing media sources. Unlike other media sources, their coverage focused primarily on their own vaccines, and was disproportionately and overwhelmingly positive. Coverage was less objective than other news outlets and was riddled with opinion and subjective stance taking, such as labeling Chinese vaccines, “a banner of fairness” (Hu 2021). They initially offered frequent criticism of the American mRNA vaccines, including Pfizer, as well as American media coverage of them (Hu 2021). Contributors often remarked on how much safer the Chinese vaccine technology was in comparison to the new mRNA vaccines, often remarking on the numerous side effects of rivals’ vaccines. Over time, as Western pharmaceutical companies gained contracts through Shanghai Fosun and BioNtech to manufacture and distribute the Pfizer/BioNtech vaccine in China, coverage of mRNA vaccines developed by the American bloc was promptly moderated. This shift shared a parallel timeline with the Chinese developing their own mRNA vaccine, but also insinuated that the Chinese government was only willing to import mRNA vaccines at the behest of Westerners within China. Initially criticizing mRNA technology and promoting their own inactivated-virus technology, they remarked how much easier it was to ship and store their own vaccines than the American and British mRNA vaccines, even occasionally positively comparing them to Sputnik V. They promoted the “safety” and ease of storage of their own vaccines, and promoted their claims that their vaccines could be shipped to economically disadvantaged nations without the fear of spoilage. The Global Times also often remarked about countries accepting their vaccines in tandem with comments about their approval by the World Health Organization. Coverage of the

AstraZeneca vaccine was initially minimal, but magnified as the blood clotting issues became apparent and in time came to outpace that of the American vaccines. This was used not only to attack their main competitor in vaccine exports to other nations, but also to attack the government of Taiwan, as the Taiwanese had almost exclusively received AstraZeneca vaccines during this period.

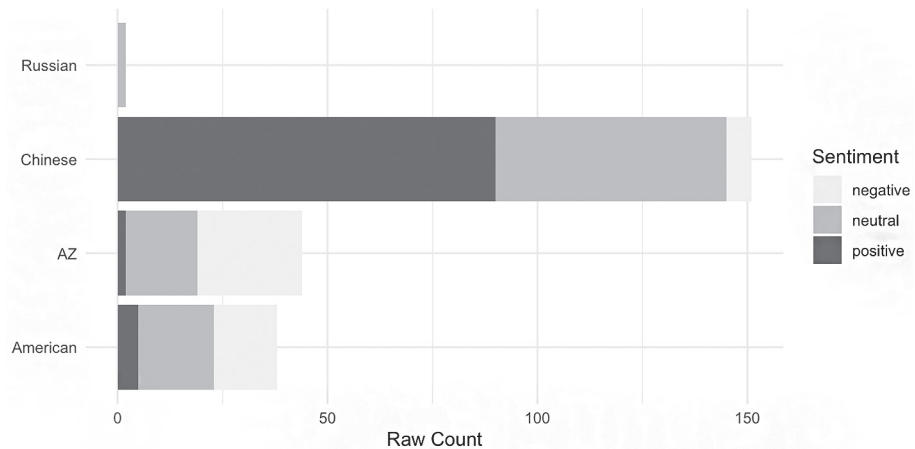


Figure 4.5: Chinese GT's Raw Number of Stances taken on the Vaccines

Russia

While RT often mentioned their vaccine Sputnik V, it has less coverage on vaccination in Russia than other international variants and the rollouts in those places. For that reason, there was significant focus on the problems surrounding the American vaccines, while the Russian vaccine was portrayed with overwhelmingly positive wording, receiving no negative stance-taking. Criticism of the American bloc was broad and included the fact that both Pfizer and Moderna were for-profit corporations, that there were risks from both myocarditis as well as clots with mRNA based vaccines, and that

the American media was unduly harsh against other vaccines while hesitant to criticize their own variants. RT, in many cases, attempted to minimize the risk of clots from the AstraZeneca vaccine, more so than many of the journalists in Australia where it was manufactured, often articulating that the association was unfounded. Much of RT's coverage was heavily opinionated and often included subjective coverage, injections of authors' opinions, and included many strongly worded quotes, particularly from European political figures, many of whom criticized the unfair treatment of the Russian vaccine. Their coverage represented a stylistic variation that somewhat resembled the Chinese discourse by GT.

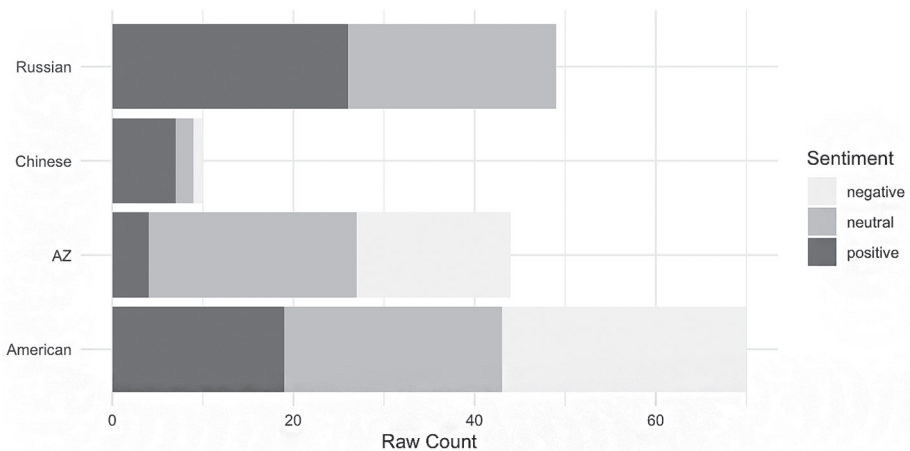


Figure 4.6: Russian RT's Raw Number of Stances taken on the Vaccines

There was more even coverage of the different vaccines than some of the other networks whose audience is largely domestic, such as the BBC or ABC. Coverage of the American and UK vaccines was substantially more negative than other networks, and coverage of the Russian vaccine was overwhelmingly positive.

United Kingdom (UK)

The BBC, similar to the ABC, primarily covered vaccines available locally, initially the AstraZeneca, and later American vaccines. Their coverage of the Russian vaccine was quite minimal, but was never positive, and their coverage of the Chinese vaccine was similar. Positive coverage of the American vaccines largely focused on its efficacy, while negative coverage of the AstraZeneca vaccine focused on doubts regarding its efficacy and safety.

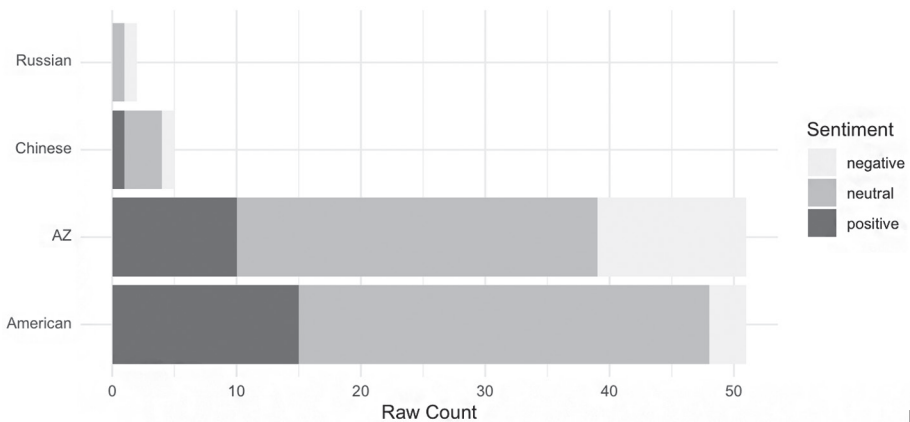


Figure 4.7: BBC's Raw Number of Stances taken on the Vaccines

There was nearly even coverage of the two vaccines deployed in the UK. Ironically, the UK-developed AstraZeneca vaccine received significantly less positive and more negative coverage than did the US vaccines, largely because of questions regarding its efficacy.

United States (US)

The VOA largely covered international vaccine programs, implementation and approval. The focus during the early part of 2021

was on other states’ vaccines, but as 2021 progressed, it increasingly covered the deployment and donations of vaccines developed or manufactured by American firms. American coverage included zero negative stances regarding their own vaccines. AstraZeneca was often covered, but stances leaned strongly towards the negative, especially after issues regarding blood clots became evident. The Chinese and Russian vaccines were less often mentioned, though their coverage still remained more frequent than other Western media outlets. Coverage leaned towards the positive for the Chinese vaccines and negative for the Russian Sputnik V, which suggests that VOA coverage of rival vaccines was mixed in terms of both coverage proportions and stance-sentiments.

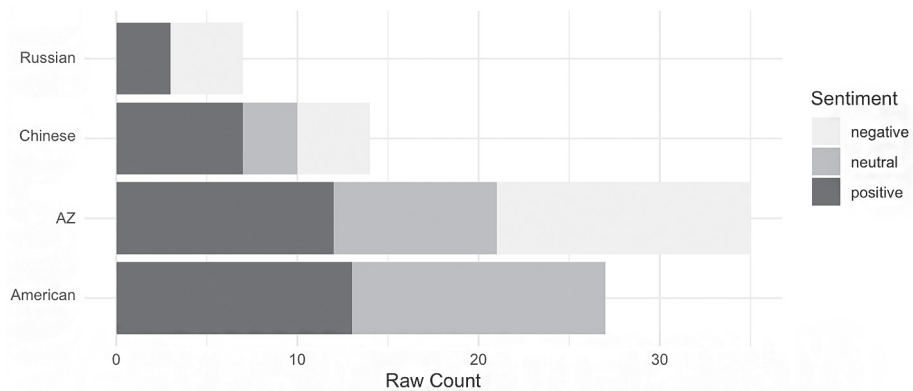


Figure 4.8: VOA’s Raw Number of Stances taken on the Vaccines

Coverage of the Russian and Chinese vaccines was limited and largely critical, despite the primary audience being outside of the US. AstraZeneca vaccine coverage was also critical, particularly regarding issues with blood clots and efficacy. Coverage of the American vaccines, mirroring RT’s coverage of the Russian vaccines, was exclusively positive in the sample analyzed.

Germany

Germany's DW focused heavily on the European experience, and thus mostly covered AstraZeneca and the American vaccines, primarily Pfizer. DW frequently mentioned the fact that the vaccine labeled Pfizer was developed by BioNTech of Germany, often referring to it as the American-German vaccine. Perhaps for this reason, coverage of the American vaccines was overwhelmingly positive, especially when focused on Pfizer, with fewer mentions of Moderna, and some negative mentions of the Janssen vaccine and its limited efficacy and questions over its safety. The journalists made it clear that local development and manufacturing were valuable for both the Pfizer and AstraZeneca vaccines, particularly during the early supply holdups in the deployment of the UK-produced AstraZeneca vaccines. Like other Western media outlets, mentions of the Russian and Chinese vaccines were minimal, though mostly neutral. However, DW occasionally expressed reservations about the lack of data transparency on Russian and Chinese vaccines, especially regarding their purported efficacy.

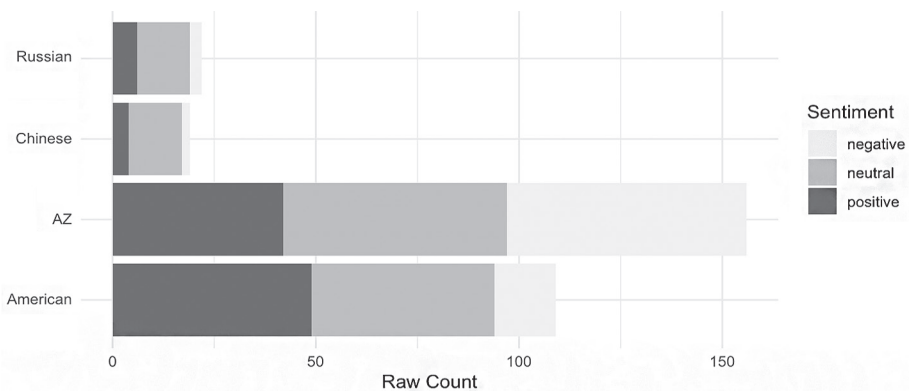


Figure 4.9: DW's Raw Number of Stances taken on the Vaccines

Japan

NHK’s coverage was significantly more limited than other media sources. Their coverage of the international coronavirus situation was sparse, their articles short, and their stances were primarily neutral and objectively provided exposition of facts.

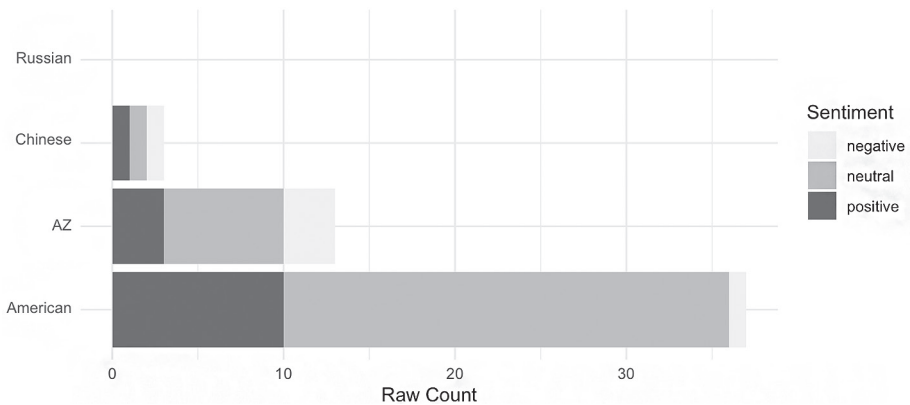


Figure 4.10: NHK’s Raw Number of Stances taken on the Vaccines

Coverage was also primarily centered on the vaccines distributed in Japan, namely the American and AstraZeneca variants.

Singapore

The coverage by Channel NewsAsia (CNA) not only represented the attempt to maintain a neutral alignment between the United States and China, but to some extent also represented the alignment of ASEAN in its attempts to hedge between the two. Singapore’s complex situation between the political, economic and cultural orbits of both the American-led West and the authoritarian People’s Republic of China (PRC) has meant that it has been forced to carefully tread the line between the two. CNA’s coverage was dominated by the American vaccines, which represented the bulk of their imports, but also

included coverage of the vaccines produced by the Chinese bloc. Their coverage of the AstraZeneca vaccines mostly focused on the scandals surrounding them and their purported efficacy, while the Russian vaccines were almost totally ignored. The parity in sentiment shares, if not in overall coverage, may to some extent represent the intention of Singapore to remain neutral relative to the contested politics between the US and Chinese blocs. While Singapore remains firmly within the American security order, the island's ethnic and cultural ties to China predispose the political and media apparatus to maintain moderate coverage of both despite the vast majority of its vaccine imports coming from the American bloc.

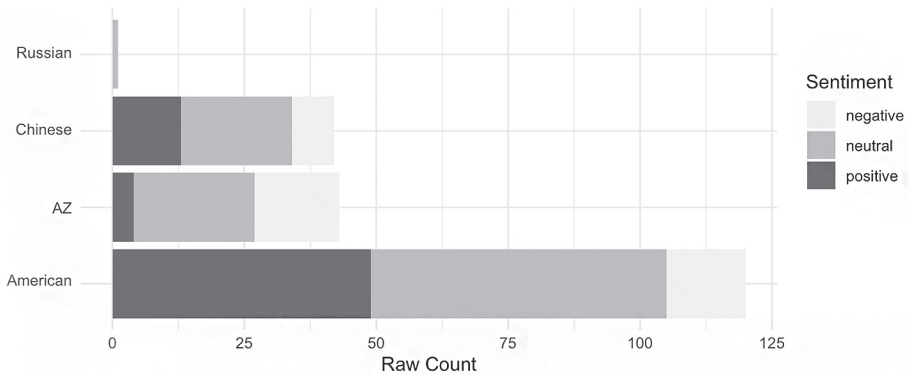


Figure 4.11: CNA's Raw Number of Stances taken on the Vaccines

Coverage also centered on the vaccines distributed in Singapore, including both Chinese and American vaccines, which both received similar sentiment shares.

Overall Sample Results

Statistical analyses were performed to examine apparent differences between the media sources. Due to the radical differences

in audience, vaccine distribution and international relations, variations in the proportion of coverage given by each media outlet to the different vaccines were expected. Thus, each sample was taken as comparative samples and a Chi-squared homogeneity test was performed with the results as follows:

$$\chi\text{-squared} = 74.859, df = 8, p\text{-value} = 5.265e\text{-}13$$

This serves to gauge the degree to which each media service, in their proportional use of positive or negative stance taking, deviated from one another in their proportions of overall sentiment proportions, not the sentiments towards any given vaccine. The high level of variations, like the previous statistic, indicates a significant level of variation in the tone of coverage. It also indicates that the majority of the news outlets displayed sentiment ranges that deviate from what is taken to be an international-politics neutral detached baseline. This, in turn, shows that there is high variance between media providers.

Most outlets displayed overwhelmingly positive coverage towards their own blocs' vaccines and most frequently expressed strongly negative stances towards their rivals'. RT and VOA expressed absolutely no negative stances towards vaccines developed in their own countries. In the few times that the Global Times expressed negative stances towards China-produced vaccines, it was in the context of foreign media or foreigners in China unfairly expressing doubts on Chinese vaccines. While the UK-based BBC did substantially criticize its own vaccine, this took place in the face of a massive global scandal over the safety of its vaccine. The BBC's

negative coverage of its rivals were also minimal, as it instead mostly ignored non-British vaccines altogether.

Each bloc made an unabashed effort to portray its own vaccine in a good light vis-à-vis its rivals. However, it should be noted that each bloc only did so to its political rivals within the geopolitical order, as opposed to all vaccine rivals. What was unexpected was that this unfavorable coverage of its rivals would take place not only through explicit negative stance-taking, but also through the marginalization and almost total lack of coverage of its rivals. While most outlets covered breaking news regarding the American and UK vaccines, the China-based Global Times disproportionately covered domestic vaccines, as did the Russian RT outlet, although less blatantly. Thus, the internationally-facing media outlets sampled can be seen to represent an extension of the foreign policy aims of the countries that maintain them, and the international space can indeed be reflected in the media environment with their respective states' positions self-demarcated through discourse.

Discussion

This research addresses the clear phenomenon of rising internationally-facing state media and their role in adhering to the foreign policy orthodoxy in major vaccine-developing states. We analyzed vaccine diplomacy to establish that the relationships between those states could be mirrored in the sentiments of the stances taken by those state media outlets, and demonstrated that most states are disproportionately hostile or cool towards rival

vaccine-producing blocs and positive towards their own. Our research has confirmed that the discourse largely does reflect bloc cleavages in the international relations space; and that rather than reflecting a neutral and objective truth, the tone and curation of media coverage reflect each state's international position.

Three novel aspects of the discourse were uncovered. One of which was that democratic vaccine-developing states without information security restrictions demonstrated nearly the same sentiment outputs as authoritarian states, such as the PRC. Another is that tactically, Western news media's coverage of non-Western vaccines, rather than being negative, was absolutely minimal and tended to ignore Chinese and Russian vaccines. This was not true of Russian coverage that disproportionately covered non-Russian vaccines, and itself may represent tactical differences, or perhaps simply the degree of the international audience's interest in each respective bloc's vaccines. For the three major vaccine developing blocs, it was found that there was overwhelmingly positive coverage of domestically-produced vaccines. While there was little to no critical coverage of domestic vaccines, each bloc's media outlets highlighted the flaws in their rivals' vaccines. All major outlets were sensitive to the fact that rival media environments were uncritical towards domestic vaccines but expressed the most criticisms towards rivals' vaccines. It shows that, surprisingly, there is little difference in the tact and modus operandi of the US and authoritarian China and Russia. Finally, state journalists demonstrated meta-awareness of the lack of objectivity in their rivals, and were willing to comment on this. However, as they did so, they avoided criticism of their

own poles. This provides empirical demonstration of a polarized and politicized media environment, particularly between the three competitive poles, suggesting that so-called objectivity in coverage is relative.

This analysis does not attempt to address deeper questions over the causality regarding differences in coverage or tones, or whether perhaps higher profit margins or better vaccination rates would be more beneficial to states, or over why the state media apparatus has an interest in pushing the vaccines of allies to the detriment of foes, especially if the media firms themselves might have benefited more from sensationalist coverage heterodox to local norms than the relatively conservative stances taken towards domestic vaccines. It could possibly be simply to assist the state in its efforts to assuage fears over the vaccines locally developed, produced, or acquired by contrasting achievements with the flaws of other or foreign vaccines, as part of so-called “nation branding” (Lee 2021).

Perhaps state media and its journalists could be acting as a simple extension of hostile foreign policy, either deliberately or as nationalism diffused into the common discourse in each state. Each case of the sampled media outlets has its own complex hierarchy of power relations within, including among the journalists and editors who produced these samples. Without being fully reliant on the idea that the states involved can each directly influence the quantity and quality of content produced, each state must possess a local identity and discourse that drive their journalistic output.

The extent of these differential contributions remains outside the scope of this analysis, which simply attempts to identify if media representations of the various vaccines reflect interstate relations. The argument in this paper does not directly attempt to address the cause of this phenomenon. This element of inquiry could be later addressed by others. This paper utilized manual coding to provide the highest level of accuracy, but this analysis could also provide a test case for computational sentiment analysis. The results of such an alternative analysis might, therefore, provide vital information on the future viability of using such tools on nuanced text like news reports generated by state media.

Appendix

The base URLs used in this research include:

<https://www.abc.net.au/news/>

<https://www.rt.com/>

<https://www.voanews.com/>

<https://www3.nhk.or.jp/nhkworld/en/news/>

<https://www.dw.com/en/top-stories/s-9097>

<https://www.aljazeera.com/news/>

<https://www.bbc.com/news>

<https://www.globaltimes.cn/index.html>

<https://www.channelnewsasia.com/>

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05 Intramuros Heritage Tourism: A Culture-Oriented Economic Development Paradigm for Post-COVID-19 Economic Recovery

Geoffrey Rhoel CRUZ

Introduction

During the Spanish colonization of the Philippines, Manila was commensurate to Intramuros, one of its popular districts today. The Intramuros was established to serve as a political and military base for the Spaniards in Asia due to its strategic location between Manila Bay and the Pasig River. Intramuros followed the traditional town-plaza community set-up commonly practiced during the Spanish colonization, and it was the hub of the famous galleon trade as well.

Intramuros once served as the capital of the Spanish occupation during the sixteenth century. It was originally built to serve as the residence of Spanish government officials and delegates, including their families, as it was then designated as a Spanish-only zone. It was once where the most influential, prominent, and wealthy citizens of Manila lived. Chinese and Indios (Filipino natives) were not allowed to stay inside Intramuros permanently because it had been designated as a Spanish elite and Spanish Mestizos (half Spaniard-half Filipino) only zone. Moreover, non-Spaniards, such as the

Chinese and Filipinos, had to settle at the outskirts of Intramuros in the districts of San Miguel, Santa Ana and Binondo known as extramuros, or outside the walls. Those who worked in Intramuros during the day would have to leave by night, before the gate closed.

It has been the heart and soul of the city of Manila, but in the aftermath of colonization and after numerous battles and wars, the district lost its original value and significance. Nevertheless, the district deserves to be conserved and promoted because it contains bittersweet memories of the colonial past – a heritage deemed worth preserving and conserving for the future generations.

At present, Intramuros is the only district in Manila where old-Spanish era influences are significantly notable. The Intramuros Administration, an independent national government agency from the local government of the city of Manila, handles most of the affairs in the area and is composed of five barangays (the smallest administrative division in the Philippines) with an estimated population of 8,000 residents. It has been inhabited mostly by urban dwellers living in shanties and shacks standing side by side with numerous commercial complexes and several academic institutions and government offices. With minimal formal residential communities, most of the people in the area are active during the day, as Intramuros houses the Intramuros Consortium of four higher education institutions, namely Colegio de San Juan de Letran, Lyceum of the Philippines University, Mapua University, and the Pamantasan ng Lungsod ng Maynila. This means that a few students live in the area and most leave by nightfall. Hence, this former “No

Indio Zone” composed of a 64-hectare compound with 4.5 meters of graying stonewalls is almost a ghost town at night. Unfortunately, this also means the area has become a sanctuary of informal settlers, which, in turn, compromises the area’s sustainability.

Recent developments in Intramuros focus on trying to rehabilitate the area by luring back commercial activities, just like the old days. It has been dubbed “Manila’s next creative hub”. The Intramuros Administration and the Creative Economy Council of the Philippines hope to rehabilitate the walls of Intramuros one wall at a time, tagging this effort with the slogan, “Bring the Walls Down”. The Maestranza Wall was the first to undergo an urban facelift and it is currently being converted into a modern creative hub called the “Maestranza Creative Quarter”. The area served as the location for the infamous “galleon trade” during the heydays of Spanish trade. The modern hub follows the concept of adaptive reuse and is designed to house 44 chambers to be used for artist studios, exhibition halls, incubation spaces, and workshop areas (De La Cruz 2019a).

More than that, the old customs house in Intramuros is one step closer to revival as plans to reconstruct the abandoned Aduana Building have received support from the local government and the Department of Public Works and Highways. The Aduana, also known as the Intendencia, is being eyed as the new home of the National Archives of the Philippines after its former location in Binondo caught fire in 2018.

Likewise, the reconstruction of the old San Ignacio Church

in Intramuros was finally finished and opened to the public in May 2019. The original San Ignacio Church was heavily damaged during the Battle of Manila in 1945, when it was left burning for four days. It was abandoned for almost four decades after WWII and the local community eventually turned the space into a community basketball court. The old church is now the site of the Museo de Intramuros, which houses about 500 religious artifacts found in the old churches in the area (De La Cruz 2019b).

Intramuros has been one of the prime heritage tourism spots in the country because of its rich culture and history, which is greatly correlated to the history of the Filipinos. In 2016, Intramuros was voted Asia's Leading Tourist Attraction. It again won accolades as Asia's Leading Tourist Attraction at the 27th World Travel Awards in November 2020 (Adel 2020). Many foreign tourists have considered Intramuros as either the first stop of their tour in the Philippines or the last stop before they leave the country.

Problem Statement

According to an ADB report by Matthias Helble and Anna Fink (2020), tourism was one of the fastest-growing sectors in Asia before the pandemic. Nevertheless, global tourism faced an unprecedented decline in 2020 as the world experienced the far-reaching impact of the COVID-19 pandemic. According to the UNWTO (2020), travel and tourism were among the most affected sectors amidst global travel restrictions implemented to control the spread of the virus. The UNWTO World Tourism Barometer in 2020 displayed a 72%

decline in international tourists for the months of January to October 2020 when compared to the same months in the previous year. This decline is estimated to have resulted in a loss of US\$1.1 trillion in international tourism receipts or over US\$2 trillion in global GDP (UNWTO 2020).

Tourism is one of the major driving economic and social forces in the Philippines, accounting for 12.7 % of the country's GDP in 2020 and employing a total of 5.7 million persons (ADB 2020). Nevertheless, in the 2020 annual report of the Department of Tourism (DOT), the state agency showed that the sector suffered a huge loss of about Php. 400 billion in tourism revenue in 2020 as only 1.32 million foreign tourists visited the country, an 83.97% decrease from 8.3 million visitors in the previous year. Tourism receipts were projected at Php. 81.4 billion, compared to Php. 482.16 billion from the previous year. This marks an 83.12% decrease in revenue. With most economies contracting due to Covid-19 as economic activities were placed in a lockdown or temporary hiatus, the June 2020 Global Economic Prospects of the World Bank (2020) projected a global economic contraction of 7%. Hence, there is a need to address the growing impasse.

Methodology

Through a descriptive analysis of available secondary data, this chapter assesses the impact of travel and tourism restrictions to heritage tourism in Intramuros. Furthermore, the chapter answers the central question: "How can culture and heritage tourism serve as

tools for post-COVID-19 economic recovery?”

Using Intramuros in Manila as a case study, I follow the emerging paradigm of Culture-Oriented Economic Development (COED) conceptualized by Russo and van der Borg (2005) and present the prospects of heritage tourism as a driver for economic recovery through culture-based regeneration and a heritage-driven economy in a post-Covid-19 world.

Russo and van der Borg (2010) view culture in three dimensions that cover (1) culture as an industry in itself characterized by the economic pattern of production and consumption; (2) culture in its creative capacity or the ability to serve as an “input” towards the production of new economic resources; and (3) culture as a structuring element that can be a configuring urban growth center and economic development. Using such a perspective, they recognize the contribution of cultural heritage to development following the COED paradigm.

As shown in Figure 5.1, the paradigm focuses on the three economic assumptions of culture, as outlined by Russo and van der Borg (2006), whereby “(1) the development of the cultural sector serves as the leverage for the development of a widespread creative production sector; (2) a creative economy improves the competitiveness of the urban environment; and (3) a culture-oriented urban economy is sustainable if spatial balance, social permeability, and cultural identity are preserved in the growth process.”

How Culture Contributes to Development

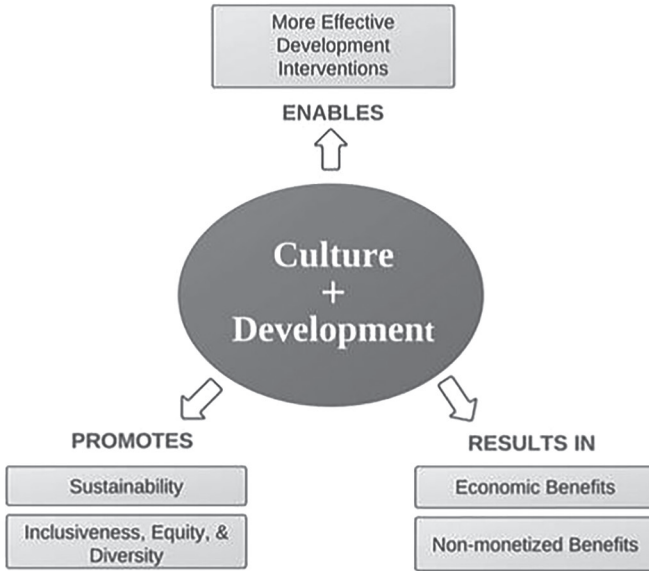


Figure 5.1: Culture-Oriented Economic Development Framework by Russo and van der Borg (2005)

Discussion

In the Philippines, the principle of heritage-driven development has been tested by numerous local government units. In partnership with Dr. Eric Zerrudo of the University of Santo Tomas’s Center for Conservation of Cultural Property and Environment in the Tropics, the City of Vigan in the Province of Ilocos Sur is among the pilot projects of heritage-driven development in the Philippines. Due to local government efforts and the support of all major stakeholders, Vigan capitalized on heritage tourism as a means of economic development. In so doing, Vigan has been successfully transformed from a quiet town into a heritage district. The same could also be observed in the City of Angeles in Pampanga, which was once

known for its red-light district during the American occupation and the advent of the US military bases in the country.

After the local government successfully adopted heritage conservation as part of the city's core development programs, the former red-light city was able to reap the benefits of conserving the past and practicing adaptive reuse for their socio-economic advantage. The City of San Fernando in Pampanga adopted the same principle in their "Preserving Heritage for Progress" development plan, which focuses on urban renewal of cultural heritage. The same was also adapted in the Kamestisuhan District of Malolos in Bulacan, which capitalized on its rich cultural history in its cultural heritage tourism program labeled, "Vamos A Malolos". Under this program, the town was declared a National Historic Landmark and Heritage Town in 2001. The City of Iloilo also used a heritage-driven development in its Old Downtown Revitalization program, which focused on developing culture capital in facilitating economic development. The town of Silay in Bacolod likewise became popular for the city's Incentives for Conservation and Adaptive Reuse as part of "the Paris of the East" cultural tourism program encompassing a total of 29 recognized heritage houses. The Municipality of Taal in the Province of Batangas also showcased ethical promotion of heritage tourism when their Heritage Village was recognized as one of the most preserved heritage sites in the Philippines (Cruz 2019).

The cultural sector's contribution to the creative economy can serve as strategic tools for revenue generation, particularly in developing countries that often have rich cultural heritage. UNESCO

(2012) has recognized the significance of culture as a driver and enabler of sustainable development, citing the sector's contribution to the economy and poverty alleviation. Bandarin, Hosaghar and Albernaz (2011) highlighted the significant contribution of culture to economic development, noting that global tourism was among the fastest growing economic sectors in Asia in particular, and that cultural tourism accounted for an estimated 40% of total tourism revenue. As culture nourishes development, development fosters culture that leads to development.

Likewise, cultural heritage has been considered a powerful asset for economic development, since it can attract investments that will provide green, locally based, stable and decent jobs that relate to different aspects of sustainability such as conservation, construction, food production, creative economy, and heritage tourism. Cultural heritage has been linked to inclusive development as well, as it contributes to the social cohesion of the community while reducing inequality. As such, acknowledgment of cultural heritage diversity and its preservation will help to enhance the sense of place and respect for others, which, in turn, provides a sense of purpose and collective capacity that will ensure sustainability and guarantees common welfare (Astara 2014; Bandarin, Hosagrahar and Albernaz, 2011).

The contribution of cultural heritage to economic development, primarily through cultural tourism has been established for quite some time. Accordingly, cultural heritage conservation has the potential to contribute to the improvements in the market value of

a real estate property, thus implicitly attracting tourism activities and other investments that would lead to economic growth through improved income opportunities, greater social capital, and better community livability and enriched competitiveness (Balco 2011; Chohan and Pang 2005; Ebbe 2009; Henderson 2012; Throsby 2007). This corrects the mistaken belief that cultural heritage conservation implies opportunity losses and financial concerns to heritage property owners (Flores 2013; Hiyari 2012).

In 1999, the City of Vigan joined the prestigious list of cities of cultural heritage that were demonstrating a delicate balance between preservation and urbanization. The heritage district of Vigan in the Province of Ilocos Sur embarked on a cultural heritage conservation and heritage tourism program that contributed Php. 27 million in annual revenue in 1995; this helped the city to develop from a second class to a first class municipality in the same year (Medina 2009).

In some instances, communities decided to embark on heritage conservation to spearhead the development of their creative culture industry. Generally, the Thais were able to preserve their ancient temples or wats, which now serve as common tourist attractions (Peerapun 2012). In Singapore, historic local shophouses were preserved through adaptive reuse following the 3Rs of conservation, namely “maximum Retention, sensitive Restoration, and careful Repair” (Singapore Legislative Council Secretariat 2008). Indonesia also uses its water temples, rice terraces and paddies, and other cultural landscapes to not only guarantee rice production for

the community but also serve as tourist destinations. Moreover, the Saung Angklung Udjo (SAU) in Bandung in Indonesia was established in 1966 to serve as one of the hubs for the creative industries. It is a one-stop cultural workshop consisting of performance venues, bamboo instrument workshops, and bamboo handicraft center and shops (Hani et al 2012). In Macedonia, an urban renewal project that focused on infrastructure works and investments in heritage led to the rejuvenation of economic activities in the area and resulted in better handicraft production as well as increased tourist expenditures and visits. In these various examples, cultural heritage conservation has contributed to economic growth and development.

UNESCO (2012) has also identified non-monetized benefits to cultural heritage conservation, such as resiliency, creativity, innovation, social inclusion, and entrepreneurship in the development of local knowledge, skills, and resources. In addition, there are notable psychological benefits as well, as it represents the identity, pride, self-understanding, and honor of the community (Chohan and Pang 2005; Hiyari 2012).

Globally, the tourism industry is one of the hardest-hit sectors by the COVID-19 pandemic as travel restrictions were put in place and borders were closed globally. The Philippines' pandemic response is considered among the longest lockdowns in the world as it has spared no one, not even Intramuros, which Manila had pronounced as Asia's leading tourist attraction in 2020. Tourist statistics by the Intramuros Administration, the central agency in charge of the heritage area, noted that there was a 38.82% decrease

in the number of tourist visitors in March 2020 compared to March 2019. On 15 March 2020, the Philippine government imposed the highest level of community quarantine (lockdown) in the country. This lasted for two months until 15 May 2020 and was gradually downgraded in the subsequent months until it was re-imposed on 29 March 2021.

Nevertheless, travel and tourism restrictions were gradually lifted at the discretion of the respective local government units. Thus, it was only on 17 February 2021 that the Department of Tourism and the Intramuros Administration decided to finally open some of the gated attractions to the general public, namely Fort Santiago,¹ Baluarte de San Diego² and Casa Manila³, subject to certain limitations and restrictions, as presented in Table 5.1.

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1. Fort Santiago is one of the most popular places to visit in Intramuros. It is one of the many forts established by the Spaniards in the area to secure the Spanish community from the potential threats posed by Filipinos and foreign invaders alike. It was considered a strategic component of the Spanish line of defense as it overlooks the Pasig River, one of the major rivers going to the heart of Manila. It once served as a prison for Filipinos during Spanish colonization. Filipino national hero, Dr. Jose P. Rizal, was incarcerated there. An estimated 600 dead bodies were found to be buried in the dungeons of Fort Santiago during the Japanese occupation. Today, Fort Santiago houses the Rizal Shrine as well as a replica of the national hero's ancestral house that is located in Calamba, Laguna.
 2. The Baluarte de San Diego is one of the fortifications used by the Spaniards to augment their defense system as it provides a clear view of incoming ships passing through the Pasig River. It is composed of three concentric structures with eleven chambers used as quarters for the Spanish, water supply tank, and workshops. The structure was heavily being damaged when British forces occupied the City of Manila in 1762 as well as during the Battle of Manila in 1945. Presently, it is a popular activity/function area in Intramuros due to its proximity to Fort Santiago.
 3. The Casa Manila is an example of the house that the Spanish elites resided in during their stint in the Philippines. It resembles an Antillean-type house, a common Spanish colonial structure. It is now a museum showcasing the lavish life of Spaniards in the Philippines, as can be observed in its notable stone-wood structure and grandiose bathroom design.

Table 5.2: Business Information of the Three Gated Attractions

Source: Intramuros Administration.

	Fort Santiago	Baluarte de San Diego	Casa Manila
Hours Open	Mon-Sun 12pm-8pm	Sat-Sun 8am-5pm	Tue-Sun 8am-5pm
Admission Restrictions	Only persons aged 15-65 are allowed entry, subject to the mandatory wearing of face masks and shields, hand sanitation at the entrance, and other health protocols.		
Maximum Capacity at any Single Time	100 persons	15 persons, 5 per group	100 persons

However, the reimposition of stricter community quarantine restrictions (lockdown) on 7 March 2021, due to rising cases of infections, cut the heritage tourism programs short. Despite the unanticipated hiatus, statistics from the reopening of identified heritage tourism sites in Intramuros demonstrated a positive outlook for economic development. As can be seen in Table 5.2, there were 22,859 recorded visitors for the three gated sites/attractions in the span of nineteen days, making up 47.72% of the total number of recorded visitors to the three sites (47,896 visitors) in March 2020, before the imposition of the nationwide lockdown.

Gated Attraction	March 2020 (before lockdown)	17 February 2021 – 7 March 2021 (reopening)	Percentage Difference (increase/decrease)
Fort Santiago	44,699 visitors (93%)	17,385 visitors (76%)	-61.05%
Baluarte de San Diego	1,770 visitors (4%)	3,525 visitors (15%)	+49.79%
Casa Manila	1,438 visitors (3%)	1,949 visitors (9%)	+26.22%
Total	47,896 visitors	22,859 visitors	-52.27%

Table 5.3: Tourist Statistics during the First Reopening of Intramuros

Source: Intramuros Administration.

Nevertheless, another set of lockdowns halted the operations of tourist activities in the area when the national government reimplemented the highest level of restrictions from 29 March 2021 until 14 May 2021. After a month and a half, restrictions were de-escalated and Intramuros was reopened to the public on 17 May 2021. However, only two gated attractions were opened, namely Fort Santiago and the Baluarte de San Diego. Casa Manila was not included among the gated attractions that reopened in consideration of present public health concerns and existing safety protocols.

Table 5.3 shows that in the span of fourteen days from 17 May 2021 to 30 May 2021, the two gated attractions received a total of 8,035 visitors that made up 16.71% of the total number of recorded visitors to the area for the whole of May 2019. There is no data available for May 2020 as tourism activities were prohibited under the existing COVID-19-related safety and health protocols.

Gated Attraction	May 2019 (before lockdown)	17 May 2021 – 30 May 2021	Percentage Difference (increase/ decrease)
Fort Santiago	41,846 (87%)	6,743 (84%)	-83.88%
Baluarte de San Diego	6,231 (13%)	1,292 (16%)	-79.28%
Total	48,077 visitors	8,035 visitors	-83.28%

Table 5.4: Tourist Statistics during the Second Reopening of Intramuros

Source: Intramuros Administration.

Despite the low turnout at the two gated attractions during the second reopening of Intramuros to public tourism, their performance is moderate when compared to their pre-pandemic levels. Table

5.4 shows the number of visitors to the two gated attractions in the pre-pandemic period. It shows that the two gated attractions received an average of 1,575 visitors per day pre-pandemic, but 573 visitors per day during the second reopening. However, this still comprises 36.38% of its previous average daily gate attendance and is a moderate achievement, considering the existing admission restrictions and persisting health and safety protocols.

Gated Attraction	Pre-Pandemic Scenario		Pandemic Scenario	
	May 2019 (before lockdown)	March 2020 (before lockdown)	17 February 2021 – 7 March 2021 (reopening)	17 May 2021 – 30 May 2021 (reopening)
Fort Santiago	41,846 (87%)	44,688 visitors (96%)	17,385 visitors (83%)	6,743 (84%)
Baluarte de San Diego	6,231 (13%)	1,770 visitors (4%)	3,525 visitors (17%)	1,292 (16%)
Total	48,077 visitors	46,458 visitors	20,910 visitors	8,035 visitors
Average Visitors per Day	1,602 visitors	1,548 visitors	1,100 visitors	573 visitors

Table 5.5: Comparison of Tourist Statistics of the Reopening of Intramuros

Source: Intramuros Administration

The gradual reopening of the gated cultural and heritage tourism attractions in Intramuros reinforces the positive relationship between culture and development. The economic benefits of cultural heritage have long been established in various literature (Bowitz and Ibenholt 2009; Bandarin, Hosagrahar and Albernaz 2011; Henderson 2012; Astara 2014; Juul 2015). UNESCO (2012) also acknowledges the significant contribution of culture to the economy, particularly in

poverty alleviation. Bagwell (2008) also cites the ability of cultural activities to contribute to inclusion and cohesion.

Thus, following Russo and van der Borg's (2005) emerging paradigm of Culture-Oriented Economic Development, it can be concluded that cultural tourism can serve as the starting point for a culture-based regeneration. In so doing, creative culture and the circular economy will be promoted.

Russo and van der Borg (2010) recognize the capacity and capability of culture as variable factors of production that can be harnessed and properly sustained in four stages. The first stage is exploration; this is where all aspects of cultural development are carefully identified and assessed in regard to the sustainability and livability of the area. The second is enhancement; this involves improving the area to fit the needs of the growing demand imposed by the development of culture. It may involve the development of facilities that will cater to the growing number of tourists, such as parking spaces, accommodation, shophouse areas, and improved technological knowhow and skills development. This leads to the third stage, which is known as diffusion. The diffusion stage involves tapping into other innovative sectors in order to contribute to the dynamics of the local economy. It can involve the establishment of a partnership with civil society groups, non-governmental organizations, and private organizations to further strengthen development gains. The fourth and final stage is stabilization. This is where "conditions for the development of an innovative productive milieu are challenged by economic success" (Russo and van der

Borg 2010).

Conclusion

The findings show that once all precautions were in place, a culture-oriented economic development paradigm can set the slow path for the economic recovery not just for Intramuros in the City of Manila but also the country. The emerging paradigm of a culture-oriented economic development establishes the prospects of cultural and heritage tourism as agents of development, as seen in the case study of Intramuros in Manila. As this study of Intramuros shows, investing in heritage tourism is worthwhile as it can help to chart the country down the path of post-COVID-19 economic recovery.

People have been locked inside the comfort and safety of their houses for quite some time already; and in some areas, stricter community quarantine measures are continuously put in place to protect the lives and health of the people during the pandemic. Aristotle once mentioned that humans are social animals by nature, and they will look for ways to socialize. Thus, once the threats of this pandemic subside as science and technology overcome the virus, people will reacquaint themselves with the culture they have missed and heritage tourism will experience a boom.

The findings in this chapter may contribute to policy formulation for the post-COVID-19 economic revival of the Philippines. Further research should be conducted once updated data is available, as it would improve the established findings of the study.

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06 Authoritarian Empowerment: Vietnam's Effective Control of COVID-19 in 2020

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Ngan**

Introduction

The COVID-19 pandemic has challenged the world politically and economically. Governments of various nations have taken a variety of measures to combat the speed at which the variants of the SARS-COV-2 virus are spreading (Hale and Webster 2021). Some Asian countries, including China, Singapore, and South Korea, appeared to quickly contain the pandemic by enacting severe social distancing policies, prohibiting international travel, and requiring individuals to wear masks in public (Brahma, Chakraborty and Menokee 2020). When cases of COVID-19 were detected in Vietnam in January 2020, the Vietnamese government quickly took stringent measures to restrict the spread of the disease. As evinced by the low number of COVID-19 cases at the start of the pandemic, Vietnam had been successful in keeping the outbreak in check.

Despite its strained public health resources, Vietnam gained worldwide recognition in 2020 by its fast action in implementing a strict policy to curb the spread of the virus. However, the tight restrictions have had significant negative impacts on the Vietnam's economy. Even though the rigid measures proved to be an effective

method of controlling the coronavirus in 2020, they came at a huge cost.

As of August 2021, there were four major outbreaks of COVID-19 in Vietnam. The first outbreak occurred when all first 16 infected cases had recovered entirely between 23 January and 13 February 2020. At the time, a great many cases from abroad entered the country in March-May 2020. The second occurred when Da Nang became the epicenter of a new outbreak at the end of July 2020. The third outbreak unfolded over 20 days from 28 January to 17 February 2021. The fourth outbreak began at the end of April 2021 and is the most serious surge that Vietnam has faced.

This study focuses only on Vietnam's responses in 2020, since we lack timely updates on Vietnam's fast-changing responses in 2021. This chapter does not attempt to prove the resilience of authoritarianism or the failure of democracy in dealing with the coronavirus, as it would be too controversial to say which form of government has handled the pandemic in the best possible way. Instead, we argue that authoritarianism is more than a regime type; it is a system of governance consisting of various regulations, policies, and institutions that empower the central government to adopt restrictive policies. We investigate the institutional underpinnings of Vietnam's policies, examine the government's responses to the COVID-19 pandemic and compare these policies with those implemented by the other Southeast Asian and developed countries.

The chapter is structured as follows. The first part examines the existing literature on the ways that different political regimes

have tackled the virus. The second part will present and discuss how the single-party state of Vietnam contained the COVID-19 outbreak in 2020. To do so, we will look at the methods that Vietnam employed to achieve early success against the virus in 2020 and the struggles faced by the country in the present. We will also discuss the possible challenges that Vietnam is facing in the battle against COVID-19 vis-à-vis its authoritarian policy during the pandemic. By comparing Vietnam with other Southeast Asian nations, we will consider the competitive edge that the country has when it does not have to worry much about civil liberties. Finally, we will conclude with a discussion of the implications and prospects for public health, and the ways in which Vietnamese politics has contributed to the deliberate, calculated efforts vis-à-vis a global health crisis. We will also look at what the pandemic has revealed about the limitations of Vietnamese governance. By elaborating on the trade-offs between public health and civic freedom, this study will contribute to a better understanding as to how a one-party state can handle pandemics and emergency crises.

Literature Review

There has been an interesting debate on which form of governance is better at handling the pandemic. A study of 34 European countries shows that democratic countries are more reluctant to embrace restrictive policies (Engler et al. 2021). In other democratic countries, the communications and plans for support were effective enough to gain the trust of their citizens. Well-informed citizens tended to comply with the health measures even though they needed

to sacrifice some of their liberty. The research done by Stasavage (2020), and Youngs and Panchulidze (2020) suggests that investing in state or government capacity, in the way that most democracies have in the past, is an important and effective strategy vis-à-vis the implementation of restrictions to contain the pandemic. While testing for the virus and contact tracing were implemented in both democracies and autocracies, democracies appear to be more capable of dealing with the challenges of the pandemic, particularly in terms of socio-economic effects and civic potentials.

Furthermore, Alon, Farrell and Li (2020), Maerz et al. (2020), and Stasavage (2020) explored some of the strategies from democracies like Taiwan, Korea and Japan. By imposing stringent COVID measures without violating democratic norms, these countries have not only controlled the number of cases and fatality rates but also created political trust, as citizens in democracies are allowed to vote against the authorities that have performed poorly during the pandemic (Youngs and Panchulidze 2020, 7).

Conversely, research by Kövér (2021) shows the top-down control of authoritarian countries. Under an authoritarian regime, government-centered power forces people to comply with the stringent measures implemented during a crisis, such as a pandemic. It also demonstrates how the government secures its desired hegemony (Köver 2021, 11) by imposing restrictions on civil society through new surveillance techniques (Carothers and Wong 2020). This top-down approach can be seen in Vietnam's forcefully stringent measures vis-à-vis the pandemic, which led to the effective control of the number of COVID cases in the country

in 2020. Cooper and Aitchison (2020) emphasize the efficiency of authoritarian regimes during the pandemic. States that have been most successful in combating the pandemic, such as China, have centrally mobilized resources and planned their policies with a high level of centralization, instead of promoting more democratic participation (Cooper and Aitchison 2020, 5).

In addition, Hartley, Bales and Bali (2021) also discuss the success of Vietnamese government in the early stages of the pandemic as a single-party state. The command-and-control governance of Vietnam's administrative systems aided more effective coordination of pandemic mitigation operations (Hartley, Bales and Bali 2021, 157). Their study also affirms that virus containment and mitigation were aided by Vietnam's administrative infrastructure. The communist organizational structures in Vietnam reached all the way down to the city block and village hamlet, ensuring quick mobilization when it came to notifying the public of the crisis, conducting contact tracing, investigating concerns related to people's travels, and addressing queries on quarantine procedures (Hartley, Bales and Bali 2021, 158).

It is conventional wisdom that autocracies may implement some harsh and forceful policy to contain the spread of the epidemic in society, and in doing so, cause dissatisfaction among the citizens. Through such policies, restrictions are placed on people's liberty and freedom of movement, and the privacy of citizens is curtailed. In addition, there is widespread fear that authoritarian leaders may use COVID-19 as an opportunity to grab more power. However, the COVID-19 pandemic has show that stringent responses by

autocracies are more effective than the measures adopted by democracies in managing and controlling their people. Autocratic administrations also have the distinct advantage that their citizens are more likely to obey official decrees, particularly those that disturb residents' social and business lives (Cepaluni, Dorsch and Branyiczki 2020). China's successful control of COVID-19 is a good example as to how non-democracies can curb the spread of the virus through a harsh policy like a complete city lockdown. Hence, a severe quarantine may be imposed without regard for potential human rights or civil liberties problems in an autocracy.

China's authoritarian methods of dealing with the pandemic are outlined by Stasavage (2020) and Alon, Farrell, and Li (2020), who draw comparisons with democracies such as the United States and Taiwan. Vietnam, which is also a single-party state with a communist ideology, has the same strategy against the pandemic. It was outstandingly successful at maintaining a low number of infected cases and deaths in 2020. Nevertheless, Vietnam has been struggling since the new surge in COVID-19 cases in May 2021 and the government is losing its clout among the public in Vietnam as well as the international community.

Vietnam's responses to the epidemic have also received academic attention. Nguyen Thuong Vu et al. (2021) and Tran et al. (2020) have analyzed Vietnam's responses, focusing on the efficacy of its efforts at contact tracing, mass testing, quarantine, and lockdowns. Vietnam's initial success had much to do with mass testing and its system of tracing people who might have been exposed to the virus as well patients infected with it (Vu, Nguyen

and Pearson 2020). They point out that Vietnam's stringent policy against COVID-19 in 2020 was largely effective. The Vietnamese government, which had been well aware of the risks of the pandemic, implemented policies early on to prevent the spread of the virus. These policies have remained strict throughout all surges of the epidemic in Vietnam. When community transmission was discovered (even if there was only one case detected), the government initiated rapid actions, including extensive contact tracking, commune-level lockdowns, and comprehensive local testing to guarantee that no cases were overlooked (Pollack et al. 2021). However, this policy froze the economy and had negative consequences for the lives of the ordinary Vietnamese even though it was effective in preventing the spread of COVID-19 (Vu and Tran 2020).

Vietnam's Responses to COVID-19

Vietnam's achievements in tackling the pandemic in 2020 have drawn admiration from observers because the country does not have a comprehensive healthcare infrastructure that is available to all the population. Outside of the major cities of Hanoi, Da Nang, Nha Trang, and Ho Chi Minh City, residents frequently struggle to find sufficient healthcare (Willoughby 2021). Many people avoid going to primary care clinics, resulting in overcrowded and overworked hospitals, delays in healthcare, and most importantly, the "envelope problem", in which patients feel forced to pay more to physicians in order to receive treatment (Willoughby 2021). This is likely also the result of the state-run media exaggerating the severity of the disease and amplifying the fears of the citizens. Inadequate healthcare capacity makes new outbreaks even more concerning and puts more pressure

on the government to develop the necessary capital, health technology regulations, and the technological capacity to procure and produce vaccines in Vietnam. On both the economic and health fronts, Vietnam is one of the countries that are most vulnerable to COVID-19 (Tran et al. 2020).

Although it was not until 23 January 2020 that the first COVID-19 case in Vietnam was detected (Phan et al. 2020), Vietnam held a national risk assessment in early January 2020 to determine the risk of the disease for the country, particularly because there is traditionally a high volume of daily movement of people between Vietnam and China (Nguyen et al. 2020). On 24 January 2020, Vu Duc Dam, the Deputy Prime Minister, ordered the activation of the Emergency Center for Disease Prevention and Control to respond to the COVID-19 epidemic (Le 2020). In early February, a national steering committee headed by Prime Minister Nguyen Xuan Phuc was formed to coordinate the whole nation's strategy. A national COVID-19 Response Plan and Technical Treatment and Care Guidelines was also established and disseminated widely by Vietnam's health system managers and other associated ministries (Nguyen et al. 2020). In addition, hospitals across the country prepared to provide suspected and confirmed COVID-19 cases with proper isolation and treatment (Pham et al. 2020).

In the first period of the outbreak when there were only 16 cases in Vietnam, the government adopted active and drastic measures in curbing and dealing with the pandemic. The people who tested positive for COVID-19 were identified by number in the chronological order of their infection. Twenty days after the first 16

cases recovered, Vietnam faced a real surge of the pandemic when a flow of people from abroad who tested positive for COVID-19 arrived in Vietnam; it began with Patient 17, who had travelled to three European countries—England, Italy and France—before returning to Hanoi in March 2020 (Vu and Tran 2020). Together with Patient 17, another 20 patients on the same flight also tested positive and their cases were recorded (Le 2020). Three people who had come into contact with Patient 17 were infected (Le 2020). After that point, the policy became stricter. A series of stringent measures were then employed to eliminate the spread of COVID-19 cases.

Tracing

First of all, Vietnam introduced a multi-tier epidemiological categorization to isolate confirmed and suspected COVID-19 cases from F0 to F5. The government also implemented strict tracing of those who had direct contact with infected patients. The processes of tracing infected cases and people who had contact with them were very strictly applied. If a patient has COVID-19 in Vietnam, they will be identified as F0, and have to report to local public health officials so that health professionals, the military, security officers and other civil servants can trace the people with whom the patient had contact in the past 14 days (Pollack et al. 2021). Other risk levels are identified by proximity to a COVID-19 case. All of the closest contacts, which are categorized as F1 in Vietnam, will be identified and tested for the virus because they had spent more than thirty minutes with a confirmed COVID-19 case or undertook activities within two meters or less of the patient (Pollack et al. 2021).

The F1 cases that tested positive for the virus are then transferred to the hospital for isolation and treatment. The policy is to make the patients go to the hospitals for treatment of COVID-19 even when their symptoms are mild to ensure that the pandemic in the country remained under control and all cases are absolutely cured. The strictness of the policy is shown in the way that the government deals with F1s who do not test positive for the virus. If the F1s test negative, they are still placed in centralized quarantine centers run by the government for 14 days (Pollack et al. 2021) and not allowed to self-quarantine at home. By doing this, health officials and local authorities are able to carry out surveillance on suspected cases and opportunely identify the infected cases from those F1s, as they may test positive afterwards should symptoms of the virus appear within 14 days. The people who came into close contact with F1s are defined as F2. Those are asked to self-quarantine at home under the surveillance of local security officers and civil servants. The authorities would trace contact to the fourth contact level from the detected case when one was identified (Nguyen, Cao and Son 2020, 9-10).

Vietnam's tracking and tracing process of has been overly stringent. When an F0 was detected in a public place such as a shop or a public transport, the whole place must be shut down, and people who travelled on the same public transport must be quarantined as they were F1s. As a result, all social activities must stop, and society will face difficulties. When a few cases tied to immigrants were detected in Ho Chi Minh City, Prime Minister Nguyen Xuan Phuc announced on 2 December 2020 that the authorities in Ho Chi

Minh authority were to “seriously, vigorously, quickly track and trace all related F1 and F2” and place them in centralized quarantine facilities (Vietnamese Government Office 2020c). When stores and other businesses were closed during the lockdowns, the government did not provide support for the people and the situation became very harsh for the common people, especially the underprivileged.

As the number of cases increased, it became more difficult to carry out contact tracing for infected persons. Thus, on 10 March 2020, a health report mobile application called NCOVI was launched by the Ministry of Health to help the public to report not only their medical conditions but also their journeys and the places they had been to. This was put into action before the World Health Organization (WHO) declared COVID-19 to be a global pandemic on 11 March. Through strict contact tracing and early detection of the disease, Vietnam was largely successful in detecting potential infected cases. However, there were some concerns over the data security of the people using the NCOVI application. The surveillance feature of the application constantly tracked the smartphone users' locations and enabled personal data exchange with the application. The severity of the pandemic has also prompted the Vietnamese government to conduct surveillance on citizens who willingly obeyed the rules.

Mass Testing

In order to immediately identify those who might be infected, the Vietnamese government introduced an unprecedented large-scale measure: indiscriminate COVID-19 tests. Mass testing was believed

to be a proactive measure aimed at directly inspecting the entire population and reducing the spread of the virus (Beaubien 2020). At the beginning of the outbreak, Vietnam's intention was not mass testing because that would incur great expenses. However, Vietnam learnt from Korea and planned mass testing with the support of Korean experts and equipment. The Vietnamese government began testing persons with flu-like symptoms, unexplained deaths and cases of pneumonia when they visited medical facilities so as to enhance early detection (Ha et al. 2020). Those with travel histories, those who came into contact with confirmed cases, and persons with COVID-19 symptoms were initially prioritized for testing by the Ministry of Health.

The number of laboratories testing for COVID-19 increased from three at the beginning of the outbreak in January to 112 by April (Vu, Nguyen and Pearson 2020). Medical officials tested suspected cases and retested them; only those who tested negative multiple times were discharged from quarantine (Beaubien 2020). Many tests were also performed on those people who were not quarantined in centralized facilities but might have been exposed to the virus (Vu, Nguyen and Pearson 2020). Testing intensified when tens of thousands of persons, many of whom were Vietnamese, entered the country. This was done to avoid escalating outbreaks in Europe and the United States from making inroads in the country.

Quarantine, Community Isolation and Social Distancing

On 21 March 2020, the Vietnamese authorities decided to enforce a compulsory 14-day quarantine in non-medical or

government-run centralized institutions. Food and accommodation were provided free of charge to anyone who was quarantined, regardless of nationality (Quach and Thi 2020). Public health experts confirmed that Vietnam's early and decisive moves to quarantine thousands of people and restrict travel into the country (Pham et al. 2020) enabled it to be successful in controlling the spread of the virus and the number of infected cases. There are three levels of quarantine in Vietnam: self-quarantine at home, quarantine in non-medical establishments and quarantine in medical facilities (Nguyen, Cao and Son 2020, 9-10). The rules for quarantine in these three categories also differ. People who travelled to Vietnam from a high-risk area, such as Europe or the United States, were quarantined at non-medical establishments, for example (Nguyen, Cao and Son 2020, 9-10).

Quarantine was obligatory for people who tested positive for COVID-19 or had come into contact with an infected person (Nguyen, Cao and Son 2020, 9-10). Patients were not held responsible for all costs associated with COVID-19 tests or isolation and treatment costs (Nguyen, Cao and Son 2020, 9-10). When the country faced its second outbreak in April 2020, the government sent over 200,000 people to government-run quarantine facilities nationwide (Pham et al. 2020). This placed a huge burden on public health facilities and raised concerns for cross-transmission of COVID-19 in those institutions.

A plan to mobilize resources to support localities with poor health systems was implemented when more than 1.5 million people were believed to be linked to the Da Nang outbreak (Nong et al.

2020). In Ho Chi Minh City, people who travelled from Da Nang, a city in central Vietnam, when the outbreak occurred were traced and stratified into groups (Pollack et al. 2021). People with respiratory symptoms or those who had been exposed to one of Da Nang's three hospitals at its epicenter were quarantined and tested, while others were isolated at home and monitored by local community health officials (Pollack et al. 2021).

Social distancing was also implemented as a preventive measure at an early stage. On 2 February 2020, all localities across the country suspended school so as to prevent the spread of the virus and control the epidemic (Le 2020). On 12 February, the Vietnamese government gave the order to isolate the entire Son Loi commune (in Binh Xuyen district, Vinh Phuc province) to prevent the disease from spreading (Le 2020). This was the most powerful measure taken in the first phase of the epidemic following the strategy of early detection of the source of infection, timely isolation, rapid localization, and thorough suppression of the epidemic (Le 2020). As a result, by 25 February, one month after the first case, all 16 of the initial COVID-19 cases in Vietnam recovered (Le 2020). Therefore, Vietnam continued this strategy in subsequent surges of the epidemic.

When the second outbreak began in Da Nang, some large cities saw a large inflow of tourists returning from the coastal city. As a result, the local authorities had to enforce restriction rules to prevent the spread of the epidemic. The Chairman of the People's Committee of Da Nang City specifically considered the immediate application of strong and appropriate measures vis-à-vis epidemic prevention and

control, accurately identifying areas that need lockdown (Vietnamese Government Office 2020b). At the same time, the authorities must implement strict measures of concentrated isolation as well as testing and medical supervision for cases that have been in contact with new detected COVID patients (Vietnamese Government Office 2020a). Furthermore, pharmacies across the city were requested to notify medical facilities of those buying and using cold and fever medicines to conduct rapid testing for SAR-CoV-2 virus, for these people were considered suspected carriers of the virus (Vietnamese Government Office 2020b).

Hanoi, the capital city, was one of the localities with a high risk of infections because many returnees had travelled to or worked in Da Nang city. Therefore, authorities in Hanoi began tracking the cases returning to Hanoi from Da Nang from 8 July 2020 (Thanh 2020). Those who had come to high-risk areas were asked to self-isolate at their places of residence, make medical declarations, take the initiative to check their body temperature, and inform local medical facilities to test for the virus and self-isolate at home while waiting for test results (Thanh 2020). In addition, the police in Hanoi strictly managed immigration, prevented cases of illegal entry, coordinated with People's Committees of all districts, towns, and relevant units to promptly detect and handle cases of illegal entry, as well as strictly handle individuals, units and organizations that illegally entered the country, and who were working and residing in the area.

In the biggest city of Ho Chi Minh, the Ministry of Health issued a third dispatch requesting health departments to closely

monitor people returning from Da Nang. According to the Center for Disease Control in Ho Chi Minh City, surveillance and anti-epidemic activities for people who left Da Nang from 1-28 July 2020 and living in Ho Chi Minh City urgently took place. By 8 August 2020, there were 45,312 cases reported; of these, 36,182 cases were tested for the virus. It was discovered in the end that 32,844 cases came back with negative test results and six were positive. This shows that the government was as successfully in controlling in outbreak in Da Nang as it had been in the early stages of the pandemic.

In addition, Deputy Prime Minister Vu Duc Dam declared that nationwide social distancing would not be adopted again; instead, Vietnam needed to implement a new strategy which localized the lockdown and limited the lockdown areas. According to a political analyst from the Nikkei Asian Review, Hanoi's prompt and complete lockdown of the country had hurt the economy (Onishi 2020). However, Hanoi has learnt the importance of effectively controlling and isolating the outbreak in limited areas in order to avoid economic and corporate losses. In the Da Nang outbreak, no absolute lockdown was imposed. In fact, only ten provinces were sealed off during that time in August (Pollack et al. 2021).

Rigid Lockdown

From the outside, it looked like Vietnam had sealed itself off. When the threat of COVID-19 slowly emerged in Vietnam, the government swiftly implemented strict border closures. In early February, within one week from the first cases, Vietnam suspended all incoming and outgoing to and from China. This led to the halting

of all flights from the country; and all inbound passengers, including returning citizens and foreigners, were directed to quarantine facilities in military barracks (Willoughby 2021). This, together with mass lockdowns, affected not only foreigners planning to travel to the country but also the multinational businesses in Vietnam.

Vietnam went into nationwide lockdown at the beginning of April 2020. The Prime Minister issued Directive No.16, which imposed full lockdown and forced people to stay at home except for emergencies (Vietnamese Government Office 2020a). All non-essential businesses were also forced to close (Vietnamese Government Office 2020a). The lockdown was initially intended for 15 days, but was extended to 21 days in 28 of the 63 provinces that were considered high-risk locations (Onishi 2020).

Extensive and intensive lockdowns helped Vietnam to contain the number of infected cases and ensure that the death toll remained low. This was in contrast to other countries in the region that were struggling with the pandemic. Nevertheless, Vietnam's approach to combating a COVID-19 recurrence had differed from the national shutdown imposed during the second outbreak in April, as the central government wanted local authorities to execute targeted lockdowns to limit the spread of the coronavirus while keeping the economy running. Only essential businesses were allowed to remain open (Nguyen, Cao and Son 2020, 11).

As a result, other large cities such as Hanoi, Ho Chi Minh City and Da Nang had seen more cases of infection. While most of the new cases were either F1 or already within lockdown areas,

there were an increasing number of cases with unknown sources of infection and unclear epi-links, which were reported from different locations, particularly from Hanoi, Ho Chi Minh City, Bac Ninh, and Bac Giang (WHO 2020). In the areas where the outbreak was happening, a strong response was implemented, including vigorous and aggressive contact tracing and mass testing as the Vietnamese government had mandated in previous outbreaks (WHO 2020)

Implications of Vietnam's Authoritarian Governance in Handling the Pandemic

When COVID-19 first hit Vietnam, Prime Minister Nguyen Xuan Phuc was more concerned with protecting people's lives and was thus willing to sacrifice some of the economic benefits (Onishi 2020). The Vietnamese government was able to use its centralized power to mobilize all the available resources at the expense of other priorities. Implementing stringent policies in difficult and emergent situations was justified and acceptable.

Positive Implications

Vietnam was able to impose strong measures against the pandemic because of its authoritarian leadership (Vu, Nguyen and Pearson 2020). The Prime Minister's crisis response was widely supported by the political elites, including the General Secretary of the Communist Party of Vietnam and the Chairwoman of the National Assembly. A distinct strategic response structure came from the one-party government, as important response strategies and policies were developed at the central level and implemented via

a top-down approach (Nguyen et al. 2020). People in civil society organizations are more likely to comply with top-down control orders in countries governed by authoritarian regimes (Kövéér 2021). Vietnam later implemented policies that were more stringent than other countries in the region, as seen in Table 6.1. Apart from Laos, Vietnam was the only mid-size economy in the region to impose national lockdown in 2020.

Table 6.1: Comparison of COVID Responses of Southeast Asian Countries

Countries	Overall status	National responses to COVID-19	
		Closing of non-essential businesses, and public places	Quarantine and Lockdowns
Brunei	Majority of the verified cases was tied to a large-scale religious event that occurred in Malaysia at the end of February 2020.	<p>From 6 April 2020, mass gatherings were prohibited.</p> <p>Malls were asked to limit the number of customers per square meter and restaurants were only allowed to tend to customers with takeout orders.</p> <p>Since July 2020, places of worship and schools reopened; and restaurants and other businesses soon followed.</p>	<p>Beginning on 6 April 2020, all citizens and visitors were subjected to two weeks of quarantine.</p> <p>Extensive testing and strict quarantine rules were implemented.</p>

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Cambodia	Because of the tight ties with China, Cambodia underestimated the risk of COVID-19 and first declined to take strict measures.	<p>Casinos and schools were closed on 1 April 2020.</p> <p>The economy was reopened in the latter half of the year, beginning with schools, places of worship and other businesses.</p> <p>Travel and gathering restrictions were re-imposed in December due to a new outbreak.</p>	All visitors to Cambodia were subjected to quarantine from 8 April 2020.

<p>Indonesia</p>	<p>There was a dramatic increase in cases. It also had the highest fatality rate in ASEAN</p>	<p>As Ramadhan approached, large-scale social restriction was enacted; and domestic intercity air, land and sea travel was suspended.</p>	<p>The government kept easing gathering and travel restrictions while local authorities tried to re-impose lockdowns due to the rapid increase in cases.</p>
<p>Laos</p>	<p>The last ASEAN country to report infections. It also has a non-existent healthcare system and poor governance.</p>	<p>Schools, restaurants, entertainment venues, and large shopping malls were instructed to close on 19 March 2020. Gatherings of more than 10 individuals were prohibited.</p> <p>Private hospitals and clinics around the country closed.</p> <p>Schools reopened two months later.</p> <p>Laos resumed travel to several Southeast Asian countries in December 2020</p>	<p>On 30 March 2020, a national stay-at-home order was issued, which included the closure of provincial borders.</p> <p>Citizens who returned from abroad had to self-quarantine for 14 days.</p> <p>Some local lockdowns were implemented.</p>

Malaysia	Due to huge religious gatherings, this country was the first to record COVID-19 cases.	Citizens were forbidden from travelling more than 10 kilometers from their homes. They were only allowed to purchase no more than 10 units of basic necessities. Several businesses were ordered to close at the end of the year.	Beginning 18 March 2020, the country was placed under quarantine. Movement restrictions in most states were lifted from 7 December 2020. Partially lockdowns were extended
Myanmar	Due to a lack of testing, reported cases were delayed (the first cases were detected on 23 March 2020).	From 7 April 2020, all economic sectors that did not immediately contribute to the fight against the pandemic were closed. Bars were closed, and shopping malls were only open for a limited time. From September 2020, only essential businesses were allowed to open	Yangon was placed under lockdown. Citizens returning from abroad, those who were deemed to be “potentially infected” with COVID-19, and animals were required to serve 14 days of quarantine. Local lockdowns were imposed.
Philippines	It had the most number of daily reported cases. The country has been struggling throughout the epidemic	During Holy Week, worshipers were urged to stay at home and watch the ceremonies on the internet. Most restrictions were lifted in June 2020	On 16 March, the main island of Luzon (in which Manila is situated) was the first to be closed. Quarantines and testing were reintroduced at the end of the year.

<p>Singapore</p>	<p>Although it was a global leader in its early and vigorous reaction to COVID-19, it later had to deal with a second wave of infections originating from pockets of migrant labor.</p>	<p>On 3 April 2020, all non-essential businesses and schools were shuttered.</p> <p>All non-family gatherings of any size were outlawed.</p> <p>If people continued to congregate outdoors on 9 April 2020, parks and sports venues would be shuttered.</p> <p>Since 17 December, gathering restrictions have been loosened.</p>	<p>From 5 April 2020, all dormitories housing more than 20,000 migrant workers were quarantined.</p> <p>Reopening was planned for the end of the year.</p>
<p>Thailand</p>	<p>Inconsistent travel and quarantine restrictions, a lack of communication, and supply constraints occurred.</p>	<p>From 10 April 2020, the sale of alcoholic beverages was outlawed. Schools were closed till 1 July 2020.</p> <p>Due to new cases detected in December, all indoor and outdoor events were prohibited. No sale of alcohol was allowed.</p> <p>Non-essential businesses must close at 8pm.</p>	<p>Starting on 3 April 2020, a national curfew was imposed from 10pm to 4am.</p> <p>A country-wide curfew from 9pm to 6am was implemented in December 2020.</p>

Vietnam	Despite limited resources and sharing borders with China, the pandemic was managed well.	From 1 April 2020, public meetings of more than 20 individuals were prohibited, and non-essential public services were suspended. Social distancing was imposed in areas affected by the outbreak in Da Nang in July. Only businesses tied to infected cases were closed.	From mid-February 2020, quarantine was imposed in certain high-risk areas. On 1 April, a 15-day country-wide lockdown began. Local lockdowns began after the outbreak in Da Nang. There were no nationwide lockdowns in the last three months of 2020.
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Sources: Djalante et al. 2020, 8-9, Centre for Strategic and International Studies, OECD and other sources (compiled by authors)

Satisfactory consequences largely support the Vietnamese leaders' restrictive policies vis-à-vis the pandemic in 2020. In comparison with other ASEAN member states, Vietnam has done its best in controlling the number of cases and keeping the death toll low. Philippines, an electoral democracy, of similar area and population, had more than 400 times the number of cases and nearly 300 times as many deaths. Of the 10 countries in ASEAN, Vietnam only fared worse than Brunei, Laos, Cambodia and Singapore, which had much smaller demographic sizes. The lingering question is whether the Vietnamese government's actions can be justified as long as they can save lives.

Table 6.2: Reported COVID-19 Cases and Deaths in Southeast Asia

Countries	Population (million)	Cases	Infection rates (%) (approx.)	Deaths	Fatality rates (%) (approx.)
Brunei	0.437	157	-	3	1.9
Cambodia	16.7	364	22	0	-
Indonesia	273.5	735,124	2,688	21,944	3.0
Laos	7.28	41	6	0	-
Malaysia	32.7	1,870	57	463	24.8
Myanmar	54.8	123,740	2,258	2,664	2.15
Philippines	109	471,526	4,326	9,162	1.94
Singapore	5.85	58,569	10,012	29	0.04
Thailand	69.8	6,690	96	61	0.91
Vietnam	98.32	1,456	15	35	2.4

Source: JHU CSSE COVID-19 Data, Worldometers, Khmer Times (compiled by authors)

Negative Implications

By restricting some human rights, Vietnam was successful in controlling the epidemic in 2020 to some extent. However, when evaluating the disadvantages and the achievements of Vietnam during the pandemic, it can be argued that the Vietnamese government’s COVID-19 policies have violated human rights for no better outcome. Mass lockdowns have been imposed continuously since the beginning of the pandemic in Vietnam, and these lockdowns grow more serious with each latest surge. When forceful or authoritarian measures were imposed during the pandemic, public trust was undermined and human rights—such as freedom of movement—are undermined (Alon, Farrell and Li 2020, 153).

A public health emergency does not, however, absolve

governments from rejecting their obligations to uphold fundamental rights and liberties, because governments have undeniable moral and legal obligations to take the burdens imposed on affected individuals seriously; and they must understand that their tough measures results in loss of personal freedom, income, and privacy, discrimination, stigmatization, and excessive stress for people (Thomson and Ip 2020). Hence, in the case of Vietnam, the government seems to have failed in protecting human rights with its forceful and stringent COVID-19 policies.

Breach of data privacy is also a problem, even though it justified the need to trace those exposed to infected cases. Residents were asked to completely collaborate with authorities when a case was found in a certain zone under Vietnam's policy at the moment. To prevent further infections, the patient's personal information, including their name, gender, age, address, and travel history for the previous 14 days, would be disclosed (Onishi 2020). More than a few Vietnamese willingly offered their personal information (Onishi 2020). They believe that informing others about the danger of illness is the soundest approach to protecting the community after surviving the nationwide lockdown.

When people test positive for the virus or as F1, they are forcibly hospitalized or forced to go to centralized quarantine facilities. This is against the will of those who would like to isolate themselves at home. The government doubts the commitment of people who are infected and suspected cases to isolate themselves at home. As a result, the government forced all such cases to be quarantined in centralized facilities. This is unfair to those who can commit to stay at home during their quarantine when they may or

may not test positive for the virus.

All of these people are coerced and sanctioned if they refuse to go to centralized quarantine facilities. This is a violation of people's civil liberty, since it is not in any of Vietnam's laws. Furthermore, the government's COVID-19 measures have created discrimination among people, since those who refused to be quarantined are discriminated by people around them as well as by other people through social media. This imposed unnecessary stress on the infected people as well as individuals who might test positive for the virus. The policy that Vietnam has been implementing not only reflects that citizens may be coerced, but also that there may be a lack of healthy state-citizen relations based on trust. Those who test positive for the virus are placed in the quarantine areas, regardless of symptoms. Those who have the closest contact with infected cases are brought to centralized quarantine facilities as well. As a result, people with mild symptoms have become worse, and more and more cases have appeared in those quarantine areas. People who have closest contact with infected persons are tested before their placements in these quarantine facilities. They may test negative at the beginning, but because they are put in a place altogether, some may test positive in the next few days. Therefore, people in the quarantine facilities places can get the virus without knowing it. Crowded quarantine centers with poor conditions and crowded hospitals with lack of adequate medical equipment and facilities are the reasons why infected cases are increasing rapidly with more than 10,000 per day, and the death toll has been increasing.

If the tracing process and centralized quarantine policy were

not as strict in the new surge as they had been previously, infected people with mild symptoms could self-isolate at home without harming other people. This is because people are now aware of the severity of the disease. They would obviously go to the hospitals when their symptoms became worse. This is something that will happen naturally as the disease spreads. It is immaterial if the number of cases would be lower without centralized quarantine. This is because it is obvious that tracing infected cases and putting them in centralized quarantine areas has not helped to reduce the number of cases at present. If the government would like to implement those measures, then it must ensure that the quarantine facilities must be completely safe. Unfortunately, the government cannot guarantee that. As a result, Vietnam has struggled to prevent new infections since the Delta variant entered the country.

Nevertheless, because of the unpredictable dangerous impacts of the disease, lockdowns on both local and national levels may become more common in the near future, and the shift towards democratic principles means that the civic potential of private space must be enhanced (Parry 2020). Mass lockdowns in Vietnam cannot be effective if the COVID-19 situation prolongs, for Vietnam's civic capacity is not strong enough. Because of the increased damage to household revenues, this pandemic has had diverse effects on income, necessitating the development of specific methods to help targeted groups recover their economic status (Tran et al., 2020, 7). At this early stage of Vietnam's nationwide partial shutdown, a complete assessment of COVID-19's influence on many subjects in the coming periods is vital in order to inform the government as to the ways it

could alleviate the economic suffering of the most afflicted populations (Tran et al. 2020, 7). Furthermore, as the plans of restricting people's liberty could lead to unexpected outcomes on human well-being, the pandemic's psychological effects on the general population's quality of life should be addressed. To that end, public health initiatives, particularly mental health programs, should be adopted.

Most people are unaware that social and economic policy in crisis management also requires emergency response (Greer et al. 2020, 1414). Physical distancing or economic shutdowns are some of the more authoritarian public health policies that rely heavily on society's compliance. Compliance necessitates not only effective communication and trust, but also a political economy that allows individuals to remain at home without starving (Greer et al. 2020, 1414). In terms of gaining trust within the community, Vietnam has failed in making people believe that they would be well-supported and supplied with food and other necessities during lockdowns. The stay-where-you-are policy that Vietnam is enforcing cannot work if the basic needs of people, including food and essential items, medical services, and incomes are not provided. Hence, it is difficult for people to obey the government's instructions when they need to survive.

Due to the rigidly implemented policies, citizens' well-being suffered. A recent study shows that the proportion of Vietnamese people reporting a decrease in their family incomes due to the epidemic is 66.9%, which is higher than the 45.6% reported in India (Tran et al. 2020, 5). Furthermore, the quality of life can be reduced tremendously, which is more likely to happen in a family with 3-5 members than smaller households (Tran et al. 2020, 7). People were

compelled to stay at home during the nationwide partial lockdown and had no income to pay for living expenses; hence, the larger the family, the greater the financial hardship (Tran et al. 2020, 7). In addition, COVID-19 also changed the family income of those with undergraduate degrees, and those working in other industries than healthcare. It also led to many jobs having definite-term contracts. This occurred due to businesses downsizing or closing as a result of Vietnam's severe social distancing requirements.

While Vietnam has responded swiftly to the pandemic, its capacity is not strong enough to deal with the virus in the long run. However, like other autocracies, Vietnam's responses to COVID-19 can be over-stringent and has led to negative effects on people and the country's socio-economic conditions. Although the Vietnamese government has implemented lockdowns in targeted areas to keep non-infected districts functional and keep both businesses and the economy afloat, the leadership of the country has shown that it is willing to sacrifice the economy to best prevent the spread of COVID-19. Nevertheless, the fourth outbreak in Ho Chi Minh City in May 2021 has made the government impose full lockdowns, which have harmed both society and the economy.

New Virus Variants and Prospects for Vietnam

In spite of the surprising success of Vietnam's responses to COVID-19, which has received praise from the international community, public opinion on Vietnam's performance is diminishing as the Delta variant spreads and Vietnam's COVID-19 vaccination rates remain low. Recent outbreaks have occurred in a total of 63 locations, with the largest clusters occurring in Ho Chi Minh

City and nearby provinces, which are the country's economic and industrial hubs and densely inhabited areas (Thu 2021). When more lockdowns were imposed in response to the new surge in July 2021, the lives and jobs of many Vietnamese workers were impacted, and the pressure on the country's manufacturing output increased, in turn affecting worldwide supply chains (Le 2020).

William Pesek's opinion piece in *Nikkei Asia* depicted Vietnam's struggle against COVID-19 as largely effective in 2020. Vietnamese leaders may believe that early mitigation successes can be reproduced if necessary, and that large-scale immunization efforts can be postponed (Pesek 2021). Another analysis by Thu Huong Le, a senior fellow of Australian Strategic Policy Institute, also mentioned that the Vietnamese government's early successes against the virus have led to its current complacency (Thu 2021). However, this complacency has only led to a lack of urgency. Before the current surge in the number of infections, Vietnam had only experienced a small number of COVID-19 cases, which has made the country and its leaders unaware of the sudden changes of the epidemic. As a result, they kept implementing the old policy when the Delta variant appeared and were slow to enact a vaccination plan.

In comparison with other democratic and autocratic countries, Vietnam has been effective in controlling the disease in 2020 in terms of the number of infected cases and deaths. However, an authoritarian regime like Vietnam has fared no better than other countries in the latest outbreak. Vietnam has much fewer infected cases relative to Thailand and Malaysia, but the number of deaths is trailing right behind these two countries. The rigid measures can

help slow down the transmission rate of the Delta variant, but they do not raise the quality of medical treatment. That helps to explain the soaring number of deaths in Vietnam that reached 10,749 within the first 8 months of 2021.

Table 6.3: COVID Cases and Deaths in Selected Countries

Southeast Asian Countries	Population (million)	Cases	Infection rates (%) (approx.)	Deaths	Fatality rates (%) (approx.)
Brunei	0.437	2,462	0.5	7	0.3
Cambodia	16.7	92,208	0.5	1,881	2.0
Indonesia	273.5	4.01 million	1.5	131,923	3.3
Laos	7.28	14,641	0.2	12	0.08
Malaysia	32.7	1.71 million	5.2	16,087	0.9
Myanmar	54.8	392,300	0.7	15,183	3.8
The Philippines	109	1.95 million	1.8	33,109	1.7
Singapore	5.85	67,171	1.15	55	0.08
Thailand	69.8	1.17 million	1.7	11,143	0.95
Vietnam	98.32	435,265	0.4	10,749	2.5
Democratic Countries and Territory	Population (million)	Cases	Infection rates (%) (approx.)	Deaths	Fatality rates (%) (approx.)
Germany	83.2	3.94 million	4.7	92,146	2.3
Japan	126.5	1.34 million	1.0	15,723	1.17
South Korea	51.3	250,051	0.47	2,237	0.9
Taiwan	23.57	15,938	0.07	829	5.2
United Kingdom	67.1	6.56 million	9.7	132,437	2.0
United States	331.45	38.9 million	11.7	637,356	1.6

Source: JHU CSSE COVID-19 Data, Worldometers

As can be seen in Table 6.3, the fatality rate in Vietnam is higher than some of the democratic countries such as the United Kingdom, South Korea, and Japan, while it is relatively low compared to some of other Southeast Asian countries. Other autocratic countries have also faced high fatality rates. A study has shown that while the infection rates of the disease appear to be higher in democratic countries, the reported case fatality rates are lower (Karabulut et al 2021). However, Vietnam's COVID-19 deaths have been rapidly increasing of late when other countries had seen several deaths from the virus in 2020. The sudden rise in fatality rates in Vietnam vis-à-vis the reported figures in other countries makes the situation in Vietnam even more alarming. That proves that the COVID situation in Vietnam will not be improved if the government continues to implement its old measures without a strategy to strengthen capacity and upgrade medical facilities.

Table 6.3 shows that the fatality rates of democracies, such as Indonesia and Myanmar, are lower than some autocracies'. Democracies also appear to have lower COVID-19 mortality rates, and score higher on health and human development indices (Karabulut et al 2021, 8). While democracies are less able to control the spread of the disease by monitoring and moderating interpersonal interactions, they place greater emphasis on human life and health. Taiwan and South Korea have proven that. Furthermore, they also recognized the significance of central state intervention, and the need to establish state capacity that can be utilized for disease preventive without resorting to emergency powers (Stasavage 2020, 12). These are the lessons that Vietnam should learn from Taiwan

and South Korea. If the Vietnamese government only deals with the spread of the epidemic without improving the country's civic, medical, and state capacities, more damage will be observed in the future.

Vietnam can learn from Taiwan in controlling the number of infected cases. Taiwan has been successful in keeping its number of COVID-19 cases low relative to its population. Taiwan has implemented an effective policy of supplying COVID-related necessities to the people as it monitors the pandemic. The Taiwanese government was able to quickly to halt the spread of the virus by combining airport surveillance equipment, big data, health data, and tracing technologies (Scher 2020). Thanks to transparent and open communications, which is one of the main characteristics of a democracy, Taiwan's responses to the pandemic are more efficient and less aggressive than autocracies such as China, a country that is culturally and ethnically akin to Taiwan (Alon, Farrell and Li 2020, 156). Taiwan has also been successful in quickly instituting stringent control measures, which is ostensibly one of the hallmarks of authoritarianism (Alon, Farrell and Li 2020, 156). However, Taiwan has not been struggling like Vietnam in implementing strict policy because Taiwan swiftly devised a welfare program for those affected, motivating them to report symptoms honestly and allowing them to remain at home without fear of starving (Alon, Farrell and Li 2020, 156).

A surprising outcome from the recent number of cases is that the United Kingdom (the UK), a country which witnessed a large

wave of infected cases in 2020, has seen a decrease in COVID-19 cases when it lifted all lockdowns and brought life back to normal in society. However, the UK was able to do this because its fatality rate is relatively low. In fact, the UK's COVID-19 fatality rate is much lower than Vietnam's at present. According to scientists, the reduction in new COVID-19 cases in the UK is not herd immunity, as only over 53% of UK's population has been vaccinated at the time the number of cases fell (Ball 2021). One possible reason is that the people have become highly aware of the danger of the disease and apply self-protection methods even when all restrictions have been lifted. According to official statistics, approximately nine in ten people wear masks or facial protections although it is no longer mandatory (Rawlinson 2021). Therefore, Vietnam could ease the lockdowns and other tracing measures, as most people are now aware of the severity of the disease and are willing to coordinate with the authorities to protect themselves as well as society. If tracing F0 cases and centralized quarantine stop, there will be more space in hospitals for the patients with severe symptoms, and the medical facilities will not be overloaded and will be better prepared to treat those patients.

Conclusion

Democracy has always been at the forefront of the methods employed to control the pandemic. The autocratic government in Vietnam has proved that it can successfully deal with COVID-19, even though several other democratic countries in the region are struggling with the virus. By restricting some liberties of its citizens,

Vietnam has effectively prevented the pandemic from spreading wildly in the population and damage to the country has been minimized. Indeed, Vietnam has had low numbers of COVID-19 cases and deaths in 2020. While this strict policy has worked in 2020 and the early part of 2021, it does not seem to be effective in the fourth wave caused by the Delta variant.

Vietnam's responses to COVID-19 were significantly successful in 2020. The policy was initially effective because Vietnam reacted swiftly to prevent the pandemic from spreading in the country in 2020. Because there were only a few cases at the start of the pandemic, it was easy for the government to employ tracking, tracing and centralized quarantine. The recent surge in cases and deaths after May 2021 has shown that the government's policy is flawed. Authoritarian control and public nationalism, as employed by the government in the first stage of the pandemic, were no longer effective in 2021. Vietnam is now struggling to cope with the skyrocketing number of infected people in hospitals and quarantine facilities because it lacks specialist medical technology, medical equipment and vaccines.

The Vietnamese administration realized that the pandemic is costly, both financially and politically. Because of its rigid application of its stringent COVID-19 policies, the government may be at risk of losing state legitimacy. When new outbreaks of the Delta variant spread quickly in many Vietnamese cities in 2021, the government applied the measures it had used against the virus. However, the policies they used in 2020 did not yield positive results

in 2021. This has resulted in higher rates of infection and higher death tolls. Because the Vietnamese government was too committed to applying previous policies on the current situation and not heeding reliable medical advice, it has now realized that its civic and national capacities are not strong enough to endure the ongoing pandemic.

The policy which led to Vietnam's success in 2020 will not yield the same results when there have been numerous changes in the outbreak of COVID-19 in Vietnam. The Vietnamese leaders' optimistic belief that their 2020 achievements vis-à-vis the pandemic would allow them to successfully combat the Delta variant has not borne fruit. Indeed, Vietnam's number of COVID-19 cases and deaths in 2021 has risen, despite the government implementing the same measures. Thus, it would behoove us to reflect upon the effectiveness of transparency amid a global issue, especially in light of the ongoing COVID-19 pandemic. As the case of Vietnam has shown, a rigid health-related policy may backfire if it is based on political determination rather than scientific evidence.

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07 Changes in Foreign Direct Investment Flows into Vietnam during the COVID-19 Pandemic: Case Studies of Manufacturing and Real Estate Sectors

Huong Thanh VU and Linh Thuc LE

Introduction

Over the last 20 years, international economic integration has consistently been a vital factor in Vietnam's socio-economic development. Vietnam's international economic integration efforts are present even in challenging times, such as the ongoing COVID-19 pandemic. In 2011-2020, Vietnam's annual GDP growth averaged 5.9% per year, with a 2.4 times increase in scale. Although Vietnam was confronting difficult times in the pandemic, its GDP in 2020 was US\$271.2 billion, a 2.91% increase compared to that of 2019. Due to this remarkable growth, Vietnam was able to secure its position as a fast-growing economy globally.

The dramatic increase of foreign direct investment (FDI) inflows is among the main factors contributing to Vietnam's economic growth over the past few years. FDI has also enabled Vietnam to improve the efficiency of its domestic resources,

encourage technology transfer, boost productivity, and intensify global economic integration (MPI 2018; VCCA 2021). Between 2011 and 2020, not only did the registered FDI into Vietnam rise 1.82 times from US\$15.59 to US\$28.53 billion; realized capital also increased 1.8 times from US\$11 to US\$20.38 billion (GSO 2021). FDI into Vietnam during these ten years flowed strongly into the manufacturing and real estate sectors. Manufacturing attracted the largest amount of FDI among 19 economic sectors, while real estate attracted the most FDI within the service sector. Until the end of 2020, FDI into manufacturing and real estate accounted for approximately 59% and 16% of Vietnam's total registered FDI inflows, respectively (FIA 2020).

Although the COVID-19 pandemic initially commenced as a medical crisis, it has changed the world in numerous aspects. The epidemic has caused multifaceted impacts in economic development and international investment, owing to social distancing measures and the closure of national borders. In Vietnam, FDI inflows were also negatively influenced when the total registered FDI in 2020 dropped by 25% in comparison to that of 2019. FDI flows into manufacturing and real estate witnessed contradictory changes, as the former decreased by more than 44% and the latter increased by nearly 8% (Vu and Nguyen 2021). As the pandemic is ongoing and unlikely to end in 2022, it is necessary to study FDI in the key industries to uphold the stability of FDI contributions to the Vietnamese economy for the foreseeable future and thus the country to rapidly and effectively recover in the post-pandemic era.

According to the United Nations Conference on Trade

and Development (UNCTAD), “FDI is defined as an investment involving a long-term relationship and reflecting a lasting interest and control by a resident entity in one economy (foreign direct investor or parent enterprise) in an enterprise resident in an economy other than that of the foreign direct investor (FDI enterprise or affiliate enterprise or foreign affiliate)”. Meanwhile, the Organisation for Economic Co-operation and Development (OECD) describes FDI as “a category of cross-border investment in which an investor resident in one economy establishes a lasting interest in and a significant degree of influence over an enterprise resident in another economy”. Overall, FDI could be understood as a form of investment in which the capital is transferred from one country to another over the long term. Foreign investors, either individuals or organizations, will invest in the host countries via building, operating, and managing businesses to achieve long-range benefits. FDI is a significant channel for transferring technology and promoting international trade among nations, and is considered a major factor in globalization and global economic integration due to its ability to create a stable and persistent connection among different economies.

Many scholars have evaluated Vietnam’s FDI in the COVID-19 pandemic, namely Tran Tho Dat (2021), To Manh Cuong and Nguyen Nhu Quang (2020), Luc Thi Thu Huong and Nguyen Minh Tuan (2020), Nguyen Thi Thu Ha and Nguyen Anh Dung (2020), Nguyen Thi Quynh Huong and Nguyen Thi Yen Hanh (2020), and Vu Thanh Huong and Nguyen Thi Hai Ly (2021). Nonetheless, almost all of them only depict a general overview of FDI flows into Vietnam and fail to comprehensively investigate FDI in specific

sectors. These papers also do not analyze and compare changes in FDI inflows to Vietnam before and during the pandemic, nor do they address the country's challenges in attracting FDI during the pandemic. This chapter aims to add to the existing literature by examining and comparing FDI inflows into Vietnam before and during the pandemic. It will do so by focusing on the manufacturing and real estate sectors that are traditionally recipients of large FDI. We also aim to clarify some challenges in regard to Vietnam's FDI inflows, as these problems have been more clearly exposed by the COVID-19 pandemic. Additionally, we will examine the current challenges faced by Vietnam in attracting FDI during the pandemic to determine the prospects for FDI in the future, and consider how the country can quickly and efficiently recover after the COVID-19 pandemic.

The paper is organized into six parts. After this introduction, the second part will present an overview of the FDI flows into Vietnam and the next two parts will analyze the changes in FDI inflows to the manufacturing and real estate sectors. In the fifth section, we will investigate the prospects for FDI flows into Vietnam before concluding with some implications for Vietnam in the final part.

An Overview of FDI Flows into Vietnam in the COVID-19 Pandemic

Total FDI Capital and Projects

The total registered FDI into Vietnam averaged at US\$20 billion per year in the first four years in the 2011-2020 period, reaching US\$25 billion in 2015 with several large FDI projects

and gradually increasing to US\$37-38 billion from 2017 to 2019 (Figure 7.1). In 2020, the COVID-19 pandemic, together with border closures to slow the spread of the disease, impeded FDI inflows into Vietnam. The total registered FDI decreased to US\$28.5 billion, a 25% reduction from 2019 levels (FIA 2020; Vu and Nguyen 2021). Although the pandemic continued to rampage through the big cities and provinces in the first half of 2021—particularly in high-density industrial zones such as Bac Ninh, Bac Giang, Hanoi, and Ho Chi Minh City—registered FDI into Vietnam still amounted to nearly US\$9.55 billion, a decrease of only 2.6% from the same period last year (FIA 2021).

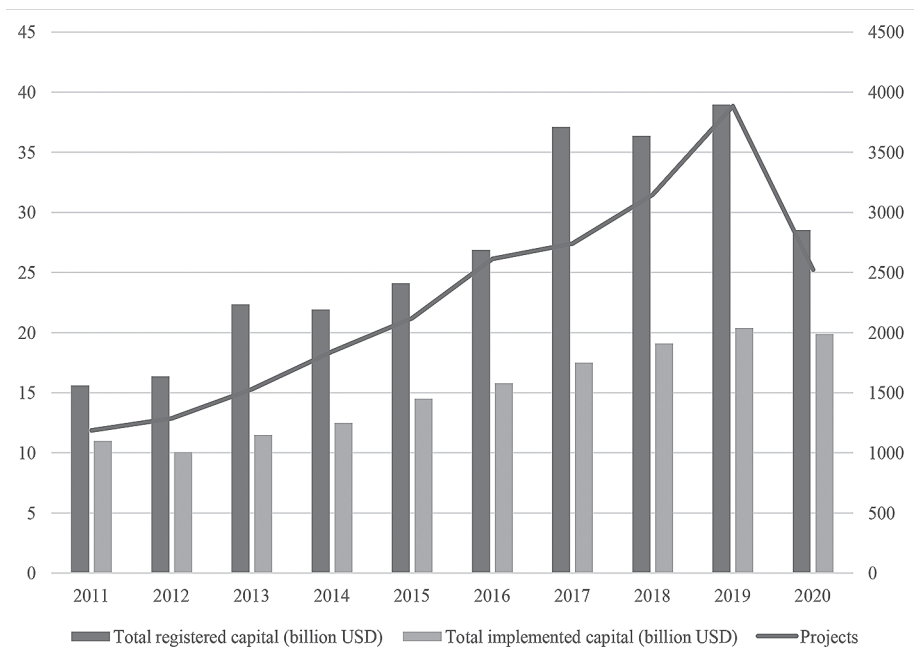


Figure 7.1: FDI Inflows to Vietnam, 2011-2020 (in million USD)

Source: Foreign Investment Agency’s Database from 2011 to 2020

Vietnam's total implemented FDI steadily grew in 2011-2020 with FDI peaking at US\$20 billion in 2019, which is double the amount of US\$10 billion in 2012. When the COVID-19 pandemic spread around the world in 2020, Vietnam's FDI only decreased by 2% from the figures of 2019 (FIA 2020). Additionally, in the first six months of 2021, US\$9.24 billion was disbursed to FDI projects, a 6.8% increase from the same period of last year. There was a four-fold growth in the number of newly registered FDI projects from 1,186 to 3,883 in 2011-2019. However, this figure declined to 2,523 in 2020, a 1,300 disparity when compared to the level in 2019. Even so, this figure is comparable to that of 2016 and 2017.

FDI to Vietnam experienced overall positive changes in 2011-2020 when there was an uptick in the number of projects, registered FDI and implemented FDI. The total accumulative registered FDI was nearly US\$269 billion and total implemented capital reached almost US\$153 billion in 2011-2022, accounting for 67.5% and 66% of the total capital in Vietnam in more than 30 years since 1988, respectively. The COVID-19 outbreak in 2020 wrecked some damage to economic activities in general and investment attraction in particular, as FDI inflows to Vietnam decreased substantially and resulted in a decline in registered FDI capital. Nevertheless, the decline in FDI inflows only approximated to a 2% decrease in the implemented FDI, and the number of projects was still relatively high. Vietnam was considered an ideal destination in the shifting global investment climate in 2020, and thus ranked among the world's top 20 host economies for FDI for the first time (UNCTAD 2021). The first six months of 2021 also looked promising, as

implemented FDI climbed by 6.8% compared to the same period in 2020. Considering the severe 35% drop in global FDI in 2020 due to the pandemic, Vietnam’s ability to attract FDI in the same period is noteworthy.

FDI Flows into Vietnam by Partner

Although there were changes in the annual rankings of Vietnam’s biggest FDI partners in 2011-2020, the top 10 stayed nearly unchanged and most of them are from Asian countries and territories, namely South Korea, China, Japan, Singapore, Taiwan, and Hong Kong (Figure 7.2). Vietnam’s other top FDI partners are Thailand, the Netherlands, Samoa, the British Virgin Island, France, Australia, the UK, and Malaysia.

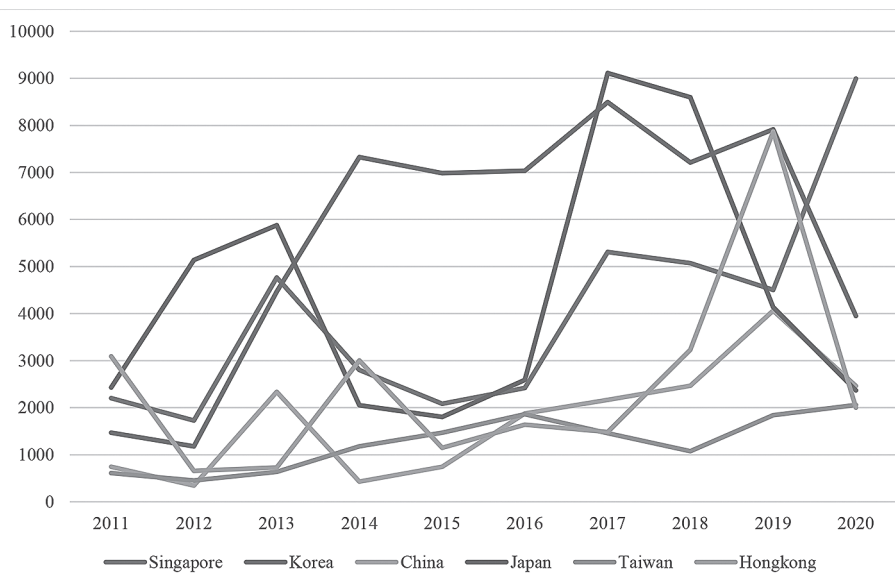


Figure 7.2: Asian Countries in Vietnam’s Top 10 Biggest FDI Partners, 2011-2020

Source: Foreign Investment Agency’s Database from 2011 to 2020

There have been some changes in Vietnam's FDI partners since the COVID-19 pandemic. Before 2019, Japan and South Korea were interchangeably the two biggest FDI partners of Vietnam. Since the 2020 pandemic, Singapore moved to the top (from third place) by investing nearly US\$9 billion in Vietnam, accounting for 31.5% of total capital. China jumped from fifth to third position and Taiwan climbed from sixth to fifth place. Concurrently, South Korea fell from first to second place, while Hong Kong dropped from second to sixth position (FIA 2020). In the first half of 2021, Singapore remained Vietnam's biggest investor with more than US\$5.6 billion invested in Vietnam. There were some other notable changes when South Korea fell to third place with a total registered capital of US\$2 billion and Japan rose from fourth to second place in 2020 with investments of more than US\$2.4 billion (FIA 2021).

FDI Flows into Vietnam by Sector

During 2012-2019, FDI to Vietnam mainly flowed into five sectors, namely manufacturing; electricity, gas and air conditioning supply; real estate; wholesale and retail; and professional, scientific, and technical activities (Figure 7.3). Other sectors, such as transportation and storage; construction; accommodation and food services; finance, banking, and insurance; information and communication, received little FDI capital

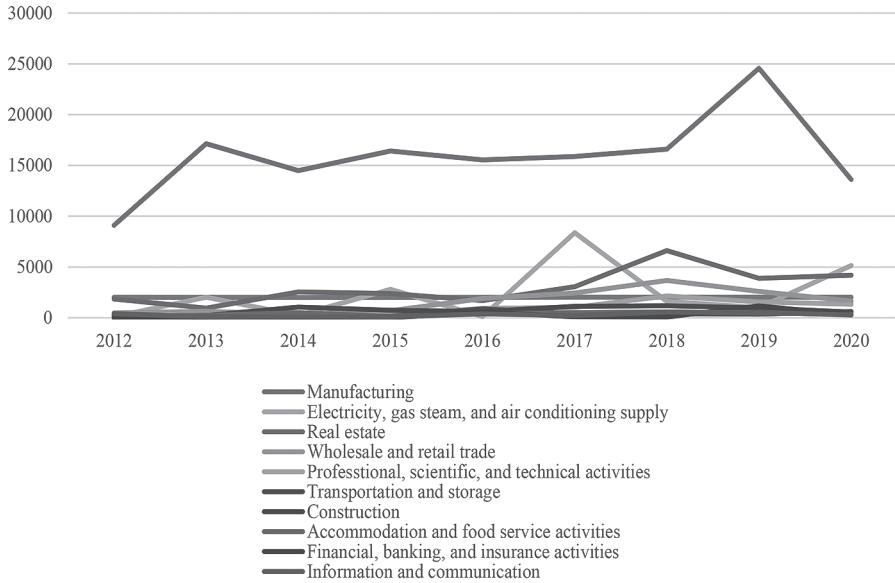


Figure 7.3: Top 10 Sectors Attracting the Largest FDI in Vietnam, 2012-2020

Source: Foreign Investment Agency’s Database from 2011 to 2020

The COVID-19 pandemic reduced FDI flows into almost all sectors. There was a noticeably dramatic decline in FDI into manufacturing as well as service sectors such as wholesale and retail; accommodation and food services; finance, banking, and insurance; and information and communication. On the contrary, FDI flowing into electricity, gas and air conditioning supply; agriculture; and education and training witnessed a substantial increase.

The five largest FDI-receiving sectors in Vietnam have not changed, despite the pandemic. Both prior to and during the pandemic, manufacturing has attracted the highest level of FDI,

followed by electricity, gas and air conditioning supply; and real estate. Wholesale and retail, and professional, scientific, and technical activities ranked fourth and fifth in terms of FDI input, respectively. This ranking remained the same until the first six months of 2021. The attractiveness of those five sectors to foreign investors has increased noticeably during the pandemic. FDI inflows into those five sectors accounted for 88.7% of the total registered capital on average in 2011-2019, rising from 90.85% in 2020 and 94.08% in the first half of 2021.

FDI Inflows into Vietnam in the Manufacturing Sector during the COVID-19 Pandemic

Total FDI Capital

From 2011 to 2019, manufacturing always ranked first in attracting FDI to Vietnam, accounting for 60% of the total FDI flows into the country on average. While the value of registered capital into this sector experienced an uptick in 2013-2019, there was a downward tendency in its proportion from 76% to 65% (Figure 7.4). In 2019, total registered FDI capital reached a record high of US\$24.56 billion, 3.45 times more than the US\$7.1 billion received in 2001. The number of newly licensed projects stood at 820 per year and gradually increased from 435 in 2001 to 1,314 in 2019. As FDI within the manufacturing sector before 2019 mainly poured into the processing and assembly of computers and electronic products, textiles, garments, and chemicals, Vietnam was able to establish some key industries such as electronics, telecommunications, and textiles (VCCA, Aus4Vietnam and Australian Aid 2021).

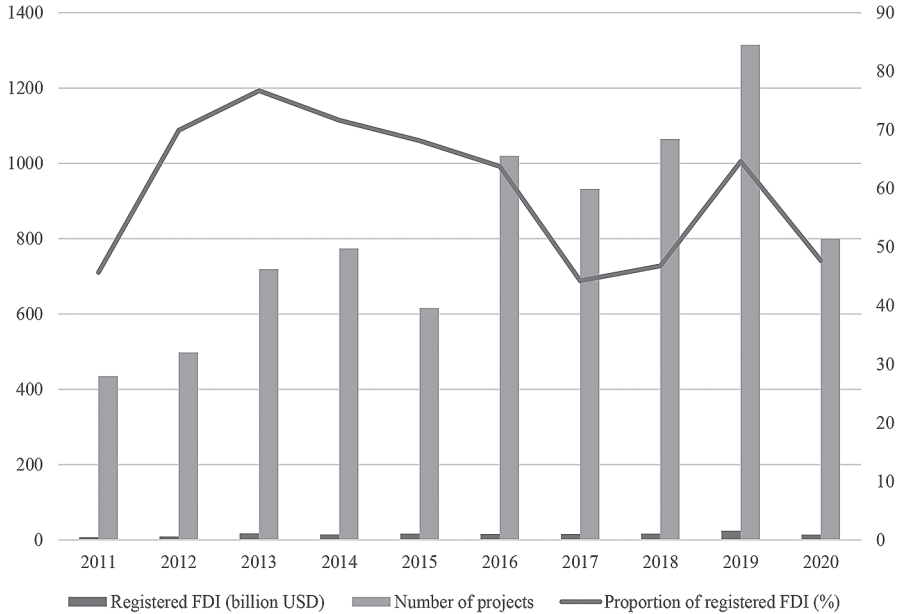


Figure 7.4: FDI Inflows into Vietnam’s Manufacturing Sector, 2011-2021

Source: Foreign Investment Agency’s Database, 2011-2020

Even though manufacturing remained the biggest FDI-receiving sector throughout the COVID-19 pandemic—with a total registered capital of US\$13.6 billion in 2020—several challenges arose. Due to the US-China trade war, multinational corporations (MNCs) shifted their production and supply chains out of China and into Vietnam. However, the pandemic disrupted the global supply chains and MNCs had to scale down or halt their production, and reconsider their decision of starting new investments and expanding the scale of current projects. The computer and electronics assembly sub-sector within the manufacturing sector was also hard hit by the pandemic. This sub-sector, which traditionally received the greatest

FDI in Vietnam, was at a standstill during the pandemic because it strongly relied on global supply chains as well as imports of raw materials and final product exports. As a result, FDI capital and projects in manufacturing sharply declined in 2020. Before 2020, the decline in registered FDI only occurred twice at 15.45% and 5.42% in 2014 and 2016, respectively. In 2020, registered FDI in the manufacturing sector fell by 44.62%, a rate that is considerably higher than the 25% decrease of FDI in all sectors, and the largest reduction since 2011. FDI in manufacturing in the first half of 2021 continued to fall by 12.84%, which is again higher than the average decline of 2.55% in all other sectors (FIA 2020; FIA 2021). This decrease can mainly be attributed to the new COVID-19 outbreak that directly affected the industrial zones in Hai Duong, Bac Ninh, Bac Giang, and most recently, Ho Chi Minh City, all of which are the centers of the manufacturing sector in Vietnam.

The decline in the growth rate of manufacturing FDI intensified its ongoing reduction vis-à-vis Vietnam's total FDI inflows. In fact, the proportion of manufacturing FDI plummeted to 47% in 2020 and 46% in the first half of 2021, compared to 65% in 2019. This drop vividly illustrates the extent to which FDI in Vietnam's manufacturing sector is dependent on global value chains. When global supply chains were interrupted by the lockdown measures implemented in many countries, it disrupted the electronic and machinery supply chains. The resultant reduction in imported input as well as reduced global demand caused FDI flows into the manufacturing sector to sharply fall.

FDI Flows into Vietnam by Partner

In 2011-2019, before the COVID-19 pandemic, South Korea was the biggest FDI partner investing in Vietnam's manufacturing sector. In fact, the bulk of South Korea's FDI to Vietnam went into the manufacturing sector. When weighted against its total FDI input in Vietnam, South Korea's total manufacturing FDI increased from around 60% in 2009 to 86% in 2019 (VCCI 2020a). The Vietnam-South Korea Free Trade Agreement (VKFTA) signed in 2015 was one of the key factors strongly promoting South Korea's investment into Vietnam during this period. South Korea's FDI projects are densely located in such provinces as Bac Ninh, Thai Nguyen and Hai Phong, and have radically shifted from light and labor-intensive industries to manufacturing and the assembly of electronic equipment. With an accumulative registered capital of approximately US\$17.36 billion by the end of 2017, Samsung was not only the biggest South Korean investor but also the biggest FDI investor in the manufacturing sector in Vietnam. Samsung officially entered Vietnam in 2008 and constructed two manufacturing plants in Bac Ninh, one consumer electronics production complex in Saigon Hi-Tech Park, one Research and Development Center in Hanoi, and one Sales and Marketing Unit. Some other large South Korean projects in Vietnam include LG Display, LG Innotek and Hyosung's polypropylene factory and underground storage for liquefied petroleum gas in Ba Ria-Vung Tau (VCCI 2020a).

Japan is Vietnam's next most important FDI partner after South Korea, with billions in capital flowing into Vietnam's manufacturing projects, such as Honda and Toyota. Japanese investment in

Vietnamese manufacturing witnessed an uptick, but at a slower rate than South Korea due to the gradual shift of Japanese investors towards the goods and services sector, such as distribution, banking, and consultancy. At the end of 2017, Japan had invested US\$33.54 billion in 1,541 manufacturing projects in Vietnam, an amount that is equivalent to 80.02% of Japan's total FDI into Vietnam. Japan's FDI in manufacturing was more than US\$465 million in 2017 and rose 3.6 times to over US\$1.6 billion in 2018. In 2019, a series of Japanese companies expanded production in Vietnam. Notably, Kyoshin Co., Ltd. increased its investment to expand its factory and increased exports of electrical components and moulds. Sews-Components Vietnam II Co., Ltd. constructed plants in Hung Yen to manufacture plastic products and electric components for cars and motorcycles. Katolec Global Logistics Vietnam Co., Ltd. also constructed storage facilities in Ha Nam (Dang Huong 2019). Singapore is another notable partner that increased its FDI in Vietnam prior to the pandemic, and investments from Singapore mainly went to the manufacturing sector (VCCI 2020b).

During the COVID-19 pandemic, South Korea, Japan and Singapore maintained their top positions in FDI investments in Vietnam's manufacturing sector. However, the most noticeable feature in the changes of partners during the pandemic is that Singapore had replaced South Korea as the biggest investor in Vietnam in general and in manufacturing in particular. Singapore increased its investment in the Long An Power Plant I and II project by US\$3.1 billion in the first quarter of 2020. Additionally, Singapore—through Offshore Energy Pte Ltd—invested in the Bac

Lieu liquefied natural gas (LNG) power plant project, the biggest FDI project in Vietnam in 2020, with a total registered capital of US\$4 billion (FIA 2020).

Although the COVID-19 pandemic has negatively affected Vietnam's economy, foreign investors, especially South Korea, Japan, Taiwan and the EU, decided to invest in large-scale manufacturing projects in Vietnam. When compared to the FDI input in 2019, FDI flows into the following sub-sectors in 2020 increased: coke and refined petroleum production (22.6%), electronics and machineries (6.9%), food processing (10.9%), iron and steel production (15.2%), and electrical equipment (10.6%) (FIA 2020). At the beginning of 2020, Samsung invested an additional US\$220 million in the Research and Development Center (R&D Center) project in Hanoi and planned to complete and render the Center operational at the end of 2022. This new R&D Center is projected to create jobs for about 3,000 persons, raise the capabilities of the Vietnamese workforce in developing products and promote the country's transition into the fourth industrial revolution (Giang Thanh 2020). At the end of 2020, Taiwan started the Pegatron FDI project with a registered capital of US\$1 billion in Hai Phong. Pegatron will produce electronic equipment such as consumer electronics, computers, internal transmission devices, circuit boards, and electronic components. These products would be supplied to giant technology companies such as Sony, Lenovo, Microsoft and Apple (Nguyen Duc 2020). At the end of May 2020, German adhesive tape manufacturer, Tesa, announced that it would build a factory in Hai Phong, thus turning Vietnam into its fifteen production base in the world (VCCA,

Aus4Vietnam and Australian Aid 2021).

Assessment of Manufacturing FDI into Vietnam during the COVID-19 Pandemic

The COVID-19 pandemic has directly and intensely influenced FDI flows into the manufacturing sector of Vietnam. Indeed, total registered FDI declined by 44% in 2020 and continued to decrease by nearly 13% in the first half of 2021. This decline was much higher than the overall FDI into Vietnam, leading to a continuous reduction in the proportion of manufacturing FDI in Vietnam's total FDI inflows. Both prior to and during the pandemic, Asian countries have always been the biggest investor in Vietnam's manufacturing sector. However, there were some notable changes in partners when Singapore surpassed South Korea and Japan to become the biggest manufacturing investor in Vietnam during the pandemic.

Despite the challenges of declining FDI flows, manufacturing remains the largest FDI-receiving sector both before and during the pandemic. The pandemic spawned a wide range of difficulties, such as disruptions to the global supply chains, which led to a shortage of raw materials, the downsizing and closure of several manufacturing factories, the decrease in both domestic and global demands, reduced financial flows, the shortage of employees in industrial zones with COVID-19 outbreaks, and difficulties in exporting to countries that were hard hit by the pandemic such as China, South Korea, the UK and Japan. However, Vietnam made strides in its attempt to halt the spread of the disease. As a result, it has thus far been able to continue sustainable production activities. In this way, the country

has raised its reputation in the global arena during the pandemic to become an attractive destination for leading MNCs worldwide, such as Apple, Foxconn, Samsung, Toyota and Honda. FDI projects in the manufacturing sector during the pandemic have positively contributed to the growth of Vietnam's industry and trade (GSO 2021). When this is contrasted against the 35% decline in global investment in 2020, Vietnam's continued FDI projects are "bright spots" in the global economy. Vietnam would not have registered positive economic growth during the pandemic if not for FDI contributions into the manufacturing sector.

However, FDI flows into manufacturing, both before and during the pandemic, still faced several limitations. Some of the difficulties faced by the manufacturing sector were exacerbated by the pandemic. FDI manufacturing projects normally employ low-skill laborers and are limited in their adoption of modern technology such as blockchain, financial technology (fintech), or artificial intelligence. When the government in Vietnam implemented lockdown measures in industrial zones with high numbers of COVID-19 cases, the manufacturing sector felt the impact of the pandemic. FDI enterprises take advantage of Vietnam's cheap labor force in the assembly of materials and components from abroad to create low value-added products. The reliance of FDI projects on input imports for the production of exported products has negatively affected the performance of FDI companies, particularly when global supply is disrupted. The spillover effects of FDI enterprises in technology transfer as well as the linkages between domestic and FDI enterprises are very low, implying that the FDI into the

country failed to enhance advancements in science, technology and innovation. The lack of specific and appropriate legislative regulations also means that FDI enterprises can and do evade taxes and transfer prices. This, in turn, endangers the state budget and financial security, and creates an unequal playing field among businesses. The lack of adequate incentives for foreign investors in the pandemic has likewise made it difficult for Vietnam to attract investors that are seeking to relocate their plants outside of China.

FDI Flows into Vietnam in the Real Estate Sector during the COVID-19 Pandemic

Total FDI Capital

Vietnam's real estate market has a lot of potential due to its young labor force, increasing urbanization and improving per capita income. Before the pandemic, real estate had been the biggest FDI recipient among the service sub-sectors, attracting an average of 41.2% of the total FDI flows into the service sector as a whole. Among all the 19 economic sectors receiving FDI, real estate constantly ranked second (after manufacturing) or third (after manufacturing and electricity, gas and water production and supply), receiving an average of 10% of Vietnam total registered FDI inflows. As can be seen Figure 7.5, FDI into real estate is generally high, fluctuating between US\$1 to 3 billion in 2011-2017, sharply increasing to over US\$6.6 billion in 2018 due to some large-scale licensed projects like the Smart City project in Dong Anh and Lotte Mall project in Hanoi, and decreasing to US\$3.9 billion in 2019 (VCCA, Aus4Vietnam and Australian Aid, 2021). FDI flows into

Vietnam’s real estate sector are mostly focused on office leasing and industrial zones.

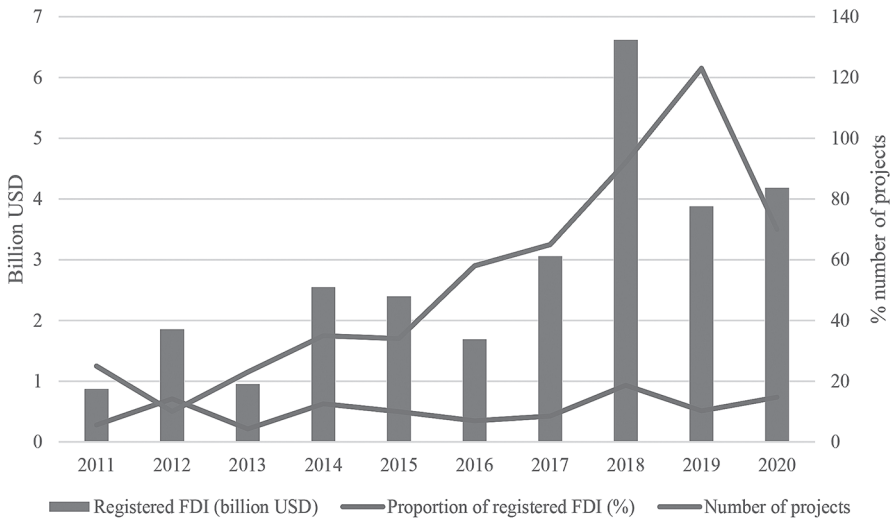


Figure 7.5: FDI Flows into Vietnam’s Real Estate Sector, 2011-2020
Source: Foreign Investment Agency’s database, 2011-2020

During the pandemic, real estate was still the largest FDI recipient among the service sub-sectors and ranked third among the 19 economic sectors. Unlike the other service sectors, FDI flows into real estate in 2020 grew in all quarters of the year and were higher than the FDI input in 2019. The total registered capital into real estate in 2020 stood at US\$4.2 billion, which is an 8% rise increase from that of 2019. Despite the continuous decrease in FDI flows into Vietnam and the outbreak of a new strain of COVID-19 in the country in the first half of 2021, real estate still attracted a substantial amount of FDI and maintained a high growth rate of 6.5% (FIA 2020; FIA 2021). Those results raised the proportion of real estate FDI vis-à-vis Vietnam’s total FDI inflows in 2020

to 14.7%, a marked increase from the 10% of the pre-pandemic period. Currently, investments in Vietnam's real estate market are centered in large projects like housing, offices and hotels. Real estate in industrial zones also attracted substantial attention from foreign investors during the pandemic, making this sub-sector a "bright spot" in the Vietnamese real estate market.

There are many reasons for the growth of FDI flows into Vietnamese real estate during the pandemic. The global investment shift arising from the COVID-19 pandemic as well as the ongoing US-China trade war have created an opportunity for Vietnam to emerge as a new and safe production destination. This resulted in demands for real estate in Vietnam's industrial parks. The rise in land price by around 8.1% and in rental price of ready-built factories by about 3.1% in the first quarter of 2021 compared to the same period in the previous year also increased the attractiveness of investing in real estate. Additionally, the production and business activities of many enterprises came to a standstill during the pandemic due to social distancing measures, the prices of gold dramatically fluctuating, the volatile state of cash flows in the securities market, and low interest rates throughout 2020 and the first half of 2021. These factors encourage idle cash flows to pour into real estate because investments expected property price to change in the future. FDI inflows into this sector also increased because of domestic banks' tightened credit policies on real estate investments. While Vietnam did experience difficulties in attracting FDI in general during the pandemic, the stable Vietnamese economy and many free trade agreements made its real estate sector very attractive to foreign

investors.

FDI Flows into Vietnam's Real Estate Sector by Partner

Before the COVID-19 pandemic, Japan was the leading investor in Vietnamese real estate. In 2017, Japan invested US\$1.91 billion in 53 real estate projects in more than 50 Vietnamese provinces, accounting for more than 62% of the total FDI into this sector. Likewise, in 2018, Japan invested US\$2.3 billion in 67 real estate projects that made up 35% of total FDI into this sector. Large Japanese enterprises, such as Mitsubishi, Samty, Sumitomo, Takashimaya, Nomura, Anabuki, Sanei and G-7 Holdings, have entered Vietnam's real estate market over the years. South Korea was the second biggest investor, as can be seen in the presence of numerous big South Korean MNCs in Vietnam, such as the Lotte Group, POSCO, Hyundai, Keangnam, Daewoo and GS E&C. Until 2018, Vietnam was South Korea's second largest foreign real estate market.

Unlike FDI flows into the manufacturing sector, the COVID-19 pandemic did not change the positions of the largest investors in Vietnam's real estate. Throughout the pandemic, Japan and South Korea were still respectively the first and second biggest investors in Vietnamese real estate, as attested by their numerous outstanding projects. Japanese enterprises also invested in office buildings such as Sun Wah Tower, acquired Zen Plaza in Ho Chi Minh City and cooperated with Phu My Hung Development Corporation to develop the midtown high-class complex. Likewise, the Nomura Real Estate

Company invested an additional US\$63.6 billion in Vietnam's real estate sector. The biggest real estate FDI in Vietnam in 2020 was the west of West Lake urban area that attracted the joint investments of five South Korean construction companies, namely Daewoo Engineer & Construction Co., Ltd; Daewon Co., Ltd; Dong IL Highvill Co., Ltd; Keangnam Enterprises, Ltd; and Kolon Engineering & Construction Co., Ltd.

Vietnam's real estate market became more active during the pandemic when Singapore and Taiwan commenced their projects. Singapore had already been constructing offices in Vietnam, and was planning to develop industrial, commercial and logistics zones in Vietnam in the future. Meanwhile, Taiwanese company Foxconn focused on social housing projects in Bac Ninh, Bac Giang and Vinh Phuc, and negotiated investment in a 600-hectare industrial park in Bac Giang and proposed the expansion of the Binh Xuyen Industrial Park 2 phase II by 70 hectares in Vinh Phuc. Vietnam's participation in numerous free trade agreements (FTAs)—such as the European Union–Vietnam Free Trade Agreement (EVFTA) and Comprehensive and Progressive Agreement for Trans-Pacific (CPTPP)—also helped Vietnam to receive high-value investments from US and European partners during the pandemic.

Assessment of Real Estate FDI into Vietnam during the COVID-19 Pandemic

Contrary to the decline in FDI flows to almost all economic sectors, FDI in real estate during the COVID-19 pandemic increased with a growth rate of 8% in 2020 and 6.5% in the first six months

of 2021. This substantially raised the proportion of real estate FDI in Vietnam's total registered FDI. Real estate remains the largest FDI-receiving service sub-sector and the third largest FDI economic sector both before and during the pandemic. The ranks of the largest real estate investors in Vietnam remained unchanged during the pandemic, with Japan and South Korea retaining the top two positions. Additionally, the market grew more active during the pandemic when it received outstanding projects from Singapore, Taiwan, the US, and the EU as they changed their product development strategy. Many enterprises also changed their strategies by diversifying their product portfolios and focusing on the real demand rather speculation. Thus, during the pandemic, increasing FDI into industrial zone real estate became a "bright spot" in Vietnam's real estate market.

Vietnam's real estate market, especially its industrial zone real estate market, experienced stable growth during the pandemic, leading to an optimistic projection of growth of FDI in the real estate sector. In addition, Vietnam's participation in FTAs, the tightening of domestic real estate credit, the fluctuations in the domestic financial market, the US-China trade war, various MNCs' plans to shift production away from China, and the changing manufacturing strategies adopted by the MNCs contributed to increased FDI flows into Vietnam's real estate sector. FDI into Vietnam's real estate sector also increased due to internal factors such as a high economic growth rate, tourism development, improved infrastructure, a young labor force with increasing incomes, and high demand for housing in big cities and provinces with large industrial zones.

Although FDI flows into real estate rose during the pandemic, Vietnam did not effectively take advantage of the potential opportunities. The cash flow is showing signs of moving out of China's real estate market to neighboring countries. However, Vietnam has not made use of this opportunity even though MNCs view it as a new potential location for their factories. Unlike the other countries in the region, Vietnam's policy responses to the MNCs' interest in the country have been slow and were unable to keep pace with the changing corporate structure and international strategies of FDI enterprises during the pandemic. India has adopted land incentives and was able to receive 1,000 large economic groups moving out of China, and Indonesia established a 400-hectare industrial zone to accommodate these businesses. Vietnam should, therefore, develop appropriate investment incentives so as to more efficiently exploit its physical proximity to China and attract these shifting FDI flows.

FDI has created incentives for Vietnam to standardize and adopt international standards in its real estate market, and meet better real estate demand. However, the contribution of real estate FDI to the development of Vietnam's real estate market is not as high as expected. Some foreign enterprises often blame difficult procedures that require them to adjust their projects, reduce the scale of their projects, and prolong the timeframe for their projects, which may, in turn, lead to long-term trouble with cash flows. As a result, some FDI enterprises resort to illegally transferring their land use objectives to earn higher profits or they simply occupy large land areas in prime locations.

FDI inflows into Vietnam have also been stymied by real estate-related institutions and policies. Vietnam's real estate market has grown strongly, but this growth is unstable because the legal framework has failed to keep up with market developments. Low transparency and unsustainable regulations are also factors challenging the effectiveness of investment in this market. It is difficult to obtain validation and access to land for project implementation in Vietnam because of cumbersome procedures and the lengthy procedure vis-à-vis land use rights. MNCs also face difficulties in clearing land for use because land lease terms in Vietnam are not as competitive as that of other countries. All of these factors have been key obstacles to the entry of more FDI into Vietnam's real estate market.

Prospects of FDI in Vietnam

The COVID-19 pandemic has had long-term consequences on FDI flows worldwide. In the second half of 2020, cross-border merger and acquisitions (M&A) and international financial transactions have partially recovered, albeit mostly in developed economies. In contrast, green-field FDI projects continued to be in the negative throughout 2020 and in the first quarter of 2021. In 2020, the total global FDI reached US\$1 trillion, equivalent to a 35% decrease, which is 20% lower than the lowest point of the global financial crisis in 2009. FDI in both developed and transitional economies declined to 58%. Meanwhile, FDI in developing economies—which accounted for two-thirds of global FDI—only witnessed an 8% downturn (UNCTAD 2021).

Prospects for global FDI are dependent on various factors, such as the resilience of the world economy and the effectiveness of various countries' national policy responses to the pandemic. Investment and trade policies will also affect investors' confidence and decisions. The closure of business locations, manufacturing plants, and construction sites will continue to stagnate global FDI flows. The future impacts of the pandemic on FDI will also depend on the efficiency of international vaccine production and distribution programs. According to UNCTAD (2021), global FDI inflows will drop in 2021 and then gradually recover with an increase of 10-15%. However, FDI in 2021 would still be 25% lower than FDI in 2019. FDI is forecasted to increase by approximately 15-20% and fully expected to rally to pre-pandemic levels of around US\$1.5 trillion by 2022. The recovery will be uneven among regions. While developing Asian countries have initially recovered their investments, FDI is predicted to decline by 25-55% in other regions such as Latin America, the Caribbean and Africa. The prospects of FDI in natural resource projects have decreased owing to low demand for commodities and continuously declining oil prices. Export goods and export-oriented goods for global value chains will also be adversely affected.

In line with the optimistic prospects for FDI in Asia, Vietnam had opportunities to attract more FDI in 2021. The US-China trade war caused FDI to shift out of China, and other foreign investors have been pumping more FDI into Vietnam. The COVID-19 pandemic has been a catalyst pushing this shift. It has increased the speed at which MNCs diversified their supply chains and

reduced their dependence on the Chinese market. In 2020, Vietnam achieved an economic growth rate of 2.91% and became one of the few countries in the world to achieve positive growth. In the first 7 months of 2021, the country's growth rate is 5.6%, despite dealing with the outbreak of a new COVID-19 variant at the end of April. Vietnam's FTAs, especially the CPTPP and EVFTA, will provide significant advantages for Vietnam and provide impetus for it to integrate in global trade and investment norms. By doing so, Vietnam would be able to upgrade its position in the global value chain and increase competitiveness in attracting FDI. The World Bank (2021) estimates Vietnam's growth rate in 2021 to be at 4.8%, which will converge the pre-pandemic growth rate of 6.5% to 7.0% from 2022 onwards, assuming the current outbreak will be brought under control and the economy rebounds in the fourth quarter. The COVID-19 vaccination plan in Vietnam was launched in March 2021 and has been implemented nationwide from July 2021. The aim is to issue 150 million dosages and vaccinate 75% of the Vietnamese population. These encouraging prospects and plans mean that Vietnam is a promising FDI recipient and a strategic link in global FDI flows.

Although FDI flows into Vietnam's manufacturing sector kept on shrinking in the first half of 2021, the rate was lower than that of the same period last year. The Ministry of Planning and Investment has abolished 58 administrative procedures in investment so as to reduce the complexity of paperwork, generate more favorable conditions for investment activities, and reduce time and costs for foreign investors. Infrastructure of production areas and industrial

zones has also been consistently improved and upgraded to welcome the wave of investment shifts. The number of domestic and export orders in the manufacturing sector is forecasted to increase to 82.3% (GSO 2021). However, Vietnam has been facing another COVID-19 outbreak since the end of April 2021. This has affected the operations of factories in industrial parks, especially those in Bac Ninh, Bac Giang, Ho Chi Minh City and Binh Duong. Manufacturing FDI, with the aforementioned factors, will continue decreasing in the second half of 2021 compared with the same period of 2020, but the rate of decline is expected to slow down.

Contrary to the difficulties facing FDI in the manufacturing sector, the COVID-19 pandemic is regarded as an opportunity for the development of Vietnam's real estate market. Many real estate businesses are taking advantage of the pandemic to adjust their product development plans to launch large-scale projects and smart eco-urban areas. Real estate prices in Vietnam in 2021 are forecasted to increase by 5-20%, especially in the high-end and industrial zone segments (Hong 2021). Furthermore, a number of other internal factors will create strong motives for Vietnam to attract more FDI into this sector in the second half of 2021, including (i) the removal of bottlenecks in real estate policies; (ii) improved ability to control the spread of COVID-19; (iii) the resilience and ability to recover in a post-COVID 19 world, and (iv) lower interest rates. Therefore, following the growth momentum of 2020 and the first half of 2021, FDI into Vietnam's real estate is expected to continue growing in the latter half of 2021.

Conclusions and Implications

This chapter analyzed FDI flows into Vietnam before and during the pandemic. It did so by examining FDI flows to the manufacturing and real estate sectors. The results show that during the pandemic, registered FDI flows into Vietnam declined by 25% throughout 2020 and 12% in the first 6 months of 2021. However, there are some encouraging results illustrated by: (i) the much lower rate of decline in Vietnam's registered FDI compared to global FDI; (ii) the sound performance of implemented FDI capital, which decreased only 2% in 2020 and increased by 6.8% in the first half of 2021, and (iii) Vietnam becoming one of the top 20 host countries for FDI in 2020.

The pandemic has resulted in some remarkable changes in the list of Vietnam's top 10 FDI partners. Singapore climbed from second to first position in 2020, China from fifth to third position, and Taiwan from sixth to fifth position. While the rankings of South Korea and Hong Kong dropped, Japan remained Vietnam's fourth largest investor. The rankings of the top five largest FDI-receiving sectors have remained unchanged; these are manufacturing; production and distribution of electricity and water; real estate; wholesale and retail; and professional, scientific, and technical activities. Foreign investors seemed to find these five sectors particularly attractive during the pandemic, as their proportion of total FDI rose from 88% in the pre-pandemic period to 91% in 2020 and 94% in the first six months of 2021.

Manufacturing and real estate remained the first and third

largest FDI-receiving sectors of Vietnam, respectively, during the pandemic. However, they each have undergone contradictory changes. Manufacturing FDI has declined in both growth rate and proportion, while real estate FDI has experienced new opportunities. Manufacturing FDI fell by more than 44% in 2020 and 12.84% in the first half of 2021, exacerbating its declining proportion vis-à-vis Vietnam's total registered FDI inflows. In contrast, real estate FDI inflows increased by nearly 8% in 2020 and 6.5% in the first half of 2021. While Singapore surpassed Japan to become the largest investor in Vietnam's manufacturing sector during the pandemic, the largest investor in real estate remained unchanged. For both the manufacturing and real estate sectors, there is no transparent shift of FDI among sub-sectors. FDI in manufacturing is still concentrated on processing, computers and electronic products assembling, textiles, garments, and chemicals. FDI in real estate is still focused on office leasing, housing, and industrial zones, even though there has been a shift in investments towards industrial zone real estate.

Based on analysis of the prospects for global and Vietnamese FDI as well as the current internal factors of the Vietnamese economy during the pandemic, we expect that Vietnam will continue to be a promising FDI recipient and a strategic link in global FDI flows in the future. Manufacturing FDI is expected to decline less dramatically and real estate FDI will continue to grow strongly in the second half of 2021, especially when compared with the same period in 2020.

In order to realize these prospects, Vietnam needs to

conscientiously prevent the spread of COVID-19 in the country and promote socio-economic development to create a more stable business environment to attract FDI. In order to catch up with the shifting and recovering global FDI inflows, it is vital for Vietnam to focus continuously on improving its investment environment through increasing transparency and reforming procedures and regulations, especially administrative procedures on the environment, land and construction. Vietnam should take advantage of the new opportunities coming out of the pandemic as well as its existing FTAs. The pandemic has created incentives for developing digital-related sector, such as e-commerce, digital finance, digital education and information technology. In order to prepare for FDI flows into these sectors, Vietnam should gradually enhance digital skills, nurture innovative capacity, and improve information access and quality as well as privacy rights.

Unfortunately, the COVID-19 pandemic has exposed some of the problems of the manufacturing industry, namely its low-skill labor force, low value-added products, outdated technology, high dependence on imported inputs, weak supporting industries, low spill-over effects and lack of adequate incentives. Therefore, it is important to promote the training of a proficient workforce at all levels, from public servants to entrepreneurs and workers. In fact, the traditional drivers of growth—accumulation of physical capital and manufacturing expansion mostly in labor-intensive sectors—are gradually running out of steam. Vietnam can only receive high-value and high-quality FDI projects when it has a stable and quality labor supply. Once worthy high-value FDI projects are attracted into

the country, they will increase the added value of the products and enhance Vietnam's participation in the global supply chains. It is also important to design and implement policies to encourage FDI enterprises to build R&D centers to improve Vietnam's technology and disseminate modern technology to domestic enterprises. Modern technology is essential to attracting high-quality FDI. To that end, Vietnam has to "courageously" reject projects that are inappropriate to the country's long-term development demands. Taking advantage of current FTAs to attract high-quality FDI and promoting trade in the manufacturing industry should likewise be emphasized. It is necessary to attract more FDI to the mechanical sector through negotiations with mechanical MNCs and encouraging them to investment in joint venture projects with domestic enterprises. This will create opportunities for domestic enterprises to gradually participate in MNCs' supply chains, especially in the input production stage, and marketing and sales. In this way, Vietnam can take advantage of the FDI sector to progressively build up its own modern mechanical industry in the future, develop supporting industries, as well as participate more deeply and effectively in higher value-added segments of the global value chains of the machinery and equipment sector. To support the recovery of manufacturing FDI in the post-COVID 19 period, Vietnam should provide incentives for FDI projects with new and high technology, high value-added products, positive spill-over effects in terms of land hire and use, and corporate income tax.

To increase FDI in the real estate sector, Vietnam should simplify administrative procedures and reduce corruption in the

licensing-related stages. Industrial zone real estate has plenty of opportunities to strongly develop during and after the pandemic. In order to attract more FDI to this sub-sector, industrial zones must be thoroughly reviewed and classified into groups, including zones that need to be prioritized for expansion, zones that need to be newly built, and zones that need to be narrowed. A list of industrial zones with land that is already cleared and in possession of ready infrastructure should also be transparently published to provide more information to foreign investors. The adoption of digital technology to provide foreign investors with the means to observe and select Vietnam's industrial zones to invest should also be considered, especially given recent social distancing and lockdown measures. It is vital to improve the infrastructure, and transportation and logistics systems to attract foreign investors to operate in industrial parks. This has the added benefit of indirectly promoting FDI in industrial zone real estate.

In conclusion, this chapter compares the changes in FDI inflows to Vietnam before and during the pandemic with a focus on manufacturing and real estate sectors. It analyzes the prospects for Vietnam's FDI inflows and proposes some recommendations for the country. Due to the limited availability of data for the COVID-19 period, this chapter cannot quantify the impacts of the pandemic on FDI inflows to Vietnam. When more data is available in the future, we suggest another study that uses econometric models to comprehensively examine the impacts of the pandemic on Vietnam's FDI inflows in general and in some specific sectors in particular, and compare the impact among sectors. In so doing, concrete solutions

can be proposed for Vietnam to efficiently recover in the post-pandemic period and cope with similar unexpected circumstances in the future.

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08

Emerging Roles of Community Health Cadres in Health Service Provision towards Pregnant Women during COVID-19 in Malang City, Indonesia

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Introduction

Senior citizens, disabled people, informal sector workers, and women are vulnerable groups in the COVID-19 pandemic. As patriarchal culture hampers women from accessing health services, they become more susceptible to the virus than other population groups. Impoverished women are the most fragile as they suffer from the socio-economic impacts of COVID-19. Compared with impoverished men, women have less access to hospitals (Setyonaluri and Samudra 2020). The social construct has encouraged the discrimination of females in regard to access to healthcare facilities during the COVID-19 pandemic. Pregnancy during the COVID-19 pandemic worsens women's already poor access to healthcare as hospitals and clinics are paying more attention to COVID-19 patients. Consequently, pregnant women are not a priority.

Healthcare for pregnant women is called antenatal care (ANC).

According to the World Health Organization (WHO), prenatal services for pregnant women consist of promotion, screening and diagnostics, and disease prevention (WHO 2016). ANC visits help to promote a healthy lifestyle by giving patients information about nutrition, detecting and treating previous illnesses, and consulting and supporting women who face domestic violence (Uwambaye et al. 2020). Getting infected with COVID-19 can endanger a woman's pregnancy. Therefore, most pregnant women with COVID-19 are advised to undergo a caesarean delivery. During the caesarean delivery, there is a chance the baby will be born premature or the birth will have to be induced because of the risk of catching COVID-19 from their mother (Guan et al. 2020).

The demand and supply concept can help us to understand the healthcare problems faced by pregnant women during the COVID-19 pandemic. On the demand side, the healthcare providers fear pregnant women may catch COVID-19, but there is also a lack of personal protective equipment (PPE) at hospitals and clinics. There is also limited staff because they are exposed to the virus and must be quarantined. As a result, the hospitals are left with untrained or inexperienced medical staff. There are also not enough beds for all patients. Meanwhile, on the supply side, i.e., on the side of the pregnant women, the lack of information on available services only increases the women's fears that they will catch COVID-19 (Aggarwal, Sharma and Guleria 2021).

As of 6 August 2021, there were 3,607,863 positive COVID-19 cases, with 2,996,478 recovered and 104,010 dead in Indonesia

(Satuan Tugas Penanganan COVID-19 2021). The high rate of infection has placed Indonesia in the 14th position out of the 223 countries suffering from COVID-19. Indonesia is the 12th in the world for number of COVID-19 deaths and 5th for number of active cases (Worldometer 2021). On average, Indonesia's COVID-19 mortality rate was 2.75% as of 1 August 2021 (Indonesia's COVID-19 Task Force 2021). Based on the data presented by the Indonesian COVID-19 Task Force, more women than men had COVID-10 but the mortality rate for men was higher. It was also discovered that 85.77% of COVID-19 deaths were aged 46 and above. However, the mortality rate of women was higher in the 19-30 age group and 31-45 age group (Indonesia's COVID-19 Task Force 2021). While the mortality rate is higher for people aged 46 and above, the data shows that expectant women aged between 19 and 45 made up the bulk of female COVID-19 cases. This means that if pregnant women catch COVID-19, they are more at risk of death.

According to the Ministry of Health, there were 4.656.382 pregnant women in Indonesia in 2020 (Kementerian Kesehatan RI 2021). These pregnant women were due to give birth between 2020 and 2021. Consequently, during the COVID-19 pandemic in 2020-2021, the hospitals or clinics for pregnant women around Indonesia faced the problems mentioned earlier. Based on data from Persatuan Obstetri Ginekologi Indonesia (POGI) or the Indonesian Obstetrics and Gynecology Association, 21,792 pregnant women have died since March 2020. Of these, 18% died because of the COVID-19. Within the first year of the pandemic, the number of pregnant

women dying from COVID-19 increased by 3%. Between 2020 and 2021, there were 563 pregnant women with COVID-19, 51.9% of whom had no symptoms (Bona 2021; CNN Indonesia 2021). These statistics show that COVID-19 mortality rate for pregnant women is higher than the number of COVID-19 cases among people aged 60 and above, which is 11.61% of all infections (Indonesia's COVID-19 Task Force 2021). Pregnant women with asymptomatic COVID-19 could also transmit the virus to their families, unborn child and health workers.

As of July 2021, Malang City in East Java Province is a red zone or a zone with high transmission of COVID-19 (Indonesia's COVID-19 Task Force 2021). The first COVID-19 case in Malang was found on 27 March 2020, and a total of three cases were discovered. On 5 August 2021, there were 12,055 cases in Malang City, with 7,836 recovered and 850 dead (Malang City COVID-19 Task Force 2021). To tackle the rising number of cases, the local government created a website for the COVID-19 database that is operated by the task force. The website provides information about the number of confirmed and suspected cases as follow-ups to the first officially reported case. The website also offers spatial data that monitors the number of patients who had recovered and died by districts in Malang City. The Malang City government also cooperated with Universitas Brawijaya, one of the public universities in Malang City, to create a database based on the data from hospitals around Malang. This system also details the availability of health facilities for COVID-19 patients.

In 2020, there were 10.811 pregnant women in Malang City

(Dinas Kesehatan Provinsi Jawa Timur 2021). As a consequence, 10.811 pregnant women were entitled to healthcare services. During the pandemic in 2020, the number of women who died in childbirth and the number of babies that died increased. Maternal mortality rate increased from 39 in 2019 to 41 in 2020; infant mortality rate increased from 9 in 2019 to 11 in 2020 (Tugu Malang 2021). The fact that the task force did not have specific data on maternal mortality rate caused by COVID-19 indicated that the local government lacked awareness for this high-risk group.

Based on the WHO's antenatal care (ANC) guidelines, pregnancy complications were more likely to be detected in expectant mothers who had regular checkups at healthcare facilities. In addition, regular medical checkups of pregnant women would help to reduce the infant mortality rate. The WHO recommends a minimum of 8 ANC visits during pregnancy (WHO 2016). However, during the COVID-19 pandemic, pregnant women who frequently visited their healthcare providers had a higher chance of catching the virus. The WHO then suggested that ANC during the pandemic should be conducted in 6 face-to-face meetings and 2 virtual meetings to reduce the risk of COVID-19 transmission. This strategy could be effective if health workers, and cellular healthcare users worked together to monitor unwanted complications during pregnancy (Uwambaye et al. 2020).

During the COVID-19 pandemic, pregnant women received a lot of attention from scientists around the world. Much research was conducted on the effects of the virus on mothers and babies. One of

the main focuses of the study at the beginning of the pandemic was the ways in which the virus was transmitted. Researchers in China at the start of the pandemic discovered that there was no vertical transmission of COVID-19 from mother to baby during labor or breastfeeding (Li, Xie and Zhang 2020). Moreover, research has been developed for pregnant women's health services in hospitals or midwife clinics. This research mainly focuses on the improvements in healthcare services for pregnant women. Many pregnant women did not show up or delayed their visits to the hospital or clinic throughout the pandemic. The fear of virus transmission was their primary concern. They were also hampered by transportation because lockdowns imposed by the government had limited the number of vehicles on the roads so as to impede the spread of the virus. The government's stay-at-home policy and the women's financial burden were some of the reasons why expectant mothers hesitated to go for ANC checkups during the pandemic (Tadesse 2020; Osanan, Vidarte, and Ludmir 2020).

Women may also experience other health issues during pregnancy, such as cardiovascular diseases and breathing problems, which can increase the risk of comorbidity during the pandemic. This is why it was much safer for pregnant women to receive ANC checkups online or through telehealth means, such as via phone calls, video calls, etc. Through these means, the symptoms and health conditions of expectant mothers can be monitored (López et al. 2020). By the same token, telehealth can be used to treat pregnant women with COVID-19. Close monitoring is necessary for pregnant women who are quarantined at home. When pregnant women give

birth in the hospital, they need to take screening tests to ensure that they do not have COVID-19. In 2020, pregnant women in Taiwan had to wait for a long time for their COVID-19 test results. Consequently, the delivery of their babies was delayed. Fortunately, a research institution in Taiwan found a toolkit that would display the results in 10-15 minutes. This COVID-19 toolkit has improved the service quality for pregnant women (Chang 2020).

Telehealth services for pregnant women with COVID-19 can be divided according to comorbidities and the level of severity. Pregnant women without comorbidities with light symptoms can be quarantined at home as long as they are routinely monitored. A walk-in or drive-in facility is another alternative that can provide pregnant women with checkups while ensuring there is minimum contact. If a pregnant woman with COVID-19 is admitted to hospital, she must be isolated in a room where she is allowed no visitors and PPE is mandatory for staff. Her caregiver or spouse is provided a separate room and required to use PPE too (López et al. 2020).

Telehealth applications have been developed for pregnant women to minimize their face-to-face contact with strangers. Mobile health is a smartphone application that allows the user to detect and monitor health conditions, including pregnancy. This technology is highly recommended as a means of reducing the risk of COVID-19 transmission (Uwambaye et al. 2020), and its use is prevalent in developing countries that lack adequate health facilities (Latif et al. 2017). Although this kind of treatment has become popular, further research is required to investigate its effectiveness (Peahl et al. 2021).

This chapter extends existing research on ANC for women during the COVID-19 pandemic by investigating the healthcare services for pregnant women in Malang City. Some of the service innovations we examined include healthcare collaborations with the community and ANC technology to minimize the spread of the virus. We posit that these innovations serve to strengthen the role of the community as both a service receiver and a service provider.

Literature Review

Crises can appear in various forms. Crises can occur as a rapidly deteriorating situation or as fast outbreaks; some crises might have roots in the past or an accidental situation might have created them; both internal and external factors may cause crises (Farazmand 2017a). There are three categories of crises: immediate, emerging, and sustained (Parsons 2009). The current COVID-19 pandemic can be included in the category of sustained crises as it has long-term effects. Crises now encompass more than natural disasters. Regardless as to the type of crisis—be it economic, political, environmental, organizational, bankruptcy, riots, hijacking, terrorist, nuclear, etc.—the end results are always socio-economic decline and a high number of deaths (Wettenhall 2017; Farazmand 2017b). Because crises are unpredictable, they have to be tackled with fast action. This raises several questions. Can innovation occur during a time of crisis? How can crises shape such innovations? In the COVID-19 pandemic, the development of digital technology, such as telemedicine, can help the government to respond to the situation (Oborn et al. 2021). But is it enough?

Governments struggle to solve the problems in society due to rapid development of public affairs. This is exacerbated by the rising number of COVID-19 cases. Moreover, not all research on prevention and control can be funded by the government. The government needs to cooperate with stakeholders, such as the private sector, so as to produce screening test toolkits and vaccines. If we backdate the theory or concept about innovation, network governance could help us to understand collaboration in innovation. For instance, network governance can focus on policy networking, which emphasizes actor participation in policy decision-making. At this point, we should ask: which actor has the power and access to the decision-making process? Network governance is essential in the realms of public service delivery and policy implementation because a state has limited resources. Through collaboration, the government can overcome its limited resources and use the network to deliver good public services.

Collaboration in government innovation requires active participation from stakeholders in the process. Social capital and trust are necessary in network governance (Klijn and Koppenjan 2016). A leader is obliged to connect the actors, resources and ideas together. Active participation from the public in regard to the problem is also vital. However, productive collaboration between the government and the public depends on their respective willingness to create innovation in the public sphere (Voorberg, Bekkers and Tummers 2015). The public is an essential component of public service provision, as they are both receivers and participants in the process. According to Agger and Lund (2017), the public (i.e., the

citizens) is a customer in New Public Management, but the public is both a customer and a partner (i.e., a co-creator/co-producer) in creating public services in New Public Governance. As potential partners, the contributions of the public/citizens are valuable because they can help to improve and develop public services and policies. The co-producer/co-creator can contribute to innovation in the public sphere by mobilizing public resources and knowledge.

Collaboration between the public and the government can create an effective, efficient and customer-driven policy; increase public engagement; and improve healthcare services. There are many factors that affect the collaboration between the public and the government. These factors can be categorized into organizational factors on the side of the government and the public (Voorberg, Bekkers and Tummers 2015). On the government side, the organizational factors affecting collaboration include:

1. Computability of government towards public participation.
This refers to whether there is a structure and organizational procedure which can encourage public organizations to participate, and whether there is decent infrastructure for the government to communicate with the public.
2. Government officials having open mindsets to public participation.
3. Administrative culture on risk.
4. Collaboration incentives.

On the side of the public/citizens, the organizational factors affecting collaboration include:

1. General characteristics (skills, values, intrinsic values, marital status, family composition, education, etc.)
2. Public awareness, sense of belonging.
3. Social capital.
4. Risk management.

In many cases of collaborations between the public and the government, the public/citizens can engage and contribute at different levels. The public can assist the government by serving in the following roles:

1. Co-implementer: The public's role is limited to being a policy implementer.
2. Co-designer: The policy originates from the government, while the public contributes to the program design through suggestions.
3. Initiator: The public acts as a policy initiator and the government acts as an implementer (Voorberg, Bekkers and Tummers 2015).

Methodology

The qualitative method is used in this chapter. We obtained our primary data from interviews, and our supplementary data came from official documents and reports. All the COVID-19 data were obtained from the official Malang City COVID-19 Task Force and the 2021 reports from the East Java Provincial Government Health Service. The timeline of our research spans from the first confirmed

case on 27 March 2020 to 5 August 2021. Data on pregnant women was obtained from the May 2020 report by the Malang Health Agency. Some interviews were conducted with mothers who had given birth during the pandemic, health workers, and community-based preventative and promotive healthcare cadres (posyandu) in Malang City in June-July 2021. Supplementary data was obtained from documents posted on the government official website and the National COVID-19 Task Force reports.

The data we obtained was subsequently analyzed qualitatively through sorting, filtering, managing, and synthesizing of the information. The data was analyzed through robust reading, coding, data organization in chronological order, interpretation and data narration, and collection of information.

Results and Analysis

COVID-19 Pandemic in Malang City

Malang City is a small town in East Java province, in the Malang Regency. Malang has a total area of 110.06 square kilometers and is divided into five districts: Kedungkandang, Sukun, Klojen, Blimbing and Lowokwaru. Its total population as of 2020 was 933,739 people, including citizens and non-permanent residents without official local identification (BPS Kota Malang 2021). Malang City cannot be separated from Greater Malang, which encompasses Malang Regency, Malang City and Batu City. Although the regional proliferation of Batu City is 1993 and Malang City is 2001, the areas are socially and economically interconnected and closely related.

This is true even during the pandemic.

There are 25 general hospitals, 12 maternity hospitals, and 85 clinics in Malang City (BPS Kota Malang 2021). Because Malang City is located between Greater Malang and beside Malang Regency and Batu City, Malang City residents can also access the healthcare facilities from these areas. During the COVID-19 pandemic, many Malang Regency and Batu City residents also utilized the healthcare facilities in Malang City because of the limited capacity in their own areas.

According to the COVID-19 Task Force in Malang City, there were 12,055 positive COVID-19 cases and 8,977 suspected cases as of 5 August 2021. The distribution of COVID-19 cases in the five districts in Malang City is as follows: 29.98% in Blimbing district, 23.45% in Sukun, 18.17% in Lowokwaru, 16.65% in Kedungkandang, and 11.37% in Klojen (Malang City COVID-19 Task Force 2021).

Health Service Adjustment for Pregnant Women during COVID-19 Pandemic

Pregnant women residing in Malang City can access healthcare from midwives and obstetricians. Midwives and obstetricians are allowed to open up private practices as long as they have the requisite licenses. Therefore, pregnant women can check their conditions in government healthcare services or private healthcare clinics. In Indonesia, each district has government healthcare facilities known as puskesmas or community health center. Every district has a minimum of one community health center (puskesmas)

and it offers various health services. Some have inpatient facilities, but some do not have inpatient facilities. There are 16 community health centers (puskesmas) in the five districts in Malang City.

In addition to getting healthcare from midwives and obstetricians, pregnant women can get medical care from community healthcare cadres or *posyandu*. Even though the community healthcare cadres (*posyandu*) are not official health workers, their role among the middle- and lower-income members of society is significant. The community healthcare cadres (*posyandu*) provide additional meals, assist midwives in giving pregnant women checkups in community health centers (puskesmas) and generate data for pregnant women. Midwives, obstetricians and healthcare cadres (*posyandu*) have adjusted their procedures for pregnant women during the COVID-19 pandemic.

Throughout the pandemic, pregnant women who wish to undergo ANC checkups must make a reservation beforehand. In general, Indonesians make a reservation for healthcare services a day before they wish to see a doctor, but it is not mandatory. Many Indonesians go to a health facility without prior reservation. Therefore, the need to make an appointment before a checkup was a new thing for some people during the pandemic. In this study, Fitria—a pregnant woman—was going through her first pregnancy. This means that she must make a reservation if she wants to receive her ANC checkup at the hospital.

Dinoyo Puskesmas is one of the Malang government's health facilities. The health facility implemented ANC visits during the

pandemic in accordance with WHO guidelines, namely an expectant mother must have eight sessions of ANC. However, at the beginning of the COVID-19 pandemic in 2020, Dinoyo Puskesmas only carried out four ANC visits. After discovering that two pregnant women had died in 2021, the local Public Health office changed the policy to make sure that expectant mothers had six ANC visits. This changed policy is based on the guidelines for antenatal service, childbirth, postpartum care and newborn infants that the Ministry of Health revised twice at the end of 2020. It is mandatory for expectant mothers to have two ANC visits with the doctor; the midwife will then perform the remainder of the checkups. According to our interview with Murti, a member of staff at Dinoyo Puskesmas, if the pregnant women have some health conditions, they can consult with the midwife by telemedicine using WhatsApp or other available social media applications.

The pregnant women in Malang City, especially the ones in Lowokwaru, fear catching COVID-19. Their fear and desire to stay at home affects the number of ANC services offered in Dinoyo Puskesmas. Murti, one of the pregnant women in Malang, also felt that patients were paying fewer visits to midwives in Dinoyo Puskesmas. In her words:

“The decreasing number of visits by pregnant women was almost 80% at the beginning of pandemic (in 2020), but lately (in 2021), the decline is 50% when compared to the time before the pandemic.”

Before the pandemic, pregnant women could easily check their

condition without screening tests. Now, they are required to take screening tests before receiving healthcare service from the hospital. It was also experienced by Rosana, who said:

“During my second pregnancy, I had to take an antigen swab test as a procedure before giving birth in the hospital. During my first pregnancy a few years ago, there was no need to take an antigen swab test.”

At the beginning of the pandemic, the screening test for expectant mothers was carried out when they were in their 37th week of pregnancy. If they tested positive for COVID-19, they had to stay at home, in isolation, for two weeks. This way, when it was time for them to give birth, their next COVID-19 test results would be negative. Nevertheless, with the high number of pregnant women testing positive for COVID-19, the local Health Agency enacted a new regulation that required all pregnant women to take antigen swabs at the community health center (puskesmas). Antigen swab test for expectant mothers at all stages of pregnancy began in August 2021 and were administered free of charge.

Before the pandemic, pregnant women could receive ANC checkups in the same room as their spouse and the healthcare worker. During the pandemic, however, the pregnant woman had to receive her checkups with only the healthcare worker, regardless as to whether she tested negative or positive COVID-19. Additionally, the duration of the checkup is much shorter than before the pandemic. This was the situation experienced by Herwin, who was in her third pregnancy during the pandemic.

Decentralized Health Service for Pregnant Women

The Malang City government provides health services to pregnant women free of charge in community health centers (puskesmas). Each community health centers (puskesmas) has two doctors, general practitioners and medical specialists. Because many pregnant women are hesitant to go to a community health center (puskesmas), the midwife coordinator will set some adjustments in their local area. The midwife is a central actor in the community health center (puskesmas) and is assisted by the midwife coordinator in every area. The midwife coordinator supervises the midwives and nurses, and is in charge of the pregnant women in the administrative area under the community health center (puskesmas) service. In Indonesia, one community health center (puskesmas) is responsible for one area and several sub-areas. The midwife in charge of an area is responsible for collecting data and serving pregnant women who cannot go to the puskesmas. The service is conducted online through WhatsApp. When the pregnant women need to undergo checkups, they must register with the midwife in charge of the area. This midwife in charge of the area will report on the conditions of pregnant women to the community health center (puskesmas) whenever they have ANC visits.

The midwife who is in charge in the village is assisted by community healthcare cadres (posyandu) or healthcare cadres. Every community has an ANC healthcare cadre. This ANC healthcare cadre is a married woman who volunteers and helps out the posyandu. The posyandu cadre distributes information on antigen swab tests for the pregnant women in the neighborhood. Tia, as a posyandu

cadre, received information from a regional midwife, and she then distributed the information about the antigen swab test in the community health center (puskesmas) to other pregnant women in her village. She spread the information via WhatsApp groups for women who live in the same community. Tia also helped to answer some questions from the pregnant women in her neighborhood. Since the COVID-19 pandemic, the activities in the community healthcare centers (posyandu) are discontinued. The community healthcare cadres (posyandu) will visit the pregnant women in their homes to measure their weight, height and arm circumference. Afterwards, the cadre will report the data to the community health center (puskesmas). The community healthcare cadres (posyandu) also distribute some extra food to expectant mothers in need, according to our interview with Pratika, a pregnant woman. Pregnant women who are isolating at home will also receive some assistance from midwives and the community healthcare cadre (posyandu).

There were several healthcare service innovations implemented for pregnant women in Malang City during the COVID-19 pandemic. The Malang City government collaborated with the national government (Ministry of Health) and the local healthcare cadres to initiate these innovations. Indonesia is a unique case because local government is decentralized, meaning the local government is responsible for healthcare provision. However, at the national level, healthcare regulations for pregnant women are standardized according to WHO recommendations. This means that while local governments provide healthcare, they must follow the national government's WHO-based ANC guidelines for pregnant women.

The Malang City government took this one step further during the pandemic. To make sure that ANC can be delivered effectively and efficiently to pregnant women, the Malang City government cooperated with the various stakeholders—the national government’s Ministry of Health and local healthcare cadres.

As face-to-face contact with pregnant women during the pandemic will endanger the lives of the mother and her unborn child, the community healthcare cadres (posyandu) stepped up to make sure that the pregnant women received proper ANC. Posyandu cadres serve an important function throughout Indonesia because they have basic healthcare knowledge and are familiar with national and local healthcare systems. The posyandu cadres receive regular training so that they can educate and empower the patients they treat. Thus, while the government organizes the activities of community healthcare cadres (posyandu) through nationally imposed guidelines, the posyandu are self-funded by the community (Desa Pulosari 2016).

The posyandu service educates the community on infant nutrition, immunization, birth control, and provides healthcare for mothers and children. Community healthcare cadres (posyandu) help midwives in the community through ANC visits (Iswarawanti 2010). While posyandu cadres do not have much in their budget to tackle the COVID-19 pandemic at the local level, they have a collective sense of awareness and actively participate in healthcare issues. Indeed, community healthcare cadres (posyandu) have been part of local communities in Indonesia since their formation by

the government in 1986. The national and local governments can, therefore, use the community healthcare cadres (posyandu) as social capital to resolve some public healthcare issues, which they did during the pandemic.

At the basic level, community healthcare cadres (posyandu) can be understood as community health workers (CHW), which are defined by the WHO as follows:

“Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.”

Community health workers provide an invaluable service in developing countries with poor healthcare facilities (Uwambaye et al. 2020). In Rwanda, for example, CHWs provide ANC visits to pregnant women (Rurangirwa et al. 2018). In Indonesia, the community healthcare cadres (posyandu) provide primary healthcare, healthcare education to the community, and community empowerment (Susanto, Claramita and Handayani 2017). Community healthcare cadres (posyandu) are active community groups that formulate local health-related policy and provide healthcare services to the community (Agger and Lund 2017). Following Agger and Lund (2017), community healthcare cadres (posyandu) in Malang City serve as co-creators or co-producers in delivering ANC to pregnant women. The posyandu system shows

that the public can cooperate with the government to provide public services.

Even though the community healthcare cadres (posyandu) act as co-creators or co-producers, they serve as co-implementers when it comes to collaborating on service innovations for pregnant women (Voorberg, Bekkers and Tummers 2015). The government creates the innovation with the public actors (posyandu cadres), and the public actors implement the innovation designed by the government. Communication infrastructure between the government and the public actors (posyandu cadres) during the pandemic is centered on personal mobile phones owned by official midwives and posyandu cadres. This is because the city government does not provide specific communication tools. Healthcare infrastructure used by the community healthcare cadres (posyandu), such as scales and charts for weight and height measurements, are provided by the government. However, during the pandemic, these infrastructures were seldom used by the residents. With minimum healthcare facilities available during the pandemic, the community healthcare cadres (posyandu) performed their duties by telemedicine.

The words “telemedicine” or “telehealth” were developed in Malang City during the COVID-19 pandemic. Telemedicine means the remote treatment of disease (Colucci 2015). For the community healthcare cadres (posyandu) and health workers, smartphone utilization for ANC visits can help to optimize services for pregnant women. Through telehealth, pregnant women can receive ANC while practicing social distancing. Telemedicine helps bridge the social gap

and improves the healthcare quality by providing cheaper access to medical consultation from home (Gudia and El Toukhi 2020).

Community healthcare cadres (posyandu) serve pregnant women in very important ways during the COVID-19 pandemic, when medical workers, such as midwives, doctors and nurses, are more concerned with combating the effects of the virus. Moreover, the information from the government can be disseminated widely and quickly through the posyandu. Because community healthcare cadres (posyandu) are trained in primary healthcare services—taking measurements of height and weight, blood tests, blood pressure, etc.—they are a cheap and convenient additional human resource for the government to employ in times of crisis. Community healthcare cadres (posyandu) foster solidarity and participation in issues related to the care of pregnant women and children. This, in turn, ensures that the cooperation between the government and public actors can work together to effectively provide ANC to pregnant women.

The decentralization of health services to community healthcare cadres (posyandu) demonstrates the cooperation of the government and civil society in public services. A community healthcare cadre (posyandu) is seconded to the Family Welfare Development Organization (Pembinaan Kesejahteraan Keluarga-PKK) in every village in Indonesia. This form of collaboration between the government and civil society is easy to replicate in other areas of Indonesia.

In Indonesia, public service cooperation between the government and civil society can be grouped into organizational

factors (on the government side) and community factors (Voorberg, Bekkers and Tummers 2015). The decentralization in health services, especially for pregnant women, can be replicated in other regions and other countries that have the following characteristics:

- (1) First, from the government's perspective, a healthcare policy that involves civil society in its implementation is very useful. The healthcare service policy by the Health Officer in the local city needs to provide an opportunity for civil society groups in the health sector to collaborate with the lowest levels of government. Because these civil society groups work closely with the public/citizens, they will be able to directly implement health services.
- (2) Second, the local government needs to be open to the participation of civil society. In the case of Malang City, government employees at the Health Office need to work together with civil society groups in health services and frankly communicate guidelines and goals. The use of information technology can help to facilitate coordination and communication between government officials in charge of the health service and civil society.
- (3) Third, cooperation with civil society should comply with regulations. The health service administration system remains a reference point in implementing health services. The health services must operate on a code of ethics. Consequently, rules issued by the central government must be followed, especially in regard to the distribution and use of the government budget.

(4) Fourth, the government has to provide incentives for actors involved in the collaboration. Although civil society works primarily through volunteering, the government still needs to support areas that are beyond the reach of civil society, such as in the procurement of medical equipment used for services. The government can also provide incentives to community healthcare cadres (posyandu) to encourage cooperation.

It will be easier to implement cooperation at the community level in countries/regions/societies with a strong communal culture. The existence of a communal culture allows civil society to engage with the residents of a given area as one entity because everyone in that location shares the same values. When the community/civil society works with the government to provide health services for pregnant women, they should have the same values and prioritize the health and safety of pregnant women during the COVID-19 pandemic.

Second, decentralizing health services and allowing civil society to play a role as actors at the grassroots level requires civil society to have a high degree of participation and be fully aware that they are acting as part of the national healthcare system. Healthcare services for pregnant women during the COVID-19 pandemic must engage both the pregnant women and the community healthcare cadres (posyandu). Awareness of services and data collection by community healthcare cadres (posyandu) and awareness of the provision of data by pregnant women are the foundations of this decentralized healthcare system. Even if the pregnant women do not

have access to health services provided by community healthcare cadres (posyandu), data collection by the community healthcare cadres (posyandu) will contribute to national data and help to inform national health policy.

Third, solid social capital, such as the spirit of cooperation or mutual assistance among fellow neighbors, is essential at the community level. This spirit of mutual aid should be accompanied by sincerity or volunteerism. In other words, the healthcare cadres should be working for the betterment of their patients and society rather than for personal gain. Fourth, the Indonesian community healthcare cadres (posyandu), especially in Malang City, cannot be separated from the high number of people from lower income groups. The community healthcare cadres (posyandu), which only offer essential services and operate with minimal facilities, are not the first choice of ANC for pregnant women. Because community healthcare centers (posyandu) are free of charge to all community members, the poor are more in need of these community healthcare centers than the well-off. Community healthcare centers (posyandu) can play an optimal role in countries with high poverty rates and inadequate government health services.

Discussion

In a time of crisis, anything can happen. The government is required to take decisive action to attenuate the situation. The government can opt to enact extraordinary powers, procedures and temporary solutions (Di Mascio, Natalini, and Cacciatore 2020). This, in turn, raises the question as to whether innovation can occur

during times of crisis and how crises can shape innovation. Can the actions undertaken by a government during times of crisis be considered “innovation”? Or are government responses to crises simply minor adjustments to existing policies or improvised stopgap measures? If crises spur the need for innovation, are the innovations implemented capable of lasting in the long run? Can these innovations created for emergency situations continue to function in post-crisis situations?

An extraordinary crisis like the COVID-19 pandemic cannot be solved by the government alone. Collaboration with the public is a must. It is important to know how people can contribute to tackling the crisis, and how much space and responsibility can be shared with the public. In-network governance discourses, social capital and trust are the keys to successful collaboration. What kind of social capital is necessary to support the government during a crisis? More importantly, can trust exist in today’s apathetic society? We think that these would be interesting philosophical questions for future researchers to investigate.

When the government seemingly fails to tackle a crisis, the business sector and non-governmental organizations (NGOs) are expected to provide alternative solutions. While businesses and NGOs play a pivotal role, the community is able to provide self-help. This study shows how the community can help itself in times of crisis. Although this study focuses on the collaboration between healthcare workers and local community healthcare cadres in delivering ANC to pregnant women, it avoids touching on the issue

of culture. Malang City is in Java and therefore part of Javanese culture. Javanese culture is famous for close ties between neighbors. They tend to take care of each other and display close ties with their neighbors. Further investigation is needed to determine whether culture plays an essential role in community awareness. This inquiry can be made by comparing different posyandu with various cultures in Indonesia, such as the Sundanese, Batak, Balinese, etc.

Conclusion

The frequency of ANC visits for pregnant women in Malang City is based on the regulations set down by the Ministry of Health. However, some adjustments were made at the local level during implementation as incremental innovation. Some technical policies had to be adopted as well because of the pandemic. Firstly, reservations for ANC visits are compulsory during the pandemic. Secondly, an antigen swab test is necessary for all stages of pregnancy. Thirdly, telemedicine has been implemented to reduce face-to-face contact between patients and healthcare workers. Fourthly, healthcare services have been decentralized to the level of midwives in the area to minimize the spread of the virus.

ANC innovations for pregnant women in Malang City are a combination of adaptation and responses to the development of the COVID-19 situation in Malang City. Furthermore, the Malang City government can optimize social capital by ensuring that healthcare workers collaborate with community healthcare cadres (posyandu). These healthcare cadres volunteer to provide health services to

pregnant women during the COVID-19 pandemic. Collaboration with the community healthcare cadres (posyandu) can help to localize the provision of health services without reducing the quality or efficacy of the care.

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09 Chinese-Indonesians in Indonesia's Intentional Community

Yufita NG

Introduction

As a pluralistic country, Indonesia's various ethnic groups and cultures play active roles in Indonesian society, including the sphere of politics. Politics in Indonesia is marked by unprecedented twists and turns. There has been considerable progress in democracy and freedom in Indonesia since the Reform era (Era Reformasi in Indonesian) in 1998, and positive development can be seen in civil organizations and politics. Indonesia is a nation that is still struggling to advance its democracy, freedom and equality. Indonesia also needs to work to create equality, especially for minority communities as well as their cultures and religions.

Freedom House (2021a) reported that former military commanders continue to play important roles in Indonesian politics. In addition, radical Islamic parties and social movements are increasingly affecting Indonesian domestic politics owing to the fact that their number of supporters has been increasing significantly. Indonesia is a predominantly Muslim country. Approximately 86% of the 273 million people in Indonesia are Muslim; this means there are 236.53 million Muslims in the country (Databoks 2021). Although there is no adequate data to show the number of radical Muslims in

Indonesia and it can be argued that moderate Muslims make up the majority of the population, the radical Islamic political parties and social movements in the country are very vocal and use social media to promote their ideology.

This can be seen in the results of the 2019 general election where Joko Widodo (Jokowi) appointed the leader of an Islamic organization, Ma'ruf Amin, as his vice president, and the leader of the opposition party and Suharto's ex-son-in-law, Prabowo Subianto, as his defense minister. The 2019 Indonesian presidential election was marked by political parties playing identity politics; in particular, many parties used Islam as part of their political rhetoric (Hanan 2020).

There are many political problems in Indonesia, including the fact that minorities—such as the Chinese-Indonesians—only have a small representation in the national, provincial, and regency/city parliaments. In 1967, the New Order (Orde Baru in Indonesian) regime under Suharto issued Presidential Instruction No. 14/1967 on Chinese Religions, Faith/Beliefs and Traditions, which banned Chinese literature and culture in Indonesia. At that time, the government deemed Chinese traditions to be obstacles in the assimilation process of Indonesian nation-building (CNN Indonesia 2019). After democratic reforms took place in 1998, two ethnic Chinese-led political parties tried to field candidates in the 1999, 2004 and 2009 general elections. They were unsuccessful as they could not gain adequate support from Chinese-Indonesian voters and failed to achieve the minimum threshold requirements to

have representatives in local and national parliaments (Juliastutik 2010). While minorities can freely exercise their voting rights, ethnic Chinese voters are wary of openly showing support for Chinese-led political parties. This is because there are various discriminatory practices implemented by the national government bureaucracy that promotes prejudice against the ethnic Chinese in Indonesian society (Fitrya and Purwaningsih 2013; Jati 2013).

In addition to the discriminatory practices implemented by the bureaucracy, the communal system in Indonesia creates more fissures in society. Indonesia can be considered a communal or intentional society. According to the Cambridge dictionary, a communal society is a society in which everyone lives and works together, and property and possessions are shared rather than owned by any particular person. A communal society is also known as an intentional community. In this type of society, the members apply a sense of equality and unity that prioritizes the majority group in society. Therefore, anything that is different from the majority culture will be considered *verboten*. Thus, minorities are indirectly pressured not to look different and to keep low profiles. If they look different, they will be seen as threats to the majority and deemed to be disrespecting the common values of the majority. Justus M. Van Der Kroef (1953) addressed these problems in Indonesian society, labeling them as instances of collectivism.

This chapter will discuss how the Chinese minority in Indonesia balance their cultural differences with their respect for Indonesia as a nation, and navigate the politics of Indonesia's intentional community which emphasizes equality. It will also show

how they face political challenges as people with different identities in Indonesia's intentional society. I argue that the Indonesian government has laid the constitutional foundation to guarantee equal political and socio-economic rights to all Indonesian citizens. However, the strong communality in Indonesia's intentional society has created various barriers for minorities, particularly the Chinese, when it comes to equal rights in political participation. The role of the majority religion as identity politics in Indonesia also contributes for the lack of political representations from the minorities. This chapter will begin with the conceptualization of social identity in intentional community, followed by a discussion on social identity issues related to diversity and inter-racial interactions in Indonesia. To close, I will discuss Chinese-Indonesians' political participation in Indonesia's intentional society.

Social Identity in Communal Society

Ethnicity or race is a form of self or group identity (Glazer, Greeley, Patterson and Moynihan 1974, 16-35). Status is a person's position in a society. A person's status is related to whether they have the skills to fulfill the role and expectations of others. Status is dynamic because failure to represent or fulfill the expectations of others will create disappointment in others and result in loss of status (Aloweri 2018, 261).

Every individual has several statuses based either on the role they play or their position in society. Minorities have multiple statuses too. On the one hand, they are part of a nation. On the other, they have their own ethnic identity. How do minorities balance these

different statuses? Excessive emphasis on ethnicity does not help to achieve national goals. As can be seen in the Indonesian case study presented in this chapter, overemphasis on one's ethnicity can lead to conflict.

According to Kenneth Burke (1969), an identity is created through social interactions and communication. As communication facilitates understanding and interaction among ethnic groups in society, a sense of identity is created. Every individual generally has several roles in society that represents aspects of their identity. Thus, a person will have a personal identity, a cultural identity and a social identity that are interrelated. As they navigate society, they will switch between these various identities. Individuals display personal identity in a social environment by demonstrating their values and self-esteem (Aloweri 2018, 113-114). Ethnic identity, however, is influenced by the involvement of the individuals in the majority culture and their sense of belonging to it (Aloweri 2018, 121).

The majority's interactions with an individual from a minority group will affect whether they recognize or acknowledge that individual's personal and ethnic identities. An individual's knowledge of culture or ethnicity results in different recognition of another person's culture or ethnicity. For example, Indonesian people understand different immigrant cultures differently, and this leads to either suspicion or wariness. The Muslim majority in Indonesia are suspicious and wary of the ethnic Chinese because they know very little about Chinese culture. Likewise, the ethnic Chinese in Indonesia know very little about Islamic culture and they

are consequently suspicious and wary of the Muslim majority. As a result of this mutual suspicion and wariness between the ethnic Chinese and Muslim majority, both groups are prejudiced against each other. In contrast, Arab immigrants find it easier to integrate into Indonesian culture because they are Muslims. Due to the fact that Arabs share the same religion as the local Indonesians, they and their culture are more acceptable to the Indonesian Muslim majority. Furthermore, the majority's knowledge of another culture is often influenced by the social and political conditions of the country. While many cultures and ethnicities live in Indonesia, the society is not a fully multicultural one. This is because the colonial government used different ethnicities for different forms of labor and segregated them accordingly. As a result, these different ethnic groups were established as independent communities. This segregated system has negatively impacted the recognition of social identity, as it does not instill a sense of belonging or obligation to the community at the national level (Furnivall 1948, 161). In general, ethnic groups in Indonesia put the recognition of ethnic identity above the state identity.

Conversely, the majority's recognition of individuals' or ethnic groups' self-identities will help these groups feel welcome and make them more inclined to be part of society. This will, in turn, foster the formation of social identities among these other ethnic groups. People are naturally inclined to congregate in groups and they will seek admittance in various social categories, such as being part of an organizations, religion, gender, and so on (Tajfel and Turner 1986, 7-24). A social group consists of a collection of more than two people who have a common definition of who they are and

how they relate to and are different from certain outside groups; members in this group differentiate themselves from others using words like “we”, “us” and “them” (Hogg, Abrams, Otten and Hinkle 2004, 246-276). This assertion creates an “in-group” and “outside the group” distinction, which results in competition over who is the best. Because there is dependence, interaction and cohesion between members of a group, they will identify with each other and the group, and favoritism (“us” versus “them”) will occur, sometimes unintentionally (Ashforth and Mael 1989, 20-39).

This group classification results in competition with other groups for limited resources. Consequently, members of a given group will exert their status to maintain their group's existence in society (Aloweri 2018, 495-501). As Indonesian society prioritizes communality, the presence of different groups in society has the potential to alienate the different ethnicities. On the other hand, different ethnic/minority groups that do not assimilate into the majority culture/religion are deemed to be willfully trying to be exclusive, which will make the majority prejudiced against them.

Diversity and Inter-Ethnic Interactions in Indonesia on Social Identity Issues

Suharto implemented the assimilation policies in Indonesian society. Under his long authoritarian regime (1966-1998), Suharto implemented policies that compelled ethnic Chinese in Indonesia to assimilate into local society. The most notable of these policies was implemented in 1966 whereby Chinese people were forced to change their birth names so that they “looked”, “felt” and “sounded” like

words in Bahasa Indonesia.

Chinese identity in Indonesia cannot be separated from a discussion on Indonesian society and politics. As such, it is important to know the number of ethnic Chinese in Indonesia. Under the New Order government that spanned the entirety of the Suharto regime, ethnicity, religion and race were regarded as “sensitive” issues in Indonesia. The New Order regime successfully established a hypervigilant awareness towards issues related to *suku, agama dan ras* (SARA) or ethnicities, religions and race. The population census conducted in 2000 is the only census that provides researchers with the demographics of the Chinese population in Indonesia (Mackie 2005). Prior to 2000, the last census that listed the ethnicities of the Indonesian population was in the 1930s. The New Order regime abandoned taking note of the population’s ethnicity. It was only in 2000, two years after Suharto’s resignation that the Central Statistics Bureau or *Badan Pusat Statistik* (BPS) was charged with conducting a national census that took ethnicity into account (Mackie 2005). The BPS once again took ethnicity into account in the 2010 national census.

Acculturation can run naturally without interference and coercion from the government, and social life cannot be separated from interactions. Social interaction between different groups is essential because it will create mutual understanding and acceptance, and will result in neither group losing their original culture. In the Indonesian context, the colonial government segregated ethnicities by occupations and residential areas according to its own economic and political interests. This resulted in divided cultural differences.

For example, ethnic group X are only associated with job A, or ethnic group Y only lives in district B. This not only leads to a lack of social integration and understanding among the different groups; it also emphasizes the differences between local communities and immigrants, and generates suspicion between them. As a consequence, minority/ethnic groups feel excluded from mainstream society and they respond by being loyal only to their own groups. This, in turn, results in the minority/ethnic groups lacking any sense of belonging or obligation to the community at the national level.

Indonesia has many tribes, ethnicities and cultures within its territories. Many of these people are descendents of immigrants who arrived in Indonesia during the golden age of shipping and trade. The Chinese, Indians and Arabs arrived in the Indonesian archipelago, took up residence there and enriched local Indonesian culture. However, this pluralism did not result in real cultural diversity or real multiculturalism. In fact, there are many social problems in Indonesia that stem from cultural/ethnic differences. Indonesian society can be seen as a collection of different ethnic groups who each strongly value their own ethnic identity. The geographical situation of Indonesia also deepens the impression of the ethnic “other” in Indonesian society. This is because the Chinese immigrants do not look like the locals and their culture, religions and languages are very different from those of the Indonesian locals. The difference between the various ethnicities is further emphasized by the policies of Indonesian politicians, which only serve to forward their own goals.

Each individual or ethnic group is focused on their own group

so much so that they judge others by the cultural standards of their own group (Sumner 1906, 13). This phenomenon can clearly be seen in Indonesia where each ethnic group is certain of their own superiority to the point where they emphasize their differences instead of trying to understand each other's culture. Politicians in Indonesia use this lack of real inter-ethnic integration to further discriminate minority religions and ethnicities by implementing targeted policies against them.

Indonesia has several socio-cultural problems that stem from the lack of inter-ethnic social interaction and communication. As a result, there is a great deal of prejudice and discrimination towards groups that are outside the Muslim majority. For example, the Muslim majority and Christian minority view each other with suspicion. Likewise, the native Indonesian Muslim majority (*pribumi*) discriminate against the Chinese. The emphasis on the differences between "us" versus "them", and the forceful assimilation policy that was directed at everyone who was not part of the Muslim majority exacerbated the prejudice towards the Chinese. This discrimination and prejudice still exists today. Indonesian politicians are able to use identity politics as powerful political tools to achieve their own goals because the wariness and suspicion of the "other" by the majority is still very strong. The assimilation policies in Indonesia do not seek to integrate the "other" into society; these policies are not accompanied by tolerance or balanced opportunities in the social or economic field. Instead, the lack of appreciation and understanding from the dominant cultural group hinders any real multicultural integration in society.

Cultural assimilation through coercion does not yield effective

results because the tribe can revive their group with new symbols and attributes even if a policy/law seeks to strip them of their culture and identity (Glazer, Greeley, Patterson and Moynihan 1974, 16-35). The assimilation policy in Indonesia required the ethnic Chinese to assimilate into local culture completely. To that end, all Chinese languages and dialects (both spoken and written) were banned, and all cultural and traditional celebrations were banned too. Under this policy, the ethnic Chinese were not allowed to keep their given names or surnames. Their names and surnames must “look”, “sound” and “feel” like any other word in Bahasa Indonesia. To work around this policy that sought to eradicate their names, the ethnic Chinese tried to keep their surname or some elements of it alive in their “new” Bahasa Indonesia surnames. For example, the Chinese surname 林, which is read as “Lin” in Mandarin or “Lim” in Hokkien and Hakka (Chinese dialects), has been transformed into Bahasa Indonesia as “Salim”. In this case, the surname “Salim” sounds Indonesian and Muslim, but it retains the “Lim” from the original Chinese surname.

According to Tajfel and Turner (1986), membership in a group confers individuals with social status and value. Social status confers value to its members, which increases the self-esteem of the group and motivates the members to continue to identify with the group (Abrams and Hogg 2010, 179-193). When a person acts as a member of (another) group when he/she is completely alone and if there are two or more people who share this view, they form a new group based on their common characteristics, behaviors and beliefs (Hogg, Abrams, Otten and Hinkle 2004, 252). Chinese-Indonesians form a sizeable minority group, and they consequently form a social group

that is based on Chinese characteristics. Thus, the majority group will bear down on these other social groups, forcing them to struggle with their group identity and their ethnic values. In so doing, the majority group and the other social groups will compete for limited resources and discriminate against each other because they think their culture/beliefs are superior.

Each ethnic group has the right to practice its own culture to maintain its own ethnic identity and its cultural heritage (Aloweri 2018). When tolerance for diversity is low, however, the social status of people from different cultural groups will be unequal (Glazer and Moynihan 1975; Aloweri 2018, 302-306). Because of the low tolerance for diversity and unequal social status of different cultural/ethnic groups, assimilation and integration will meet with limited success. Instead, the majority will be prejudiced against the other groups. In the case of Indonesia, the prejudice of the local Muslim majority against the other groups is accompanied by rejection and discrimination of the other ethnic, cultural and religious minorities. This is exacerbated by the fact that there is no real connection or understanding between the local Muslim majority, the descendents of immigrants who do not look local, and the ethnic and religious minorities. However, this discrimination and prejudice against the “other” does not take into consideration that every society has differences and these different cultures/ethnicities must coexist and cooperate for the benefit of all in society (Kallen 1924). When these differences coexist and work together for the benefit of all, cultural pluralism will flourish and strengthen the foundations of society. As can be seen in the United States, cultural and ethnic

diversity in the country did not threaten American solidarity; instead, it strengthened America's existence as a multiethnic country and enabled it to maintain harmony among its different groups even though discrimination and prejudice still exist (Kallen 1924; Aloweri 2018, 304).

Indonesia's cultural equality is tightly bound to the ethnic and religious identities of the majority, i.e., the Muslim majority. Thus, the ethnic Chinese, who are non-Muslims, are considered to have no equality in the Indonesian social community. However, culture and religion are not the only obstacles to societal assimilation in Indonesia, as there are fissures within Indonesian Muslim society over the different interpretations of Islam as well. Additionally, geographical differences can be a source of conflict in Indonesia too. This is because the culture of one Indonesian island may differ from the culture of another Indonesian island. The different schools of thought among the Muslims in Indonesia create friction within the Muslim majority because they each hold their own interpretation to be superior. As Indonesia is a diverse country, differences in culture and religion should not be the main barriers to real multiculturalism. In order for harmony to exist in Indonesian society, the government should implement policies that promote the appreciation of the unique culture of each ethnic group.

The Politics of Being Chinese in Indonesia's Intentional Society

Anti-Chinese rhetoric is used by Indonesian politicians as a diversionary tactic for political gain. After the anti-Chinese riots

in 1998, the distinction between the native Indonesians (*pribumi*) and the ethnic Chinese became more prominent when the status of the Chinese increased in society (Panggabean 2018, 49-54). According to Panggabean (2018), ethnic differences did not lead to the anti-Chinese riots; rather, it was the anti-Chinese legislation that led to the perception among the majority that the ethnic Chinese are stronger. The ethnic Chinese are not barred from political participation in Indonesia's Islamic-dominant intentional society. Although overt discrimination against the ethnic Chinese population in general has stopped and Chinese politicians have risen to the forefront by carrying out their duties creditably and working for the public interest, the *pribumi* majority is still wary and suspicious of them. The fear is that the ethnic Chinese politicians could win over the support of the people and thus be more popular than *pribumi* politicians who are concerned with their personal or party interests.

The Indonesian government has been stepping up efforts to bridge the differences between the various cultures in the country and create more opportunities for inter-ethnic interaction. To that effect, Law No.40/2008 (Undang-undang No.40/2008) concerning the Elimination of Racial and Ethnic Discrimination was passed on 10 November 2008 (Jati 2013). This law intended to reduce the lack of interaction between the *pribumi* and the ethnic Chinese in the society. The government realizes that it has limited resources through which it can promote positive intercultural interactions. The most obvious arena to promote inter-ethnic interactions is in schools. Unfortunately, schools give priority to the *pribumi*, and the bureaucracy often makes it difficult for the ethnic Chinese to access

public schools and universities. This state of affairs is still going on today. Limited resources also accentuate differences between the majority and the Indonesian-Chinese. Due to these negative experiences in the public sphere, the ethnic Chinese prefer to send their children to private schools, which were mostly established by Catholic, Christian and Buddhist foundations. Incidentally, these are religions followed by the majority of the Chinese. On the other hand, pribumi children mostly attended Madrasahs (Islamic boarding schools) rather than private schools/colleges. The different schools attended by the ethnic Chinese and the pribumi shows the structural differences between these two groups.

Recognition of ethnic identity and social groups in Indonesia also influences the role of the ethnic Chinese in politics. Although political reforms brought changes and opportunities for minorities in the political sphere, they did not result in improved inter-ethnic relations. Indeed, state discrimination against Chinese identity is still ongoing. The ethnic Chinese is a heterogeneous social group. The current generation of Chinese youths has different professions from the previous generations. Thung Ju Lan (2012, 42-53) notes that the current generation of Chinese-Indonesians can be distinguished in five categories: (a) taking over the business empires of their parents or grandparents, (b) upper-middle class individuals who graduated from colleges abroad, (c) middle class individuals who graduated from colleges in Indonesia, (d) tradesmen with their own small stores, and (e) the less well-off who work as shop employees. The exact career of the ethnic Chinese in Indonesia is dependent on their educational background (Thung 2012).

In addition to the varied professions they now undertake, many ethnic Chinese in Indonesia have chosen to become politicians (Heidhues 2017). Unfortunately, the opportunities for political success are limited and there are very few ethnic Chinese in the legislature. To enter politics, the ethnic Chinese must demonstrate their loyalty to Indonesia and prove that they are compatible with the existing political system. Given their status as minority “immigrants” (even though many ethnic Chinese are second or third generation descendents of economic migrants), the Chinese-Indonesian politicians do not have to overcome their Chinese identity. Instead, they have to overcome the fears of the pribumi majority that they have achieved political and economic success even though they are Chinese and there are discriminatory practices in place. The propaganda expounded by the pribumi majority that resulted in the mass mobilization of protests against the Chinese serves not only to defend their own beliefs but also to protect their economic and political interests.

Indonesia’s democratic trajectory is now slowing as it moves into a transition period. The struggle for democracy in Indonesia is still ongoing due to low levels of civil rights, especially for minority groups. Freedom House (2021b) found that Indonesia’s democracy is stagnating because there is no progress in the protection of minorities, state discrimination against minorities continues to affect the development of inter-ethnic relations, inter-religious issues have increased, Indonesia’s conflict with West Papua is still ongoing, and violence and threats against LGBT+ persons and academics have risen.

According to Freedom House (2021a), civil rights in Indonesia are still very limited, especially for minorities. Freedom House stressed that Indonesia's laws and policies have not guaranteed justice for the minority Chinese-Indonesians who make up one percent of the population and are believed to hold most of the country's wealth. Indeed, the ethnic Chinese in Indonesia remain vulnerable to abuse. While political rights and electoral opportunities for the ethnic Chinese in Indonesia are still uncertain, the results of the 2019 general election show that there is little in the way of Chinese-Indonesian representation in politics. The dearth of notable ethnic Chinese figures in the legislature is largely due to discriminatory bureaucratic requirements and the Chinese-Indonesians abstaining from the vote.

After democratic reforms were implemented in 1998, the Chinese-Indonesian community established three political parties: *Tionghoa Indonesia (Parti)*, *Partai Pembauran Indonesia*, and *Partai Bhinneka Tunggal Ika Indonesia (PBI)*. In addition, two parties with ethnic Chinese leaders—the *Indonesian Solidarity Party (PSI)* and the *United Indonesia Party (Perindo)*—competed in the April 2019 elections but were unable to meet the minimum 4 percent of votes needed to secure seats in parliament. As an ethnic minority, Chinese-Indonesians still face state discrimination in terms of property ownership. Although this does not apply to all parts of Indonesia, the ethnic Chinese face in Yogyakarta face restrictions on private property ownership under a 1975 decree (Freedom House 2021b).

Thus, Chinese-Indonesian politicians choose to participate in politics because they want to improve inter-ethnic interaction and

eliminate prejudice between ethnic groups. In addition, political participation is a way for them to achieve political goals and fight for the aspirations of the Chinese-Indonesians. To achieve that goal, the ethnic Chinese need to be more socialized in Indonesian society by adopting some of their values, namely mutual cooperation, communal togetherness and unity, and strong family values. By blending into local society, the ethnic Chinese would gradually gain the support of the locals. In addition, interacting with the locals would go some way into fostering understanding of each other and eliminating social jealousy caused by misconceptions and prejudices.

Social jealousy results in social cleavage. Prejudice against the Chinese-Indonesians persists because other groups in Indonesian society perceive the ethnic Chinese as bourgeois, arrogant and supercilious. However, official data shows that only a very few Chinese-Indonesians are wealthy and many ethnic Chinese in Indonesia live in poverty. For example, many Chinese-Indonesians in Singkawang City, Kalimantan, work for low wages as they are either daily-rated laborers or low-paid shop employees. Thus, other groups in Indonesia have an erroneous misconception that the Chinese in the country are wealthy. The truth is that only a very small percentage of ethnic Chinese in Indonesia are prosperous. This false opinion needs to be corrected. One way of doing that is to improve intercultural relations through social interactions. One Chinese politician said that social jealousy could be avoided if inter-ethnic feelings are preserved through the exchange of cultural expressions.

Although Chinese culture has been recognized by the Indonesian government and the culture can be freely expressed,

it should not be celebrated too openly. As a pluralistic country, diversity is part of social life but tolerance is not unconditional. Consequently, the Chinese should not be presumptuous. Instead, I recommend that they act with circumspection. Thung Ju Lan (2012), a senior researcher from Lembaga Ilmu dan Pengetahuan Indonesia (LIPI), an Indonesian government think tank, believes that the Chinese should not emphasize their minority identity and take advantage of it, otherwise the misconceptions of the Chinese as arrogant and supercilious would be confirmed in the eyes of the other groups in the country. Moreover, it was not so long ago that the discriminatory laws against the Chinese were changed. The Chinese minority in Indonesia should bear in mind that the Reform era and democratization only took place in 1998. The discrimination against non-pribumi groups is still in the collective memories of everyone in Indonesia and remains deeply entrenched in Indonesian society. The continued prejudice, discrimination and misconceptions of the Chinese-Indonesians in the present-day shows that this aspect of inter-ethnic interactions is not likely to disappear in the short term.

Conclusion

It can be argued that the Chinese in Indonesia in the present-day have received support and are accepted in the local community to some degree. This may demonstrate that the ethnic Chinese have assimilated into Indonesian society and the country's nation-building process to some extent. It must be understood that Suharto's New Order regime sought to forcibly assimilate the Chinese into Indonesian society because he was determined to eradicate

communism. In that era, being an ethnic Chinese was synonymous to being a communist that was loyal to Maoist China. Thus, Suharto implemented his policy to assimilate the ethnic Chinese in the country to “transform” them into Indonesians who were no different from the pribumi.

Like the other ethnic groups in Indonesia, the Chinese self-identify themselves by their ethnicity. This does not change the fact that they are Indonesian citizens. While the ethnic Chinese may differ from the pribumi in terms of beliefs, mindset and outlook, this is not a problem that is unique to the Chinese. Other ethnic groups who subscribe to religions other than Islam also differ from the pribumi majority in many ways. As there is officially no longer any discrimination against the Chinese by the state, the Indonesian political elites should not use the ethnic Chinese identity as a means of diverting public attention away from the political infighting in the higher echelons of power. The government can do its part to reduce prejudice and racial stereotypes by providing a space through which intercultural interactions are encouraged. Similarly, the ethnic Chinese population as a whole should take part in elections by voting instead of avoiding the polls.

Chinese-Indonesian politicians are seen as threats to some members of the political elites who wish to retain their hold on power. This is because the ethnic Chinese are still perceived as outsiders who have no right to interfere in national politics. There is still a prevailing view among some Indonesians that only the pribumi, as native Indonesians, should have a say in national politics.

Instead of being reactionary towards ethnic Chinese participation in Indonesian politics, political elites in the country should welcome the political participation of all minority groups. By including other groups outside the pribumi majority, including the Chinese, into the political process, the democratization of the country will progress. This is an important step to take as democracy is stagnating in the country. Indeed, the political line-up at the top has not changed from the New Order regime, as it is still dominated by the pribumi majority. The Chinese politicians are both ethnic Chinese and Indonesians. Consequently, they are loyal to both their ethnic group within the country as well as Indonesia itself. This means they have the credibility and loyalty to fight not only for the interests of the ethnic Chinese in the country but also Indonesians as whole. They have a vested interest in the socio-political development of the country. By improving inter-ethnic relations and facilitating understanding and cultural exchanges between the different ethnic groups, including the Chinese, the ethnic Chinese politicians can improve Indonesian society and facilitate dialogue towards focused development of real democracy in Indonesia. This chapter, however, only skims the surface of the issue of social identity in Indonesia. I hope that it will be a springboard for further research on Indonesian inter-ethnic relations and democracy in the future.

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