MYANMAR AGAINST COVID-19

Report 1 (January to mid-June 2020)

Shwe Yee Oo
Research Fellow

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The number of COVID-19 confirmed cases continues rising across the world. Countries are still grappling with different strategies and measures to cope the disease as well as its impacts on economy, society and security. In the struggle against the pandemic, Myanmar is no exception. Though, only a few news reports on Myanmar’s COVID-19 measures can be seen in some local and international media outlets. This COVID-19 report on Myanmar aims at revealing Myanmar’s effort in controlling the pandemic and containing its severe impacts, and to analyze strong points and weak points in its containment strategy and measures.

The report is mainly divided into six sections covering 1) the Myanmar government’s implemented policies for controlling COVID-19, 2) the burdens imposed by the COVID-19, 3) public opinion and international reactions, 4) citizens’ engagement, 5) international assistance, and 6) regional cooperation. The government’s policy measures are discussed in two different sub-sections of 1) COVID-19 preventive measures, and 2) recovery measures for economy. Similarly, the burdens laid by the COVID-19 is discussed under the division of three different sub-sections - 1) socio-economic impacts, 2) escalated vulnerability in women, and 3) armed conflicts in Myanmar amid the pandemic. This report covers the period of January to mid-June 2020.

The Myanmar government commenced preparation to prevent COVID-19 as early as January 24 when Chinese authorities placed the city of Wuhan and Hubei province under quarantine. The central Committee to Prevent, Control and Treat the novel Coronavirus was formed in Myanmar on January 31. Since then, Myanmar implemented preventive measures such as suspension of visas on arrival for Chinese citizens arriving from China, suspension of all airlines between China and Myanmar, and body temperature detecting at the international airport and Sino-Myanmar border gates. Preparations and arrangements in designated hospitals were checked-listed and scrutinized for further supports. On March 13, Myanmar formed National Central Committee on Prevention, Control and Treatment of COVID-19. On March 15, a mandatory 14-day quarantine was announced for all arrivals from China, Italy, Iran, France and 12 other countries. Temporary suspension of e-visas and arrival visas was put in place on March 21. Myanmar found its first confirmed cases on March 23 in two individuals returning from the US and UK. The implementation of preventive measures accelerated after the first confirmed cases had been found. On March 30, the Central Committee to Prevent, Control and Treat the novel Coronavirus organized on January 31 was annulled and the Emergency Response Committee (Civil-Military Emergency Taskforce) was formed. On April 27, the Ministry of Planning, Finance and Industry (MOPFI) launched COVID-19
Economic Relief Plan (Overcoming as One). The plan consists of strategies aimed at mitigating the effects of COVID-19 on Myanmar’s economy and helping the country for its economic recovery.

Concerning burdens imposed by the COVID-19, socio-economic hardship caused by the pandemic such as job losses, closures of factories, financial distress, downsizing of tourism industry and economic downturns, declined trades, reduced productivity, psychological problems and other social impacts on normal life routings are reported. Escalated vulnerability due to weaken mechanism to protect women because of the disease is also discussed. Pandemic containment measures in conflict zones together with continuously happening armed clashes are equally discussed.

Public opinion on the measures taken by the government to control the disease in the country, along with the international reactions toward Myanmar’s preventive measures are elaborated as well. Public opinion on the aids and supports from Chinese businesses and companies is also included under the section of “Public Opinion”. While talking about COVID-19 preventive measures, citizen’s engagement should not be left. Citizens’ supports in terms of financial assistance, coordination with the authorities in containing the disease, and donations in the community are a great help to the government. The supports and donations functioned as a plug for the gaps that the government could not fill up through its measures. Assurances from the international and regional community are also a support for the government to effectively implement the containment measures, and thus international assistance and regional cooperation are equally stated.

From January until late March, Myanmar people as well as international community had doubt on the information released by the government as the government’s media outlet kept affirming that no infected case had been found in the country. Myanmar has a long border shared with China and the doubt upon the accuracy of the government’s information is rational. According to the statistics published by the Myanmar Government, none of the confirmed cases Myanmar currently has comes through the border-sharing Yunnan province of China. A possible reason why Myanmar does not have confirmed cases entering from the bordering Yunnan is discussed in the “Analysis” section. Along with this, the efficiency of the government’s preventive measures and the effectiveness of regional cooperation are also analyzed and discussed in the report.

The objective of this report is to make all the important information concerning Myanmar’s fight against the pandemic available in a place. This record of Myanmar’s efforts in envisaging the pandemic is aimed to become one of the sources for further research and studies about Myanmar. Also, this report is intended to be the witness of Myanmar’s collective effort in its fight with a global pandemic.
Myanmar against COVID-19

Introduction

The coronavirus disease reached Myanmar, a country struggling with democratic transition, on March 23. The disease was imported into the country as travel related cases. Local transmission started on March 27 with a tour guide who had not been abroad within 14 days but had contact with French tourists. Until April 12, the local transmission, as well as imported cases, rose steadily by 3 to 4 cases daily but on April 13, the local transmission augmented to 20 cases in a day which was the highest number since the first case was found. As of June 15, Myanmar reported1 -

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COVID-19 began in December, released out of China in January, widespread in February and declared a “Pandemic” in March by the World Health Organization (WHO). The disease arrived Myanmar less than two weeks later the announcement from the WHO. Since the beginning of the widespread of virus in China, Myanmar Government as well as Myanmar community reacted consistently to the pandemic. In this report, the reactions in Myanmar towards COVID-19 as well as the situation on the ground to the pandemic in the country will be reported. This report will cover measures from January to mid-June 2020 in different sections – the Myanmar government’s policy measures, socio-economic burdens of COVID-19, public opinion and international reaction, citizens’ contribution and community engagement as well as international assistance, regional co-operation.

1. Myanmar Government’s policy and measures

1.1. COVID-19 preventive measures

**January:** The very first meeting on the prevention of COVID-19 was held on January 24 in Naypyidaw to discuss what measures would be used against the disease. The preparation to prevent the disease started first and foremost with the order to take strict watch of the arrival of people at international airports and border gates by checking body temperature, inspecting health declaration forms and recording their local contacts. Standard guidelines and operating procedures were ordered to be distributed to hospitals (both

1 Source – Ministry of Health and Sports Myanmar’s Situation Report June 15 at 6:00pm
public and private) as well as to clinics and regional healthcare units. Regular communication with The Republic of China for updated information about COVID-19 and with World Health Organization (WHO) for technical supports and important instructions was arranged on January 27. Central coordination meetings on preparedness for detection and response to COVID-19 are organized on a daily basis from January 28.

To implement systematic and synchronized coordination and collaboration between the concerned Ministries, States and Regions, hospitals and healthcare institutions, the Central Committee to Prevent, Control and Treat the novel Coronavirus was formed on January 31 (the day after the WHO declared the Coronavirus disease as global emergency) with Ministers, Deputy Ministers and high-ranked officials. The Committee organized daily meetings thenceforth. It is said that the central committee was set up on the same day that a suspected carrier of the virus, a Chinese passenger from a flight on Guangzhou, was found at the International Airport. Though, the Ministry of Health and Sports released the announcement of the formation of the Committee on January 30 on the Ministry's website as well as in the government-owned newspaper. Since that date, reported/suspected cases were quarantined and placed under surveillance as PUI (Person Under Investigation) in public hospitals, in respective States and Regions, which later became quarantine centers supported by the government.

**February:** On February 1, visas on arrival for Chinese citizens arriving from China were temporarily suspended. A temporary closure of border gates was planned and restrictions to minimize the number of people arriving through borders were put in place. Myanmar students residing in seriously affected Wuhan for further studies were evacuated on February 2 and subsequently quarantined for 14 days. On February 6, all airlines flying between China and Myanmar (apart from two airlines flying between Yangon-Hong Kong and Yangon-Taiwan) were suspended according to Yangon International Airport. In the first week of February, thermal scanners were installed at border gates along the Sino-Myanmar border to better watch and detect body temperature from a large group. Hotels and guesthouses, as well as the public, were told to report any suspected virus carrier to the nearest healthcare center. Updated Clinical Management Guideline with the latest found therapies was issued and distributed on February 7 by the Ministry of Health and Sports and the Clinical Management Committee was formed on February 11. Instructions on preventive and responsible behaviors (such as cough etiquette and social distancing) were issued in Burmese as well as in different ethnic languages and distributed. Public communication and education about the disease was mainly done through State owned media – government owned newspapers, television channels and Ministries' websites – and the most popular social media site in the
country, Facebook. States and Regions’ Governments are closely connected and were instructed to report the ground situation daily to the Central Epidemiology Unit for better preparation and actions to the virus.

The Myanmar Government chose to concentrate on containment strategies with a preventive aspect - taking measures such as 1) active surveillance, 2) early detection of suspected cases and prompt treatment, 3) isolation and case management, 4) contact tracing, and 5) prevention of onward spread of virus infection. Close relations with China also helped the country’s government in achieving information and advices easily, and assisted in the preparation to prevent the disease. Standard Operating Procedures for Pneumonia Surveillance in International Airports and Seaports, Standard Operating Procedures for Pneumonia Surveillance for Ground Crossings, Standard Operating Procedures for Person Under Investigation (PUI) for Suspected Pneumonia Surveillance in Hospitals and Clinics were launched and distributed on February 26 by the Central Epidemiology Unit. On February 28, MOHS declared COVID-19 as epidemic or notifiable disease, making it mandatory to report if a person falls sick with the virus and the failure to do so would lead to one month in prison or a fine. Preparations and arrangements in designated hospitals were check-listed and scrutinized for further support and sponsoring needing commodities by MOHS. At the end of February, there were 45 people quarantined in the public hospitals of respective States and Regions, who had traveled to/from China and were later tested and found to be negative.

March: On March 3, the Myanmar Military announced that the celebration of “Armed Forces Day”, which usually takes place on March 27, was postponed due to the wide spread disease. On the same day, it was reported that the entry of Silver Spirit Cruise, which had docked in countries with hundreds of cases, was not allowed to dock by the port authorities to prevent the spread of virus. Myanmar’s public was also urged to avoid unnecessary crowds and gatherings. Infections were rising sharply across the world and as of March 6, there were 6284 cases and 42 deaths in South Korea. Myanmar announced a temporary suspension of flights coming from South Korea from March 9 until April 24. Flights by Myanmar National Airline going from Myanmar to South Korean were also reduced. On 11 March, the WHO declared COVID-19 as a Global Pandemic and Myanmar, on the same date, had 90 reported cases quarantined, of which 78 tested negative and 12 were waiting for their test result.

On March 13, Myanmar formed National Central Committee on Prevention, Control and Treatment of COVID-19 with 19 Ministers and 2 Permanent Secretaries, led by State Counselor Aung San Suu Kyi. On the same day, the Ministry of Transport and Communication issued a statement that public gatherings, including festivals and ceremonies, would be restricted until the end of April and added a note that the
period would be extended if necessary. Myanmar’s annual New Year Festival and other seasonal pagoda festivals were shut down. Later on, more restrictions were put in place. On March 19, the Myanmar Government temporarily suspended the entry of all foreign nationals through the opened border check points between Myanmar and its neighboring countries. The entry and exit of the local population on both sides of border were not restricted but strict health checks and body temperature screenings were enforced. (The Tamu-Moreh border check point between India and Myanmar has been closed by India’s Manipur State government since March 10 for the reason to contain the virus.) A mandatory 14-day quarantine and surveillance for all arrivals from seriously infected countries – China, Italy, Iran, France, Germany and Spain - was ordered on March 15. More countries – the USA, Switzerland, UK, the Netherlands, Austria, Belgium, Norway, Sweden and Denmark – were added to the list on March 20. Diplomats were encouraged to take home quarantine for 14 days upon arrival in Myanmar. A medical certificate issued by an authorized medical facility was demanded at the international airport starting from March 21. In addition, Myanmar suspended e-visas and arrival visas temporarily on March 21 until April 30. On March 29, the Myanmar Government announced they would temporarily suspend visa exemptions and issuing all types of visas (except for those belonging to UN officials, diplomats, and cabin crews) until the end of April.

Thailand closed its two border check points on the border with Myanmar at Mae Sot and Myawaddy on March 21, with the rest being closed on March 23. The announcement caused a mass return of Myanmar migrant workers through border gates and the overwhelming number made the prepared quarantined centers unable to accept them all at once. Thus, those people were encouraged to home-quarantine for 14 days when they arrived back at their homes, but the efficacy of home quarantine is questionable. At the border immigration check point in Myawaddy, officials ensured that everyone passed temperature check and health screening. The Karen State Government arranged transportation for migrant workers to go back to their home after undergoing health screening processes.

A news report said that the Myanmar military was supporting and adding efforts in the preparation of preventing the disease. Under the management of Directorate of Medical Services that commands Myanmar Army Medical Corps, a Corona Control Committee was cooperating in monitoring and controlling COVID-19, networking with civil agencies, and training military medics to provide treatment. The Tatmadaw (military) had also prepared military hospitals to be used as quarantine centers and put a medical team on alert. Military personnel have been engaging in taking preventive measures such as disinfecting hospitals, border gate check points and government institutions.
Command Centers were formed on March 21 to connect effectively with States’ and Regions’ Public Health Department that were delegated full authority to take measures to prevent and control the disease. In collaboration with Myanmar Hoteliers Association, some hotels in the country have been used as quarantine centers since the third week of March. Yangon Chief Minister said that Yangon had prepared 500 apartment units for quarantine purposes and additional two 300-bed hospitals. Five stadiums in five Yangon townships with room to keep 100-150 people in each had also been prepared as quarantine centers. Religious leaders also contributed to the preparation of quarantine centers by allowing their monastery buildings to be used as facilities to quarantine those who came back from foreign countries. In Hmawbi Township, on the outskirt of Yangon, a prominent Buddhist monk offered his meditation center as a quarantine site for 400 people. Businesses also offered housing complexes to be used for the purpose of quarantine. The Ayarwaddy Foundation converted its bank training school and football academy into a quarantine center for 150 people. Myanmar Development Association also turned 168 apartment units into quarantine facilities. On March 23 by 8:15 pm, there were 214 PUI (Person Under Investigation) of which 198 tested negative (127 had already been discharged from the hospital after testing negative), 273 people quarantined in hospitals and 170 people already left after 14 days of surveillance. At 11:45pm on March 23, news that shook Myanmar people came out – the first two COVID-19 cases (one traveled to the U.S and the other to the UK) were confirmed. Cases were found in Chin State and in Yangon Region.

The period of March and April is known as the exam season in Myanmar for all students (both basic education and higher education) and the Ministry of Health and Sports, in collaboration with Ministry of Education, on March 10, planned to provide masks, sanitizers and disinfectants in exam centers. Although high school final exams took place successfully, some universities received complaints urging them to postpone the examinations, and several universities even faced protests organized by students unwilling to take exams on the arranged exam dates due to COVID-19. On March 18, the Ministry of Education issued a statement which said that those who did not want to sit the exams in March would be allowed to take exams in May or June, before the universities would start their second term of the academic year. On March 24, one day after the first COVID-19 cases were confirmed in the country, universities across the country postponed all the ongoing exams indefinitely and universities were closed temporarily. On the same date, State Counselor Aung San Suu Kyi reported to the public the actual situation of disease control in the country and urged individuals to immediately inform the authorities if they are aware of any suspected cases. She also reminded the public not to be give into the fear and ignorance and said that the government was responding the pandemic by taking actions based on accountability and transparency.
Strict measures were introduced on the same day of State Counselor’s report. All travels to popular beaches in Irrawaddy region were banned on March 24 and 72 hotels and 107 guesthouses on Chaung Tha and Ngwe Saung beaches were told not to accept guests. Myanmar Government ordered a mandatory 14-day quarantine for all travelers arriving in Myanmar that would take effect on March 25. UN officials and diplomats are subject to 14-day home quarantine and have to present a medical certificate, issued not more than 72 hours prior to their flight bound to Myanmar, mentioning that they tested negative. Tedim Township in Chin State where one of the first confirmed cases visited was placed under community quarantine and the village where he stayed was locked down. According to MOHS, a group of five volunteer doctors left for Tedim to help care for the COVID-19 patient in Tedim General Hospital. The quarantine center where another confirmed case was found was also locked down and all healthcare staff working at the center center where he spent his preliminary quarantine were immediately quarantined. The planes that transported the first cases were disinfected and cabin crews were also quarantined. Relevant authorities were informed about the contact they had for the implementation of further measures. Travel restrictions on the States’ and Regions’ border soon commenced. The road connecting Chin State with Sagaing Region was closed. In Mandalay Region, restaurants, bars and tea shops were ordered to serve only take away meals. Passenger buses and vehicles coming from Chin State were closely monitored and the number of health checkpoints was increased. Pagodas and monasteries were instructed to reduce the number of pilgrims and Mandalay parliament suspended parliamentary sessions. Local authorities made public announcements that discouraged panic buying and urged the public to follow the instructions from MOHS, to halt any kinds of religious ceremonies and to avoid public gatherings. Schools, universities and more meditation centers were converted into quarantine centers in order to accept more potential patients and provide care.

The third positive case was confirmed on March 25 - a person who had arrived from the UK and was brought to a quarantine facility after his arrival. As of March 25, there were 504 people quarantined (160 quarantined in hospitals, 158 quarantined in hotels and 186 quarantined in makeshift quarantine centers) and 275 suspected cases of which 212 tested negative, 61 waiting the result (later on that day, 40 out of 61 resulted negative). The third positive case was found in a quarantine center.

Two more positive cases were confirmed on March 27, and the apartment blocks where one of the cases was found were placed under quarantine and their close contacts were brought to the hospital as PUI. The travel history of the five cases was reported to the public on the same day. On March 29, MOHS cautioned that returning migrant workers from Thailand could provoke an outbreak after a returning migrant worker tested positive. Ministry of Foreign Affairs said later in the day that returning migrant
workers through Mae Sot-Myawaddy border would be held in quarantine centers for 14 days. Migrants workers were also urged to come back after April 15 when quarantine centers would be ready. From March 21 to March 30, 40,000 migrants returned home through Myawaddy and Tachileik border crossings. Labor centers, factories and labor camps were then converted into quarantine centers to house incoming workers. As of March 29, there were 8 confirmed cases (two more later on the same day and causing the number of confirmed cases to rise to 10) and 470 close contacts that were subsequently quarantined. By the end of March, there were 14 confirmed cases and one death (an individual who was also suffering from nasal cancer) across the country.

The Central Committee to Prevent, Control and Treat the novel Coronavirus formed on January 31 was annulled and the Emergency Response Committee (Civil-Military Emergency Taskforce) was formed on March 30. The Vice President (1) appointed by the military, Union Ministers and high-ranked officials from Ministry of Defense (including border affairs and home affairs), and also from civilian ministries such as labor, immigration and population, religious and culture affairs, transport and communication, social welfare and the Office of Union Government were involved this time in the committee. This Committee is the first co-operation between military and civilian government to fight the disease. The military had been helping with some preventive measures like disinfecting and sanitizing institutions and religious sites since early March. The Civil-Military Emergency Taskforce is, in the case of an outbreak, entrusted with a number of tasks, including focusing on stability, security and law enforcement, reporting any illegal entries and exists at border crossings and corruption cases; investigating COVID-19 patients especially in those who have returned from Thailand and tracing any close contacts (and placing them in quarantine); supporting community quarantine procedures; helping to provide food, treatment and mental health support; ensuring the rule of law in areas of high potential infection and areas with instability due to the disease; ensuring the safety of medical facilities, factories and pharmacies for the continuous operations during community quarantine period; preparing food supplies, medicines, medical facilities and their transportation, community-based quarantine facilities and volunteers; arresting those who spread fake news, misinformation and those who inflates the prices of medicines, food and consumer goods; implementing public awareness campaigns; disinfecting public places and sharing MOHS instructions. The national committee led by State Counselor Aung San Suu Kyi creates policies and the emergency taskforce is responsible for implementing them on the ground. Regional authorities also gave administrative orders to strictly follow the directives, rules and instructions from respective ministries and notified that individuals who would fail to follow would be subject to one-year in prison or a fine.
Concerning the management of necessary equipment allocation to healthcare centers, medical equipment (personal protective equipment, masks, gloves, shoes covers and goggles) have been distributed to the central hospitals and public health centers across the country since March 27. A total of 3500 PPE, 56000 N-95 masks, 30000 surgical masks, 285 goggles and 500 shoes covers were distributed to the central hospitals, and 4000 PPE, 44000 N-95 masks and 170000 surgical masks to public health centers across all States and Regions. On March 28, 5600 PPE, 350,000 surgical masks and 331 bleaching powder drums were distributed again to the public health care centers across the country. Later on the same day, 500 PPE were distributed in addition to the distribution on the previous day. On March 30, six ventilators were allocated to Yangon General Hospitals, six other ventilators in North Okkalapa General Hospitals, and eight ventilators to the Waibargi Infectious Disease Hospital. Furthermore, 10,900 PPE and 4,400 masks were diffused again to the public health centers and 7,950 PPE and 101,000 masks to Central Level Hospitals across all regions in the country. Also, 12 ICU beds were allocated to South Okkalapa Women and Children Hospital. Other medical equipment such as syringe pumps, infusion pumps, ECG, etc. were allocated as well to the General Hospitals in Shan State, Karen State, Kachin State, Sagaing Region, Magway Region, Mandalay Region and to the Infectious Disease Hospital in Yangon Region. On March 31, 563,000 masks and 14,700 PPE were dispersed to the national laboratory, central level hospitals and, region and state level hospitals.

April: As of April 5, there were 22 confirmed cases (8 local transmissions and 14 imported cases) out of 1340 tests, 1 death, 160 individuals quarantined in hospitals and a further 66,499 people in other quarantine centers. State and Regional Governments placed restrictions to shut down public transportation, to ban festive activities and to stay at home (as much as possible) during Myanmar’s New Year Holidays (which is from April 13 to April 22). In Yangon Region, a 10-day stay at home order was introduce from April 10 to April 19. In Mandalay Region, the stay at home and social distancing order began on April 7. Guesthouses and hotels were ordered to close from April 8 until April 22. In Sagaing Region, travel bans (except for travels for funerals and health reasons with a letter of recommendation from township’s COVID-19 Disease Protection, Control and Treatment Committee), closures of public parks and hotels, and stay at home orders were placed from April 7 to April 21.
The same restrictions started in Shan State and Kayah State on April 7 and April 8 respectively. In Kachin State, restrictions - such as ban on public gatherings and religious activities including Myanmar New Year’s celebration of water festival, and a temporary closure of schools, cinema and other public places - were placed as early as March 20. Mon State, home to the majority of migrant workers, placed orders upon residents to report any suspected cases, and ordered returnees to report to authorities and undergo a health check or quarantine on March 28. There were over 8000 migrants returning home to Mon State from Thailand, Malaysia, Singapore, Japan, South Korea, Cambodia and India. The Myanmar Government supposed that the preventive measures taken in April would shape the level of severity of the infection across the country in the future.

The restrictions decreased some daily earners’ income and the government announced that it would provide food assistance (rice, oil, salt, beans and onions) to those who would lack regular incomes during the restriction period under stay-at-home order. In Mandalay Region, authorities said they would spend 1 billion MMK (about $770,000) on a food providing project. To encourage people to stay at home, Myanmar Government also made an initiative of providing 150 units of free electricity for domestic use for April. The President Office also issued a directive prohibiting civil servants from traveling during Myanmar’s New Year holidays to control the spread of the disease. The State Counselor issued a warning...
on the same day that the Government has zero tolerance for anyone engaging in price gouging on essential goods. She added that the gouging price of essential goods is unethical and unlawful, and that the government would take action on any complaint of price-gouging on essential goods. On March 30, the Ministry of Commerce imposed a ban on price-gouging and hoarding essential goods.

MOHS launched, on April 6, “COVID-19 Contact Tracing Webpage” on the Ministry’s so that the general public would be able to view the information about confirmed cases and report their contacts if they were closely exposed to COVID-19 positive patients. An authority from MOHS said that the Ministry was preparing to open another laboratory in Mandalay and another four laboratories to test COVID-19 that were formerly used to test tuberculosis patients. Myanmar could not test everyone, including people who were quarantined at home and health care workers who had close contact with COVID-19 patients, and it could only test those who fall under the criteria that MOHS defined. The test capacity only increased after it received a donated machine from a Myanmar’s Medical Product Limited which could test 1400 people a day.

The news reported that the Yangon Region Government sent a letter to Myanmar military’s Yangon Command and requested cooperation of Myanmar Army Medical Corps in the makeshift hospital (at the Central Institute of Civil Service) that was being prepared on order to treat COVID-19 patients. A spokesperson from Myanmar Military said on April 7 that the military medical corps is ready for cooperation and two medical teams each comprising 40 staff (including 12 specialists, 10 general practitioners, 14 senior nurses, 2 lab technicians and 2 radiographers) would be dispatched once the makeshift hospital was ready for operation. On April 10, a medical team from China arrived with medical and laboratory equipment from China to assist Myanmar. The team consisted of 12 specialists in intensive care, epidemics, infection prevention, control and laboratory testing, and traditional Chinese medics. The team was aimed to share its experience, train Myanmar’s medics as well as to cooperate with the National Health Laboratory in testing COVID-19. The medical team from the military arrived at the makeshift hospitals on April 20.
As of April 8, it was announced that there were 22 confirmed positive cases and there had been 2 more deaths (one died of COVID-19 and another one died of pre-existing health condition that was worsened by COVID-19). Myanmar had 3 deaths altogether up to April 8. During a videoconference between the State Counselor and healthcare workers held on the same day, the State Counselor said “Losing one person is also a loss for everyone. We feel sorry, but having sorrow alone is not enough. We have our responsibility and must try not to make the situation worse. [.....] Each of our people is valuable for the country. We value you and will look after each of you as much as we can.” She also repeatedly encouraged each citizen to cooperate in the fight against the pandemic.

In an interview with the Director-General and the spokesperson of MOHS, he said that testing more people would not mean necessarily to find out more positive cases but rather to detect as quickly as possible those who are infected and separate them to treat. Concerning quarantine centers that are mostly halls with several beds one/two meters apart from each other, he admitted that those quarantine centers are not ideal and explained that MOHS was using the existing facilities (such as schools, monasteries, etc.) according to the country’s situation and capacity. He added that the priority was to separate the returnees arriving from abroad from local residents to prevent some major consequences. The Ministry also urged those who finished their quarantine period of 14 days and those who recovered to continue another 14 days of quarantine at home.

The National Call Center for COVID-19 was set up on April 9 in cooperation with mobile operators for consultation of information for the public. On April 11, MOHS announced more positive cases (altogether 27 cases as of April 11) and the traced contacts information of newly found cases were made public on
their website. On the same date, Myanmar Government increased the duration of quarantine from 14 to 21 days as WHO had said that the virus can take as long as 4 weeks to cause symptoms in an infected person. Researches from China showed that 21-day systematic quarantine can help control the virus spread up to 98.7% and thus the quarantine period was modified from 14 to 28 days in some countries in the region. Myanmar also increased the quarantine period to 28 days in total (21 days in a quarantine center and 7 additional days at home).

On April 12, the Myanmar Government extended prohibition of commercial flights landing in Myanmar until April 30. Within seven hours of the announcement about the extended prohibition, 10 new cases were confirmed and it was the largest number of positive cases found in 24 hours since the first case in late March. Total cases rose up to 38 and MOHS said it would detect all the close contacts. Two days later on April 14, Myanmar had 62 confirmed cases and 4 deaths, which is a striking number that could make Myanmar face an uncontrollable outbreak. It was soon found out that the cause of the jump in the number of positive cases was religious gatherings organized by a Pastor in Yangon. Yangon regional government imposed a ban on any form of religious gatherings on March 13 until the end of April. The police filed cases against two pastors and two of their followers who were involved in organizing the gathering for breaching the government’s COVID-19 control directives. The residence of the accused two pastors and seven townships where positive patients lived were placed under lockdown. Though, attendees of that religious gathering continued spreading the disease for next 2 to 3 weeks. (By April 20, MOHS found a total of 274 close contacts related to the religious gatherings held by the pastors.) Confirmed cases had reached 107 and the death toll rose to 5 on April 18 (Figure 3). On that date, the government introduced a stay-at-home order in seven townships in Yangon. Later on April 24, three other townships were added under the order where cases were reported. The government also brought a conditional nationwide ban of gatherings for more than 5 people. People who would need to go out in groups might have to request permission from respective authorities. Under the measures, only one person is allowed to go shopping. However, the order excluded workers, staff, and government employees. Yangon is the hardest hit (with 4 deaths) and to curb the spread of the virus, the regional government ordered a curfew that was effected on April 18 in Yangon Region’s 44 townships. Soon, Mandalay Region, Bago Region and Karen State joined Yangon’s curfew order.
Shan State, following Yangon, Mandalay, Bago Region, and Karen State, imposed one-month curfew in its 48 townships. Shan State shares significantly long border with China and the state also received many returnees from China after businesses were shutdown. By the time the curfew was imposed, Shan State found four positive cases, and had 4008 people in quarantine center and 5138 under isolation at home. Meanwhile, migrant workers returning from China flooded at Lwe Je border checkpoint in Kachin State. Returnees who are from Kachin State were sent back to their hometown’s quarantine centers for 21-day period and those who are from Sagaing Region were also sent back, after a medical check and their travel histories were recorded, to their home through arrangements between Kachin and Sagaing governments where they would be quarantined at local facilities. Those from further States and Regions such as Rakhine Sate and Shan State were kept in makeshift quarantine centers in Kachin. Kachin State Government said that it had prepared about 351 quarantined centers across the state to accommodate returning migrant workers as well as potential COVID-19 patients.

On April 17, Myanmar President pardoned nearly 25,000 prisoners, including 87 foreign prisoners, to mark New Year’s new and happy beginning as well as to reduce the density of prisons and detention centers to
prevent the outbreak. According to the Assistance Association for Political Prisoners (AAPP), 58 political prisoners were excluded from the presidential pardon. A spokesperson from AAPP even mentioned that there should not be political prisoners in democracy and it was a loss of nation’s strength. Amnesty International also declared that prisoners of peaceful activists were also excluded from the President’s pardon and called the authorities to protect the prisoners.

On April 19, the government announced that factories that had set preventive measures would be allowed to reopen for operations by April 30. The Ministry of Health and the Ministry of Labor said that they would inspect factories to assess their preparation of preventive measures to prevent the spread the disease. The Labor Ministry added that they would first start inspecting pharmaceutical factories, then food factories and finally other factories. Some factories that had resumed operating after Myanmar New Year holidays, that had already set up preventive measures, were forced to suspend operations due to the order. On April 21, Yangon Region Minister for Immigration and Human Resources said the compensation scheme was under planning by the Union Government for factories workers whose factories would be closed until the end of April for inspections. She also added that 21 teams were carrying out inspections in factories in the biggest industrial zone of Hlaing Tharyar in Yangon which is the workplace of thousands of workers. The Director General of Ministry of Social Welfare, Relief and Resettlement said that the government was determining how to administer the social security payments, which could only be benefited by those who are registered on government’s social safety net. Yangon region has 680,000 workers at 6632 factories according to the regional government.

On April 29, Yangon Region’s Ministry for immigration and Human Resources said more than 1,800 factories in Yangon had been permitted to operate after setting up official COVID-19 preventive measures. The permanent secretary said that more than 2000 factories had been inspected across the country since April 20. Factories that have already prepared preventive measures and are ready to be inspected have to submit online or at the Department of Labor Administration Yangon for inspection by the Ministry. According to the permanent secretary, around 100 ministry’s staff were co-operating with MOHS for the inspection of preventive measures. The Ministry of Labor, Immigration and Population said workers whose factories had been closed since April 20 for COVID-19 inspection would be provided 40% of their salaries. To benefit the social security, workers must be registered with the government social safety net.

Myanmar’s President issued a statement, on April 21, that ordered regional governments to encourage government employees to participate anti-hate speech activities during an increase of social media comments accusing the two pastors and their followers who organized a religious gathering that was the
cause of nearly 100 positive cases in Yangon which was the hardest hit. The order stated that everyone has the right to be treated with respect and love without fear of violence, intimidation and discrimination based on one’s identity. A Yangon Regional Parliament lawmaker pointed out that the government order was too vague to prevent hate speech and to preserve freedom of expression.

As of April 26, Myanmar tested 6,531 and found 146 positive cases. Myanmar expected an outbreak in April as thousands of migrant workers were returning to their homes. As of April 26, there were 42,671 people in 7,020 quarantine facilities, 6538 tested and 146 confirmed positive cases. The Minister of MOHS said on April 27 that Myanmar was not seeing many cases so far but that it would find more cases as soon as MOHS conducted more tests. The Minister added that Myanmar was expecting to avoid the outbreak by maintaining the current preventive measures until mid-May.

Meanwhile, Myanmar military said on April 25 at a press conference that they added new testing facilities including two Cobas 6800 machines at two military hospitals and they were prepared to provide testing for the public in addition to soldiers. They planned to start providing these tests on April 30. A Brigadier General also added that the machines used to run blood tests for diseases like HIV, hepatitis, and tuberculosis were ready to be used to test coronavirus with reagents and the military was trying to order more than 10,000 reagents. He again said that the military would install a smaller real-time PCR machine that can test nearly 200 people per day at the military hospital in Kengtung of eastern Shan State, and preparations were expected to be done in May. The Tatmadaw (military) reported zero cases inside the barracks as of April 27. According to a statement on April 20, 345 military personnel and 170 of their relatives are in government quarantine, 196 military personnel and 106 of their relatives are in home quarantine, and 18 military personnel and nine of the relatives are in hospital quarantine.

Regarding with international entry, Myanmar extended, on April 27, visa suspension and commercial flights until May 15. The Department of Civil Aviation said all fights to Myanmar except relief, cargo and special flights approved by Department of Civil Aviation would be affected. The Ministry of Foreign Affairs (MOFA) reported that Myanmar was planning relief flights to India, Singapore, South Korea and Japan to bring back stranded nationals. Director General of the Consular and Legal Affairs Department said the flights had been discussed with Myanmar National Airline (MAI). MOFA’s spokesperson added that the government was also planning to bring back nationals from Malaysia, the Philippines and Europe. On the other hand, China announced the closure of all its border checkpoints on April 23 in fear of returning COVID-19 into China from Myanmar after cases in Myanmar rose up to 139. All kinds of travels across the border between the two country were banned. The order applied in all border checkpoints (11 in number
in Shan and Kachin State) on the China-Myanmar border. Although, the order did not affect border trade. Trucks loaded with commodities could come to the border gate, then unload the trucks and transfer goods to Chinese drivers who would be waiting to hand the commodities to transport them to the destination. Even though the border trade had declined, fruits from Myanmar still were exported to China and fabric, fertilizers and medicines from China were imported to Myanmar.

Crowd management also played an interesting role in the country. While most of Myanmar’s municipal authorities across the country found hard to struggle with crowd management, the tourist town of Kalaw in Southern Shan State came up with an innovative idea for managing crowds in open markets. The idea came from a National League of Democracy representative of Kalaw who is also a lawmaker. She said the aim of the idea is to avoid disrupting the usual trade flow and to allow local farmers and vendors to sell their produce at a safe distance as the government would not be able to support all local residents during the complete lockdown. The idea was followed later by Karen State and Irrawaddy Region.

Fig. 4. A vegetable market in Kalaw (Source – The Irrawaddy News Agency)

One advantage the country found during pandemic is that it created a condition for innovative inventions. Mechatronic Department of Yangon Technological University (YIU) invented a trolley robot named TR 201 that can move automatically, reducing the need of person-to-person contact. A container robot was invented by the Mechatronic Engineering Department of Mandalay Technological University (MTU) that can carry items in a basket. Those robots are being used to transport food, medicine and trash from medical centers, lowering the risk of spreading the disease by reducing direct contact with positive patients. The robot project sourced in an order from the Ministry of Education to assist the Ministry of Health in combating with COVID-19. The Ministry of Education has provided funding to the country’s
technological universities to produce more robots. The Ministry of Education also donated a speaker drone to the Ministry of Health in order to communicate messages remotely and an autopilot sprayer drone, – which was invented locally in by technological universities.

On April 24, the government formed a new National Volunteer Steering Unit chaired by the State Counselor to systematically organize volunteers who offer their labor, time, skills and advice in the response of the pandemic. On April 25, assistant permanent secretary of the Ministry of Commerce said that the government approved 38 billion MMK (about $26.6 million) to use to buy rice and cooking oil for reserve in order to control the prices. Myanmar consumes about 660,000 tons of rice a month. A news report said that Myanmar’s Government would ease some restrictions on rice exports in May and would allow the exportation of 150,000 tons of rice. Myanmar’s Ministry of Planning, Finance and Industry (MOPFi) launched COVID-19 Economic Relief Plan (CERP) on April 27. The relief plan is composed of 7 Goals, 10 Strategies, 36 Action Plans, and 76 Actions ranging from fiscal measures to policy responses. Strategies include providing monetary stimulus; easing the pandemic’s impact on labourers; households and private sector firms; promoting investment and international trade; strengthening healthcare system; easing the strains on the banking sector; promoting innovative products; and increasing the COVID-19 fund and the contingency fund. MOPFi said that the CERP contained measures to mitigate the effects of COVID-19 on Myanmar’s economy, which would help the country to recover its economy quickly. Myanmar’s President Office formed a coordinating committee on the same day (April 27). The committee allows the government to work together with ethnic armed groups in order to contain of COVID-19 in territories controlled by ethnic armed groups. The secretary of the government’s Peace Commission said that the commission had been collaborating with ethnic armed groups long before the committee was formed.

Mandalay’s regional government launched an interesting measure: a homemade face mask campaign, with 4 phases that aim to educating people to wear a mask whenever they left home. More than 300,000 fabric masks sewn by local volunteers and small businesses in Mandalay, which were distributed according to Mandalay mayor. The majority of local people could not afford masks due to the rising price of masks because of scarcity, so the regional government provided them free fabric masks. The regional government also ordered fabric masks from small local businesses and volunteer groups in order to create job opportunities. The campaign’s phase 1 and 2 focused on distributing cloth masks and educating people. In phase 3, local authorities will fine (500 MMK- about $0.40) those who are not wearing masks when they go out and will supply them face masks. In phase 4, the fine will be doubled and supplying cloth
masks will continue. By the end of April, Myanmar had a total of 150 positive cases and 6 deaths and 19 recoveries.

For necessary medical equipment allocation, a total of 2445 viral transport media, 44,000 masks, 1,500,000 gloves and 100,000 mosquito nets to be used in quarantine centers were distributed across the country on April 3. Again on April 4, 14,720 hand sanitizers, 1,560,550 surgical masks, and 1,400 viral transport media were diffused. From April 4 to April 11, 13,845 viral transport media, 45,300 PPE, 4,800 Inj Imipenem 500mg and 13,840 ZISUVA 625mg, and 4.9 million masks were distributed in the country to Central Level Hospitals, as well as to township healthcare officers in remote areas. Until the end of April, 431 bleaching powder drums (40kg), 30,000 boxes of sprit, 6,000 boxes of gloves, 11,119 thermometers, and 42,244 boxes of hand sanitizers were dispersed to states’ and regions’ public health departments and 408,000 surgical masks to Central Level Hospitals.

In April, condemning violators of rules and laws containing COVID-19 was undertaken strictly and the number of violators sentenced rose. Courts in Irrawaddy and Sagaing Regions sentenced two migrant workers 3-month prison with hard labor on April 3. The two migrant workers had returned from China and fled quarantine centers where they were placed. These two workers were the first two sentenced under Section 18 of Prevention and Control of Communicable Disease Law of Myanmar amid the pandemic. On the same day, a bus company was banned by Mandalay Regional Government due to violation of regional government’s order to practice social distancing by selling only half of the seats in the coach.

Myanmar Government also took action against fake news and rumor spreaders. Since the first positive case was found, the Government issued warning that anyone who spread rumors and misinformation would be sentenced punishment of one-year prison term or cash fine. According to Ministry of Home Affairs on April 6, a person who spread a rumor (that said a positive case had been found in the Yaytarshay township of Bago Region) was arrested under Article 27 of Natural Disaster Management Laws of Myanmar. On the same day in Sagaing Division, a groom was arrested and sentenced for holding a wedding reception and gathering people which was violation of authorities’ instruction to postpone the event to avoid the crowd. In the same region again, another man faced a lawsuit under the same law for holding a Buddhist ritual ceremony. On April 24, when Yangon Region and Irrawaddy Region governments announced an extension of curfew for next two months, it is said that the police force would be assisting to enforce curfew by taking serious action on violators (sentence of one to two months’ prison).
May: In a business roundup report in early May, it is said that Myanmar Investment Commission (MIC) approved five projects – worth a total amount of nearly $ 65 million in foreign investment and about $ 7 million in local investment – and an additional three projects in oil and gas, and real estate and service sector to encourage both local and foreign investment during the pandemic. MIC said that the oil and gas sector made 26.9%, the power sector 26.3%, and the manufacturing sector around 14.18% of total foreign investment. Myanmar’s Department of Internal Revenue also announced a tax exemption on medical equipment, disease treatment machines, personal protective equipment, test kits, medical supplies and all drugs. This tax exemption came after an earlier tax exemption by the Ministry of Planning, Finance and Investment in February for a list of 17 types of non-commercial tax products – including corn and maize, dairy products and milk, seeds, raw materials for detergent, and animal feed.

On May 4, the Ministry of Immigration and Human Resources released a list of essential businesses including state-owned factories, municipal offices, banks and finance firms, job recruitment agencies, hotels and guesthouses, information and telecommunication businesses, printing and distributing companies, water distribution plants, electricity plants, clinics and hospitals, wholesale food warehouses, fishery product factories, cargo transportation businesses, ports and trading companies to be considered to allow resuming operation. According to the Ministry, the prioritized businesses must comply with an inspection report before resuming operations. Though, no date was given for when those businesses would be allowed to resume their activities. Mandalay’s regional Shan ethnic minister, who is also the spokesperson for the region’s COVID-19 Response and Emergency Committee, said that food product factories, medical product factories, factories producing soap and sanitizer and some construction projects which meet COVID-19 protective measures would be allowed to resume activities in mid-May.

A campaign which raised awareness about masks was launched in 21 townships in Southern Shan State on May 7. The State Minister of Finance and Planning said that the public did not seem to be concerned with wearing a mask and protecting themselves from the virus, and thus the campaign was intended to encourage people to and make them familiar with wearing masks, not only during but also beyond COVID-19. On May 8, following the campaign, the State Counselor announced that she would hold a cloth mask-making contest online starting from May 13. The contest was apparently an attempt to raise awareness of wearing masks. On the same, MOHS conducted door-to-door medical checks in Yangon Insein township where about 19% of positive cases had been reported. As of May 7, there were 162 confirmed cases with 6 deaths of which Yangon Region alone had 127 cases, 78% of all cases across the country. The Director of Health Knowledge at MOHS said that the intention of the project was to search asymptomatic carriers,
and to detect who are infected or who are at risk. Medics checked and asked residents’ travel and contact histories to confirm contact with known positive cases.

The Director of the Central Contagious Prevention and Eradication Sub-Department said on May 7 during the webinar on Myanmar’s Challenges in Fighting Against COVID-19 that 57% of confirmed cases in the country are asymptomatic and thus hard to detect. She also added that it was not easy to apply formulae to predict the potential number of infectious cases as Myanmar’s capacity to perform tests was still very limited. So far until May 7, only 10,042 people out of 54.4 million Myanmar people had been tested which is around 188 people out of every 1 million. She assured that the government was working to perform more tests.

On May 10, Mandalay regional government initiated the third phase of its fabric mask campaign that was launched on April 11 by imposing a fine on those who do not wear a mask when they go out. In the meantime, the regional governments of Irrawaddy and Tanintharyi Region were also starting the same campaign and imposing fines. Following those campaigns, Yangon also launched the same campaign of mask distribution and imposing fine in its 44 townships. Residents who fail to follow the order would face a fine or a jail term of up to 6 months. The order also included social distancing and a ban on gatherings of more than 4 people, except for those who are carrying out official duties, transporting permitted commodities, court proceedings, arranging funerals and those who are engaged in emergency rescue operations and implementing preventive measures against COVID-19. People seemed less cautious as soon as restrictions started to be lifted and some businesses started resuming operations. As of May 11, Myanmar reported 180 confirmed cases and 6 deaths.

The Deputy Minister of MOPFI said on May 11 that at least four or five international development organizations (which he did not name) had committed to support around $ 2 billion to Myanmar’s CERP. He added that the government was calculating how much would come from foreign aid and how much from budget re-allocation. The COVID-19 Economic Relief Plan, CERP, includes steps to re-allocate 10% of FY 2019-2020 budget from all government entities to the COVID-19 response fund. According to international organizations, Myanmar would need $ 2.3 billion to implement its action plan. According to MOPFI, the government negotiated for aids and assistance from the World Bank, Asian Development Bank and the International Monetary Fund to help implement the plan. The Deputy Director of MOPFI mentioned that the country’s external debt to GDP ratio was less than 15%, and it was appropriate to take concessional loans. As Myanmar government is not willing to reduce government spending (which is the main constituent of GDP), it expected the CERP to provide policies to manage government spending.
According to the plan, the government will expand the COVID-19 fund for domestic businesses from 100 billion MMK (about $71.7 million) to 200-500 billion MMK by the end of 2020. On the other hand, CERP will establish a separate fund of 100 billion MMK to support commercial banks promoting financing of trade. The plan also encompasses cash transfers to the hardest-hit and the most vulnerable groups including internally displaced persons (IDPs) through mobile financial transfers. CERP also aims to develop the country’s healthcare system by upgrading hospitals, laboratories, and training doctors, nurses, and other medical staff and volunteers. Moreover, the plan committed to help farmers by creating incentive for seasonal agriculture.

On May 12, the Head of Naypyidaw Public Health Department said that the parliamentary session of Union Parliament (both Upper House and Lower House) would resume to make coronavirus budgetary discussion on May 18, while strictly following preventive measures like social distancing. In Yangon Region, the Minister of Social Affairs, who is also a member of COVID-19 Control and Emergency Response Committee, declared that three measures – mask wearing and a ban on social gatherings, intensive contact tracing and providing quarantine to returnees from overseas and those with COVID-19 symptoms – would be prioritized. The Central Bank of Myanmar, on the same day of May 12, reinstated banking hours as the reduced banking hours caused crowds which could increase the spread of the virus. The Bank instructed local banks to open from 10am to 2pm on April 28, and to reopen from 9:30am to 3pm (the regular hours) starting from May 12 for a smoother procedure and to make banks less crowded.

On May 13, Yangon extended a partial lockdown in 10 townships, where previous lockdown orders were imposed in April because of an abundance of cases. Though, the State Counselor said on the same day that Yangon will ease some restrictions on May 15 in four townships where no new cases were reported for 3 weeks. With the ease of the restrictions, streets would be unblocked, restaurant and tea houses (except bars, pubs and nightclubs) would be reopened but businesses must ensure social distancing measures. Businesses which were allowed to reopen would be examined and in the case of failure to follow the preventive measures, there would be fines or forced closure.

Mandalay also said that it would ease restriction after May 16. Mandalay’s Regional Government added that businesses would be divided into three based on their level of priority, determined by their importance to the public. Businesses selling construction materials, mobile phones, clothing, jewelry, and beauty salons would be opened first; major markets and plaza, gyms, stadium, football fields, and guest houses would be second; and parks, zoos, spas and karaoke lounges would be third. (Its seven major wholesale markets were permitted to restart opening from May 22. Social distancing, sanitizing facilities
and body temperature checks would be taken as preventive measures at the markets.) Like Yangon, the businesses opened would be checked and if they failed to follow any preventive measures, on the orders of the regional government, they would be forced to close for three days as a first time warning. If they were found disregarding measures for a second time, they would be closed for 10 days and if businesses continue ignoring measures, they would be closed permanently. Despite easing the lockdown, the social gathering restrictions and suspension of visas were extended, and international flights were still banned until May 31. On May 15, the State Government of Chin State lifted the lockdown in the village where the country’s first case was reported although the travel restrictions still remained.

On May 15, the Director General of Basic Education Department announced that the Myanmar Government was planning to open basic education schools in July. In Myanmar, the school year in basic education starts in June and ends in March unlike higher education where universities start in November/December and ends in August/September. The Ministry of Education was designing a list of ‘dos and don’ts’ for students and parents, and also arranging hygienic measures and safe distancing in classrooms. The Ministry would also provide free face shields and masks for students and teachers and digital thermometers to schools. The Director-General stated that 47 townships (out of 330 townships across the country) where COVID-19 cases were reported would be prioritized for preventive measures and teachers would be tested. More than 6,000 schools across the country was being used as quarantine centers and they would be disinfected in line with MOHS, then returned to the Ministry of Education by June 15. According to the Ministry of Education, there are around 10 million basic education students and 450,000 teachers across the country for the school year 2020-2021.

A draft for the new Prevention and Control of Communicable Diseases Law was submitted by the MOHS on May 15. The law is intended to improve the government’s efficiency in preventing and controlling infectious diseases outbreaks. The new bill is to replace the country’s old Law on Communicable Diseases enacted in 1995 which was amended in 2011. The Union Minister said that the bill was drafted according to the WHO’s international health regulations. The bill will also give room to the Ministry and its related officials to prohibit the spread of any reporting that could cause public panic. By May 18, Myanmar had 187 confirmed cases, 6 deaths and 97 persons recovered.

A Government spokesperson said on May 16 that the government was planning to distribute cash (which is a part of action plans in CERP) to the public in the last week of May. He added that the amount which would be given would exceed the amount of food distributed to each household in April. A parliamentarian from Bago Region remarked that the cash transfer would be more convenient than food
distribution that the government performed in April as the cash distribution is cost-effective, has zero waste, and can directly assist those in need. The important thing is that the lower-administrators would need to register accurately those who are in need in their administered areas. On May 22, the Union Parliament approved the proposal to borrow $50 million emergency loans from the World Bank which is a two-year project to raise the quality of hospitals in states and regions and capacity building of healthcare workers as well as community engagement to fight against the pandemic across the country. Loans from the World Bank is a part of the fast-track measure to help developing countries. The World Bank also affirmed to give technical support and advice to improve healthcare services, disease surveillance and reporting system of Myanmar. The World Bank also promised to assist Myanmar’s economy to recover from COVID-19 under a new partnership framework 2020-2023, by accommodating economic growth with a strong focus on social inclusion – building human capital and fostering peaceful communities, stimulating responsible private sector-led growth and inclusive economic opportunities, and enhancing the resilience of Myanmar to deal with natural disasters.

The Deputy Minister of MOHS said that $48.5 million (out of $50 million) would be used to improve Intensive Care Units and related equipment, $1 million on capacity building and $500,000 for management. The Minister of MOHS added that Myanmar received so far $5.5 million from the World Health Organization, $0.7 million from USAID, $11 million from the Asset to Health Fund, $6 million from Asia Development Bank loans, $5 million from previous World Bank loans, $7.1 million from Global Fund and $8.7 million from GAVI (Global Alliance for Vaccines and Immunizations) for the prevention and control of COVID-19. The Minister also stated that Myanmar had spent $13.8 million for COVID-19 treatment and prevention. MOHS assured that it was trying to increase the number of tests and was working to test all the returnees from foreign countries.

On May 25, a news agency reported that the Yangon Regional Parliament would resume on June 2 to discuss the budget proposal for the next fiscal year. Meanwhile, the Union Parliament approved the proposal a proposal to secure $700 million in loans from the International Monetary Fund (IMF) to cushion the deficit of budget due to the spending for economic recovery, social security and healthcare sector improvement because of COVID-19. The country’s budget deficit was expected to increase in the current FY 2019-2020 and in the next FY2020-2021. The Ministry of Planning, Finance and Industry said that the actual budget deficit would have to be finalized in September, the end of the current fiscal year. The loans from the IMF would be in the form of Rapid Credit Facility (RCF) and Rapid Financing Instrument (RFI) program that would allow rapid and low-access financial assistance to countries with an urgent need of credit balance, without needing a fully planned program in place. The Minister added that the
government was working on a letter of Intent (LOI) for the loans which would be submitted by the end of June. As of May 25, the Parliament was debating whether to take $200 million loans program for food and agriculture development from the World Bank, 30 billion yen from the Japan International Cooperation Agency (JICA) for economic policy development and $60 million from the Asian Development Bank to assist small and medium-sized enterprises. The Minister reminded that the government would need several hundred billion kyats for the economic relief plan launched in April as the stimulus packages of the relief plan were prepared up to 5% of GDP.

As for the tourism sector which was seriously impacted by the pandemic, the Ministry of Hotels and Tourism launched, in the end of May, resilience packages which included capacity building and was drawing a recovery plan for the tourism sector with the support of the World Tourism Organization. The senior Program Associate from Myanmar’s Center for Responsible Business suggested promoting local tourism in a sustainable way as international travelers would not be able to visit Myanmar immediately after the pandemic. The tourism sector was hit by the pandemic February, the high season. Some businesses in the sector were facing increased debts due to a lack of cash flow, lower productivity due to work-from-home measure and disturbances in the supply chain due to airports closures. As a result, some branches and regional offices had to be closed and business operations were shut down.

A magic turn reached Myanmar in the end of May which made majority of Myanmar people relieved. May 27 was the 10th day of no new reported locally transmitted cases in Myanmar. Since May 18, new cases found were only imported by people in quarantine centers. All those who came back from a foreign country were quarantined for 21 days and tested. Between May 16 and May 26, Myanmar reported 25 imported cases. As of May 27, Myanmar had 206 confirmed cases out of 21,593 tests, of which 48 were imported. According to the data on May 24, there were 55,616 people in quarantine centers across the country. According to the Ministry of Foreign Affairs, there were 2,200 Myanmar nationals coming back in repatriation flights from other countries. From Mae Sot-Myawaddy border, 4,393 migrant workers returned from Thailand from May 23 to May 26 after getting permission from Thai authorities to cross the border to return home.

The Department of Social Welfare (DSW) under the Ministry of Social Welfare, Relief and Resettlement announced on May 27 that 441,726 women and elderly people in five of the country’s most vulnerable areas would be provided one-time cash payments in June aiming at preventing the spread of COVID-19 by insuring for the safety of the vulnerable groups. The program, with financial support from the Livelihood and Food Security Fund (LIFT), mainly aimed to help pregnant women, breastfeeding mothers
(who already receive regular support from DSW under Maternal and Child Cash Transfer Program) and elderly people who are above 85 years of age (who are already beneficiaries of DSW’s Social Pension Plan) in four states (Karen, Kayin, Chin and Rakhine) and Naga Self-Administration Zone (SAZ) to get access to the food and health care during the pandemic. The Director General of DSW said that the financial support would cover all communities including internally displaced persons (IDPs) in benefiting states. LIFT is supported by donors from the UK, EU, Switzerland, Australia, the US, Canada and Ireland. Organizers of the fund said that the support would ease direct impacts of COVID-19 on 400,000 people and indirect impacts on nearly 2 million people across the country. Myanmar Ministry of Commerce also reported that it was planning to launch a central e-commerce platform to enable businesses to sell products online which is part of CERP that promise to raise e-commerce and digital platform for retail trade. On May 28, the Union Parliament approved borrowing over $ 925 million from the Central Bank of Myanmar to plug the budget deficit as the social recovery and healthcare spending increased. The Deputy Minister of Planning, Finance and Industry said that the borrowing would fund 20% of the total deficit and auctions of both treasury bills and bonds (that are auctioned once or twice a month) would each cover another 40% of the deficit.

Late in the evening of May 28, the Union Government extended restrictions and preventive measures until June 15. The ban on mass gatherings and religious activities were extended while ban on gatherings was lifted for government offices, companies, factories, and schools. The ban on international flights continued. The government eased restrictions from mid-May such as allowing restaurants and tea shops to be opened, factories, markets, and highway buses to restart operations but in incremental stages. On the same day, the Lower House approved the draft of the new Prevention and Control of Communicable Diseases Law that was submitted by the Ministry of Health and Sport on May 18 to replace outdated articles that were enacted in 1995 and to give broader powers to enforce measures. The Parliament also approved a $ 30 million loan from Asian Development Bank to strengthen health facilities for the treatment of COVID-19 and to implement Greater Mekong Sub-Region Health Security Project, and a $ 200 million loan the World Bank to realize the National Food and Agriculture System for the post COVID-19 period.

The Ministry of Health and Sport issued a document about the distribution of equipment necessary to the healthcare centers on May 3 and a total of 19,600 viral transport media and 32,900 face shields were allocated to public health departments and hospitals across Myanmar. By the end of May, a total of 25,640 tests had been carried out, 224 cases and 6 deaths had been reported, and 124 people had been discharged from hospital. According to the situation report from MOHS, out of 330 townships across the
country, no confirmed cases of COVID-19 were found in 276 townships. It also revealed that there were 9,469 quarantine sites, 51,363 people quarantined and 277 people under investigation (PUI).

**June**: The third laboratory in the country to test COVID-19 started operations on June 1 in Mandalay. The initial two laboratories were in Yangon and were testing swabs from around the country. The new laboratory had two sets of machines and was expected to take 400 tests a day. The lab technicians were trained in Yangon, with additional training from Chinese health experts from Yunnan on May 24. According to the minister of MOHS, the first two laboratories – the National Health Laboratory and the Department of Medical Research Laboratory – had taken tests until the end of May. The ministry also announced that another laboratory in Mawlamyine in Mon State was ready and would start operations in the first week of June. Moreover, two more laboratories in Taunggyi and Lashio in Shan State were being prepared to test COVID-19.

The Director General of the Basic Education Department said that the Ministry would build temporary classrooms which would allow social distancing for students. The classrooms would be affordable and rapid to construct. It was announced in May that all schools would be reopened by July 21 latest and the Ministry ordered to continue practicing social distancing in class. The Director-General also added that the Ministry of Education allocated a budget to build temporary classrooms at the request of schools from across the country. Myanmar has over 47,000 basic education schools, about 2,500 private schools and 1,500 monastic schools. It is expected that there would be a total of 9.7 million students in basic education schools in the coming academic year.

Many restaurants, tea shops and companies in big cities like Yangon, Mandalay and Naypyidaw fully resumed operations from June 1 as no new local transmissions had been recorded for two weeks. The spokesperson for MOHS said that Myanmar can be considered successful in controlling COVID-19 locally if no new local transmission would be reported in 45 days. All government employees returned to the office as well after about two-month stay-at-home and work-from-home order. The Ministry of Hotel and Tourism also reported that tourist sites were expected to reopen soon. In Shan State and Kayah State, tourist sites were reopened to local visitors, except for people from two Yangon townships (Insein and Mayangone where most of positive cases were found), under an agreement between local authorities and businesses. According to the Ministry of Hotels and Tourism, over 80% of small tourism businesses in Myanmar were acutely affected by the pandemic. The chairman of Myanmar’s Tourism Federation said that domestic tourism would begin when the tourism sector is approved to open.
On June 2, a public officer assigned at the Public Health Department on the Chinese-Myanmar border in northern Shan state tested positive without any travel history or contact history with known COVID-19 patients. The patient was isolated and contact tracing was conducted. Fortunately, no new cases related to the patient were later found. On June 4, MOHS announced that a Rohingya man who crossed the border illegally from Bangladesh to Myanmar tested positive and was sent to the Maung Daw General Hospital for treatment. Until June 4, Myanmar found 236 confirmed cases out of around 30,000 tests. The Union Minister of Health and Sports warned of the potential for mass COVID-19 infections in different places at the same time if people failed to follow preventive measures and let their guard down because the disease had seemingly been controlled in the country at the time being.

The role of volunteers should not be excluded when discussing Myanmar’s COVID 19 fight. According to the Kayah State’s social affairs minister, there were 45,213 volunteers helping in 9,971 quarantine centers by June 5. As Myanmar is sending all people coming back from foreign countries to quarantine centers, governmental health personnel alone are not enough. Myanmar’s young people voluntarily participated and took the plunge into the fight risking their life. The State Counselor Aung San Suu Kyi said during a video conference with regional ministers of social welfare that they should provide enough food and safety equipment to the frontline volunteers. She added that special safety training would also be provided more to volunteers. On April 24, the government formed a National Volunteer Steering Unit and safety trainings were provided from May 15.

At the same time, according to the Myanmar Embassy in Malaysia, the Malaysian government wanted to deport more than 3,000 Myanmar migrants held in immigration detention centers after hundreds of detainees tested positive for COVID-19. On May 11, 391 Myanmar nationals from immigration detention centers were deported to Myanmar on flights sponsored by the Malaysian government. The chief of chancery at the Myanmar Embassy in Kuala Lumpur said that they would check whether the detainees are Myanmar nationals and process them to be able to return. On a previous occasion, Myanmar authorities found that some people who were registered as being from Myanmar in the detention centers were not Myanmar nationals. The chairman of the Kuala Lumpur-based Kathpone Free Funeral Service Society suggested that the government should assist undocumented Myanmar workers stranded in Malaysia during COVID-19. He added that many undocumented Myanmar migrants including pregnant women and people with non-COVID-19 health problems were struggling to survive after losing their jobs. News agencies reported that some undocumented migrants had even committed suicide due to financial hardship and not being able to return home. As of June 17, 6 Myanmar migrant workers had committed suicide in Malaysia.
A survey done by the Myanmar-Hong Kong Chamber of Commerce and Industry (MHCCI) across its 64 member companies in Myanmar found out that half of them had seen a decline in revenue averaging 47%, 15% of members had seen neutral impacts and 35% were able to increase revenue. According to the survey, 77% of member businesses were planning to maintain in Myanmar their current size for next 12 months, 21% of businesses were planning to expand, and 3% were planning on scaling down the operations. The vice president of the Union of Myanmar Federation of Chamber of Commerce and Industry (UMFCCI) said that Hong-Kong investors were interested in investing in Myanmar’s cut-make-pack (CMP) garment industry because finished products from Myanmar’s garment industry can enjoy a 12.5% tax break if exported to European markets under European Union’s Generalized Scheme of Preferences (GSP) trade program.

On June 13, the State Counselor as well as the National-level Central Committee for Prevention, Control and Treatment of COVID-19, warned that anyone who entered the country illegally, anyone receiving illegal migrants knowingly, and anyone helping them enter would have to face strict and severe penalties in line with the law. Since June 4, Myanmar had six COVID-19 positive cases related to illegal border crossing on western Myanmar border. The State Counselor added that the necessary measures of contact tracing for illegal returnees and placing those who were potentially exposed were a huge burden for the country. She also encouraged people to inform authorities if anyone could impose harm to the public as the informing is to prevent larger public from falling ill.

The Myanmar government announced on June 15 an extension of restrictions to visa, international flights (which were suspended since May 14), and public gatherings until June 30. The curfew remained unchanged. The closure of hotels, bars, clubs and karaoke lounges continued to be in place. Highway buses were allowed to resume operations with a limited number of passengers. Restaurants and tea shops were allowed to reopen with preventive measures such as social distancing. According to the Ministry of Health and Sport, altogether 12,7133,150 masks and 64,595 boxes of sanitizers (500ml) were distributed to regional and central public health departments so far until June in Myanmar. As of June 15, there were 262 confirmed cases out of around 48,000 tests, or 0.54% positive cases of out of the total number of tests, 6 deaths, and 175 recoveries.

1.2. Recovery measures for economy

March: Concerning recovery measures for the economy, Myanmar’s Government announced, on March 18, an initial stimulus package to soften the impact of COVID-19 on country’s economy. According to the announcement, 100 billion MMK (about $70 million) worth COVID-19 fund – 50 billion MMK from the
country’s revolving fund and another 50 million MMK from the social welfare fund - had been created to assist tourism businesses, CMP (Cut-Make-Pack) businesses (especially garment and manufacturing), and SMEs (small and medium enterprises) which are vulnerable in light of the COVID-19 spread. The interest rate on loans delivered by the fund would be 1 percent with a loan period of one year which could be reviewed later depending on the impact of the disease. The Central Bank of Myanmar also announced a 0.5 percent point reduction of interest rate (N.B. Myanmar has the highest interest rate in ASEAN) to support country’s economic development. Tax payment deadlines were postponed - income tax and commercial tax are payable through the end of fiscal year 2019-2020, in September. It was also announced that businesses would be exempted from paying a 2 percent advance income tax on export until September.

The Central Bank of Myanmar dropped the interest rates by an additional 1 percent, effective on April 1, following 0.5 percent reduction in interest rates on March 12 to ease country’s slow economy reported a new agency on March 25. Since February, the Central Bank of Myanmar had announced its decisions to lower interest rates and to proceed with caution for inflation concerns. The Central Bank said that it would lower its interest rate from 9.5 percent to 8.5 percent. The minimum bank deposit rate would be reduced from 7.5 percent to 6.5 percent, the maximum lending rate from 12.5 percent to 11.5 percent for collateralized loans and from 15.5 percent to 14.5 percent for non-collateralized loans. It also assured Myanmar’s public that banking services would continue including mobile banking and cash machines. It said that it had been supervising banking operations for normal services during the pandemic and ordered all banks to prepare contingency plans for continuous operations. It also instructed banks to make sure all ATMs were functioning across the country.

April: While the country’s economy is slowing down because of pandemic, Myanmar Investment Commission (MIC) approved new investments in construction, service and industrial sectors. The MIC announced that investment projects worth more than $ 3.36 billion (about 4.8 trillion MMK) – in manufacturing, electricity, agriculture, livestock and fishery, transportation and communication, real estate development, tourism and services sector - were approved during fiscal year 2019-2020. The Director General of the Directorate of Investment and Company Administration (DICA) said new investments approved would create job opportunities for more than 3,000 people. He also voiced that the country was set to meet target of $ 5.8 billion worth foreign direct investment in the current fiscal year. However, the MIC cannot guarantee whether to meet the target or not due to COVID-19 impacts.
Besides, rice export permits were temporarily stopped by the Ministry of Commerce for market stability and domestic rice sufficiency. Since the first positive case was confirmed, the price went up gradually. The Ministry said it would use the suspension period to make improvements to license issuing procedures. Import license fees were cut nearly in half by the Ministry to assist country’s economy. An online portal for import and export permits was launched and social distancing was reinforced.

The Central Bank of Myanmar announced on April 28 a cut in interest rate by a further 1.5% to encourage low-interest loans to businesses to facilitate economic recovery. According to the bank’s directive, the minimum deposit rate would be lowered from 6.5% to 5% and the maximum lending rate would be lowered from 11.5% to 10% for collateralized loans and from 14.5% to 13% for non-collateralized loans. This interest rate reduction is the third time reduction in two months following a 0.5% cut on March 12 and a 1% reduction on March 24. The Central Bank has already cut 3% of the interest rate altogether. Myanmar’s economy drastically slowed as manufacturing, hotel and tourism sectors were seriously impaired by the virus. The stimulus package that the government launched in March provided loans to 88 companies in the first round of applications which continued to April 28. It was expected to provide loans to 100 businesses in the second round.

May: On May 7, the government approved 3.5 billion MMK for the third phase of loans (which is a part of CERP) to 111 industrial tourism firms according to the Ministry of Investment and Foreign Economic Relations (MIFER). Nearly 200 companies were granted loans in the first and second phase. Yangon Regional Investment Committee approved three investment packages from Thailand and China on May 13. The Directorate of Investment and Company Administration (DICA) said $ 8.29 million in investment would create around 1,880 jobs. On May 20, the Ministry of Investment and Foreign Economic Relations (MIEFR) said it would prioritize businesses in states and regions other than Yangon for the government’s fourth batch of loans. For the previous three times, the government was criticized for focusing only on businesses in Yangon Region (which is the hardest-hit region across the country).

June: On June 10, the Directorate of Investment and Company reported that the Yangon Investment committee approved $ 7.4 million worth of foreign investment from China and Hong-Kong, and $ 709,000 worth investments from local investors, both focusing on the industrial sector. The investments are expected to create job opportunities for 656 people.
2. Burdens of COVID-19

2.1. Socio-Economic Impacts

**February:** The disease *brought hardship* to garment factory workers of garment factories. Starting in mid-February, garment factories in Yangon had to reduce working hours – to 4 working days a week – due to the disease and a lack of raw materials being imported from China. In Irrawaddy Region, due to the shortage of raw materials from China, a factory announced temporary closure on February 29 (for an indefinite period) and nearly 1000 workers lost their jobs. (Workers then complained that they were not informed early enough.) According to a news report, the factory is one of the nine garment factories in the region and the other 8 factories that hold over 120,000 workers have continued running with stocked raw materials. In the same Region, over 200 crab production businesses *were closed* temporarily, due to the lack of demand, which rendered 30,000 workers unemployed or laid off. Prior to this, more than 10 tons of crabs were exported daily to China that halted on January 26. In Kachin State, thousands of workers from China-backed banana plantations were not paid for their work as Chinese owners and supervisors could not return after Chinese New Year Festival as a result of the virus according to Ministry of Agriculture, Livestock and Irrigation.

Myanmar’s trade sector *lost several hundred dollars* impacting farmers, traders and workers along with a sharp drop in border trade with China. China’s travel ban aimed at containing the spread of the virus had obstructed logistic channels to and from China. By February 11, rice export to China stopped and some truckloads had to turn back from Muse, one of the busiest border trade centers between Myanmar and China, and some were stranded in and near the border trade center. According to data from Myanmar Ministry of Commerce, Myanmar has been losing $15 million a day since January 27, with $8 million from the trade with China at the Muse border trade center alone. Applications for import and export licenses were also stopped temporarily from the end of January. The Union of Myanmar Federation of Chamber of Commerce and Industry (UMFCCI) said that tourists’ arrival by plane has declined 53% since January, and a 50% drop in the revenue of tourism is expected for 2020. Last year, 4.3 million tourists visited Myanmar and it is expected to have 2 million visitors in 2020 predicted Ministry of Hotels and Tourism. The exchange rate also became volatile and dropped significantly.

**March:** It is reported on March 4 that thirteen factories in Yangon Region and Bago Region *closed and/or reduced staff* due to lack of demand and a shortage of raw material according to the Ministry of Labor’s Factories Inspection Department. Some labor activists later claimed that factories misused COVID-19 to justify the closures. By March 11, 7000 workers who were affected by the closure of 16 factories across
the whole country. To cure the exchange rate volatility, a news report said that Myanmar’s Central Bank purchased $6 million on March 10 to mitigate the volatility.

The survey report (undertaken from March 16 to March 23 among its members), “The Economic Impact of the COVID-19 Outbreak with European Companies in Myanmar”, was released on March 25 by the European Chamber of Commerce Myanmar (EuroCham Myanmar). The report stated that more than 60% of the members of EuroCham responded that they were significantly or moderately affected. The principal causes that impacted the businesses were – supply chain disruption, foreign employees leaving, project delay, payment delay, postponed marketing campaigns, equipment shortages, work from home orders and the cancellation of expos and events, etc. The survey also showed that half of small and medium companies expected an average loss of 30% to 50% while large companies estimated less than a 30% loss. Moreover, 51% of members estimated that their industry/organization would recover within 6 months although 34% responded that the recovery would depend on the whole supply chain of global business. The report from EuroCham expressed that European companies were expecting the Myanmar Government to take measures to cushion the impact of the disease on their businesses such as subsidies and relief for export/import companies, faster import license and customs clearance procedures, providing corporate tax rebate for 2020, better infrastructure for online/banking system and sharing workers’ salary during non-operation, etc. Among different industries, the automotive industry was expecting above 50% revenue loss. Manufacturing, retail, Fast-Moving Consumer Goods and the agricultural sector were the most affected of all. An opportunity that the report suggested was to have special quarantine arrangements for incoming foreigners so that European companies could bring more specialists in. It also urged the Myanmar Government to take initiative and discuss with Trade Unions supporting companies and a partial share of wages and cost during the period of non-operation, to accept long holidays on minimum wages without bonus and incentives, to postpone increase in minimum wages until next year, to extend corporate tax holiday one more year, and to waive personal taxes for expats and foreign employees for 6 months. To control and reduce fake news and to issue harsh penalties for individuals spreading disinformation were also included in the suggestions.

April: A report, East Asia and the Pacific in the time of COVID-19, released by the World Bank at the beginning of April warned that Myanmar’s GDP would slow 2% to 3% in the current fiscal year (October 2019-September 2020) due to COVID-19. The manufacturing sector and exports tend to be slow in the final months of the fiscal years. Travel restrictions and border closures impacted tourism-related services (16% of Myanmar’s GDP), supply chains related to the manufacturing sector (especially for the garment industry which represents 13% of exports) and agricultural exports (4% of country’s GDP). The report also
said that 68% of lower middle class and lower class people work in agricultural sector and is likely to be harmed by the fall in production and prices of agricultural products due to the decline in exports to China. Layoffs in garment factories (which is about 500,000 in number) also affect family incomes in vulnerable households. Moreover, due to the closure of factories, nearly 15,000 workers had lost their jobs by the end of March. More factories are expected to shut down in the first week of April because of cancellation of orders from European Union countries. Economic uncertainty and limited global demand during the pandemic impacted Myanmar through trade, foreign direct investment (FDI), tourism and commodity prices.

Myanmar’s Central Statistical Organization expressed in its February inflation report that inflation increased to 9.06% in January 2020 from 8.81% in December 2019. Myanmar Kyat appreciated by 9% against the US Dollar between October 2019 and March 2020. Myanmar’s current account deficit would likely to rise to 3.8% from 3.3% in medium term. The country’s fiscal revenue continues to fall due to the spending on healthcare amid COVID-19 which could occur fiscal deficit. Even though Myanmar Investment Commission (MIC) has approved $ 2.9 billion (about 4 trillion MMK) worth of FDI in the current fiscal year so far, the secretary of MIC said the flow of FDI could be affected badly by COVID-19 as the manufacturing sector that depends on imported raw materials and labors was hit hard. The report also warned that the economic reform could be slow in momentum and the improvement in poverty reduction already achieved could be lost in Myanmar. Myanmar’s GDP growth was forecasted by the World Bank, in October 2019, to reach 6.8% in FY2021-2022 due to an increase in the investment in manufacturing, insurance, and construction sectors. The country’s growth declined to 6.5% in FY2018-2019 from 6.8% in FY2017-2018 because of a slowdown in services sector. In January 2020 again, the World Bank forecasted Myanmar’s GDP growth to reach 6.4% in FY2019-2020. The World Bank suggested promoting exports and imports of inputs by removing licensing restrictions and creating more efficient customs procedures. It also suggested creating a framework for an economic policy response that would address strongly impacted sectors and vulnerable populations, and accelerating expenditure for capital projects by using available fiscal policy space.

Asian Development Bank (ADB) said in its Asian Development Outlook 2020 released in April 2020, that the GDP growth would likely slow to 4.2% in the current fiscal year due to COVID-19. ADB added the country could recover to 6.8% in FY2020-2021 if the outbreak were contained quickly. Myanmar’s fiscal deficit could widen to 5.2% in this fiscal year due to the facilitation of proposed spending on public services such as education, health, social protection and infrastructures. The rate of inflation rate is estimated to stay at 7.5% for the year 2020 and 2021 which is a slight decline from 8.6% last year. Their outlook
presumed that FDI inflows could gain momentum in 2020 associated with gradual reform of tax and legal system, opening towards FDI by finance industry, ameliorated electricity supplies, and a more favorable investment climate. The growth for industry is expected to reach 8.7% in 2021, though the growth rate in agriculture is assumed to decelerate to 1.3% and in service to 4.5% due to impacts of COVID-19 in the year 2020.

On April 25, the director of the Internal Revenue Department at the Ministry of Planning and Finance said, that the lottery drawing ceremony would be postponed until mid-May. According to the Myanmar Lottery Business Federation, only one-third of lottery tickets were sold in April due to the impact of pandemic. Lottery sales agents also reported that they lost 30% of their capital since the previous lottery drawing because of unsold lottery tickets.

**May:** According to the Confederation of Trade Unions in Myanmar (CTUM), 47 factories in Yangon have closed or reduced their workforce. Among 47, 13 factories have been closed, 32 have downsized due to supply shortages and the owners of 2 factories fled, leaving the employees unpaid. According to the Ministry of Labor, Immigration and Population, about 100 factories have closed or reduced their workforce. Most of them are clothing factories, shoes factories and bag factories and are owned by investors from China, Korea, Hong Kong, and Taiwan, just a few are owned by Myanmar citizens. The Head of Yangon factories and General Labor Laws Inspection Department reported that it was difficult to say exactly how many of workers had lost their jobs. Though, the Ministry of Labor said employees losing their job would receive redundancy payments and social security compensation.

In the second week of May, Directorate of Investment and Company Administration (DICA) also announced that it had removed 810 firms (that were registered between 2008 and 2018) from the company registration list due to their failure to make annual returns. Myanmar Fisheries Federation (MFF) also reported that the fishing industry stopped operations a month earlier than its normal season (September to May) due to weak demand and no shipping to export fish.

Regarding Myanmar migrant workers in Thailand, they were reported as being trapped without income and protection (especially those who are not legal workers and who do not have proper documents) in Thailand’s lockdown. The Thai government estimated that there were 2.8 million registered migrant workers but the UN estimates there could be 4.8 million migrant workers across the country, and at least half a million migrant workers lost their jobs because of the COVID-19 crisis according to Migrant Working Group (MWG) - a network of NGOs working to promote migrants’ rights. In Chiang Mai, where nearly 120,000 registered migrant workers are working, it was reported that many jobless workers were
struggling for food and rent, and were stuck waiting to return home. Some workers even messaged the embassy to say that they lacked of food and were facing economic hardship. Around 30,000 workers registered at the Myanmar embassy for return. The district administrator of Karen State’s Myawaddy Township said that authorities on both sides were discussing how to bring back Myanmar migrant workers stuck at the Myawaddy border in the midst of Thailand’s travel restrictions.

The Chairman of Myanmar Migrant Workers Rights Network in Thailand also confirmed that both governments were negotiating over the safe return of migrant workers. In a discussion held on May 16 by The Irrawaddy News Agency, the Director of Foundation for Education Development in Phuket suggested that other safe-to-cross border gates, in addition to the only border checkpoint where border crossing was allowed between Thailand and Myanmar, should be opened and made accessible to prevent migrant workers traveling across Thailand to reach the only opening border gate amid the Thai government’s curfew. On May 18, Thai government allowed the return of Myanmar migrant workers to their home under a special travel arrangement agreed bilaterally. Migrant workers who live outside of Bangkok were allowed to go to three border gates – Mae-Sot, Ranong-Kawthaung, and Mai Sai-Tachileik – after getting permission from Thai authorities. The Minister of MOHS reported to parliament that all returnees would be tested and that quarantine centers for 1,000 people and 15 hospital rooms were prepared (those who test negative would be sent to quarantine centers for 21 days and positive cases would be sent to hospitals to receive treatment). Since the end of April, Myanmar brought back its more than 2,000 stranded nationals from more than 10 countries including the US, UK, UAE, Thailand, Singapore, and Japan.

The Deputy Minister of Energy and Electricity (MOEE) reported to Parliament on May 19 that the operation of five emergency power projects delayed due to COVID-19 and only two out of these five projects would be operational in May. The rest of the projects were planned to be ready in September. Equipment, machinery and experts could not arrive on time because of travel bans. Myanmar is currently facing several blackouts due to water shortages in hydropower plants owing to the heat across the country (mid-February to May is Myanmar’s hot season). The power stations around the country could only produce 2,600 MW according to the MOEE data. The MOEE revealed that the country’s electricity consumption increased by 15%-19% annually and the World Bank notified that Myanmar would need to invest $ 2 billion annually in electricity to sustain its economic growth.

Thirty-six hotels in Naypyidaw’s hotel zone were reported to have suspended operating since March and they were preparing to cut employees’ salaries in May. Each hotel possesses 100 to 300 employees depending on their size and number of stars. Some of the hotels in Naypyidaw have to rely on events
organized by governmental or non-governmental agencies and private organizations which were all canceled due to COVID-19. The number of visitors declined since Myanmar ends its role as ASEAN chair in 2015 and has reported sizeable losses in recent years. Some hotels had to even apply for COVID-19 loans ($71 million fund for business loans) from the government to pay their employees.

The Union of Myanmar Travel Association (UMTA) predicted that more than 50% of the employees would lose their job due to the suspension of hotel and tourism sector during the pandemic. UMTA estimated that there were about 800,000 direct employees and the total number of direct and indirect employees might be between 1.2 million and 1.5 million. Companies in the tourism sector were already downsizing as they had been seriously impacted by COVID-19, and the UMTA chairman said that a worse situation was expected in May and onward which is the rainy season (and also known as the low season for tourism) in Myanmar. In March, most tour operators and hoteliers could pay their employees 70% to 100% of salaries but in April, they could pay only between 20% and 50%. Tour operators predicted that the tourism sector will not be able to return to its normality until 2023 even though the disease could be controlled in the country. UMTA predicted that it would take at least nine months for the whole tourism industry to be operational even if the spread of COVID-19 could be controlled in Myanmar.

According to a survey carried out by the Luxembourg Aid and Development backed by the Ministry of Hotels and Tourism (MOHT) across six states and regions found out that 90% of tourism-related small and medium businesses had decreased revenues and 60% had cut off the workforce either by laying them off or offering them unpaid leave. In the survey, respondents revealed that only 5% believed in the government’s measures to mitigate COVID-19 impacts of tourism are sufficient and 21% said they did not think that governmental supports were sufficient. The survey also revealed that the government was facing challenges in giving clear information and directions to tourism businesses. Small and medium tourism businesses wished that the government would waive taxes and other financial payments, protect workers through financial assistance, create interest-free loans to help businesses recover, or cash assistance to the tourism sector and reduce loan payments. Business owners said on average that 90% of their staff were working reduced hours and almost 70% staff were on reduced salaries. The senior program associate of the Myanmar Center for Responsible Business (MCRB) said that a significant injection would be needed to revive the tourism sector. On May 29, the Asia Foundation released a survey on the impact of COVID-19 on businesses in Myanmar. The survey was conducted for 750 businesses across the country from April to May and found that 74% of businesses were facing a massive decline of more than half of normal sales. Half of the businesses reported the business survival to be moderate or high risk, especially high risk for garment, textile and accommodation businesses. The survey also found
out that 67% of businesses were unaware of government’s loan program and 92% of businesses were oblivious to the exemptions to income tax. It was estimated that businesses would require an additional cash flow of $642.5 million to $1.5 billion, equivalent to 0.7% to 1.7% of the International Monetary Fund’s projection of Myanmar’s GDP for the FY 2019-2020. The survey finally suggested that the government should encourage the businesses through suitable communication channels to get access of the advantages of the policies.

The general election will be held in November as scheduled said a news report. The Union Election Commission said that the election would take place as usual in November as the COVID-19 situation in Myanmar was at a controllable stage despite the worries of political parties, watchdog organizations and voters on the potential delay of the process.

2.2. Escalated vulnerability of women amid COVID-19

The World Health Organization warned that the intimate partner violence was likely to increase due to social distancing measure that encouraged people to stay at home, the disruption of social and protective networks, declined access to services, and mounting stress. In April, a media outlet reported that domestic violence rose in Myanmar during the community lockdown. The in-charge of a woman organization (Akhaya Women Myanmar) said that the complaints of domestic violence increased instantly after the pandemic outbreak. The Director General of the Social Welfare Department affirmed that the Department would keep hotlines open 24/7 and that they were planning awareness programs for women. Although,
they said that they could not conduct research during the pandemic and did not have enough data for a sustainable analysis.

Domestic violence has been normalized since long time ago in Myanmar due to cultural norms and rooted gender ideals that deter women from speaking up about abuses and domestic violence. According to the Demographic Health Survey of Myanmar, more than one in five married women were beaten by their husband and more than half of women perceived that “beating a wife” was justified in certain circumstances. Only 1% of women seek help from the police and more than 25% of women never told anyone what they had been through. Violence against women and girls was rated as the biggest safety concern in ActionAid Myanmar’s safety consultation in Hlaing Thar Yar township (the most populated township in the country) in 2018.

The pandemic aggravated tensions in households as lockdown did not facilitate escape from domestic abuse. Due to job losses, laid-off and reduced income, some men chose to let out their disappointment on wives and children. In above mentioned overcrowded Hlaing Thar Yar township, no safe shelter for women exists and women are discouraged to report the abuse because of the unresponsive attitude of some polices and local administers. There is no well-established healthcare system or legal system in Myanmar for women who are experiencing domestic violence. No law in Myanmar criminalizes domestic violence and the Prevention of Violence Against Women Bill is still going through the Parliament.

Women are facing new challenges in reporting domestic violence cases during the pandemic as the pandemic preventive measures have decreased the capacity of civil and government organizations that can deal with and intervene with domestic violence issue. Restrictions on travel also prevent women from seeking proper assistances and services. The Ministry of Social Welfare, Resettlement and civil society organizations established helplines, supported phone numbers for reporting cases and provided information on social media, but the effectiveness of these measures rely on women’s access to phones, electronic devices and/or the internet connection. The government services are urged to co-operate with community-based women groups and local services which play a prominent role in the community in changing women’s perception of domestic violence and promote their willingness to reach out about domestic violence.

UN Women is also assisting the Ministry of Social Welfare, Relief and Resettlement to create effective response to women and girls during the pandemic by providing digital devices (such as laptops and cell
phones) which allows the Department of Social Welfare to operate hotlines set up by the Ministry to help women. UN Women also provided training to the Department and policy tools for effective responses. Meanwhile, UN Women supported women in transitioning their livelihoods towards mask production by ensuring the masks are well distributed to populations in need of them. Through UN Women’s Rakhine Program, the agency has strengthened women’s skills in agriculture, cottage industries and women’s knowledge in finance and markets. UN Women said that it would adapt its ongoing projects to respond to the COVID-19 crisis including contributing to the government’s effort and enforcing initiatives combining livelihood and COVID-19 prevention.

At the beginning of June, ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) organized a special meeting and called for preventive and protective measures against domestic violence towards women and children during the COVID-19 pandemic. During the meeting, representatives from ASEAN member states gathered to exchange information and updates on national measures and proposed recommendations for the prevention and protection of domestic violence against women and children in the region. The ACWC chair highlighted the importance of addressing the increased violence against women and children during the pandemic with accelerated reactions and efforts of governments, civil society organizations, UN agencies and related stakeholders.

2.3. Armed conflicts, ethnic armed groups controlled locales and Special Administered Areas

April: Myanmar, also known as the country with the longest civil war in the world, still experiences armed clashes between the military and ethnic armed groups in many States even in the midst of pandemic. In northwestern and western States of Myanmar, Chin State and Rakhine State, bloody armed clashes continue to occur between Myanmar’s armed forces and ethnic armed groups almost daily. A large number of civilians are killed and injured in these confrontations. According to the Rakhine Ethnic Congress, armed conflicts between the military and Arakan Army (AA) have caused more than 160,000 people to flee their homes, hundreds of people have been killed, injured and detained by both sides since November 2018. Some 9,000 people were internally displaced in Chin State since the armed conflicts intensified in the first quarter of 2020. It is hard to imagine how healthcare providers can be able to manage to work to treat or control the potential outbreak of COVID-19 in the areas where bullets rain.
A WHO employee was **fatally injured** while transporting swabs from 20 suspected cases (that flew to Yangon National Laboratory later) from Rakhine State to Yangon for testing on April 20. (After flights had been suspended because of the virus, the WHO attempted to transport swab samples by road.) The military and the AA blamed each other and denied any involvement in the incident that happened after UN’s call for global ceasefire in March. Likewise, in the afternoon of April 21, another incident occurred in which a 30-year-old driver was killed after being shot in the head and another one was wounded while transporting disinfectants in a vehicle. UN agencies and 16 humanitarian groups in Myanmar **condemned** the attack and called for an immediate ceasefire on April 21. They also urged to create a safe environment for frontline healthcare workers who are working to contain the pandemic. The Ministry of Foreign Affairs said in the evening that the government would be fully committed to the investigation of the incident and in preventing the recurrence of similar incidents, and would continue working closely with the WHO to overcome the pandemic notwithstanding the challenges posed by armed groups. The investigation committee **was formed** a week after the incident. The President’s announcement stated that the committee would travel to Rakhine State to do a ground inspection in order to investigate the incident. The President ordered the committee to create recommendations that would prevent further casualties. The committee was authorized to question and investigate the police, military and local administrative officials, and to access documents related to the incident. The mandate of the investigation committee would last until the final report is submitted to the President but there is no information on the deadline of the report.
Fig. 7. Hospitals in armed-conflict areas (in blue) and non-conflict areas (in orange) developed by ISP

As of April 20, 3,000 people were under community or home quarantine in Rakhine State and swab samples were taken randomly from 800 people in the state. A total of 37 had tested negative by the third week of April in Rakhine State. An officer from the Department of Foreign Affairs of Restoration Council of Shan State (RCSS), also known as Shan State Army-South (SSA-S), warned that conflicts happening in Chin and Rakhine are senseless and taking lives arbitrarily which is indeed depressing. He also added that sophisticated artillery, guns and even jet fighters are of little use to against the pandemic and both Myanmar’s military and revolutionary armed forces are defenseless in the face of the pandemic.

In eastern Shan State, Myanmar military and Shan armed groups clashed until late March when both armed forces turned attention to the common enemy – COVID-19. The site of the RCSS headquarter near the border with Thailand was placed under lockdown and neither family member of the RCSS forces nor Shan migrant workers or other relatives were allowed to cross the border. It is also said that the pandemic forced the postponement of a national-level political dialogue that the RCSS was planning to organize. The RCSS said that it instructed Shan people to practice social distancing, wash their hands often, and wear masks. However, as a revolutionary group with limited funds, it can afford only to take people’s body temperature, monitor potential COVID-19 patients, and communicate information. In the event of outbreak, the RCSS itself could do little to fight the disease. In the Statement issued by the Lieutenant General of RCSS, he mentioned that efforts made by Myanmar’s Government to contain the virus were not effective enough.

In the Wa Region (Wa Self-Administrative Region) of Shan State, Wa authorities banned a popular wildlife market and shut down their border with China. Even though it cannot be known to what extent Myanmar Central Government and Wa authorities are cooperating, some nurses from other regions of Myanmar are working in clinics and hospitals in the Wa Region. Mong-La, Special Administrative Region 4 on the
border with China, led by the National Democratic Army-Eastern Shan State (NDAA), was also placed under lockdown. Located in the Golden Triangle, Mong-La is well known for its casinos, drugs, nightlife as well as wildlife trafficking (which are now shut down). The NDAA is distributing food to unemployed in the city but they said they were not sure how long they could afford to do it. Nonetheless, the central government and the NDAA coordinating – the National Reconciliation and Peace Center (NRPC), in which many government officials and peace delegates are members, has constant contact with ethnic armed groups to stay updated on the situation in their respective regions.

In Kachin State, measures to educate people seem to be working well, and steps to quarantine those who might have been exposed to the virus were taken. Though, Kachin residents were worried about Chinese migrants staying and working there. The Kachin Independent Army (KIA) has been monitoring its troops for signs of outbreaks in KIA-controlled areas but officers reported that they were in need of medical supplies. Similarly, in Karen State along the border with Thailand, Karen armed groups launched a COVID-19 education campaign for villagers and set up quarantine facilities for both visitors and migrant workers coming back from Thailand.

**May:** A talk show organized by the Irrawaddy news agency on May 2 discussed about the prospect of COVID-19 for Myanmar’s Peace Process and invited a guest who was a member of the Central Executive Committee of the Karen National Union (KNU). He said that the central government had been cooperating with Ethnic Armed Organization (EAOs) long before the Coordinating Committee was formed and he hoped that the pandemic could bring an improvement in Myanmar’s stagnating peace process, as the Military would develop a mutual understanding with EAOs on the COVID-19 response. He suggested that the conflicts in Rakhine State concerning the issue of national identity should attempt to engage with peace negotiations around table. He added that Karen people had the same experience of conflict for more than 70 years which resulted in nothing but damage for the people in Karen. Based on his experiences, he recommended both the military and the Arkan Army (AA) should hold a preliminary meeting on the rights and wishes of Rakhine people for improvements.

On May 10, the military announced a ceasefire which would take effect until August 31 but the measure did not cover Rakhine State. The military said the objective of the ceasefire was to focus on fighting the pandemic. The Military Chief Senior General, the Commander-in-Chief, met leaders from the United Wa Army (UWSA) and National Democratic Alliance Army (NDAA) and provided assistance to combat the COVID-19. Observers remarked that the Commander-in-Chief also raised the issue of the Arkan Army (AA which is designated as terrorist group) with the leaders. A news report said that the thinking at the high
command is that the military needs to focus more of its fighting with forces in northern Rakhine while conflicts with other groups becomes less serious.

On May 20, the Military provided medical supplies to Kachin Independence Army (KIA), that is an ethnic armed group which did not sign the government’s Nationwide Ceasefire Agreement but is in negotiations on a bilateral ceasefire, for the control and prevention of COVID-19. Though KIA said that the military offered no concrete plans on how to cooperate on fighting the disease on ground. The military supplied masks, face shields, other protective equipment, and food. The military reported that it was ready to help KIA in good faith for anything needed and the KIA replied that it hoped the cooperation over the fight towards the disease could be a step to peace and unity in the future. There are about 100,000 civilians living in the KIA controlled areas. The ethnic armed group has been building a hospital in Laiza for COVID-19 and negotiated to get laboratory test kits from China. Likewise, National Democratic Alliance Army (NDAA) and United Wa State Army (UWSA) set up COVID-19 preventive measures with the help from China. (The military chief urged the groups to rely on their own country.) A committee with representatives from ethnic armed groups was formed to work on the control of the disease by the President Office and the head of the committee is vice chairman of the National Reconciliation and Peace Center (NRPC). Moreover, under the instruction of NRPC, the Kachin State Government provided about $4,000 and medical supplies to the quarantine centers in KIA controlled areas.

3. Public Opinion and International Reaction

February: In a news report released on February 26, it was said that the Myanmar Prisons Department was working to raise awareness of COVID-19 among inmates through education. As there are inmates who enter and leave every day, there is a risk they could be infected by family members or at the court. There are over 90 prisons across the country and body temperature checks are being conducted. The Department said prison authorities were instructed to strictly maintain the sanitation of prison cells, personal hygiene of inmates and to provide personal care items and health supplies. Though, a person who was released from the prison on February 21 reported that there was no effort in prison to educate inmates and measures taken were not satisfactory.

March: On March 23, when Thailand closed its border check points with Myanmar, Myanmar received a mass of returnee who were migrant workers coming from Thailand. About 6000 people returned on March 21, around 3400 people returned on March 22, and approximately 1840 people returned on March
23 across the closing border gate in Myawaddy. According to some migrant workers coming back from Thailand, the reasons such as shut down of work places, rising fees for extending work permits and growing living costs amid the pandemic were principal factors besides COVID-19 that gave them no option but to return home. The country director of Marie Stopes in Yangon remarked that the effort of the Myanmar Government to alert home quarantine among returning migrant workers would somehow effective even though it was flawed. He also added that the Government’s tackling of the virus might seem slow but they could not do more under the socio-economic pressures that the country is facing.

In the meantime, some healthcare providers such as doctors, nurses and laboratory assistants who were residing in private hostels in Mandalay faced difficulties due to some landlords being afraid of disease transmission in the hostels by the tenants and subsequently evicting them. Thus, monasteries and a hotel owner opened their doors to those doctors and nurses and provided accommodations and said that it was not right to refuse to accommodate healthcare providers who are frontline warriors. Most importantly, MOHS does not have enough budget to accommodate all personnel, as such, and it is the time to cooperate. Some healthcare workers also faced the same problem in Yangon.

April: On April 2, ambassadors from Australia, Canada, Czech Republic, Denmark, European Union, Finland, France, Germany, Netherlands, New Zealand, Norway, Poland, Spain, Sweden, Switzerland, Turkey, United Kingdom, and United States of America made a joint statement that called to end armed conflicts between Myanmar Military and non-state armed groups in the Western part of the country (Rakhine State and Chin State) in the midst of COVID-19. The statement cited the United Nations Secretary General’s call to implement a global ceasefire between armed groups amid the pandemic across the world on March 23, which also said that conflicts could impede humanitarian responses and prevent assistances reaching vulnerable groups. It stated that the ambassadors support the resolution of grievances through dialogue and a lifting of internet and media restrictions. The armed conflicts in western part of Myanmar commenced in 2015 and intensified in 2018. About 130,000 people were displaced from 10 townships in Rakhine State in the end of February (according to Rakhine Ethnic Congress) and 4 townships in Chin State were placed under internet shutdown. The Brotherhood Alliance of armed groups – including Arakan Army (AA) and, Ta’ang National Liberation Army and Myanmar Democracy Alliance Army – issued a statement saying that they would extend the unilateral ceasefire to April 30 and restrain their engagement in any clashes with the Myanmar Military to prevent hindering activities which are fighting against the global pandemic. (AA was designated a terrorist group and unlawful association by the Myanmar Government on March 23.)
A news agency reported that the Naga self-administered zone which borders India and Myanmar was facing a shortage of healthcare providers. The zone is considered the poorest and the most underdeveloped area of Myanmar as well. A Lower House Lawmaker said that Leshi township which is one of three townships that compose the Naga self-administered zone had only 2 public hospitals with one doctor, and 27 understaffed healthcare centers across 72 villages in the townships run by healthcare assistants and midwives. MOHS said the ministry did not have enough fresh graduates to assign to remote areas like Naga self-administered zone but it had plans to fill the vacant positions. By the end of March, MOHS distributed 40 PPE and 2 ventilators to the public hospitals of Leshi township. Township authorities opened 5 border checkpoints and processed screening of health conditions for those who had returned from India. By April 3, 10 people had returned from India and Singapore who were monitored in Naga self-administered zone. MOHS announced that it opened recruitment for over 600 positions for doctors for hospitals in ethnic regions and remote areas for the year 2020 but it received only 29 applications (3 for Kachin State, 1 for Karen State, 2 for Chin State, 13 for Mon State, 3 for Rakhine State and 7 for Shan State).

Nearly 4,000 migrant workers returned from China in mid April. Makeshift quarantine centers in Kachin State, which housed some of the incoming migrant workers who had returned after factories shutdown, received complaints for not providing sufficient facilities, poor hygiene and availability of food. The Ethnic Affairs Minister of Kachin State Government explained that there would be some weaknesses as the makeshift quarantine centers were at the border and were still preparing to accept more health workers. He also added that many local people and volunteers were helping to support quarantined individuals and health workers.

In mid-March, Myanmar government launched an initial stimulus package to spur the economy. The Executive Committee (Mandalay Zone) of the Union of Myanmar Travel Association said that the initial package would not be enough for all sectors hit hard by the disease and the government would not have enough funds to support all businesses impacted. The Committee said that tourism sector which is different from the manufacturing sector (that could restart as soon as the crisis is over) would take at least 6 to 12 months to revive.

In a “World Wildlife Fund” survey, ‘Coronavirus and Wildlife Trade in Asia’ released on April 7, Myanmar people were found overwhelmingly support crackdowns on illegal and unregulated wildlife markets as a way to prevent future pandemics because it was assumed that the current COVID-19 disease had originated from eating wild animals. Eating wild animals is rare in Myanmar. Nevertheless, Myanmar has
a prominent position in illegal wild life trade in Southeast Asia across its border with Thailand and China. The Union Parliament of Myanmar passed a Protection of Biodiversity and Protected Areas Laws in May 2018. The sales of products from protected wild species have been banned since 1994. Though, due to a paucity of law enforcement and the lack of giving proper training to government staff, wildlife trade and markets could not be effectively stopped in Myanmar.

Joe Kumbum, an analyst based in Kachin State, pointed out in his article “Five Bitter Lessons that COVID-19 has caused world leaders – 1) to reassess the balance the military and health expenditures, 2) to strengthen coordination, 3) to advance technology and artificial intelligence, 4) to refrain the unethical and immoral behaviors, and 5) to prepare for the future. The author also calculated the expenditures in military and in health by the United Nations Security Council and by ASEAN in a graph (See Fig.6). The author highlighted that combating COVID-19 could be more efficient if the military expenditures were invested in health instead. Many countries in ASEAN in reality rely on donations and financial aid from developed countries and the WHO.

Fig.8. Graphs of military expenditures and health expenditures developed by Joe Kumbum

On April 8, Rights groups (more than 40 groups including Medecins du Monde) in Myanmar called for the release of prisoners that pose a low risk to public safety, after the MOHS confirmed 3 deaths and 22 positive cases, pointing out the vulnerability of overcrowded prisons with poor facilities. The call from Rights groups followed calls for the release of prisoners across Myanmar by Human Rights Watch and Assistance Association for Political Prisoners. According to Human Rights Watch, the country’s 46 prisons and 50 labor camps are holding inmates over their capacity – currently housing 100,000 inmates which is more than they are designed to hold (the capacity of 66,000). The groups also pointed out that potential COVID-19 outbreaks in the prisons could become a source of unrest and a threat to prison staff, their families and other related communities. The groups called on the government to prepare more
comprehensive plans to combat the disease in conflict areas across the country. The Prisons’ Department instructed, earlier the call from right groups, prison staff to accept only one visiting family member who can present a health certificate issued by their township’s health authorities in order to limit contact between inmates and the outside world.

Myanmar received a Chinese medical team in the early April together with other medical supplies and laboratory equipment. In fact, Myanmar had received assistance from China since late March, while countries in Asia were grappling with the pandemic and could not help others. China donated Myanmar thousands of test kits, PPE, and millions of surgical masks. The government of Yunnan province also donated surgical masks specifying to support Yangon and Mandalay, which are the economic hubs of China-Myanmar Economic Corridor (CMEC) of Myanmar. China’s donation to MOHS and the Myanmar Military on April 22 included 30 ventilators. Also significant were donations made by giant Chinese companies, from construction and energy companies to agricultural firms with business relation to Myanmar. State Power Investment Cooperation, the company behind the controversial hydropower project, donated $1 million worth of medical supplies and 20 mobile toilets. Myanmar Wanbao Mining Copper Ltd. and Myanmar Yangtze Copper Ltd that are running the country’s the most controversial mining projects donated medical supplies. Other donors included Yunan Energy Investment Group and Union Resources & Engineering (that won a tender to implement $2.5 billion worth power plant project which will be the country’s biggest power plant), China State Construction Engineering Corporation Ltd which involved in $500 million mixed-use project in Yangon (that was terminated by the military under the reason of breaching the terms of deal by the local venture), Industrial and Commercial Bank of China’s Yangon Branch which facilitates financial cooperation between two countries for CMEC project, and China Southern Power Grid Yunan International Co. Ltd (which is a state-owned company that plans to sell 1,000 MW electricity to Myanmar through the cross-border interconnection project). In Kachin State which borders with China, the Kachin State government received 400,000 yuan worth of medical supplies donated by authorities from a prefecture-level city in western Yunan Province, whose affiliate companies signed a deal with Kachin government to build the Massive Myitkyina Economic Zone as a part of CMEC.

Some observers perceived that China’s assistance is rather a string-attached aid to regain its lost trust in the country and to improve its image. The majority of Myanmar people are wary of the Chinese government, which was closely associated with the former military government and exploited the country’s natural resources, for the Belt and Road Initiative (BRI) projects, without any consideration for the local population. An ethnic affairs and China analyst said that China’s humanitarian assistance had political goals and sought to promote its influence over the country. The head of the China Desk of the
Institute for Strategy and Policy (ISP) said that the Chinese assistance allowed China to act as a responsible member of the global community and enhance its political influence over the recipient countries while promoting the image of Chinese companies and BRI projects. The Irrawaddy news agency also raised, in its article about Chinese assistance, the question of whether China is asserting itself as the source of support and strength for the governments of BRI countries. On the other hand, a number of international Think-Tanks are debating if the BRI project will be delayed due to the pandemic but China’s Ambassador to Myanmar, said in March that China would support Myanmar economically and continue its push for infrastructure in the country despite the setbacks created by the pandemic. The Country Manager of Natural resource Governance Institute remarked that the assistance is in the form of humanitarian aid, and thus there should not be any special thanks and Myanmar will not relax its scrutiny in approving future BRI projects out of gratitude to China. He also added that the National Leagues for Democracy government has been very careful with Chinese investments.

The Chinese ambassador to Myanmar and Myanmar’s Deputy Minister for Planning, Finance and Industry met on May 6 and discussed in-depth the implementation of China’s key infrastructural projects in Myanmar – New Yangon City project, Kyaukphyu Deep-Sea Port and Industrial Zone project, and China-Myanmar Border Economic Cooperation Zone - despite COVID-19. They also discussed how to move the projects forward based on Myanmar’s COVID-19 Economic Relief Plan (CERP) which includes expediting strategic infrastructure projects and approving investments by reputable international firms through a fast-track procedure. Experts remark that the projects are three pillars of China-Myanmar Economic Corridor (CMEC) that is a part of Belt and Road Initiative (BRI) and thus China wanted to link the projects with CERP. The concern is that the CERP will probably push BRI projects without proper scrutiny of the risks in terms of conflict sensibility, incurring unsustainable debt, commercial viability, and so on. However, officials affirmed that BRI megaprojects were not among the infrastructure projects to be accelerated under CERP and that there would be proper scrutiny for China-backed infrastructured projects. Myanmar, in fact, added a key condition to the CMEC Cooperation Plan to seek financing from multiple international financial institutions for the projects like the World Bank and Asia Development Bank. The Ministry of Planning, Finance and Industry signed an agreement with Singapore’s Infrastructure Asia (IA) in the end of May to help Myanmar in identifying suitable investors and access commercial viability for infrastructural projects listed in the country’s Project Bank, an online database of priority projects aligned with the country’s sustainable development plan where Myanmar Government is planning to add all BRI projects for screening for the adherence to the sustainable development plan. Myanmar
government also announced at a press conference on June 10 that it would receive help form a Swiss company to scrutinize a China-backed railway project to connect Mandalay and Kunming.

In a talk organized by Dateline Irrawaddy Program, a human rights trainer and executive director of Equality Myanmar and Joint General Secretary of Assistance Association for political prisoners were invited to discuss about COVID-19 measures restricting human rights in Myanmar. Speakers said that the current restrictions could not be regarded as violating human rights as there is a strong reason for their implementation. International Laws say that human rights can be compromised in a time of emergency. The country’s restrictions are for the sake of public health and people need to understand that these restrictions are only for a definite term. If defense forces and military personnel are monitored well in terms of whether their performance are in line with the law or not, there would not be a concern of a U-turn towards dictatorship. Government and the military have a responsibility to ensure freedom from ‘fear’ and freedom from ‘want’. If the government can build trust with people, people will cooperate with the government and take their responsibility. The discussion urged Myanmar’s public to benefit human rights but with the fair share of responsibilities between government and people to be sustainable.

On the other hand, Myanmar court was broadly criticized for applying different laws in different areas and not equally punishing offenders who violated the government’s ban on religious and social gatherings. Some faced prison terms and others received only moderate fines. The director of Equality Myanmar said that the degree of punishment depends on the court’s discretion and how laws are used to sue also depends on local authorities. As claimed by a rights activist who is also a lawyer, regional governments and their legal advisers made decisions on laws to be used to control the pandemic – the respective government can use any laws that are deemed suitable the situation. The Union Government gave full authority to State and Regional Governments to handle legal actions in their respective states and region. He also explained that anyone who defies a government order or instruction shall be sentenced to 1 to 6 months in prison or a fine under Article 188 of Penal Code, while the violator can be sentenced 3 months to 3 years imprisonment or a fine under the Natural Disaster Management Law. Whereas, under the Prevention and Control of Communicable Disease Law, anyone who fails to comply with the measure issued by MOHS could be punished with a fine or a maximum 6-month imprisonment. According to Institute for Strategy and Policy - ISP Myanmar, 601 people were sentenced for violations from May 1 to May 20 alone.

Some of Myanmar workers argued that the work-from-home measure provoked unexpected challenges due to the weak internet connection in the country, and an overly comfortable working environment.
Some said that they were distracted and the flexible working hours forced them to be on stand-by 24/7. The workload does not change and they have the same responsibilities and deadlines as before, and thus it was difficult to balance work and personal life at home although work-from-home policy makes them safe and time-efficient. For some employees like journalists, work-from-home measure prevents them from working effectively.

Concerning the back-to-school preventive measure in July, some school teachers said that it would be difficult to keep primary students (ranging from 5 to 9 years old) as Myanmar’s culture usually pushes the teachers to soothe crying kindergarten students in their first week of school.

4. Citizens’ Contribution and Community’ Engagement

February: According to the February 29 donation list described on the MOHS website, the Ministry received 6300 items Personal Protective Equipment, 4000 masks, 45 non-contact thermometers and 5 ventilators from Myanmar individual donors.

March: National Committee of Natural Disaster Management provided 100 million MMK (about $80000) to be used for COVID-19 prevention and control functions by the Ministry of Health and Sports on March 24. The Ministry received another 4 ventilators, donations of a total 232 million MMK (about $166, 000) from Myanmar’s business groups and individual donors on March 14, and 300 million MMK (about $200,000) on March 19 respectively. As of March 15, the Ministry of Health and Sports declared that it received donations totaling 1500 million MMK (about $1.1million), US $17,500, 39 ventilators, 4 thermal scanners and 8000 personal protective equipment, and medicines/medical equipment worth 1600 million MMK (over $ 1.1 million). A Medical Product Limited also made a $35,000 worth donation on March 15. On March 18, KBZ Bank of Myanmar and its counterpart donated 100 million MMK (about $71,000) and 600,000 masks and 3,000 PPE imported from China through Muse border checkpoint on March 27. For the whole month of March, a total of around 150 billion MMK as well as ventilators, infrared thermometers, patient monitors and thousands of medical equipment were donated by Myanmar donors – individuals, associations and companies.

April: On April 6, KBZ Bank of Myanmar again donated $1 million worth medical supplies and protective equipment (including 23,000 PPE, masks, thermometers, safety googles and gloves) for hospital staff for combatting the disease. On the same day, Myanmar’s largest Medical Products Limited donated the latest model Swiss-made Cobas 6800 medical analyzer that could accelerate Myanmar’s daily testing (only 80
tests were carried out each day at that time). The analyzer would help to test 1,400 people a day as it can test 380 people at a time. On the next day, a news agency reported that Myanmar’s Commander-in-Chief and his armed forces collectively donated a month’s official wages of 2.245 billion MMK (about $ 1.6 million) for the prevention and control of the disease. The Myanmar Military also prepared a transit center in Yangon with the ability to quarantine 1,000 people and another site in Naypyidaw with a capacity of 15,000 people.

A General Manager of an Industrial Zone in Yangon said on April 7 that a few Myanmar firms were preparing to produce masks at clothing factories. Myanmar imports nearly 90% of its pharmaceuticals from China and India, making the production of masks in local clothing factories the first domestic production. Due to travel restrictions, masks were out of stock and prices went up. The General Manager added they are also expecting to produce medicine and medical equipment domestically in the future.

The Myanmar government announced free electricity of 150 units for domestic use for April. In less than 24 hours, there was a touching response made by Myanmar’s public to the government’s provision of free electricity – they chose to donate to the government the amount they could have saved on electricity. Those who made donations also encouraged their friends and family to join the action. The State Counselor appreciated people’s benevolence and the act of unity. Since the lockdown began, volunteer groups including some local NGOs in Myanmar had contributed by filling the gaps in the authorities’ response to the pandemic. Volunteers assisted vulnerable communities, including daily wage-earners who had been acutely affected by COVID-19. Volunteer groups helped Yangon Public Health Department in transporting supplies to the quarantine centers and collecting data on returnees. Some groups even launched their own programs of distributing food and basic goods, and some collected funds then connected with the communities that were in need of assistance. Clean Yangon, a Non-Governmental Organization that volunteered to help vulnerable communities during lockdown, said that although authorities were doing their best, public concerns were also growing as the country is poorer than others and there are more challenges.

May: A report from a news agency pointed out that donations by the public plays an important role in fighting against COVID-19 and makes prevention efforts smoother. On March 16, the country’s State Counselor asked the public to contribute as much as they could to assist the government in preventing and controlling the disease. By April 10, the State Counselor leading COVID-19 prevention committee received about $ 640,000 mostly from Myanmar citizens both at home and abroad. Other forms of donations – food, medical supplies and personal protective gear for health workers – were also received
in response of the State Counselor’s request. Were it not for the public’s contribution, the government’s fight against COVID-19 in the current FY would have been doomed based on the fact that MOHS was allocated only 4.5% of the governmental budget in FY 2018-2019. A news reporter reminded that the government should make appropriate plans because people’s resources are limited although their generosity is not. In Hlaing Tharyar township which is Yangon’s industrial hub, more than 60 hostels (with 300 rooms) offered free accommodation or reduced rent for about 1,200 factory workers affected by COVID-19 factory closures. The township has a total population of about 1 million including 300,000 workers.

While talking about collective fight against the pandemic, one would probably be curious about how Buddhist institutions in Myanmar – monasteries and nunneries where a certain number of monks and nuns usually dwell – are coping with the pandemic. Monks and nuns, in compliance with the Buddhist disciplinary code, have to collect alms by wandering and visiting households for their meals. In the wake of pandemic under social distancing measures, they found difficulties in wandering and visiting households for taking alms like they used to do. Remarkably, in this situation, many local donors and volunteer groups recognized the hurdle and started to make a mass donation of food at nunneries and monasteries during the lockdown period as well as masks, face shields, soaps and disinfectants for their convenience when they could go out for collecting alms after lockdown. A few volunteer groups even considered carefully fabric masks’ design and color in accordance with the disciplinary code of the robes of monks and nuns.

Fig.9. Mask and food donations in Buddhist institutions (source - Right Heart, a local volunteer group)

**June:** From April to mid-June, the Central Level Committee on Prevention, Control and Treatment of COVID-19 received around three billion MMK and millions of necessary medical equipment including
medicine, masks, ventilators, infrared-thermometers, furniture, patient monitors and CCTVs (to be used in quarantine centers) following donations from Myanmar’s contributors and a few international donors.

5. International Assistance and Contribution

**February:** On February 9, the Ministry of Health and Sports received the first donation of medical equipment worth of $16,500 from Red Cross Myanmar, Red Cross Germany, Red Cross Turkey, Red Cross Norway, Red Cross Denmark, and Red Cross Sweden. Necessary laboratory equipment for the testing of the coronavirus was received, on February 17, from Armed Forces Research Institute of Medical Science (AFRIMS) Thailand (which is a joint US-Thai collaboration) by the arrangement of WHO and also from National Institute of Infectious Diseases (NIID) Japan, National Center for Global Health and Medicine (NCGM) Japan, Juntendo University Japan through the assistance of the Japanese Embassy and Japan International Cooperation Agency. Independent testing commenced on February 20 in Myanmar by the National Influenza Center also known as the National Health Laboratory. (Prior to this, samples had to be sent to Thailand for test.) On February 18, Myanmar also received donations from USAID – 31,500 masks, face shields, gowns and shoe covers, and 1,000 safety goggles. The US Embassy in Myanmar stated that the US Center for Disease Control and Prevention was providing technical assistance on how to best use of the test kits and supplies provided. The WHO also provided 600 PPE, 3,525 masks, 1,000 surgical gowns, 499 sanitizers and 500 protective goggles.

**March:** As of March 9, Myanmar obtained more equipment – including PPE, masks, thermometers, and gloves of a total 55,185 pieces – from USAID, China and INGOs. On march 17, China assisted Myanmar by providing laboratory materials able to test more than 2,000 people. On March 26, Myanmar received a further 5,000 items of PPE and 250,000 masks from China.

**April:** On April 8, the European Union to Myanmar announced the creation of € 5 million (about 8 billion MMK) worth social care support to help, without discrimination, garment workers who lost their jobs due to the pandemic. The emergency fund program was jointly initiated by the EU, UNOPS, Myanmar Labor Unions, Nexus Response for Myanmar, SMART Textile and Garments and Myanmar Garment Manufacturers Association. The EU Ambassador assured that 80% of the fund would go to women who lost their jobs or who were evicted from hostels. He also added that the fund would be able to help about 80,000 workers who had been impacted by the disease. The program was stated to begin on May 1 and last 3 months, and to support workers employed in both foreign-owned and local-owned factories. The
fund transfers money deposit directly to the workers’ mobile account through the Wave Money application. The fund will also help companies and factories to pay salaries to workers who are retained by the factories without work for them.

On April 20, The World Bank stated, that Myanmar would receive an emergency loan of $50 million aimed at public emergency preparedness and improvements to hospital systems across the country. The emergency loan is part of the fast-track measure of the support plan for developing countries launched on April 2 by the World Bank to increase disease surveillance, improve public health interventions and help private sector continue to operate and sustain jobs. The loan will cover eight central-level hospitals in big cities and 43 state-level hospitals by focusing on increasing the number of intensive care units (ICUs) together with capacity building for health staff and officials that have experienced decades of underinvestment in public health. The loan was intended to complement the Myanmar Essential Health Services Project supporting over 12,000 primary health care facilities in the country.

May: On May 24, the Japan International Cooperation Agency (JICA) announced an emergency loan worth of $24.5 million to assist Myanmar’s businesses hit by the COVID-19. The low-interest loans will support small and medium enterprises. The loans are part of restructured ongoing small and medium enterprises (SME) financing project in Myanmar started in 2008. According to JICA, the loan program is the first of a series of upcoming response projects. The baseline interest rate set at 5.5% for the loans as of May 2020 and the majority of SMEs can access as loans with relaxed collateral conditions.

6. Regional co-operation

On February 4, a video conference was held between senior officials of ASEAN member states and “Plus Three” which include Japan, the Republic of Korea and the People’s Republic of China. The health officials shared information and responses for prevention, discussed challenges in effective responses, and affirmed their commitment to enhance coordination controlling COVID-19. The video conference also stressed the importance of existing regional health mechanisms such as ASEAN emergency operation center network for public emergencies, ASEAN risk assessment and risk communication center, public health laboratories network and ASEAN-Plus-Three field epidemiology trainings. During the conference, China proposed a regional forum by the end of the year in which experiences, technical information, practices and lessons learned on COVID-19 outbreak response could be shared in order to strengthen preparedness and human resources. On February 20, health officials and clinical experts from ASEAN member states and China conducted a video conference aimed at the exchange of practices and
challenges in clinical management of COVID-19 and how to mitigate the impacts on the communities. China proposed again cooperation through human resource development, operational preparedness and through the establishment of ASEAN-China Emergency Operations Network.

During the Senior Officials Meeting for Health Development (SOMHD) on March 13, the member states made a commitment to sustain and enhance the collective regional response to the COVID-19 pandemic. The officials also exchanged information on the measures taken to contain the disease such as travel restrictions, and social distancing. Participants also discussed capacity needs and gaps that the member states face, which could be supported through national and regional cooperation with Development and Dialogue Partners - the “Plus Three”. Senior officials agreed to convene more special video conferences to outline policy and strategic directions to pursue with when confirmed cases escalate. On March 31, ASEAN and China reconvened a video conference, and ASEAN member states presented measures taken on prevention, early detection, mitigation, and response interventions including contact tracing, minimizing risk of transmission, case management, reducing the flow of people and limiting imported cases, social distancing, public engagement and preventing transmission. A representative from China’s Center for Disease Control and Prevention shared technical insights on the dynamics of transmission, the natural history of the disease, virology, transmission mode and transmissibility, containment strategies, contact management and treatment for cases and as well as the epidemiology and geographic distribution of COVID-19 in China.

On April 1, a video conference between the ASEAN Coordinating Council Working Group on Public Health Emergencies and United States interagency officials was held and discussed ASEAN-US cooperation in countering the pandemic. ASEAN member states proposed areas such as human resource development, joint research, studies, pandemic preparedness and response, infection control, producing medical supplies, information sharing on updates, development and production of vaccine and promoting the normal flow of trade, services and investment, and alleviating potential downturns of the global economy.

The US also showed strong support for helping ASEAN member states and the ASEAN Secretariat to develop disease control structures for better resilience and capacity of public health system across ASEAN. The US proposed high-level engagement and public health cooperation through video conferences between the US secretary of State and ASEAN foreign Ministers as well as the United States Secretary for Health and Human Services and ASEAN health Ministers.
Fig. 10. Timeline of intervention in ASEAN (December to April 2020)/ source: ASEAN website
ASEAN member states held another video conference on April 7 in which they discussed enhancing the collective response by coordinating cross-border health responses, scaling-up the use of digital technology and artificial intelligence for efficient information exchange, regional cooperation on risk communication to avert misinformation and fake news, institutionalizing preparedness, and strengthening response mechanisms with other partners. On the same day, an ASEAN-Plus Three meeting was held and recommended to work together to explore sustainable solutions to cope with the crisis, to leverage existing regional networking platforms for effective source of medical supplies, to ensure supply chain connectivity and to control the infection to prevent overwhelming health system while minimizing socio-economic impacts.

On April 10, ASEAN launched Policy Brief on the Economic Impact of COVID-19 Outbreak on ASEAN. Policy recommendations in the Policy Brief include 1) mobilizing all available macro, financial and structural policy tools, 2) preserving the economy’s productive capacity, 3) keeping the supply chain going, 4) scaling regional pandemic responses and 5) redoubling the resolve to advance regional integration. The Policy Brief also revealed the impacts of COVID-19 in the region, especially on the financial market, supply chain, industries and production, export and imports, hotels and tourism and micro, small and medium entrepreneurs, and the service sector. In addition to the national measures and international assistance, ASEAN created joint regional measures. ASEAN National Tourism Organizations issued a Joint Media Statement to advise on the precautionary measures and the situations in each member state on February 13. ASEAN Economic Ministers issued a statement to strengthen ASEAN’s economic resilience by reaffirming their commitment to maintain the region’s open economic and integration policies, and by taking collective actions such as keeping markets open, working closely with industrial stakeholders, focusing on maintaining macroeconomic and financial stability, and ensuring the flow of essential supplies in the immediate term. Moreover, ASEAN discussed with partners (the Plus Three Countries) financial cooperation in the purpose to strengthen the Chiang Mai Initiative Multilateralization (CMIM), to establish multicurrency swap arrangement to provide short-term liquidity to member states, and to ensure the operational readiness of the measures. The ASEAN ministers on Agriculture and Forestry also issued a joint statement to ensure food security, food safety and nutrition in the region by minimizing disruptions in regional food supply chains and by working together to facilitate transportation of agricultural and food products and to keep markets open.

On April 17, Health officials and experts from Italy and ASEAN held a video conference and an adviser to the Italian Minister of Health shared the country’s experience and strategies in containing the pandemic.
He highlighted critical measures such as early detection, contact tracing and testing suspected cases and the importance of society’s involvement in practicing social distancing. Other aspects of the pandemic such as surveillance, drug trials, repeat positive and reinfection, mental health due to stress and trauma, the management of dead bodies and economic losses were also discussed during the conference. By the end of April, an ASEAN-US video conference was held again and the joint statement of ASEAN-US collective response against COVID-19 was launched. On April 30, a special videoconference between health ministries of ASEAN and the United States in Enhancing Cooperation on Covid-19 response took place. The conference acknowledged the US’s humanitarian assistance in providing more than $35.3 million to ASEAN. The Union Minister of Myanmar suggested establishing a research platform between health and research institutions in ASEAN membe states and the U.S for further studies on the management of the pandemic or other unexpected scenarios. He also urged to further progress collaborations in training young researchers and youth public healthcare providers to bolster preparedness for future severe epidemics or a pandemic due to virus or biochemical. ASEAN Health Ministers also agreed to strengthen the health systems through universal health coverage.

ASEAN Defense Senior Officials held a virtual meeting and discussed the defense sector’s response to COVID-19, future co-operation and the pandemic’s impact on the regional security on May 15. Further details of the meeting were not disclosed. On May 20, the ASEAN Secretariat and the ASEAN Center for Biodiversity (ACB) held a webinar and called for conservation of biodiversity to prevent future pandemics.

On June 2, the 10th ASEAN-Australia Joint Cooperation committee meeting was held virtually and both parties recognized the need to accelerate co-operation in order to minimize the human and social costs of COVID-19, to promote measures to support multilateral trading system, and to maintain supply chains through the Regional Comprehensive Partnership and the upgrade of the ASEAN-Australia-New Zealand Free Trade Area Agreement. The ASEAN Business Advisory Council revealed, on June 4 in its virtual meeting with ASEAN Economic Ministers, the outline for ASEAN action in short-term priority measures: 1) increasing mass testing of COVID-19 in the region, 2) eliminating Non-Tariff Barriers and minimizing Non-Tariff Measures, 3) custom automation, 4) concluding the signing of Regional Comprehensive Partnership, 5) easing the flow of intra-ASEAN essential goods and services, and 6) the inclusion of private sector in government discussion within the region.

The ASEAN Economic Meeting held on June 6 adopted the ‘Hanoi Plan of Action on Strengthening ASEAN Economic Cooperation and Supply Chain Connectivity’ in Response to the COVID-19 pandemic. The Hanoi plan is to implement action plan to ensure the markets for essential goods remain open and to strengthen
economic cooperation in the bloc. On June 9, the ASEAN Group on Competition (AEGC) issued a joint statement in response to the COVID-19 pandemic. The group encouraged businesses in the region, even under the challenges posed by the pandemic, to comply with competition law that would promote fair competition, enhance economic efficiency, stimulate innovation and economic growth, keep a level playing field, and increase consumer welfare.

The ASEAN Intergovernmental Commission on Human Rights (AICHR) convened a video conference on June 9–10 and discussed measures to mitigate the impacts of COVID-19 on the implementation of AICHR programs in 2020, such as those focusing on human rights, gender sensitive and child-friendly approaches to handle trafficking in person, prevention and countering extreme violence. The participants also reviewed the proposal to establish a task force to develop a regional framework for effective Environmental Impact Assessment (EIA) in ASEAN member states.

Analysis

It is stated on the website of the Ministry of Health and Sport that there were 299 COVID-19 positive cases by the end of June. Compared to uncontrollable outbreaks around the world, the current number of cases in Myanmar is quite manageable for six-month period of worldwide serious infection. Myanmar’s population is about 54 million (it was around 51 million in 2014 according to the 2014 census) with 1,135 hospitals (1,115 according to Hospital Statistics Report 2014-2016) across States and Regions. The population density overall is 79 people per square kilometer. The country had carried out about 76,000 tests by the end of June and was holding around 6,000 people in quarantine centers across the country.

In the early stage of the spread of COVID-19 in the beginning of 2020, there were some doubts among Myanmar people on the information the government released concerning the disease. As mentioned above, the first case of Myanmar was found in the end of March and thus, the public had doubts whether the government was veiling data and misinforming. (Some people reassured themselves by thinking that the disease could spread with a momentum in a short period and it cannot be hidden from the sight if an outbreak actually happens.) Not only among Myanmar people but also in international community, the doubts on Myanmar government’s transparency enlarged. As Myanmar possesses a long border with closely neighboring China, there were also worries that the disease could easily jump into Myanmar from the bordering Chinese province. Interestingly, in Yunnan that shares immediate border with Myanmar, there were only 44 confirmed cases (of which most of them are from people came from Wuhan) by January 28 while the whole China had 4,618 confirmed cases, 6,973 suspected cases and 166 deaths with
coronavirus symptoms. By mid-March just before Myanmar found confirmed cases in its territory, the cases in Yunnan escalated up to 172 cases and two deaths. (Even by the third week of July, there were a total of 188 confirmed cases and two deaths.) What can be concluded from the given situation is that the possibility of the virus infection through the bordering Yunnan is unlikely to happen because of its low number of confirmed cases as well as its containment of the disease. Also in reality, until June, no confirmed cases were found that entered from the Yunnan province. All in all, it can finally be assumed that the government’s exchanged information to the public was not of loosely transparent.

If Myanmar’s method of controlling COVID-19 is analyzed, it can be found out that quarantine centers and isolation are at the center. Being a close neighbor of China, Myanmar was alert since the beginning of the spread of infection in January. The fact that the Committee of Prevention, Control and Treatment of COVID-19 was organized at the end of January is the evidence of Myanmar’s early preparation. The measures of quarantine started in March (March 15) which were criticized as being late as the first COVID-19 cases were confirmed on March 23 (found in individuals who entered Myanmar before March 15). Although, Myanmar could handle the delayed response by managing local transmissions well through thorough contact tracing and quarantine. Myanmar’s aggressive quarantine measure covered anyone entering the country, while the country’s stringent isolation measures which included a travel ban and a stay-at-home order did not allow any exceptions. Other efforts that were as effective as the mentioned two were lockdown measures (of wards, streets or the building where confirmed cases live or stay as soon as they are found) and strict contact tracing. The rule of law also played a crucial role in controlling the disease and implementing the measures. As a result of these initiatives, the local transmission had stopped for nearly a month, as of the end of June; all new cases found are only from people returning by relief flights from foreign countries who were quarantined. Nevertheless, it must be admitted that these preventive measures have serious impacts on the country’s economy and its recent progress achieved in economic development.

Regarding the government measure of food distributing, 150 unit free electricity and extended healthcare benefits for unemployed members of SSB (Social Security Board), the effectiveness of those measures were argued and questioned due to the inexact definition over poverty and poor household, the lack of electricity in many remote areas and, the weak and poor social care system of the country. The Institute for Strategy and Policy (ISP) revealed the effectiveness and the reach of the measures in the following charts.
Food Distribution to Households | 150unit Free Electricity | Extended Healthcare Benefits for Labor
---|---|---
Did not receive | 35% households | Did not benefit | 60% households | Did not cover | 97% of population
Received | 65% households | Benefited | 40% households | Covered | 3% of population

Fig.11. Charts revealing the effectiveness and reach of the measures of easing the pandemic impacts on households and laborer of CERP (Source: Institute for Strategy and Policy)

One advantage that the country had is that Myanmar could learn from others’ experience and had enough time for preparation as the disease reached relatively late. Assistance from the international community also provided a great support for the country to manage the situation. The government, with the support of contributors/donors, could fund all necessary tests conducted and quarantine facilities. In March and April, Myanmar could not conduct many tests due to the lack of proper equipment, expertise and technique. Though, the country never used test kits that can produce an instant result but not accurate in testing suspected cases. Only the “Polymerase Chain Reaction” method used laboratory tests are done until now and thus the results were not unsure and inaccurate. This is a great help to the authorities in controlling the infection. Myanmar now has the capacity to test about 3000 samples a day. Tests, in the view of the country, are just a part of its strategy to contain the virus but not an answer to the crisis itself. The transparency in communicating information also makes the government’s measures responsive and time efficient.
Looking through the process, citizen empowerment can also be found at the heart of Myanmar’s well-handled fight against the pandemic. Admiration for the democratic leader of the country, Aung San Suu Kyi, is the key to the strong contribution of Myanmar people. The Lady’s incredible influence on the population as well as her sincere encouragements brought people to a common ground of with regards to the pandemic. Recently, she organized a “mask sewing contest” to raise people’s awareness to follow the preventive measure of wearing a mask when they have to go out and it was a huge success. The Lady herself was the real campaign for raising people’s concern as she is usually at the center of people’s attention.

Co-operation between the military and the civil government, despite their opposite view on politics, is also an appreciative move from both sides although some conflict-stricken areas (like Rakhine) are not fully covered by measures adopted by the government due to armed conflicts in the region between the military and the ethnic armed groups. In this case, both sides should remember that people in the conflict areas are also Myanmar people. Ethnic armed groups and the military should work to find a common ground to lessen the burden and trouble suffered currently by the civilians in the conflict zones. As long as conflicts are in the air, Myanmar cannot become a truly unified one.

One bitter truth that the pandemic unveiled is that protective measures for women and gender equality are still weak in Myanmar. Even under normal circumstances where women and their role are still neglected for many reasons in the society, the pandemic exacerbated the vulnerability of women. The effectiveness and efficiency of the current measures and the system in place for protecting of women and promotion of gender equality should be reviewed and modified for better responsiveness in any given
condition in the future, including a pandemic. For the time being, no research conducted to assess the escalated vulnerability of women in Myanmar during the pandemic can be found. The Ministry of Social Welfare, CSOs (Civil Society organizations), NGOs/INGOs and Think Tanks or Research Centers should focus to conduct research as soon as conditions allow. The longer the delay, the more severe the outcomes will be.

The other important but loosely emphasized matter amid COVID-19 is the mental health of people directly or indirectly impacted by the pandemic. In line with a seminar talk, “Health and Social Impacts of COVID-19 in Myanmar”, hosted by Australia Myanmar Institute (AMI) at the end of June, 382 men and 88 women committed suicide under the pressure of COVID-19 in Myanmar between March 23 and June 22. Suicides committed were mainly because of psychological stress (122 persons), social problems (116 persons), health issues (87 persons), economic hardship (73 persons), alcoholic abuse (65 persons) and depression (7 persons). One of the speakers, the psychiatrist Dr. Raymond Tint Way, remarked that the world was experiencing two pandemics – 1) COVID-19 and 2) the fear and panic with negative effects of human behavior in many psychosocial problems. He also pointed out that mental health problems could come out from many aspects such as quarantine experiences, trauma in frontline workers, infection risks healthcare providers are relating daily, anxiety came out of inaccurate information and stress provoked from the lack of training to handle the pandemic. Although experts and psychiatrists are warning the impacts of COVID-19 on human mental health and the importance of public mental health services, not many of public mental healthcare services nor research on the mental health issues are yet widely available in Myanmar (whereas there are a few volunteer counseling services of social workers and local psychiatrists in big cities).

Even though the country’s current play with COVID-19 seems relatively good, its future plan to play with the economic recovery is still questionable. The country launched CERP (COVID-19 Economic Relief Plan) at the end of April and it is said that CERP is not only to mitigate the impact of COVID-19 on the economy but also to create a space to bounce back to strong economic growth as soon as possible in the post COVID-19 period. Some industrial insiders and business leaders in the country remarked that the CERP does not emphasize on all sectors, pointing out that it does not include appropriate measures for some industries like fishery and agriculture. Myanmar’s majority workforce belongs to the agricultural sector and farmers thus make the largest part of vulnerable group. Some experts suggested agricultural loans to be included in CERP. Some even advised that the government should set prioritized sectors in working towards the economic recovery, warning that prioritizing and investing in the wrong sector will not remedy the economy.
The well-known Burmese historian, Thant Myint-U, remarked “Myanmar needs to see clearly the ways in which the world is changing and radically rethink its future option”. He also suggested - 1) to analyze the world economy’s orientation in next two to five years, 2) to support business sectors that would grow in the fastest way and create job opportunities, 3) to improve infrastructures, including those that can help the country to prepare for climate change, 4) to increase investments in health and education, and 5) to move into the direction towards more green and livable cities. Myanmar is in need of infrastructural improvement to move forward its economy. In the era where electricity and internet become basic necessities, the pandemic revealed that Myanmar is still struggling to access these necessities. According to news sources, the government is planning to expedite some strategic infrastructure projects in line with CERP. The pandemic, for Myanmar, should be an opportunity to reshape its business strategy considering environment-friendly investments and responsible businesses for sustainable development.

ISP pulled out 10 categories to be watched during and post-COVID-10 period. They are 1) hard-hit private sector and potential bankruptcy 2) downsizing of demands 3) supply chain disruption 4) shortfalls of revenues 5) short term deflation 6) money transfer from legal migrant workers (about 4% of country’s GDP according to the World Bank 2019 report) 7) poverty 8) electricity 9) exchange rate 10) international relation.

Fig.13. Trends to be Watched (Chart developed by ISP-- high risk (red color), moderate risk (orange color), low risk (blue color))

Concerning ASEAN co-operation for COVID-19, more practical collaboration needs to be realized. The COVID-19 pandemic is a global health problem which requires collaborative solutions to tackle. Due to gaps in economic and infrastructural development, ASEAN member states cannot cooperate in depth in the fight of the pandemic. Though, the bloc can always co-operate in the preparation for the post-COVID-19 period. Recovery-related trade and investment plans among all member states can become an outlet for the bloc’s hit-hard economy. Stimulus measures to invest in technology and infectious diseases research also offers an affordable common ground for effective practical collaboration in preparation for the post-COVID-19 period.
Conclusion

On May 8, the EU ambassador to Myanmar made a remark in his speech for 70\textsuperscript{th} anniversary of Shuman Declaration and Europe Day that “the closer and better the World cooperates, the faster we will overcome the COVID-19”. He pointed out five messages learned from the pandemic - 1) we cannot afford to weaken or politicize key international institutions like the UN or the WHO as a whole, 2) if it is confirmed that the cause of COVID-19 is zoonotic, there must be collective actions to ban wildlife trafficking, including Myanmar’s border areas, 3) a virus is not “nature’s revenge”, instead we did this to ourselves and thus need to forward into sustainable and responsible economy that protect world’s biodiversity, 4) global trade and transport are not to blame for the spread of the disease but the pandemic reminds that global norms and standards should be upheld, and 5) the pandemic showed the interdependence of societies and the need for societies with safety nets as permanent features, and not as emergency features.

The battle against COVID-19 has not yet reached an end. Countries are learning on their own, experiencing this historic event and enlightening themselves to better responses. The global health crisis is a global concern that cannot be solved alone. As the virus infection does not have boundaries, a collaborative approach as well as individual containment strategies are equally important. Myanmar, by the end of June, had 299 confirmed cases out of 76315 tests, 6 deaths, 221 recovered and 5920 people in quarantine centers. Although it seems that the country is doing well currently, Myanmar could face a COVID-19 outbreak at any time. Even though the country would not witness a mega outbreak in the future because of its aggressive preventive measures, Myanmar has to grapple with its economic recovery impacted by both COVID-19 and the pandemic preventive measures.