Capabilities, Coupvid and Cataclysm: Myanmar's Responses to Covid-19

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Paper presented at the ISEAS-Yusof Ishak Institute Conference, "Covid-19 in Southeast Asia, 2020-2022: Restriction, Relief, Recovery", 28-29 July 2022.

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Note:

After the coup in February 2021, Myanmar has two entities claiming to be the country's legitimate governments. The military formed the "State Administration Council" (SAC) which exercises *de facto* control over all major economic and policy infrastructures. Lawmakers loyal to the overthrown civilian government formed the Committee Representing the Pyidaungsu Hluttaw (CRPH) that in turn formed the "National Unity Government" (NUG).

Disclaimer

This paper is conducted in the interest of academic pursuit and does not imply or represent any political position or view of the authors individually or collectively. The original terminology used in the sources cited are retained solely for ease of reference.

Executive Summary

As with other countries, Myanmar's response to COVID-19 is shaped by the country's own political history and climate as well as the social and economic contexts. The role of the autonomous, powerful military or Tatmadaw in the Myanmar political landscape since independence influenced how Myanmar responded to the pandemic in 2020, while the multifaceted post-coup crisis affects the response from February 2021 onwards.

This paper outlines COVID-19 response and coordination measures implemented in Myanmar. It covers an overview of the four COVID-19 waves in Myanmar between 2020 and 2022, and associated response measures including testing and vaccination; stay-at-home orders (SAHO); community-based facility quarantine; cash and non-cash transfers; civil society, community and private sector and economic responses. The paper analyses the effects of COVID-19 in two phases, i.e. measures put in place before the coup on February 1, 2021 and the post-coup period.

Stay-at-home orders and community-based facility quarantines under a zero COVID approach were implemented during the first two waves with varying success. Coordination efforts of the NLD government was considered to be one of the leading factors in Myanmar's success in handling the first two waves. The country was at the tail end of the Second Wave when the military seized power on 1 February 2021. Testing as well as the health system collapsed as

health staff began strikes as part of the Civil Disobedience Movement (CDM) against the coup.¹

The military takeover disrupted the vaccination programme. Health staff walked out of hospitals and COVID centres to spearhead peaceful protests against the coup as part of the CDM.² Vaccinations quietly resumed in March 2021 but were hampered by the political crisis and India's vaccine export ban. There was a heavy death toll during the Third Wave with Delta variant due to shortage of staff and the collapse of the health system. By the time the Fourth Wave arrived with Omicron, vaccination rates had increased and most people opted to self-test and treat at home.

The economic recovery of the past nine years deteriorated with lockdowns, travel restrictions and closure of border trade. Prolonged uncertainty and lockdown measures globally impacted many businesses and Myanmar was no expectation. The country's production sector faced supply chain hurdles and the manufacturing sector confronted cancelled orders. Unemployment surged and urban poor started reporting eating less as a coping strategy. However, service industries were able to somewhat weather through lockdowns by taking the businesses online, start-ups offering door to door delivery services, and improved yields in the agricultural sector as a result of favourable weather conditions contributed to the growth of the economy by 1.7 percent in the 2019-2020 fiscal year.³ The coup in February 2021 wrecked hopes for recovery. Today, approximately seventeen months after the coup, the country is exhibiting signs of recovery.

Overview of COVID-19 in Myanmar

Table 1. Overview of COVID-19 waves in Myanmar

Wave	Timeline	Reported cases	Percentage of COVID toll	Reported deaths	Percentage of COVID deaths	Notes
1	March – May 2020	~ 250	0.04%	6	0.03%	
2	August 2020 – January 2021	~ 140,000	22.82%	~3100	15.9%	
	February – June 2021	~ 20,000	3.26%	~250	1.28%	Post-coup collapse in health system
3	June – October 2021	~ 350,000	57.05%	~16,000	82.05%	Delta variant
4	February – March 2022	~ 75,000	12.22%	~120	0.62%	Omicron variant
-	March - June 2022	~28,500	4.6%	<10	0.05%	
	Total			19,450		

Figures as reported by the Ministry of Health and Sports (2020-2021) / Ministry of Health (2021 -)

(Note: After the coup, the SAC reorganised the ministry as the Ministry of Health).

Myanmar has seen four distinct COVID-19 waves since 23 March 2020. Reflecting the evolving COVID-19 situation globally and domestic political developments, the four waves prompted very different policy and community responses.

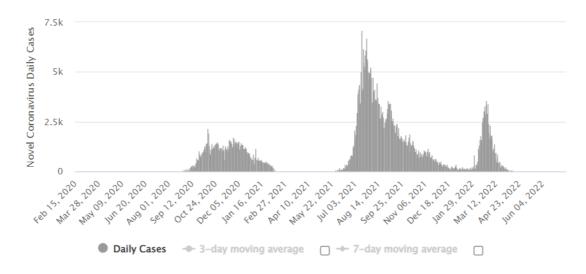
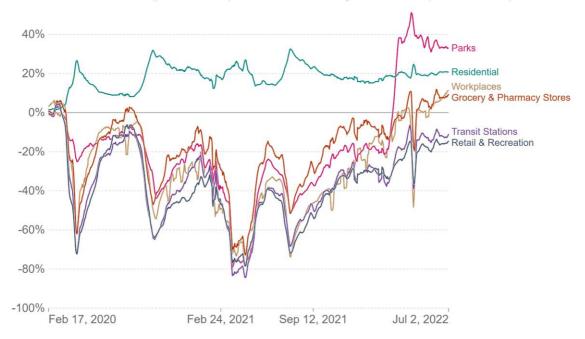


Image 1: Daily reported case figures (Note: The First Wave is not visible due to its small number of daily confirmed case numbers).

How did the number of visitors change since the beginning of the pandemic?, Myanmar



This data shows how community movement in specific locations has changed relative to the period before the pandemic.



Source: Google COVID-19 Community Mobility Trends – Last updated 6 July 2022 OurWorldInData.org/coronavirus • CC BY Note: It's not recommended to compare levels across countries; local differences in categories could be misleading.

Image 2: Myanmar mobility data (17 February 2020 to 2 July 2022)

Up to end-June 2022, Myanmar reported around 613,600 confirmed cases and nearly 19,450 confirmed deaths. (Table 1) Based on these figures, Myanmar experienced the 6th largest COVID-19 burden in Southeast Asia to date. Given the country's weak health system, the post-coup political crisis, chequered central government control, reported figures will capture only a fraction of Myanmar's true COVID-19 scale. Amid the political chaos, there have been various claims on the toll but all remain difficult to substantiate.⁴

According to a paper estimating global excess COVID-19 mortality, Myanmar could have experienced around 101,000 direct COVID-19 deaths.⁵ The bulk of the undercounted deaths probably occurred during the Third Wave, which was the most devastating wave where state response capacity was also the most limited. The Third Wave accounted for 57 percent of confirmed cases and 82 percent of reported deaths between March 2020 and June 2022.

First wave (March – May 2020)

The first case was confirmed on 23 March 2020. The patient was a repatriated national who had subsequently returned to his native Chin State near the Indian border. This set the context for the stigmatisation of COVID-19 as an "imported disease" as well as the government and health authorities adopting a Zero-COVID footing to prevent COVID-19 from spreading to major cities. Misinformation, such as fake voice messages, contributed to panic buying in the weeks leading up to the first case.

The government implemented "Stay-at-Home Orders" (SAHOs) that utilised a targeted containment approach of COVID-19 cases in the context of Myanmar's limited resource setting and the need to minimise economic impact. Suspected persons were mandated to receive treatment only in government hospitals, and contacts required to undergo mandatory community-based facility quarantine (CBFQ). The government also initiated a programme to inspect labour-intensive worksites such as garment factories to mitigate COVID-19 risks, and the template worked well until the highly transmissible Omicron variant arrived two years later.

Second Wave (August 2020 – January 2021)

The wave began in mid-August 2020 after a case was detected in Rakhine State bordering Bangladesh. This reinforced the "imported disease" mindset and efforts were made to contain the outbreak in Rakhine but Yangon and other major cities soon reported cases. The government continued with mandatory treatment at public hospitals, expanding facilities leveraging on non-health, private sector and civil society resources. Similar to the First Wave, contacts and people under investigation were required to undergo CBFQ.

Broader developments such as efforts to hold Myanmar's first general election to be overseen by a civilian government in 60 years, and the government's peace efforts dominated the political and popular discourse. There was an uptick in cases after the election but not to the scale seen in post-election surges elsewhere. Anecdotal evidence indicates cases were spreading undetected, with community fears of mandatory CBFQs causing sick persons to seek self-treatment.

The country was at the tail end of the Second Wave when the military seized power on 1 February 2021. Testing as well as the health system collapsed as health staff began strikes as part of the Civil Disobedience Movement (CDM) against the coup. 11 The large peaceful protests, chaos and violence of the subsequent months meant that COVID-19 was very likely spreading but remained undetected and out of the public's main concerns. There were stories of people contracting and dying from COVID-19 including those participating in the mass protests. However, public anger against the coup was such that protesters chanted the coup being "worse than COVID-19". 12

Third Wave (May – September 2021)

In late May 2021, the Delta variant of COVID-19 cases began to spike in two towns near the Indian border.¹³ This pattern again reinforced the "imported disease" framing. The military takeover disrupted the vaccination programme. Health staff walked out of hospitals and COVID centres to spearhead peaceful protests against the coup as part of the Civil Disobedience Movement (CDM).¹⁴ Vaccinations quietly resumed in March 2021 but were hampered by the political crisis and India's vaccine export ban.

The public health system was functioning at a rudimentary level, with very little treatment or resources available at facilities. Private hospitals were finally allowed to treat COVID-19 cases but were overwhelmed and required hefty deposits. The military deployed its Directorate of Medical Services (DMS) to shore up the hollowed health system but was also unable to cope with the surge. Many people had no option but to test themselves with commercially available kits and resorted to home treatment despite requiring oxygen and aggressive interventions. Striking medical doctors covertly provided home treatment, often risking arrest.

There were widespread oxygen shortages, with family members queuing for hours to refill canisters. The SAC was accused of hoarding oxygen and mismanaging the response, while rumours of border and pharmacy closures saw panic buying and hoarding of essential medicines. Despite the confluence of challenges, the Third Wave subsided by August 2021 after leaving a heavy toll and mental scar on the populace.

Fourth Wave (February-March 2022)

The Fourth Wave caused by the Omicron variant began in early February 2022. ¹⁸ Unlike the earlier waves, the Fourth Wave began in Yangon. One of the first reported outbreaks was at a Yangon factory, though MOH reported that the Delta variant was responsible. ¹⁹ The "milder" nature of the Omicron variant infections alongside wider vaccinations and the fatigue caused by the Third Wave meant that both government and community responses were not robust. Most people opted to test and treat at home, leading to under-reporting of cases. However, the overall attitude towards the Fourth wave was vastly different. With very little intervention, the wave subsided by early March 2022.

Testing

Testing remained consistently limited throughout the pandemic and collapsed in the months following the coup. The National Health Laboratory began domestic testing in late February 2020.²⁰ Capacity was gradually built up over the course of the First and Second Waves with private sector donations, the leveraging of existing resources (such as those for testing tuberculosis) and building new facilities.²¹

Between 20 February 2020 and 30 June 2022, 8.37 million tests in total were recorded at public and private health facilities. This averages out to less than 70,000 tests a week, with the highest watermark for testing reaching 250,000 a week during the peak of the Third Wave. High testing rates are never sustained, falling with case numbers. As of end-June 2022, testing averaged 5,000-6,000 a day. Many opted to test privately starting from the Second Wave as rapid antigen test kits became commercially available from October 2020. This became the norm during the

Third and Fourth Waves. Thus, there is limited and fragmented data on testing, cases as well as deaths, making it difficult to arrive at a true picture of COVID-19's direct death toll.

Vaccinations

By end-June 2020, the SAC Ministry of Health reported 65 million vaccine doses given, with 35.4 million being vaccinated at least once, including 30 million having received two doses and around 5.4 million having at least one dose. This translates to 64.4 percent of the population being vaccinated, of which 50.6 percent completed the initial protocol doses and 13.3 percent received only one dose. Myanmar's vaccination rate ranks last within ASEAN despite launching one of its earliest vaccination efforts.

The National League for Democracy (NLD) government commenced vaccination programmes in late January 2021 using the Covishield version of the Oxford/AstraZeneca vaccine manufactured by the Serum Institute of India.²³ The government established a USD 250 million COVID-19 fund and launched a public appeal that saw good initial response.²⁴

The military takeover disrupted the vaccination programme. Health staff walked out of hospitals and COVID centres to spearhead peaceful protests against the coup as part of the Civil Disobedience Movement (CDM).²⁵ Vaccinations resumed in March 2021 but were hampered by the political crisis and India's vaccine export ban. The COVAX Facility did not initially deliver vaccines due to concerns over lack of transparency and cold chain integrity, though vaccines began arriving in late 2021.²⁶ The SAC trained remaining auxiliary health staff, Red Cross volunteers and the military medical services to roll out vaccinations but manpower gaps remained for months. The overall vaccination effort was hostage to the highly polarised political landscape.²⁷

However, the Third Wave changed attitudes on vaccination and uptake increased. While the SAC Ministry of Health oversaw the country's main COVID-19 vaccination programme, there were also other parallel programmes. Some resorted to the private sector. Ethnic and non-governmental organisations operating in areas controlled by various ethnic armed organisations (EAO) implemented their own vaccination programmes relying on vaccines donated mainly from China. The NUG established a COVID-19 Task Force to coordinate vaccination delivery in areas controlled by sympathetic EAOs and access COVAX Facility vaccines. This effort has not yet materialised as of writing.

After the initial Covishield deliveries were used-up, the SAC bought Sinopharm and Sinovax vaccines from China and Sputnik vaccines from Russia. Up to end-June 2022, China has delivered 54.34 million doses of Sinopharm and Sinovac vaccines, including 21.9 million donated doses. India has delivered 21.2 million doses of Covishield and Covaxin, of which 17.5 million were bought and 3.7 million donated. In March, 2022 Myanmar received 2.2 million doses of CoronaVac (Sinovac) COVID-19 vaccines through the COVAX Facility. The SAC announced plans to purchase 7 million Sputnik V vaccines in June 2021 and domestic production plans. In May 2022, Myanmar started using Myancopharm, a domestically produced, licensed version of the Sinopharm vaccine, with over 1 million doses delivered at the time of writing. What is a supplied to the sinopharm vaccine, with over 1 million doses delivered at the time of writing.

Response Measures

This segment will cover five components of Myanmar's response measures to COVID-19. Other measures were also deployed by both the NLD and SAC administrations and thus this list is not exhaustive.

- 1. Stay-at-Home Orders
- 2. Community-based facility quarantine
- 3. Cash and non-cash transfers
- 4. Civil society, community and private sector responses
- 5. Economic Responses

1. Stay-at-Home Orders

During the first three COVID-19 waves, authorities implemented SAHOs to mitigate transmissions. SAHOs were effective during the First and Second waves but fatigue and broader political currents started to sap implementation by late-2020; mostly existed on paper during the Third Wave; and abandoned by the Fourth. The 'SAHO' term was used to mitigate public panic and pre-empt misinformation.³⁵ SAHOs were placed on townships with active community transmissions, with a focus on urban townships and transit hubs, and also to keep Naypyitaw COVID-free.³⁶ Implementation was at two levels. At the township level, government offices and essential businesses remained open with lower capacity while food outlets only sold takeout.³⁷ Travel within the township was partially restricted, with residents requiring permits or recommendation letters from ward or village administrators to cross township boundaries. The General Administration Department (GAD) performed mobile checks while health posts were erected along main roads to screen and inspect travellers in rural townships and at state/region borders.

Beneath the township level, SAHOs were more stringent for streets or buildings with reported cases. The specific location will be cordoned off, cases sent to health facilities and contacts subject to mandatory facility quarantine. Red cross or community volunteers manned checkpoints overseeing the localised lockdown and coordinated delivery of food and essential supplies.

During the First Wave, a village in Chin State where the country's first case was confirmed alongside 10 townships in Yangon were placed under SAHOs.³⁸ During the Second and Third Waves, 75 and 119 townships were under SAHOs respectively.³⁹

This two-tier system allowed a targeted approach sparing most residents from stringent procedures and allowed nimble use of sparse resources. SAHOs were complemented by measures such as curfews, school closures and travel restrictions. All international commercial flights were halted for two years (March 2020 to April 2022) except for government relief and special cargo flights while domestic flights were suspended during the first three waves. The government also implemented health guidelines for all factories in mid-April 2020, with factories allowed to reopen only after inspection and certification by local health and labour authorities.⁴⁰

2. Community-based Facility Quarantine

During the First and Second waves, the government actively used quarantine to support its zero-Covid footing. At Returnees, persons under investigation (PUIs) and contacts of confirmed cases were subjected to mandatory quarantine for 2-3 weeks. The approach initially relied on existing quarantine facilities but was quickly overwhelmed even before any case was confirmed. By late March 2020, the government began implementing community-based facility quarantines across the country to enable each township or district to organise quarantine efforts locally.

Government buildings such as stadiums, military camps, public housing complexes, schools and community centres, as well as community buildings and religious institutions were mobilised as quarantine centres.⁴³ The government reported having capacity to quarantine 100,000 people at any given time.⁴⁴ Hotel quarantine was also available but pricey, leaving most to choose community facilities. Around 200,000 persons were quarantined in different facilities between mid-August and end-October 2020 based on MOHS figures.

Civilian quarantine facilities were mostly manned by civil society volunteers organised under the National Volunteer Steering Unit (NVSU) chaired by the State Counsellor. In some border states and transit states, the government established larger facilities to process and quarantine returning cross-border migrants.⁴⁵ As the number of returnees dramatically increased, returnees were sent to domicile townships for localised community-based facility quarantines.

Civil society and local communities contributed food, material and manpower to facilities in their vicinity, as government resources became overstretched.⁴⁶ In the coup's aftermath, most quarantine facilities became in-operational due to factors such as a lack of staff and civil society organisations refusing to work with the SAC. Military facilities and hotels continued to function as quarantine centres but health enforcement became weak in the latter, with stories of PUIs paying to evade or leave earlier.

3. Cash and non-cash transfers

The civilian government initiated cash and non-cash transfers to soften the impacts of SAHOs and broader economic constrictions. These responses were organised under the COVID-19 Economic Relief Plan (CERP) that coordinated overall economic response during 2020.

Table 2. List of cash and non-cash transfers implemented in 2020

No.	Date	Support given	Amount per household	Criteria	Target households	Estimated cost
1	April 2020	Essential food stuffs (non-cash)	MMK 15,000	Households with irregular income	Over 4 million	MMK 50B
2	May-June 2020	Cash for essential foodstuffs	MMK 15,000	Households left over from 1st round	1.4 million	MMK 21.1B
3	July 2020	Cash transfer	MMK 40,000	Low-income	5.4 million	MMK 218.1B
4	September 2020	Cash transfer	MMK 20,000	Low-income	5.6 million	MMK 113.5B

The government provided essential foodstuffs consisting of rice, cooking oil, salt, dried beans and onions to households with no regular income in April 2020, valued at around MMK 50 billion (USD 36 million).⁴⁷ This was followed by four rounds of cash handouts, with around MMK 20,000 to 40,000 per recipient household during each round. In October 2020, the government announced plans to provide MMK 1,000 per person per day for 14 days to low income families in the 72 townships placed under SAHO during the Second Wave.⁴⁸ All these transfers amounted to a final price tag of around MMK 568.64 billion (USD 433 million) that included cash and in-kind disbursements at individual state/region levels.⁴⁹ These transfers relied on the regional governments and the GAD's township, ward and village administrators to identify and compile the lists of eligible recipients as well as to hand out the cash and non-cash items.

On 6 April 2020, the government announced that the first 150 units of electricity for each household will not be charged, translating to around MMK 12,000 in relief per household for April 2020.⁵⁰ This measure was meant to encourage families to comply with SAHOs, and was subsequently implemented every month onwards. Many residents rallied with the initiative and posted on social media about donating the saved sum back to the government to aid the overall COVID-19 response effort.⁵¹ This measure has continued monthly and remains in place as of July 2022.

A number of government and external donor efforts supplemented the government's cash and non-cash transfers. The government extended MMK 59.5 billion in loans to 44 microfinance institutions at 2 percent interest rates, with small businesses eligible. ⁵² It also coordinated with the private sector to stabilise the price of essential foodstuffs. The Social Security Board (SSB) under the Ministry of Labour, Immigration and Population (Ministry of Labour after 2020) paid enrolled workers 40 percent of their wages as financial assistance during SAHO periods and COVID compliance inspections, delayed contribution requirements, and also announced plans to pay MMK 30,000 to uninsured workers. ⁵³

In September 2020, the government announced a scheme where the over one million permanent government employees were eligible for an interest-free loan of a sum twice their monthly salary.⁵⁴ The Monsoon crops loan scheme was modified to allow farmers to borrow MMK 150,000 per acre of rice and MMK 50,000 per acre of other crops for the monsoon farming seasons at a reduced interest rate (from 8 to 5 percent). This amounted to around MMK 1,470 billion (~ USD 1.1 billion) for 2020.⁵⁵

In April 2020, the European Union established its "Myan Ku" fund for garment workers and their families affected by the economic impacts of the pandemic.⁵⁶ In mid-May 2020, the government's Social Welfare Department announced a collaboration with the Livelihoods and Food Security Fund, an international donor fund operating in Yangon, of a one-time MMK 30,000 (~USD 22.25) cash payment to around 440,000 women and the elderly in five vulnerable states.⁵⁷

After the coup, the SAC has been unable to continue both cash and non-cash transfers due to a severe contraction of fiscal space, the political crisis and insecurity, among other challenges.⁵⁸ It however coordinated with the private sector to have essential foodstuffs like rice, beans, cooking oil and onions sold "at an affordable price" in areas with higher poverty rates, such as peri-urban areas of Yangon and Mandalay.

4. Civil Society, Community and Private Sector Responses

Under earlier periods of military rule, a strong culture of civic collaboration and communal solidarity in the face of shared adversity emerged in Myanmar in the context of an underperforming state. The role and space of civil society, community and private sector involvement in responding to major crises grew following Cyclone Nargis in 2008, and more so after 2010.

Civil society organisations, local communities and businesses helped fill critical gaps both before and after the coup to address issues such as manning health checkpoints in SAHO townships, operating quarantine centres, donating and operating COVID treatment centres, and rolling out vaccination.

The coup, the subsequent political crisis and the SAC's responses threw the entire architecture into disarray. Measures against striking CDM medical staff eroded trust and willingness for coordination and cooperation with the military government, seen as further exacerbating the deadly impact of the Delta variant-driven Third Wave.⁵⁹ Many volunteers and organisations continued to operate but under increasingly challenging conditions. Despite the insecurity and multiple crises, civil society, communities and the private sector rallied once again to respond to COVID-19.

Civil Society

Civil society has been key contributors in three aspects: manpower; ambulances; and distributing relief aid. In June 2020, the then-minister of social welfare said there were over 45,000 volunteers manning quarantine centres.⁶⁰ Yangon region reported at least 15,000 volunteers in emergency response.⁶¹ While they provided much needed buttressing of the public health workforce, the volunteers came under increasing strain as time went on.

Community ambulances and using repurposed vans are a common sight across Myanmar. In 2018, Yangon was reported to have at least 140 charities operating ambulances. These community ambulances were essential to ferry patients to treatment centres, and shuttling PUIs and contacts to quarantine facilities. Civil society organisations were involved in delivering meals to COVID centres, quarantine facilities and locations locked down under SAHOs. They also organised charity drives and distributed dry goods and cash aid to low-income families independent from the government's transfers. Some volunteers were also involved in providing critical care.

As the Third Wave bore down, the SAC appealed to civil society to join the response but drew weak responses. These groups nonetheless became *de facto* front-liners during the Third Wave. Community ambulances and rescue crews were often the only source of oxygen and lifesaving treatment, and also to take away the deceased.

Community

Local communities at times took matters into their own hands out of either fear or lack of state support. During the First and Second Waves, certain neighbourhoods in major cities erected barricades to prevent outsiders from entering, based on the view of COVID-19 as an "imported" or externalised disease. Others saw SAHOs as too weak and sought collective action to create more stringent *cordons sanitaires*.⁶⁴

Rural villages also made returnees and visitors quarantine in community facilities such as the village monastery or school, before entering the village. During these stays, the community provided meals and other materials. Independent of civil society, communities and individuals mobilised their own local charity and relief efforts, including promises from grocery stores to not raise prices during panic buying episodes.⁶⁵

Communities along the border also mobilised to receive their members and kin returning from overseas, such as overseeing community quarantines and processing the returnees.⁶⁶ During the Third Wave after the coup, community response at times proved the only measure available.

Private Sector

The business sector became a major response pillar, mobilising resources to buttress government efforts. When Myanmar's first dedicated COVID treatment centre was established, private hospitals contributed manpower and equipment, supplementing MOHS and DMS.⁶⁷

Notably, one of the largest pharmacy firms, AA Pharmacy, procured and donated diagnostic equipment in April 2020 that formed the basis of the country's testing capacity for the first few months. Myanmar's largest private bank KBZ was a consistent donor to different response measures. See Its subsidiaries, including two international and domestic airlines, were mobilised to airlift emergency medical commodities into the country as well as to regional cities. AYA Bank's Ayeyarwaddy Foundation established 500-bedded field hospitals in Yangon and Mandalay that helped relieve the burden of government hospitals. Other businesses also contributed their facilities for similar use, such as the Inya Conference Centre. Private banks, construction companies, medical importers and private hospitals pooled resources for these endeavours as well.

The Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI), the country's largest private sector body, was involved both before and after the coup in working to stabilise the cost and availability of basic foodstuffs.⁷² The body also oversaw the first post-coup vaccination programme on behalf of MOHS, while the Myanmar Chinese Chamber of Commerce (MCCOC) launched its own vaccination programme in August 2021.⁷³

5. Economic Responses

The NLD government unveiled its COVID-19 Economic Relief Plan (CERP) on 27 April 2020 to coordinate and guide the country's economic responses.⁷⁴ The CERP has seven key goals, some of which included clear and concrete action points, while certain aspects were critiqued as being vague.

Table 3. Components of the COVID-19 Economic Relief Plan (CERP) Adapted from: Overcoming as One: COVID-19 Economic Relief Plan, Government of Myanmar, 2020.

	Goals	Key Activities		
1.	Improve macroeconomic environment through monetary stimulus	Lower interest rates; low minimum reserve requirements on banks; reduce treasury bond/bill auctions		
2.	Ease impact on the private sector through improvements to investment, trade and banking sectors	Low-interest loans; credit guarantees; tax/fee deferrals, waivers and credits; loan restructuring; expediting investment approval; trade financing and facilitation.		
3.	Ease impact on labourers and workers	Extend labour benefits		
4.	Ease impact on households	Tariff exemptions; cash and in-kind transfers.		
5.	Promote innovative products and platforms	Promote mobile financial payments and e-commerce.		
6.	Health system strengthening	Improve quarantine facilities; import medical commodities; upgrade facilities.		
7.	Increase access to COVID-19 response financing	Budget reallocation; increase access to development financing.		

Under the CERP, the government created a MMK 100 billion (around USD 71 million, 0.1 percent of GDP) pool for low-interest (1 percent interest) 1-year soft loans to businesses. The pool was later increased to MMK 200-500 billion (USD 140-350 million) after criticism for being too small, with the government later saying it was prepared to use up to 5 percent of GDP in stimulus spending.

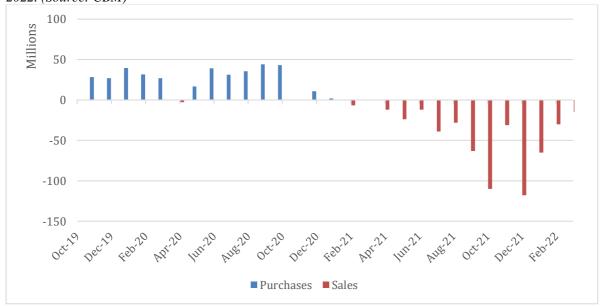
COVID loans were offered in sectoral cohorts such as tourism, garments and agriculture. The first round went to 3,393 businesses; the second round to 3,276; and the post-coup third round up to 998 up to end-June 2022. In October 2020, while the government unveiled the long-term Myanmar Economic Recovery and Resilience Plan (MERRP), it was reported that the government had spent more than MMK 4 trillion or 3.4 percent of the GDP, under the CERP.⁷⁵

The Central Bank of Myanmar (CBM) intervened in two aspects: lowering interest rates and purchasing US dollars to maintain the currency. The Myanmar Kyat became Asia's 'best performing' currency in 2020, gaining 11% against the dollar. The CBM bought around USD 321 million in FY2019-2020 to stabilise the exchange rate to support exports such as garments and agriculture. The bank also cut interest rates by 3 percent, with bank deposit rates reduced to 5 percent, collateralized loans to 10 percent and unsecured loans to 14.5%.

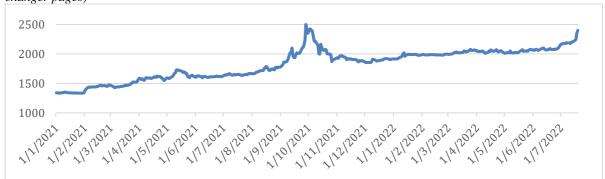
After the coup, the SAC has not been as successful as the NLD government on its COVID-19 economic relief activities due to a severe tightening of fiscal space, broader political challenges and economic malaise, among other issues. Some of the economic response activities have resumed by late-2021, with the resumption of new CERP loans. It unveiled a Myanmar Economic Recovery Plan (MERP) but not much detailed information has been made available to date. 78

Between February 2021 and March 2022, the CBM sold USD 553.8 million to maintain the Kyat, which nonetheless lost around 50% of its value between February 2021 and June 2022, going from around MMK 1350 to MMK 2100 to the dollar. In April 2022, the CBM imposed a fixed exchange rate of MMK 1850 to the dollar. Despite the SAC reporting trade surpluses due to severe import restrictions, the currency's black-market value has dipped. Even since before the coup, private sector sources have attributed speculation as a major source of currency fluctuations, and now further exacerbated due to political and economic strife.

Graph 1: US Dollar purchases and sales by the Central Bank of Myanmar from October 2019 to March 2022. (Source: CBM)



Graph 2: Reported USD to MMK black market rate since the military takeover (Sources: news outlets and money changer pages)



Coordination Efforts

Both before and after the coup, the overall policy coordination was very centralised and top-down. In 2020, the civilian government at the Union level took the lead with state and region

ministers involved. Due to Myanmar's political landscape as well as in the context of the 2020 general elections, the NLD government brought the military on board but with limited involvement and visibility, as it drew criticism with concerns that it might help that institution generate political capital.

Responses were managed at three levels. At the national level, an inter-ministerial committee ultimately chaired by State Counsellor Daw Aung San Suu Kyi coordinated national responses while a civil-military committee chaired by Vice President 1 U Myint Swe was responsible for overseeing quarantine efforts. These two committees were emulated at the state and regional as well as township-level with their corresponding administrative heads, such as chief ministers or GAD township administrators. These structures stopped operating after the coup.

The government established a number of coordinating committees:

Table 4. Committees formed in 2020

No.	Name	Date established	Details
1.	Central Committee on Prevention, Control and Treatment of the 2019 Novel Coronavirus ⁷⁹	30/01/2020	 Co-chaired by Ministers of International Cooperation and Health & Sports (MOHS) Duties: inter-ministerial and inter-administrative level coordination; screening and tracking international arrivals and suspected cases; health education and public service announcements; overseeing health, quarantine and response activities in ports of entry; coordinating the procurement of medical commodities; and arranging the repatriation of stranded citizens in Wuhan, China.
2.	National-Level Central Committee on the Prevention, Control and Treatment of Coronavirus Disease 2019 (COVID-19) 80	13/3/2020	 Chaired by State Counsellor Ministers for International Cooperation and Health & Sports as joint secretaries 15 union ministers, and social welfare ministers from each state/region Upgrading and expanding of "Central Committee on Prevention, Control and Treatment of the 2019 Novel Coronavirus" Duties: oversee COVID-19 control and response; oversee ports of entry and quarantine; procurement of medical commodities; coordinate with foreign embassies; and issue notifications as necessary

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3.	Working Committee to Address the Impact of COVID-19 on the Country's Economy ⁸¹		 Chaired by Minister of Investment and Foreign Economy Relations Contains Ministries of Planning, Finance and Industry; Commerce; Labour; the Central Bank; and Hotels and Tourism
			Duties:
			 Address negative impacts of COVID-19 on the economy. Drafting, implementing and coordinating the COVID-19 Economic Relief Plan (CERP)
4.	Coronavirus Disease 2019 (COVID-19) Control and Emergency Response Committee ⁸²	31/3/2020	 Chaired by Vice President 1 Civil-military committee Involves all 3 military-controlled ministries Duties:
			oversee COVID-19 quarantine efforts
5.	National Volunteer Steering Unit (NVSU) ⁸³	25/4/2020	 Chaired by State Counsellor Includes Minister of Social Welfare, Relief and Resettlement; the Union Government Ministry; state/region chief ministers; permanent secretary of MOHS
			Duties:
			 Organise and coordinate civil society and community volunteers Monitor the needs of quarantine centres Oversee welfare of volunteers Arrange food, transportation and safety equipment of volunteers
6.	Committee to Coordinate National COVID-19 Response with Ethnic Armed Groups ⁸⁴	27 April 2020	Chaired by Senior NLD official from the National Reconciliation and Peace Centre Duties:
			 Share information on COVID-19 prevention and response Coordinate and collaborate on processing returning cross-border migrants Organising medical treatment Liaise and coordinate between ethnic armed groups and state/region governments

The COVID-19 Control and Emergency Response Committee was replicated at the state/region level through coordination committees led by the Ministry of Social Welfare. Under these state

committees, township-level emergency response committees monitored potential COVID-19 cases, managed quarantine facilities and food distribution, organised volunteers, supported public communication and oversaw SAHO measures. Therefore, the level of coordination between civil society organisations and the township committees depended vastly on the township administrators and their willingness to coordinate. As an example, in comparison to Mandalay and Sagaing, there was better coordination between township administrators and CSOs in Taunggyi township where volunteers were assigned to accompany ward administrators during food distributions to ensure transparency and enhance trust amongst stakeholders. The support of the coordinate of the support of the coordinate of the coordi

As EAOs mainly had presence around the Thai and Chinese borders, their involvement was essential in ensuring that workers returning were effectively quarantined and that the centres had enough support.⁸⁷ Township coordination depended on the capacity of the respective GAD office. Townships with capable administrators were able to mount effective coordination and consultative mechanisms with local residents and organisations. Townships such as Taunggyi and Kalaw were noted to have effective prevention and mitigation measures through inclusive coordination processes that served as catalytic models for the broader COVID response.

After the coup, the military assumed the central role of overall coordination both for COVID-19 and overall governance. The main National Committee and the economic response committees (#2 and #3 in Table 4) continued operations, albeit reformed with SAC members and their appointed officials. While no formal declaration was made, it is almost certain that the other committees have been scrapped. The military assumed a more visible role in the coordination and response landscapes, with increasing militarisation of the structure due to the government's nature as well as the deteriorating security situation.

Amid the evolving political and security situations, ethnic Armed Organisations (EAOs) and their health wings assumed a more active role in the overall public health response in their territories. This came in the context of the national public health system collapsing as healthcare workers went on strike as part of the CDM. Meanwhile, civil society and community involvement in coordination efforts have withered away. However, they nonetheless continue, if not have increased, response activities serving communities now facing multiple crises.

Analysis

SAHOs were initially stringent and communities, fuelled by fear, were also compliant to the point of over-responding. But time dragged on, implementation laxed and petered out due to fatigue. There was also the issue of 'compliance facades' where officials and community members portrayed compliance during checks. There were also allegations of different rules being applied to different communities during SAHOs.⁸⁸

SAHOs were mostly on paper after the coup. MOHS faced severe human resource shortages while The GAD was transferred back under direct military control, with ward and village administrators quitting or being targeted for assassination by resistance groups. The political crisis served to undermine SAHO oversight, but also saw many residents staying home due to insecurity, and also fear of COVID-19 during the Third Wave.

Fearing quarantine, some travellers bypassed COVID checkpoints. Notably, at the onset of the Second Wave, thousands of domestic flight passengers from Rakhine State failed to report in with health authorities scrambling to contact trace. So Similarly, the GAD warned that travellers were using backroads to travel into Naypyitaw and bypassing checkpoints. The interstate/region health checkpoints were also lax, such as only checking the temperature of a vehicle's driver and not the passengers.

The Community-based facility quarantine approach had mixed results. On one hand, it complemented SAHOs to dampen the spread of COVID-19 to a degree. It aggressively quarantined people using broad criteria, such as all family members, people sharing office space, and contacts. However, the mandatory and facility-based nature also puts fear as much as COVID-19 itself. The fear or dislike of being subjected to two weeks of quarantine led to under-reporting of suspected cases and avoiding medical treatment until symptoms worsened.

The cash assistance programme saw delays and allegations of favouritism and political opportunism at the implementation level. The dispensation depended on the individual capacity and discretion of the ward and village administrators, with allegations that well-to-do households also received the monies.⁹⁰

The CERP remains a key policy document guiding economic response. When it was unveiled, there was mixed reaction, for its small fiscal envelope and the need for clarity. ⁹¹ The business community saw the effort as being 'weak', as the package initially represented around 0.1 percent of Myanmar's GDP. ⁹² While Myanmar remains a Least Developed Country, it has built up some fiscal reserves for a more robust response. Civil society and policy commentators pointed out that the document lacked details on prioritisation of measures and logical framework, making it harder for stakeholders to coordinate. ⁹³

The cash and non-cash transfers faced implementation challenges, such as recipients not getting the full amount, disbursements to well-to-do families instead of those more in need, and competency issues as well as accusations of favouritism of the village and ward administrators. The cash transfers and loans also became politicised in the run-up to the election and more so after the coup. The NUG declared loan repayments being indefinitely suspended. The SAC faced challenges when farmers initially boycotted repaying both interest and capital. It later increased the amount to MMK 150,000 (~ USD 70) per acre of rice in 2022, subject to farmers repaying earlier loans.

Civil society involvement served as a multiplier for the government's response, such as overseeing localised lockdowns, transporting patients, manning quarantine and testing facilities, and providing essential services such as food distribution and psycho-social support during the SAHOs. Businesses' poor adherence to regulatory frameworks and small loan packages limited the impact.

Access to Data

Reliable data has always been relatively scarce in Myanmar and is now exacerbated by the political crisis. Newly available information, analyses and commentary are also influenced by the political developments since the military takeover. Various organisations are still collecting data and information but now operate in a vastly different setting. Evaluation of Myanmar's COVID-19 response strategies is confounded by the military takeover and subsequent political

and economic crises making it difficult to disentangle the impact of COVID-19 from that of the coup as data collection, media coverage and academic analysis decreased mostly refocusing on the political situation. It was recognised that data and policy documents were more publicly available under the NLD government than the SAC.

Coordination

Contexts of Myanmar's COVID-19 Responses

The NLD government had to balance between leveraging the military's institutional strength and resources, against using soldiers to enforce curfews and lockdowns. ⁹⁷ Looming in the background was the 2020 general elections which exacerbated political tensions. ⁹⁸ The GAD was also only recently transferred under civilian control and was being reformed. ⁹⁹ These factors led to the NLD administration relying on the GAD to serve as the main coordinating and implementing body supported by other civilian controlled ministries such as the Ministry of Social Welfare, Relief and Resettlement (MoSWRR) and civil society.

The NLD administration had a big advantage in State Counsellor Daw Aung San Suu Kyi's popular appeal, with her assuming a central, visible role in the response as well as assuring and appealing to the public. ¹⁰⁰ Despite various hurdles, her efforts generated a huge reservoir of public trust in government responses and catalysed civil society and community participation. The coup and subsequent political turmoil gutted the public health system, coordination platforms collapsed and trust evaporated, severely undermining Myanmar's COVID-19 response.

Broad acceptance that the country's poor health system, still under-resourced despite recent funding hikes, could not tackle COVID-19 head-on helped justify the need for a zero-Covid approach. This increased the public's acceptance of SAHOs and mandatory quarantines. And in non-state controlled areas, parallel health systems run by EHOs provided well-established, community-based health networks that filled in the critical gaps both before and after the coup. This was especially visible in rolling out vaccination drives, as well as responding to escalating local community needs after 2020, such as those affected by increased conflict and mass displacements.

After the coup, many of the response and coordination mechanisms developed and fine-tuned through 2020 collapsing almost overnight. Civil society space shrank dramatically, with those who helped run quarantine centres and emergency ambulance services caught in the spiralling crisis. The political turmoil particularly affected the GAD, which had been the forefront of government monitoring and response mechanisms in 2020. The SAC reassigned it back under direct military control. Meanwhile, ward and village administrators either resigned, their replacements rejected by communities, or were assassinated by anti-SAC resistance groups. Trust also evaporated and COVID-19 disappeared from the public's attention after the coup until it resurfaced with a vengeance as the Third Wave. The violence against protesters and striking medical staff further inflamed defiance and public anger, which undermined the public health system that had been hollowed out by the CDM.

Effects of the Coup

On 1 February 2021, the Myanmar military seized power and ordered a year-long state of emergency after alleging the November 2020 general elections as fraudulent. A Civil Disobedience Movement emerged to resist the takeover, and protesters took to the streets across cities, towns and villages. There has been marked deterioration in media freedoms and personal liberties as the SAC moved to suppress the protests with force and arbitrary detentions. The Committee Representing the Pyidaunsu Hluttaw (CRPH) emerged to coordinate anti-SAC activities, which later inaugurated the parallel National Unity Government (NUG) in mid-April 2021. The NUG has become the main broad front opposing the military government. 103

Spiralling internal conflict

Months following the coup, "People's Defence Forces" (PDF) militia have emerged across the country to take up arms against the SAC through assassinations, bombings and raids on checkpoints. Some of the major ethnic armed organisations have sheltered fleeing politicians and civilians, and have also collaborated with the PDFs to attack military forces. By August 2021, three quarters of Myanmar's 330 townships have reported violent incidents. Of the PDF units have declared allegiance to the NUG, while others continue to operate independently.

In September 2021, the NUG announced a "defensive resistance war" against the SAC that saw an escalation in conflict incidents in both rural and urban areas across Myanmar. Myanmar is also facing a worsening humanitarian situation: the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) reported 0.76 million people have been displaced due to conflict between February 2021 and end-June 2022; while the Armed Conflict Location & Event Data project has around over 22,150 deaths, including 14,000 conflict deaths, during the same period. Meanwhile, a monitoring group has said that over 2,000 civilians have been killed by security forces, 106 and it is estimated that thousands have also died in assassinations and attacks by resistance groups. To date, mediation efforts by the Association of Southeast Asian Nations (ASEAN) have so far failed to deliver any result, with observers blaming the SAC's actions. The SAC has declared the CRPH and NUG as "terrorist groups" while the two have applied the same label back to the SAC in return.

Economic Impact of COVID-19

Despite the economic progress over the past nine years after the political reform in 2011, minimum wages in Myanmar remain low at just 4,800 kyats a day (equivalent to approximately USD 2.59). Workers typically lack insurance or savings to help them weather tough times. Over the course of nine months from January to September 2020, over 230 factories announced closures and reduced their workforces in the wake of the first stay at home orders. 150,000 social security board insured workers were laid off as early as May 2020. The figures are only the tip of the iceberg as 81.5 percent of Myanmar's labour force work in the informal sector, and official reports may not reflect the actual impact of the lockdowns on casual or informal employees. 108

The economy further deteriorated as lockdowns, travel restrictions and closure of border trade prolonged. The poor and vulnerable are reported to be swamped in loans from informal lenders,

having to pay up to 10 percent a month in interest.¹⁰⁹ Although households reporting zero income declined from 16 percent in April to 11-13 percent in July and August 2020, this number surged to 35 percent in September after the second wave of COVID-19 infections and travel restrictions. Although the economy appeared to be on the road to recovery, prolonged uncertainty and lockdown measures globally impacted many businesses relying on exports to close down permanently. Urban residents were disproportionately impacted compared to their rural counterparts. Compared to August, in Yangon, those eating less food in October increased by 7 percent and those skipping meals increased from 4 to 10 percent.¹¹⁰ Nevertheless, for rural households, travel restrictions resulted in a sudden drop in demand for export crops such as corn, watermelon, betel nut, tea and rubber, and transportation challenges meant that there were fewer buyers and too many sellers, pushing prices of paddy and other agricultural produce down as well. Farmers experienced cash flow related problems, impacting cropping decisions for the next farming season.¹¹¹ Rural households are also heavily reliant on remittances which plunged globally.

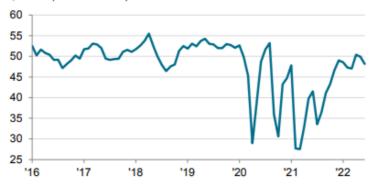
In December, some positive signs of recovery were observed. Businesses began opening again, with only 13 percent reporting closures compared to 19 percent in October. The number of firms reporting reduced sales fell from 96 percent in October to 89 percent in December. Despite the challenges, some service industries being able to weather through lockdowns by taking the businesses online, of several start-up firms emerged to provide door to door delivery services, and agricultural sector remained resilient due to favourable weather conditions. The economy thus grew by 1.7 percent in the 2019-2020 fiscal year. In 2020, Myanmar also managed to achieve its foreign invest target by 98% despite the pandemic and signed memorandum of understanding (MoU) with the European Chamber of Commerce to attract more investments from the European Union through forums and summits to attract European investments. Myanmar also joined Regional Comprehensive Economic Partnership (RCEP) trade agreement, a free trade zone where countries are encouraged to remove tariffs to promote trade. With many such progresses, Myanmar's economy which is less reliant on exports compared to their ASEAN counterparts was expected to bounce back much sooner.

The coup d'état in February, followed by the Third Wave of COVID-19, shattered expectations. Several foreign investors pulled out of the country due to further uncertainties, banking crisis and ethical issues. Unemployment further escalated. With such circumstances, recovery was almost unimaginable, at least in the short-run. From positive growth predictions, the World Bank went on to predict that the country's economy is most likely to contract by 18 percent in FY2021. Job losses became more severe (4 percent increase between May 2021 and December 2021) and the currency depreciated by around 85 percent by September 2021 when it reached around MMK 2,500-2,700 to the US dollar, before stabilising at around MMK 1,850 (official Central Bank of Myanmar rate) to MMK 2,100 (commercial / outside rate) by June 2022.

Graph 3: Myanmar manufacturing PMI (S&P Global)

S&P Global Myanmar Manufacturing PMI

sa, >50 = improvement since previous month

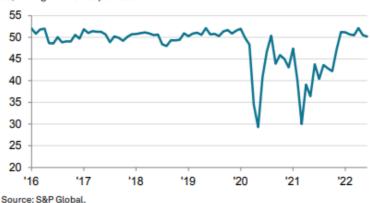


Source: S&P Global.

Data were collected 13-22 June 2022.

PMI Employment Index

sa, >50 = growth since previous month



Seventeen months after the coup, the economy nonetheless appears to be on a gradual path towards some recovery. With new orders gradually coming back in, employment has picked up again for the first time in 20 months. Blackouts and the high price of diesel continue to place constraints while border closures still contribute to supply chain related challenges, slowing recovery in the manufacturing sector. The economy could further reap benefits once China and Thailand re-open their border, allowing flow of inflow of inputs and outflow of agricultural products.

Analysis of a singular, linear impact of COVID-19 on Myanmar's economy is difficult due to the February 2021 coup as a major confounding variable. A partially clearer picture can be garnered by disaggregating Myanmar's COVID-19 experience into a 'pre-coup' phase corresponding roughly to 2020 and a 'post-coup' phase since 1 February 2021. Even then, the 2020 General Election and broader political-economic-security crises once again act as confounding factors onto the economic impact as well as policy, technical and fiscal space for government responses during the pre and post-coup periods respectively.

The impact of the political crisis on data collection and analysis, as well as the domination of coverage and commentary on the post-coup political conflict also create significant gaps in

knowledge on the economic dimensions of COVID-19. The deteriorating media landscape and a highly charged social media atmosphere also contributes to this dearth. And finally, the impact of rumours, currency speculation and disinformation – a long standing toxic cocktail – have been exacerbated by the coup and inject broader uncertainties into the overall economic situation.

Pre-coup: According to the analysis by International Food Policy Research Institute, a major short-term economic contraction as a result of the two-week lockdown in April resulted in a 41 percent decline in GDP along with similar declines in most non-agricultural sectors in comparison to the same period without a pandemic. This is not surprising, as Myanmar's economy is deeply integrated into a complex supply network both domestically and internationally, and policies affecting certain industries have ripple effects on other sectors through supply and demand linkages. In addition, approximately 4 million Myanmar migrants who work abroad, lost their income due to the lockdowns in neighbouring countries, are expected to impose ongoing significant burdens on low-income households that receive remittances.¹¹⁶

Post-coup: Due to widespread strikes, consumer boycotts, protests and COVID-19, many of Myanmar's major banks, such as KBZ, AYA and CB, were forced to temporarily close many branches due to staff shortages.¹¹⁷ The reduced number of branches in operation impacted service provision resulting in delayed cash transfers with concerns around cash availability. Myanmar's banking sector had always been vulnerable due to non-performing loans and the lack of trust still lingering since the 2003 banking crisis.

The Central Bank of Myanmar (CBM) imposed capital controls, requiring international and domestic non-governmental organisations to report all financial transactions involving international organisations or individuals from abroad. Since banks were forced to reopen in April-May 2021, each imposed their own withdrawal limits, often less than CBM-mandated limits. Customers had to wait in line to withdraw the maximum amounts, between MMK 200,000 (USD 120) and 500,000 (USD 300) per day or MMK 2 million (USD 1,200) per week, depending on the bank. In April 2022, the SAC introduced a fixed exchange rate of USD 1 to MMK 1850, with inbound foreign currency transactions required to be converted at that rate. This was partly to conserve depleted foreign reserves and to cushion the impact of a global rise in fuel prices due to the Russian invasion of Ukraine. After backlash from the private sector, the regulations have been relaxed slightly, with foreign companies, investments in special economic zones and logistics operators given exemptions.

The CBM contributed to the cash shortage by limiting banks' access to physical cash, likely in an attempt to control inflation and depreciation. In early May, CBM attempted to encourage deposits in the banks by introducing 'special accounts' with unlimited withdrawal, provided that deposits were "new" money. Since May 2022, banks have reported an uptick in the adoption of these special accounts, partly as people became fearful of violent crime. Cash withdrawals also became more relaxed, with higher limits or no more advance bookings required. By June 2022, the banking sector's situation remains tenuous but appears to have improved compared to 2021.

Conclusion

Myanmar's response to COVID-19 was off to a promising start but was severely affected by events of 2021. During 2020, the country was able to wade through different challenges leveraging the collective resources of the state, civil society and the private sector and mounted decent responses. The measures, such as stay-at-home orders, community-based facility quarantines and the active involvement of civil society, had their various setbacks but were nonetheless effective to a degree during the First and Second waves. Coordination was centralised but there was some effort to consult different stakeholders.

Myanmar was one of the few countries reported to post growth during 2020, but the economy took a significant hit after the military takeover, with estimates of it contracting by nearly a fifth in 2021. While there has been signs of relative economic stabilisation in 2022, both domestic and international factors mean that recovery remains uncertain.

Since the coup, the response efforts and coordination structures underwent massive shocks as the country convulsed from different crises. The Third Wave became Myanmar's deadliest due to a confluence of factors, including the nature of the Delta variant, the collapse of the health system, the political turmoil and violence, weak management and decline of trust and coordination between the stakeholders. The trauma of the Third Wave has propelled vaccine uptake through both public and private means and vaccination coverage is increasing, though Myanmar lags behind her neighbours.

The pandemic finally appears in the rear-view mirror for the world, but Myanmar remains perilously adrift amid a multi-faceted, multi-causal tempest unseen in the country's recent history. Within the context of a highly polarised, traumatic and emotionally charged environment, which the communities have to navigate through, the impact of COVID-19 and assessing the responses remain to be seen.

ACRONYMS

ADB Asian Development Bank

ATM Automated Teller Machine

ASEAN Association of Southeast Asia Nations

AYA Ayeyarwady Bank

CB Co-operative Bank

CBFQ Community-based Facility Quarantine

CBM Central Bank of Myanmar

CERP COVID-19 Economic Relief Plan

CDM Civil Disobedience Movement

COVAX COVID-19 Vaccine Global Access

CRPH Committee Representing the Pyidaungsu Hluttaw

CSO Civil Society Organisation

EAO Ethnic Armed Organisation

GAD General Administration Department

GDP Gross Domestic Product

IMF International Monetary Fund

KBZ Kanbawza Bank

MCCOC Myanmar Chinese Chamber of Commerce

MEERP Myanmar Economic Recovery and Resilience Plan

MERP Myanmar Economic Recovery Plan

MOH Ministry of Health (after 1 August 2021)

MOHS Ministry of Health and Sports (up to 31 July 2021)

MOSWRR Ministry of Social Welfare, Relief and Recovery

MoU Memorandum of Understanding

MMK Myanmar Kyat

NLD National League for Democracy

NUG National Unity Government

NVSU National Volunteer Steering Unit

PCR Polymerase Chain Reaction

PDF People's Defense Force

PUI Persons Under Investigation

RCEP Regional Comprehensive Economic Partnership

SAC State Administration Council

SSB Social Security Board

UMFCCI Union of Myanmar Federation of Chambers of Commerce and Industry

UN United Nations

UNOCHA United Nations Office for the Coordination of Humanitarian Affairs

USD United States Dollar

WHO World Health Organization

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