

PERSPECTIVE

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Vaccines and Vaccinations in Southeast Asia's Fight against Covid-19

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Southeast Asia has made some headway in its collective response towards Covid-19 for prevention and detection, and the next step for the region to take is to progress towards *vaccine independence*. In this picture, vials of the CoronaVac vaccine, developed by China's Sinovac firm, are displayed in Bangkok on February 24, 2021, as the first batch of vaccines to battle the Covid-19 coronavirus arrive in the country. Photo: Lillian SUWANRUMPHA, AFP.

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EXECUTIVE SUMMARY

- Vaccines are now a vital component for all countries to turn the tide in the Covid-19 pandemic.
- Partly due to vaccine nationalism, questions and issues surround the reliable supply of vaccines to Southeast Asia and the eventual normalisation of travel.
- Vaccine diplomacy by growing vaccine powers such as China help address supply gaps in Southeast Asia, but come at the cost of increased dependency.
- Southeast Asian states, through the support of ASEAN, need to enable multilateral recognition of vaccinations to restore travel and to work towards vaccine independence to avoid potential geopolitical vulnerability.

INTRODUCTION

Since the beginning of 2021, there has been a growing sense of hope that some parts of the world may have turned the corner in the fight against the Covid-19 pandemic. Such optimism is largely attributed to the arrival of Covid-19 vaccines playing a pivotal role in reducing infections and deaths. The progress made by vaccines is certainly encouraging but questions remain. Firstly, this pertains to issues of availability, distribution and efficacy regarding the different vaccines purchased and used by various countries.

Secondly, with the expected lowering of infections,¹ there have been discussions on the use of so-called ‘vaccine passports’² in addition to earlier efforts on the use of ‘reciprocal green lines’ or ‘travel bubbles’ between countries. How will they be implemented? Finally, the use of vaccines also appears to herald new developments in geopolitical relations in the wake of what several observers have labelled ‘vaccine diplomacy’.³ Will a corresponding vaccine dependency result in new geopolitical alignments? Examining these questions and issues, we argue for the importance of vaccine independence for countries in Southeast Asia.

WHO GETS WHAT, WHEN AND FROM WHERE?

The first country in Southeast Asia to begin administering Covid-19 vaccines to its citizens and residents was Singapore. The official rollout of the island-state’s vaccination programme began on 30 December 2020,⁴ after the country received an undisclosed number of doses from Pfizer a few days prior. Indonesia followed on 13 January 2021,⁵ initially employing a Chinese vaccine produced by Sinovac Life Sciences based in Beijing. Since then, Southeast Asian countries such as Malaysia, Thailand, Laos, Myanmar, Cambodia, and Vietnam have received delivery of vaccines from a combination of sources in various stages.

By mid-April 2021, therefore, all Southeast Asian countries, have begun nationwide vaccination programmes, with Timor Leste being the final country in the region receiving vaccines.⁶ This bodes well for a recovery process for the region provided the momentum is maintained. A key concern has been the varying levels of access to vaccines among countries. This follows earlier observations from the start of the year, where high-income countries with only 16% of the world’s population had access to 60% of the vaccine doses.⁷ In addition, the Economist Intelligence Unit (EIU) has reported that the rate of vaccinations correlates with relative national wealth,⁸ and that more than 85 poor countries will not have widespread access to coronavirus vaccines before 2023. This same report further predicted that most of Southeast Asia would not achieve widespread coverage in vaccinations till late 2022.

Hence, while there have been deliveries of Pfizer-BioNTech, Moderna and Oxford-AstraZeneca vaccines in recent months to various countries in Southeast Asia, their numbers have not been particularly high compared to the rate at which the same vaccines have been pre-ordered, supplied and distributed in the United States, the United Kingdom, and the European Union. Despite the efforts of COVAX and GAVI, it appears that supplies of vaccines from pharmaceuticals based in the West have not been ideal. This has been increasingly blamed on ‘vaccine nationalism’⁹ where the supply of vaccines has been subjected to unequal prioritization due to the competing interests of different countries.

While agreements or pre-orders may be made for vaccines, their eventual arrival and subsequent dissemination is a separate matter. This imbalance ultimately affects the rate of

vaccinations for different countries, which in turn will impact the overall global fight against the pandemic. In order to overcome challenges in supply, a number of Southeast Asia countries have relied on alternate sources of vaccines, with the greatest support coming from China's Sinovac Life Sciences, CanSino Biologics and Sinopharm.¹⁰

Consequently, the current Covid-19 vaccine landscape has become a complex one, as more options have emerged, leading to comparisons. And while the prevailing medical view¹¹ is understandably practical in its evaluation of Covid-19 vaccines, questions surrounding the efficacy levels of various vaccines are inevitable. This is because it is apparent that not all vaccines are equal.¹² In the case of the Chinese-made Coronavac vaccine from Sinovac, inconsistent test results regarding its efficacy, ranging from 50.4 percent to 83.5 percent,¹³ have raised concerns. These concerns have also been further heightened by occasional reports of adverse or even fatal effects on certain individuals.¹⁴ Similarly, growing safety concerns over blood clotting allegedly linked to the Oxford-AstraZeneca¹⁵ and Johnson & Johnson¹⁶ vaccines have emerged.

The low level of public trust in vaccines in various societies may need to be addressed since these contribute to vaccination hesitancy and even conspiracy theories¹⁷ surrounding them. A recent survey in the Philippines revealed that 84 percent¹⁸ of respondents were uncertain of the safety of Covid-19 vaccines in general. This was similarly reflected in Malaysia where up to 83 percent¹⁹ of respondents expressed uncertainty towards vaccines, particularly those from China or Russia. Such public uncertainty is a potential obstacle to the intended objective of vaccination programmes, which is to enable herd immunity and ultimately reduce Covid-19 into something far less deadly. Southeast Asia, along with the rest of Asia, still has a long way to go before each country manages to vaccinate at least 60 percent of its population²⁰. Delays in vaccination campaigns will only further place many people at risk.

REVIVING INTERNATIONAL TRAVEL

The rate at which a population can be vaccinated is also closely related to the hope of restoring large-scale population flows between countries. As a result, the term 'vaccine passports' has generated interest among policymakers. Nevertheless, governments should avoid presuming that the current pandemic will end soon,²¹ especially when one considers the growing number of Covid-19 mutations²² that have emerged from countries such as the United Kingdom, South Africa, Brazil and the Philippines.²³ This has unfortunately contributed to a resurgence in infection rates throughout many parts of Asia,²⁴ leaving no room for complacency. The matter is again complicated by inconclusive views of whether a vaccinated person can still infect others, along with the possibility of false-negative²⁵ test results if a person is tested too early. This follows reports revealing that previously vaccinated persons can still be infected,²⁶ although the severity of symptoms is reduced.

More considerations regarding vaccine passports emerge when we recall the varied nature of Covid-19 vaccines. Can a unified global vaccine passport materialise? Will every vaccinated person be eligible for such a passport no matter what vaccine he or she was given? And who or which organisation will have the final say over the legitimacy of vaccine passports? How is the relationship of vaccines to Covid-19 variants to be handled? How will travel restrictions apply to persons who are unable to receive the vaccine for safety and medical reasons? Finally, will the use of the vaccine passport not discriminate against persons who consciously object to being vaccinated?

These considerations evoke an age-old conundrum between the interests of the individual and that of the public. Hence, the eventual implementation of vaccine passports will need to strike a balance between enabling another ‘new normal’ for cross-border travel and an equitable system that does not create new victims among those who do not qualify for such passports. Nevertheless, what is apparent is that the nature of international travel will lead to greater *bio-policing* between and within nations. The subsequent impact this will have on the future of migration and other population flows remain uncertain.

THE RISE OF VACCINE DIPLOMACY

Finally, vaccine diplomacy being practised by countries such as China²⁷ and India²⁸ has become increasingly obvious. Both have actively supplied many poorer nations around the world with much-needed vaccines, particularly expanding China’s presence beyond Asia to Africa, South America and Middle East.²⁹ This has also been mirrored in Southeast Asia, where China and India, and even Russia, have been playing a supportive role in vaccination campaigns. Apart from sales, the Chinese have also proactively donated vaccines to Laos, Cambodia, Myanmar and the Philippines.³⁰ Not to be outdone, India has donated 1.5 million vaccines to Myanmar³¹ as part of what they have dubbed ‘Vaccine Friendship’. In addition, there have been similar advances from Russia with its offer to share knowledge of their Sputnik-5 vaccine with Malaysia.³²

Given such circumstances, the current pandemic will likely affect how Southeast Asian countries evaluate their relationship with these ascending ‘vaccine powers’. A vaccine-dependent relationship between Southeast Asia and China, India or Russia may emerge and become a significant factor in influencing geopolitical relations in the region, at least during the pandemic. However, some have suggested that such a possibility is at best limited due to regional wariness towards, for example, current Chinese overtures, which have been the most apparent. But it is also important to note that *only one* country in Southeast Asia, Vietnam, has explicitly rejected Chinese vaccines³³. On the other hand, up to seven Southeast Asian countries are actively employing them in their respective vaccination efforts.³⁴

POLICY CONSIDERATIONS

Needless to say, the pandemic has negatively affected Southeast Asia in many ways. Poverty levels have risen;³⁵ domestic violence has increased;³⁶ the number of suicides has grown;³⁷ families remain separated;³⁸ and many lives have been tragically lost. Lockdowns and border closures have also been devastating for the poor,³⁹ as recent reports⁴⁰ show that the poor are far more likely to catch Covid-19 and die from it partly due to less-than-ideal living conditions while suffering from economic constraints. This is one reason why collaborative policies towards developing a vaccine passport to facilitate travel and employment possibilities should be taken seriously, although never hastily.

As the vaccines do their work, the next step would be to re-establish international travel, with the use of a tiered and nuanced approach to the processing of travellers and migrants within the region. On top of already established protocols such as ‘safe corridors’, bilateral and multilateral agreements on the type of vaccine certificates acceptable to travel between borders are now needed. This could be followed by the development of a unified vaccine passport recognition database within Southeast Asia, so that regional travel can be gradually resumed

as efficiently as possible without compromising safety. The final stage would be to establish phased quarantine measures over time, such as recent efforts by Thailand⁴¹ in its plan to fully re-open its borders by the start of 2022.

Concurrently, while travel with vaccine passports *sans* quarantine may be established for persons who have been inoculated, persons who either reject vaccines or are unable to receive them due to safety reasons should not be penalised for either their personal choice or medical condition. One reasonable way to enable travel for non-vaccinated persons is that they can only travel to countries in the region that eventually attain sufficient herd immunity through ongoing vaccinations. This can be supplemented with mandatory swab tests as suggested in the recently proposed ‘Singapore-Batam-Bintan travel corridor’.⁴² Additionally, it is also important for public policies regarding the deterrence and control of infections to ultimately defer to medical and scientific experts in relevant fields. Hence, the wearing of face masks may become an indelible but necessary feature of public life, at least for the near future, as they have proven to be effective protection.

Despite ongoing efforts by countries like Vietnam⁴³ and Thailand,⁴⁴ no single country in Southeast Asia, to date, has been able to successfully produce a ‘home-made’ vaccine that can rival anything either being distributed by vaccine powers from the global north, or alternate vaccine sources such as India, China or Russia. This is explicable as vaccine research and production often requires vast economic resources, scientific expertise, and partnerships. But so long as the status quo remains, each of the countries in Southeast Asia will remain dependent on vaccine power nations for current and future pandemics. In terms of policy, therefore, it is important for Southeast Asia to consider a more concrete and united approach in combating the current pandemic, or even future ones, through the establishment of a combined vaccine production protocol to benefit the region as a whole.⁴⁵ This can only emerge if we heed recent calls to work towards ‘vaccine multilateralism’, as raised by Singapore’s Prime Minister Lee Hsien Loong during the 37th ASEAN Summit in November 2020.⁴⁶ Politically, this will limit vaccine dependencies on external powers that may lead to the creation of a ‘medical suzerainty’ of sorts based on unequal access to vaccines.

Southeast Asia has made some headway in its collective response towards Covid-19 for prevention and detection, and the next step for the region to take is to progress towards *vaccine independence*. And because there will always be non-vaccinated persons, collective medical efforts led by ASEAN should also begin to examine other treatment options in the fight against Covid-19 beyond the use of vaccines. This can be established as part of a larger regional public health organisation, supported by ASEAN. This new body can co-ordinate the sharing of regional public health information, provide public education on pandemic response practices and also work towards a regional network employing improved contact-tracing technology. One key reason for this is that contact tracing technologies in Southeast Asia have not been fully developed and are limited within each respective country. Learning from the relative successes of Vietnam and Singapore, other Southeast Asian countries that have significantly struggled – such as the Philippines, Malaysia and Indonesia that have experienced at least three waves of infections – could further refine their contact tracing capabilities to ensure far swifter containment of infections in the future.

The hard lessons from this pandemic highlight the importance of regional collaboration in the face of an enemy that is literally invisible. Although it is tempting for countries in Southeast Asia to gaze inwards and defend their own nationalistic interests in times of crisis, lessons

learned in coping with climate change or even specifically the regional haze problem, suggest that it is wiser to do otherwise. The fight against Covid-19 can only be won in collaboration, not in discordance.

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